

Ordering of Routine Preoperative Tests for Elective Surgery at the University Hospital, KDU (UHKDU): Compliance with National Institute for Health and Clinical Excellence (NICE) Guideline on Routine Preoperative Tests (Update) 2016 (NG45)

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Surgery and anaesthesia impose considerable risks on patients undergoing routine surgical procedures. Preoperative tests are ordered with a view to predicting perioperative complications and to minimize perioperative morbidity and mortality. Unnecessary testing represents a considerable drain on resources. However, substantial cost benefits can be achieved by careful selection of tests. NICE guideline (NG45) has been developed considering best evidence practice and cost benefits based on age, ASA anaesthetic risk grading, associated comorbidities and grading of surgery. Preoperative assessment charts ($n=492$) were reviewed retrospectively to study compliance with NG45. All patients had 'minimum data set' recorded consisting of ASA grade, grade of surgery and co-morbidities except the 'reasons for ordering specific tests'. In the majority, tests were ordered in compliance with NG45. However, some tests were ordered against the guideline; ECG (256; 52.3%), FBC (234; 47.5%), renal function tests (RFT) (92; 18.6%) and haemostatic tests (51; 10.3%). Among them, the majority of tests ordered were for ASA 2 patients who had undergone minor surgery; ECG (136; 90.6%), FBC (72; 48%), RFT (42; 28%), intermediate surgery; FBC (70; 84%); major surgery; and haemostatic tests (18; 21.1%). Further, a significant number of ASA 1 patients who had undergone minor surgery had ECG (77; 89.5%), FBC (60; 69%) and RFT (26; 30.2%) against NG45. Minority of ASA 2 patients who had undergone major surgery were not ordered FBC (12; 14.1%) and RFT (22; 25.8%) as per recommendations of NG45. We conclude that in the majority, routine preoperative tests were ordered in line with the recommendations of NG45. However, in a minority the recommendations have not been adhered to.

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