**Surgery Center Guidelines / Surgery Center Candidates**

* **ASA I and II ·ASA at discretion of anesthesiologist \*Needs pre-admission approval**

1. **The following patients will not be accepted:**
   1. Infants under 6 months.
   2. Infants under 1 year who were born *prematurely*.
   3. **FOR TONSIL AND/OR ADENOID SURGERY ONLY: children under 3 years old.**
   4. **Male patients over 70 years old are not accepted** for rhinoplasties or facelifts.
2. **Unacceptable Medical Conditions and/or Needs to Be Approved**
   1. Cardiac\* diseases including: cardiomyopathies, heart blocks (including WPW & left branch blocks), uncontrolled hypertension, angina, aortic stenosis and pacemakers.\*
   2. Severe pulmonary disease, including patients on home oxygen.
   3. Sleep apnea.\*\*
   4. Central nervous system and advanced neuromuscular diseases.
   5. Unstable diabetes (blood sugar > 200) and other metabolic disorders.
   6. Morbid obesity (body mass index greater than 45). BMI Between 41-45 requires review and approval by an MDA at the ASC.
   7. **FOR PRONE POSITION SURGERY**: BMI less than 40.
   8. Severe coagulation disorders.
   9. Personal or family history of malignant hyperthermia.
   10. Children with a history of congenital heart disease or recurrent reactive airway disease.
   11. Any disease process with potential to affect airway management (e.g. Ankylosing Spondylosis).

\*Patients with pacemakers are accepted if procedure is performed under local, conscious intravenous sedation (CIVS) or sedation (MAC). Documentation must be presented that pacemaker has been checked in the last 10 months and current ECG provided.

\*Patients with stable angina, a history of, but not current congestive heart failure, and moderate chronic obstruction pulmonary disease or valvular heart disease are accepted. The primary care physician must also consider him/her to be in stable condition at time of surgery.

\*Patient with history of myocardial infarction must wait 6 months prior to general or regional anesthesia, 3 months for local, CIVS or sedation.

\*\*Patients with central sleep apnea will not be accepted. Patients with diagnosed obstructive sleep apnea and who use CPAP will be accepted if: 1) cases are completed by 11:00 a.m. and 2) surgery/anesthesia time cannot exceed three hours.

**GENERAL PREOPERATIVE GUIDELINES**

1. **History and physical** completed not less than 10 days but not more than 30 days prior to procedure.
2. **EKG/ECG** to be completed:
   1. ECG/EKG is required within the last year for patients;
      1. 65 years and older with no cardiac risk factors
      2. 50 years and older with cardiac risk factors
   2. Within 1 month for patients with active cardiac history and daily angina.
3. **Laboratory Testing:**
   1. **Potassium (K)**: patients who are taking medication in the following categories are to have potassium completed before admission to the surgery center:
      1. Diuretics/antihypertensives that alter potassium supplements, digitalis preparations and long-term steroid use.
      2. If the dosages of the medication in the above listed categories have NOT been changed significantly with the previous 60 days, a potassium level will be acceptable If drawn within 10 days of the scheduled surgery date.
4. **Glucose:**
   1. Patients with Diabetes Type I and Type II will have a blood sugar performed preoperatively
   2. Patients with diabetes who are taking insulin will have a blood sugar/glucometer reading performed postoperatively in Phase I. The result will be known prior to transfer to Phase II.
   3. Patients on oral hypoglycemic will have a repeat glucometer reading postoperatively in Phase I if their preoperative blood sugar was < 100 or > 225.
5. **Oral Anticoagulants:**
   1. Patients on oral anticoagulants (Panwarfin/Coumadin) will need Protime (PT/INR) drawn in clinic preoperatively within 24- 72 hours of surgery.
   2. Patients that have discontinued their anticoagulants more than 5 days, a normal PT/INR within 3-5 days is acceptable.
6. **Hemoglobin:** A documented Hemoglobin is required for:
   1. Females with a history of menses within last 6 months.
   2. Total Joint patients with 10 days of surgery.
7. **Pregnancy**: Women of childbearing age are to have a documented pregnancy test if possibility of pregnancy exists.

**MEDICATIONS**

* All blood pressure, anticonvulsants, antiulcer & heart medications should be taken with one sip of water the morning of surgery.
* Discontinue anticoagulants, nonsteroidal anti-inflammatories, herbal remedies & appetite suppressants seven days before surgery.
* DIABETICS = Per primary physician or ½ normal AM dose.