



THE UNIVERSITY OF CHICAGO
Department of Anesthesia and Critical Care
5841 South Maryland Avenue, MC 4028
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Dear Colleague,

I am pleased to introduce you to the Anesthesia Perioperative Medicine Clinic (APMC) run by the Department of Anesthesia and Critical Care, that will help to prepare your complex patients in advance of procedures requiring anesthesia. The goals of our clinic are to enhance the safety and comfort of patients having surgery by optimizing the use of preoperative testing, performing preoperative risk assessment, identifying potential ways to minimize perioperative risk and maximize the quality of postoperative recovery. We also aim to improve OR efficiency by minimizing day of surgery cancellations or delays.

Referral criteria:

We encourage you to refer patients to clinic who you identify may benefit from assessment in advance of surgery. I have attached a list of suggested referral criteria that you and your staff may find helpful. Typically, these are patients with multiple comorbidities having more than minor procedures, since healthy patients or those having minor procedures can usually safely be assessed on the day of surgery to avoid the inconvenience of an additional appointment. The list of referral criteria is not exhaustive, but covers the majority of patients.

Components of a clinic visit:

The APMC clinic is staffed by a dedicated team of specially-trained Advanced Practice Nurses, Medical Assistants, anesthesia residents and a dedicated group of faculty anesthesiologists. During a clinic visit, the team coordinates retrieval and review of outside medical records, conducts patient interviews and risk assessment, communicates with outside hospital care teams, orders testing and then communicates important results with you and your staff. Any specific recommendations regarding fitness for anesthesia or concerns relevant to your perioperative management are discussed directly via phone call, email or InBasket message. I have also attached a document detailing some common questions patients have and a list of specific items assessed during an APMC visit.

Testing:

Preoperative testing is either performed by our Medical Assistants during the APMC visit or we schedule appointments for any necessary testing, including lab work, ECGs, echocardiograms, cardiac stress tests, pulmonary function testing, or sleep studies. Testing is only performed if indicated by identified risk factors and duplication of recently performed tests is avoided to optimize the use of resources. We do not require any "screening" or "routine" testing and encourage you to avoid this practice. If there are any specific blood tests that you require for surgery, we will gladly perform this in APMC clinic to avoid multiple patient "sticks".



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Scheduling:

Our clinic schedule is open, meaning that you and your staff can book appointments at a time most convenient to your patients either through online scheduling or by calling the scheduling department during business hours at 2-6927. Ideally, we see patients at least 3 days in advance of surgery and no more than 30 days prior to surgery. This allows us adequate time to complete our assessment and testing, while avoiding a prolonged interval between our assessment and surgery. We can often accommodate same-day or urgent add-on requests. Please contact the clinic practice manager, Jerelyn Evans, at 5-3230 or pager 7323 or Jerelyn.evans@uchospitals.edu for assistance and we will do our best to accommodate.

I greatly appreciate suggestions for improvement and can always be reached at rgerlach@dacc.uchicago.edu or pager 7970. I am happy to discuss your specific needs or concerns you have at any point in the future.

Sincerely,

Rebecca Gerlach, MD, FRCPC



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Anesthesia Perioperative Medicine Clinic Appointments

Suggested Referral Criteria*:

The presence of any one of the following indicates a patient *may* benefit from an APMC assessment:

- **Age >90 years**
- **BMI > 40**
- **Currently pregnant**
- **Anesthetic complications:** Malignant hyperthermia, prolonged intubation, known or suspected difficult airway
- **Significant cardiac disease:** Pacemaker/defibrillator, CHF, arrhythmias, history of MI or cardiac stents
- **Limited physical capacity:** Due to dyspnea, neuromuscular disease, or pulmonary disease
- **Significant respiratory disease:** Need for home oxygen, COPD/asthma requiring hospitalization, current every-day smoker
- **Kidney failure or dialysis**
- **Liver failure or cirrhosis**
- **High risk diabetes:** Type 1 diabetes requiring prolonged NPO status, daily insulin dose >1 unit/kg, use of U500 (concentrated) insulin, poor compliance or known elevated HbA1c
- **Substance abuse/dependence:** Alcohol, drugs, opioids
- **Blood thinners** (other than ASA 81mg) or **coagulation disorder** (bleeding or clotting)
- **Complex pain management anticipated:** Painful procedure in patient with chronic opioid use
- **2 or more of the following:** complex medical work-up performed outside of U of C, non-English speaking, HTN, diabetes, obstructive sleep apnea, stroke

Patients that *may not* benefit from advance assessment in APMC include:

- **Recent APMC assessment** within the last 3 months for a similar or more complex problem
- **Healthy patient** for minor surgery
- **Cataract patient**

*Please note, these criteria are not exhaustive or absolute. The decision to refer to APMC is at the discretion of the treatment team.



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Anesthesia Perioperative Medicine Clinic Visit

Common questions from patients:

Q: Why am I being scheduled for an APMC appointment?

A: Due to the complexity of your medical history or the surgery you are having, you need to be seen by an anesthesia provider to understand your medical problems, complete any necessary testing and to develop an individualized plan for your surgery.

Q: Who will I see at the appointment? Will I meet my anesthesiologist?

A: You will meet either an anesthesia resident or an advanced practice nurse who will consult with an anesthesiologist to coordinate your care. The anesthesiologist in clinic may or may not be the person providing your anesthesia on the day of surgery. There is a small group of anesthesiologists that specialize in seeing patients in APMC clinic.

Q: How long does an APMC visit take?

A: Appointments last anywhere from 45 min to 90 min, depending on the visit complexity.

Q: How do I prepare for my visit?

A: Bring the names of your medications, a list with contact information for other physicians and copies of any recent testing that you have had. You do not need to complete any testing for your appointment. You do not need to fast.

Components of an APMC visit:

Any or all of the following are performed by the assessment team:

- Requesting and review of outside medical records (e.g. ECG, sleep study, stress test, echocardiogram, PFTs)
- Investigation of past anesthetic complications or difficulties
- Investigation/assessment of limited physical capacity and assessment of perioperative risk
- Preoperative anemia assessment and coordination of treatment
- Cardiac risk assessment, ordering of necessary testing or consultation with a cardiologist
- Anticoagulant management including planning for regional/neuraxial anesthesia/analgesia
- Obstructive sleep apnea screening, risk reduction counselling and investigation
- Multidisciplinary operative care planning (e.g. involvement of pulmonologist, nephrologist/dialysis team, hematologist, chronic pain specialist, obstetrician, etc.)
- Individualized, non-routine medication or fasting instructions
- Advance preparation of appropriate blood products from blood bank for patient with complicated cross-match
- Smoking cessation counselling and treatment
- Diabetic control assessment and treatment