

ANESTHESIA DEPARTMENT STANDARDS FOR MIDWEST EYE SURGERY CENTER

1. Nothing by Mouth (NPO) after midnight for all AM cases.
2. Clear liquids allowed up to 2 HOURS PRIOR TO SURGERY for cases after 12 Noon – NO MORE THAN 6 ounces of Clear Liquids ONLY. • See CLEAR LIQUID LIST
3. FOR DIABETICS Use Glucose Monitor for Baseline at Home on AM Of Surgery: • Call Surgery Center If High, Above 250 • Call Surgery Center If Low, Below 100

- **Blood sugars:**

- Higher than 400 cancel and send to PCP.
- If higher than 300-350 try treating with IV insulin, start with 5 units.

For those on oral medications:

- THE DAY BEFORE surgery: continue to take diabetic medications at the same times as usual.
- THE MORNING of surgery: do not take any oral diabetic medications the day of surgery.

For those taking insulin:

- THE DAY BEFORE surgery: continue to take insulin at the same times as usual.
- THE MORNING of surgery: for long-acting insulin (e.g. Lantus/Toujeo, Tresiba, Levemir or NPH), take half of the prescribed dose the morning of surgery; for mixed insulin (70/30 or 75/25, take half of the prescribed dose the morning of surgery if morning blood glucose is greater than 250. If blood glucose is less than 250, do not take any insulin the day of surgery.
 - Anesthesiologist will make a determination as to how to proceed.
- **GLP-1 agonists class** are generally taken by a shot (injection) given daily or weekly and include:
 - Dulaglutide (Trulicity) (weekly) = off for one week
 - Exenatide extended release (Bydureon bcise) (weekly) = off for one week
 - Exenatide (Byetta) (twice daily)= off 3 days
 - Semaglutide (Ozempic) (weekly)= off for one week
 - Liraglutide (Victoza, Saxenda) (daily)= off 3 days
 - Lixisenatide (Adlyxin) (daily)= off 3 days
 - Semaglutide (Rybelsus) (taken by mouth once daily)= off 3 days

- **(SGLT-2) inhibitors.**

These include:

- canagliflozin (Invokana) = off for 3 days
- ertugliflozin (Steglatro)= off for 4 days
- dapagliflozin (Farxiga) =off for 3 days
- empagliflozin (Jardiance) =off for 3 days

4. Pregnancy Test to be done on all childbearing age females that have not had a Hysterectomy.

5. If a patient is a Heart or Lung transplant patient, clearance for surgery at the Surgery Center will be subject to approval by the anesthesia department. Anesthesia must be consulted prior to scheduling the patient.

6. Any patient who has had a Myocardial Infarction (MI), new aortic stenosis, or CABG within 6 months, must have cardiac clearance.

- Pt who had an MI, cardiac stent, peripheral vascular stent, endograft, ablation, PPM, AICD or other vascular or cardiac procedure within the last 6 weeks cannot be done at the surgery center.
- This follows the same guideline for Cardiac disease. Any new or different cardiac issues (chest pain, afib, MI, etc) should have a cardiac clearance within a 6-month period.
- Any new **Brain/Cardiac** issues within 6 months must have **cardiac/neuro clearance. After 6 mon. After 6 months no clearance is necessary**
- **EF less than 30 is not recommended.**

7. Any patient with any type of Cerebrovascular incident, including but not limited to, TIA or Stroke within 6 months of surgery date, cannot be done at the center. In order to be done at the center the patient must be post-incident for 6 months. If the case is deemed more urgent and needs to be done less than 6 months, the chart needs to be reviewed by an anesthesiologist and the proper clearance needs to be obtained (a neurologist, cardiologist or PCP). If a surgical correction (CEA) has occurred, then vascular surgeon may also provide clearance for elective surgeries prior to 6 months.

- Our guideline, on review, is a six-month recommendation for CVA or TIA, with Clearance if surgery is desired sooner. This follows the same guideline for Cardiac

disease. Any new or different cardiac issues (chest pain, afib, MI, etc) should have a cardiac clearance within a six-month period.

8. Patients having topical anesthesia should NOT discontinue their blood thinning medications. All other patients should ask their family doctor and/or Cardiologist and Ophthalmologist for instructions regarding blood thinning medications.

- Blood thinner cessation will be at the surgeon's discretion. It is strongly recommended that a cardiologist/vascular surgeon or PCP be consulted prior to holding medications.

9. Any necessary blood work will be ordered by the PCP or Anesthesia as needed and at their discretion.

10. History & Physicals should be performed on all patients within **60** days prior to the surgery. (If the patient has a similar procedure and it is performed within **60** days of the first procedure, and the patient's health is unchanged, the surgeon and the anesthesiologist will complete the patient assessment before the surgical procedure. They will indicate approval or non-approval with their signature on the patient history form).

11. No patients over 400 pounds without in person evaluation. No patients with a BMI of 50 or greater will be approved for the center without anesthesia approval. Patients must also be able to lie flat for at least 30 minutes.

- BMI. Less than 50 is recommended. When patients are above 45 bmi, airway evaluation should be considered, and an in-person evaluation scheduled.

12. If the patient has a positive Covid-19 test, the patient must wait at least, 5 days from day of the positive test to have their surgery provided that the patient is asymptomatic at the time of surgery. If a patient has been exposed, they must test negative to be done at the surgery center.

13. Patient must be ambulatory. The patient must be able to transfer to the bed and from the bed on their own in order to be done at the surgery center.

14. No patients under the age of 18 years of age.

