

ISA Practice Guidelines on Regional Anaesthesia and Anticoagulation

Preamble:

Millions of individuals receive regional anaesthesia on a daily basis worldwide. Some of them will be on anticoagulants (as a treatment / prophylaxis for neurological, cardiovascular or other pathology) or have some inherent coagulopathy.

Many of these patients with coagulation pathology or anticoagulant medications do receive regional anaesthesia be it central neuraxial or peripheral neuraxial blocks. However, there is always a risk of excessive/undue bleeding following these procedures which can result in serious morbidity or even mortality in rare cases. Therefore, guidelines have been developed from many countries including USA, UK, France, Belgium, Holland, etc regarding safe practice of regional anaesthesia in this group of patients.

When already there are so many guidelines available from various sources, why do we need one for our own country? This is because there is dearth of quality information on the topic in the published literature in the form of randomised controlled trials, meta-analysis, systematic reviews and most of the guidelines developed from various countries are mainly opinion based from experts in regional anaesthesia. Some of these guidelines are stringent about the number of platelets or International Normalised Ratio, etc while some consider the risk related to regional blocks in these patients to be a continuum ranging from negligible to highest possible risk.

Furthermore, as population of our country is unique, we are likely to face scenarios that are different from other developed countries – for e.g., patients on irregular anticoagulant therapy, Ayurvedic preparations that may have anticoagulant properties, lack of point of care testing devices in most facilities, lack of or hindrance to wide spread use of ultrasonography, etc. Hence, we from India would like to bring out evidence based guidelines on this controversial topic.

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ISA Practice Guidelines On Anaesthesia For Day Care Surgeries

Preamble

Day Care Surgery or Day Stay Surgery or Ambulatory Surgery refers to the admission and discharge of the patient on the same day or within 24 hours. The types of cases performed were essentially simple and of short duration for a long time. However, the complexity of the procedures and the duration of the procedures have steadily increased with improvement in surgical techniques and anaesthetic management. Of course, the economic benefits of the Day Care surgeries have pushed the popularity and numbers of the Day care procedures performed world wide, including in India (of late). As specialists providing Ambulatory anaesthesia services, we have specific concerns in regard to preanaesthetic evaluation, preparation and optimisation. The anaesthesia management goals are early recovery, early oral feeds, adequate analgesia and avoidance of postoperative nausea and vomiting or urinary retention. ‘Street fitness’ based on specific discharge criteria has also been defined in various existing guidelines. With increasing complexities of procedures being performed and increasing demands from the patients, the surgical colleagues and with the insurance sector and hospitals eyeing faster turnover with less in-patient times in India as well, it is imperative that we adapt ourselves to the demands. This poses a challenge and increases our responsibility.

Increasingly more number of surgical procedures are taken up on day care basis. Not only elective surgical interventions but also some of the emergency surgical interventions are being planned for day care interventions. Elective surgeries and some conditions with acute pain and paediatric surgeries are being taken up as Day Care surgeries. General Anaesthesia and regional anaesthesia including Central Neuraxial blocks have also been explored and practiced. Advent of supraglottic airway devices, anaesthetic and analgesic drugs with favourable pharmacokinetic profile have all contributed to the increasing popularity of the technique.

There are guidelines on Ambulatory Anaesthesia / Day Care Surgery from other countries which can be optimally implemented in India. However, there are factors and conditions related to the availability of dedicated set ups, post operative care, follow up of the patient, personnel and equipment (including monitors), sub-average but growing insurance cover, which are peculiar to India. We need to define the same and ensure compliance, along with safety for better outcomes of the Ambulatory / Day Care surgeries to benefit larger set of population in India. There is also the growing need felt by the practitioners that the guidelines would help in facing medico-legal issues.

Hence, Practice Guidelines on Anaesthesia for Ambulatory Surgery is initiated by the India Society of Anaesthesiologists (ISA) to act as the guide to all the practitioners of Anaesthesiology in India and the Indian Subcontinent, which have similar socio- economic, geographical and cultural conditions among them. These guidelines shall not be replacement for good clinical judgement and its adaptation may be done on individual basis.

ISA Guidelines on Preoperative Fasting and Feeding

Preamble

The anaesthesiologists are bothered about the timing of food and liquid intake by patients and also about the type of food they consume because of the risk of vomiting, regurgitation of gastric contents and aspiration into lungs. These events can lead to morbidity and mortality. The risks are more in emergency cases, in obese patients, in pregnancy, in diabetes and in many pathological conditions. Fasting preoperatively has been a traditional approach to reduce these risks.

There are certain guidelines on this aspect created by western professional bodies such as American Society of Anesthesiologists (ASA), the European Society of Anaesthesiologists (ESA) and others. We have generally been following the ASA guidelines in India. Even though the overall recommendations are good and are updated once in few years, there are certain limitations to following these guidelines in toto in India as the types of food and drinks mentioned in those guidelines do not constitute the actual types consumed by Indians. Within India also, the food habits vary.

The time taken for the ingested food to be emptied from stomach is different for different items. Fatty / oily and fried items get emptied the last. The caloric value of the food items is also important along with levels of other components of the food such as proteins, minerals, etc., Prolonged fasting also has disadvantages. The western recommendations mention and discuss only the food items from Western world.

With this background, Indian Society of Anaesthesiologists (ISA), the professional body of the practitioners of Anaesthesiology in India has decided to create India specific guidelines and Dr Bala Bhaskar S, is taking the initiative with approval from the GC and GB of ISA.

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ISA Monitoring Standards for Practice of Anaesthesiology

Preamble

The Indian Society of Anaesthesiologists is revising monitoring standards for practice of anaesthesia in India. There is an increase in the number of surgeries and the types and invasiveness of surgeries with the improvement in surgical and anaesthesia services as also of the supportive specialities related to diagnosis and management of the patients.

In this regard, a core group with an expert committee will consider and recommend:

1. **MINIMUM / ESSENTIAL** monitoring standards that should be applicable to all / majority of the patients undergoing different types of surgeries and procedures and
2. **ADDITIONAL** monitors specifically for patients for special situations with various comorbidities. They have to be classified as *Desirable / Suggested* and *Non-Essential* monitoring for the each of the sections prepared.

These should be prepared keeping in mind that the surgery and anaesthesia services in our country are provided at medical college hospitals, government hospitals, corporate hospitals (teaching and non-teaching), private hospitals and nursing homes. The monitoring standards once developed should be applicable to all the facilities wherever anaesthesia services are provided. These shall be prepared and applicable to majority of the routine surgical procedures. We would be EXCLUDING SUPER SPECIALTY SPECIFIC MONITORING RELATED TO NEUROSURGERY, CARDIAC SURGERY AND TRANSPLANT SURGERIES, as they require different and extensive monitoring techniques which may vary from patient to patient.

Monitoring and monitors recommended, as minimum mandatory monitors and otherwise, should be **supported by literature** with respect to contribution towards reducing the morbidity and mortality. Hence a literature survey would be undertaken and relevant articles cited.

The monitoring guideline considerations are split into 4 parts with Sections

- Intraoperative Monitoring (the major part)
- Monitoring During Recovery and Post operative Period (where applicable, backed by evidences)
- Monitoring During Transportation
- Procurement and maintenance of Monitors

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ISA Guidelines for Preoperative Investigations in India

Preamble:

Preoperative investigations are performed on almost all patients scheduled for surgery. The goal should be to either optimise the patient or for choosing the anaesthesia technique or to predict postoperative complications or a combination of these. The investigations should NOT be ordered based on a **defensive approach** where for the apprehension of medico-legal implications, the patient should not be made to go through battery of investigations if the outcomes / results do not really change the management in any way. There is plenty of evidence worldwide that confirms that there is a tendency towards ordering too many unnecessary investigations that not only contribute to patient discomfort but also add to economic burden. There are a guidelines/practice advisories developed in different countries in an attempt to bring down the unnecessary investigations. The basis for developing these mainly includes age of the patients, ASA physical status, type of surgery, associated comorbidities along with their severity, time of last investigation, etc. However, most important point they assert is on complementing the investigations for a thorough history and physical evaluation of the patient. Most of the articles also point to lack of properly conducted clinical trials to address this issue.

Our country does not have any practice advisory or guidelines in this regard; published studies highlight the requirement for developing guidelines for Indian scenario. There is wide variability regarding preoperative investigations for an ASA physical status grade 1 patient scheduled for even a low risk surgery. Individual variations exist between anaesthesiologists and institutions. Often, patients are over-investigated to avoid legal implications of having overlooked some pathology. With significant increase in the healthcare costs, one cannot ignore or undermine the expenditure involved in preoperative investigations ordered. So, efforts should be made to avoid unnecessary investigations where possible and consensus has to be reached on the safe timelines for obtaining repeat investigations, when previous results were normal / borderline / abnormal.

The questions to be answered while developing the guidelines include - are routine investigations necessary? Do they really improve outcome? Do they contribute to unnecessary delay / cancellation of procedures? Do we really even wait for many of these investigations to be available after sending them to labs? If a report such as coagulation profile done routinely without any indication turns up abnormal – what to do? If an investigation was already performed some time ago – is there a need to repeat it prior to anaesthetic – if so, how can the patient status be maintained during the period?

Considering all these, Indian Society of Anaesthesiologists (ISA) has commissioned the development of rationale based preoperative investigations for various categories of patients and surgeries. We expect the experts in the field to prepare a draft on preoperative investigations based on literature evidence where available (especially from Indian subcontinent). The experts can arrive at consensus on topics where there is lack of substantial literature evidence or scope for ambiguity. Our vision is to develop guidelines on

preoperative investigations for Indian scenario which are appropriate and apt for different patient and surgical scenarios that can be uniformly followed / applicable across India.

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