

## **Perioperative Clinic Anaesthetics Registrar – John Hunter Hospital**

Perioperative Medicine is an important part of the management of all patients who undergo anaesthesia. The ANZCA recognises its role as a clinical fundamental in training. The skills that are to be developed include: cardiac risk assessment, management of medical co-morbidities, patient optimisation and perioperative medication management. The outpatient perioperative clinic at John Hunter Hospital offers the opportunity for a diverse clinical exposure in training.

### **Roles and responsibilities**

#### **1. Hours of work**

0730 – 1730

#### **2. Outline of day**

*0730 – 0815*

Review pathology and other investigations in Perioperative Offices (Level 1). Review ward consult notes for afternoon. Thursday morning Cardiology meeting.

*0815 – 1230*

Morning clinic patients + check pathology and other investigations (Perioperative Clinic).

*1230 – 1300*

Lunch break

*1300 – 1630*

Afternoon clinic patients + check pathology and other investigations (Perioperative Clinic). Complete letters from clinic.

*1630 – 1730*

Ward consultations. If no ward consultations – to discuss with DA for outstanding ward reviews.

#### **3. Clinical role**

- A registrar is allocated to the Preoperative Clinic each day. You will be working alongside a Consultant/Fellow and a team of clinic nurses.
- The major component of the workload is Anaesthetic assessment of patients in the Preoperative clinic.
- In addition, there will be up to two patients admitted to hospital on the day prior to surgery who will require a ward-based consultation (“ward consults”). These patients are identified on the clinic list each day, and may have background information collected in their notes from GPs or specialist reviews.

#### **4. Reviewing the results of investigations**

- The results of investigations from previous clinics will be placed in the clinic offices for review. These include: pathology, cardiology, respiratory and radiology results, as well as other specialty review letters.
- It is important to review these regularly, so as to allow any further investigations or management to be commenced. Please initial these to indicate your review. Further management that is derived from these results should be communicated to the clinic nurses.

#### **5. Expectations**

- All ASA 3 and 4 patients should be discussed with Anaesthetics consultant
- All high-risk medication management to be discussed with Anaesthetics consultant
  - Anticoagulants
  - Antiplatelets
  - Diabetic medications and insulin
  - Immunosuppressant medications
  - Chronic opiates – especially oral buprenorphine and methadone
- If patient has medical condition that requires optimisation prior to surgery this should be discussed with the Anaesthetic consultant and a plan for further investigation and management communicated with patient, surgical team +/- GP.
- Additional resources can be found on [perioptalk.org](http://perioptalk.org).

#### **6. Letters**

- All letters written to GPs, referring doctors or other specialists must be sent through the Perioperative Service to ensure there is appropriate documentation. They should be sent to [HNELHD-JHHPeriop@health.nsw.gov.au](mailto:HNELHD-JHHPeriop@health.nsw.gov.au). If urgent contact office.

#### **7. Meetings**

- There are 2 meetings each week that offer additional support for perioperative management of patients:
  - Cardiology meeting – Thursday morning 0730 in Cardiology department offices. Attended by Registrar and consultant on that day. You are also encouraged to attend if you have seen a patient who has been referred.
  - Perioperative Interest Group (PIG) meeting – Thursday 1230-1330 in Surgical meeting room opposite operating theatres.
- Referral of patients to these meetings should be made in collaboration with the Anaesthetic consultant. A specific question that requires additional collaboration should be proposed for presentation of the patient.
- Additional advice can be sought from DA or Perioperative co-Directors Paul Healey and Pragma Ajitsaria