

Guideline for Pre-operative Pathology Testing

This guideline provides an overview into the recommended pathology testing required in the pre-operative setting. It is not exhaustive and therefore, does not cover all clinical situations. The aim is to reduce confusion around pre-operative pathology testing and reduce the number of unnecessary tests performed.

Surgery Grades

Grade 1 – Minor

Peripheral surgery, usually day-stay patients:

- Cataracts, removal of small skin lesions and GI endoscopies.

Grade 2 – Intermediate

Peripheral surgery, not involving major surgical incision and usually day case or short hospital stay:

- Tonsillectomy, simple cystoscopies and joint scopes, D and C, inguinal hernia repair, and vascular angiograms or varicose veins.

Grade 3 – Major

All surgery involving major body cavities, cardiac surgery and surgery that carries an increased bleeding risk:

- Neurosurgery, Joint replacement, cardiothoracic surgery, open vascular and major vessel stenting procedures, major head and neck, open and laparoscopic general surgery, thyroid and parathyroid procedures, open and laparoscopic gynaecological and urological procedures.

ASA Grading

ASA 1	A normal healthy patient
ASA 2	A patient with mild systemic disease
ASA 3	A patient with severe systemic disease
ASA 4	A patient with severe systemic disease that is a constant threat to life

Table 1 - Recommended Pre-operative pathology for Minor surgical procedures

	ASA 1	ASA 2	ASA 3 or 4
FBC	No	No	Consider if not done in last 6 months
UEC	No	No	Consider if not done in last 6 months
LFT	No	No	No
Coagulation studies	No	No	No

Table 2 - Recommended Pre-operative pathology for Intermediate Surgical procedures

	ASA 1	ASA 2	ASA 3 or 4
FBC	No	consider if not done in last 3 months	Yes
UEC	No	Consider if not done in last 3 months	Yes
LFT	No	No	Consider if not done in last 3 months in at risk patients or with liver disease
Coagulation Studies	No	No	No

Table 3 – Recommended pre-operative Pathology tests for Major Surgical procedures

	ASA 1	ASA 2	ASA 3 or 4
FBC	Yes	Yes	Yes
UEC	Yes	Yes	Yes
LFT	No	No	Yes
Coagulation Studies	No	No	Consider in patients with liver disease or personal/family history of bleeding

General considerations

- The above tables are intended as a general guide only. Tests should be requested on a clinical basis.
- Where it is indicated 'No' for a test, this means not as a matter of routine. There will be exceptions. In particular if patient has had previously abnormal studies, has been unwell or in hospital, or is taking medications that may affect the results.

Medications

- The above guidance should be viewed in context of the medication history of a patient. Many medications will warrant the review of LFT and/or UEC e.g. Methotrexate, long-term statins, antipsychotic drugs
- **Warfarin or NOACs**– coagulation studies not required prior to surgery. INR on day of surgery when ceasing warfarin.

Specific tests

The vast majority of patients will have had these tests performed by their GP or specialist within an acceptable timescale for the surgery.

- **HbA1c** – please see the peri-operative diabetes guideline on www.perioptalk.org. Should only be tested each 3 months. Now routinely ordered for all patients having joint replacement surgery.
- **Group and Save** – procedures suitable for preoperative testing available at www.perioptalk.org.
- **Thyroid function tests (TSH)** – Monitoring is usually performed serially by GP. Consider testing peri-operatively if not done within 12 months if stable disease or sooner if frequent medication changes required/new cardiac arrhythmias/or signs and symptoms of thyroid disease.