The number of inpatient surgeries has been increasing yearly often involving a complex and aged patient population. The internist is often involved in assessing risk in these patients and optimizing patient comorbidities as well as detecting previously unrecognized disease that may contribute to poor surgical outcomes. Being competent in performing a thoughtful and comprehensive evaluation is becoming increasingly more important in order to improve patient care and safety.

The history and physical is the major driver in determining whether preoperative testing is indicated. In general, preop testing, if used appropriately, is useful for:

- Evaluating undiagnosed signs and symptoms
- Identifying factors that can increase surgical risk
- Assess a patient’s chronic disease(s)
- Establish a baseline value that may require follow up postoperatively

Some data from the literature about preoperative testing to remember:

- 60-70% of preoperative testing is unnecessary provided an appropriate H&P is performed (Garcia-Miguel Lancet 2003)
- 30-60% of unexpected abnormalities detected on preop tests are ignored (Roizen NEJM 2000)
- Results of routine testing are rarely useful and the chance of an abnormality altering patient management is low (0-2.6%) (Smetana Med Clin No Amer 2003)
- The overall incidence of selectively performed tests that were abnormal was 30%. Of these only 3% resulted in management consequences (Charpak Med Care 1988)
- The overall incidence of screening tests being abnormal was 9% and management was altered in 0.3% (Johnson Anesthesia 2002).
- The same conclusions can be drawn when it comes to elderly patients. The ability of routine testing to predict adverse outcomes is poor (Dzankic Anesth Analg 2001).
- In elderly patients only the surgical risk and ASA class > 2 were predictors of periop events
- Patients with acceptable lab results within the previous 4 months are unlikely (0.4%) to see clinically significant changes on repeat studies as long as the clinical status has been stable (Macpherson Ann Intern Med 1990).
LEARNING OUTCOMES

At the conclusion of this session the learner will be able to:

1. Understand the basic statistical methods that underlie the decisions to order and interpret preoperative tests.
2. Understand the appropriate indications for laboratory, radiologic and other forms of preoperative testing.
3. Understand that the goal of the perioperative assessment is to identify patients at high risk for perioperative complications.
4. Know how to select appropriate screening tools to identify patients at high risk for specific postoperative complications.

SESSION CONTENT (Teaching outcomes)

This session introduces the learner to basics of the perioperative evaluation with a focus on testing and emphasizes a thoughtful, rational approach based on the history and physical with the goal of reducing unnecessary testing and improving patient outcomes.

AGENDA & METHODS

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<th>TEACHING METHODS</th>
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<td>Self-study:</td>
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<tr>
<td>Review of online module</td>
<td>60 min</td>
<td>HMConsults: Preoperative Diagnostic Testing</td>
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<tr>
<td>Small group</td>
<td>60 min</td>
<td>Review &amp; discussion of questions</td>
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HAND OUTS and ON-LINE INSTRUCTION MATERIALS


LEARNER EVALUATION

1. Written exam of core content

REFERENCES
