THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Preoperative Elective Surgery **Revision Date:** 8/18, 12/22, 5/25

DESCRIPTION

If an **emergency procedure** is required (e.g., for intra-abdominal hemorrhage, perforated viscus, necrotizing fasciitis), there is usually no time for a full preoperative evaluation. However, the patient's history should be reviewed as expeditiously as possible, particularly for allergies and to help identify factors that increase risk of emergency surgery (e.g., history of bleeding problems or adverse anesthetic reactions).

Before **elective surgery,** the surgical team may consult an internist for a formal preoperative evaluation to minimize risk by identifying correctable abnormalities and by determining whether additional perioperative monitoring and treatment are needed. Additionally, elective procedures should be delayed when possible so that certain underlying disorders (e.g., hypertension, diabetes, hematologic abnormalities) can be optimally controlled.

Routine preoperative evaluation varies from patient to patient because surgical risk varies depending on the patient's risk factors, and risks of the procedure.

Procedural risk is highest with the following:

- Heart or lung surgery
- Hepatic resection
- Intra-abdominal surgeries that are estimated to require a prolonged operative time or that

have a risk of large-volume hemorrhage (e.g., Whipple procedure, aortic surgery, retroperitoneal surgery)
- Prostatectomy
- Elective orthopedic procedures (e.g., joint replacement, back surgery, etc.)

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Pre-operative evaluation is a process of clinical assessment that precedes the delivery of anesthesia care for surgery and non-surgical procedures.

Elective surgery is a term used for a procedure that can be safely delayed without significant risk to a patient's health.

POLICY

Patient risk factors are stratified by clinicians using published criteria. Older age is associated with decreased physiologic reserve and greater morbidity if a complication occurs. However, chronic disorders are more associated with increased postoperative morbidity and mortality than age alone. Older age is not an absolute contraindication to surgery.

The OSU Health Plan Medical Director will review elective, non-cardiac, non-oncologic surgery requests when any of the following are present:

- Significant obesity with uncontrolled diabetes (BMI greater than or equal to 40 kg/m^2 and

A1C greater than or equal to 8%)

- Uncontrolled diabetes (A1C greater than or equal to 8%)
- More than 3 cardiac risk factors
    - Risk factors include history of CAD, history of heart failure, history of cerebrovascular disease, diabetes requiring treatment with insulin, serum creatinine > 2.0 mg/dL
- Undernutrition
    - History of weight loss > 10% of body weight over 6 months or 5% over 1 month
    - Suggestive physical examination findings (e.g., muscle wasting, signs of specific nutritional deficiencies)
    - Low serum albumin levels (less than 2.8 g/dL)

For covered persons with significant conditions or co-morbidities, the risk/benefit of the elective surgery should be appropriately addressed in the medical record.

PROCEDURES

The Utilization Management nurse will forward elective surgeries meeting the above criteria to the Medical Director for review.

PRIOR AUTHORIZATION

All inpatient surgeries require prior authorization. A list of outpatient surgeries requiring prior authorization can be found on the OSUHP website under Forms and Policies, Category: Prior Authorization.

EXCLUSIONS

Non-cardiac and non-oncologic elective surgeries in covered persons with uncontrolled or high-risk comorbid conditions when the potential benefits do not outweigh the risks.

CODES

This list is not all inclusive. It contains common comorbid conditions that may require Medical Director review.

ICD-10	DESCRIPTION
E11.65	Type 2 diabetes mellitus with hyperglycemia
E46	Unspecified protein-calorie malnutrition
E66.9	Obesity, unspecified
I25.1	Atherosclerotic heart disease of native coronary artery
I50.9	Heart failure, unspecified
I67.9	Cerebrovascular disease, unspecified
R79.89	Other specified abnormal findings of blood chemistry
Z79.4	Long term (current) use of insulin

REFERENCES

American Academy of Orthopedics Surgeons. (2015). *Surgical management of osteoarthritis of the knee evidence-based clinical practice guideline.* Rosemont, IL: American Academy of Orthopaedic Surgeons.

Mohabir, P. K., & Gurney, J. (2015). *Preoperative evaluation*. Merck Manual. Retrieved from http://www.merckmanuals.com/professional/special-subjects/care-of-the-surgical-patient/preoperative-evaluation

Underwood, P., Askari, R., Hurwitz, S., Chamarthi, B., Garg, R. (2014). Preoperative A1C and clinical outcomes in patients with diabetes undergoing major noncardiac surgical procedures. *Diabetes Care, 37,* 611-16.