

An analysis of outcomes following patient assessment at the high risk anaesthetic clinic

Lucie Litvack CT1 Anaesthetics
 Sarah Sullivan ST7 Anaesthetics
 Sonya McKinlay Consultant Anaesthetist
 Glasgow Royal Infirmary

Introduction

The High Risk Anaesthetic (HRA) Clinic reviews patients at high peri-operative risk due to patient co-morbidities or proposed complex surgery.

The clinic aims to provide patients with objective, individualised risk assessment to enable shared decision making. Patients are offered information using BRAN principles (Benefits, Risks, Alternatives including doing Nothing) and this provides patients with an opportunity to consider what would be an acceptable outcome to them. It also provides the opportunity for multidisciplinary working and optimisation of comorbidities preoperatively.

Aims

For this analysis, we focused on patients reviewed at HRA clinic who did not progress to having surgery.

We wanted to establish the main factors influencing the decision not to have surgery and record outcomes for these patients.

Method

Retrospective case note review for patients attending HRA clinic at Glasgow Royal Infirmary in 2018.

Review of patient records on Clinical Portal to identify patients not having surgery and the principal reason for this decision.

Disease categorised benign vs malignant

Decision categorised:

- Surgical
- Patient
- Anaesthetic
- Other

Outcomes recorded:

- Death
- Acute presentation requiring emergency surgery
- Alternative management plan

Results

Factors influencing decision

Benign

Surgical	31%
Surgical pathology	9%
Risk:benefit based on info from HRA clinic	22%
Patient	38%
Symptoms improved	19%
Patient preference	16%
Patient deteriorated prior to surgery	3%
Anaesthetic	19%
Surgery too high risk – not in best interests	19%
Other	13%

Malignant

Surgical	68%
Surgical pathology	54%
Risk:benefit based on info from HRA clinic	14%
Patient	38%
Symptoms improved	0%
Patient preference	18%
Patient deteriorated prior to surgery	14%
Anaesthetic	0%
Surgery too high risk – not in best interests	0%
Other	0%

Outcomes

Benign

Death	16%
Acute presentation requiring emergency surgery	0%

Malignant

Death	64%
Acute presentation requiring emergency surgery	32%

Alternative management

Benign

Symptom control	26%
Surveillance	11%
Remain on waiting list	15%
Unclear	30%

Malignant

Chemotherapy	25%
Surveillance	63%
Palliative care	13%

Results

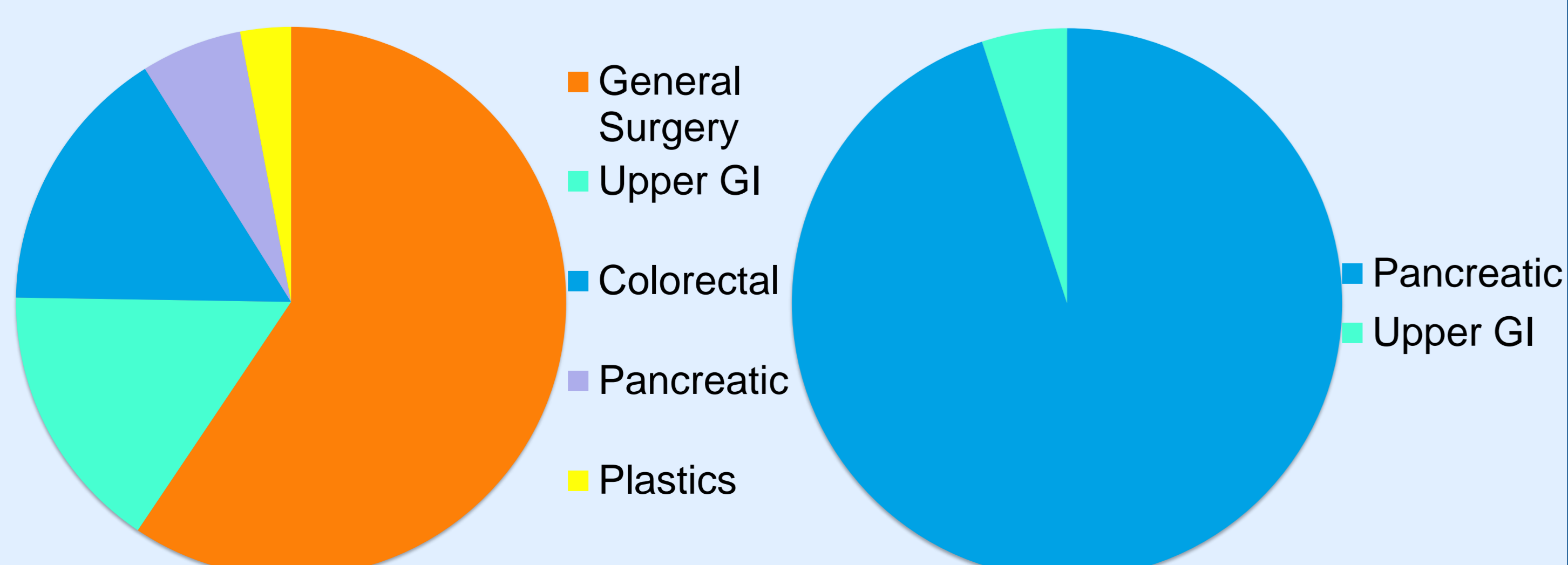
107 patients seen in HRA Clinic in 2018.

50% did not have the proposed surgery.

Surgical specialities

Benign disease 59%

Malignant disease 41%



Conclusion

Half of patients who attend HRA clinic do not have the proposed operation.

Additional information regarding risk provided at the clinic is useful in guiding decision-making for both patient and clinicians.

Changes in patient's symptoms, clinical condition and surgical diagnosis over time influence decision making; thus, consent is an ongoing process in which risk:benefit ratios should be reassessed regularly.

The HRA clinic provides patient empowerment and excellent multidisciplinary working.

References

<https://cpoc.org.uk/shared-decision-making>