

ANAESTHETIST: A PERIOPERATIVE PHYSICIAN

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The role of anaesthesia and the anaesthesia providers is increasing day by day. The times when an anaesthesia provider could stay "behind the walls" of an operating room are gone. Now it's the time to step out beyond those walls and influence patient management. We need to work as a full time physician, providing not only intraoperative care but also pre-operative and post-operative management. Our job has been restricted to our traditional role of providing just intraoperative care i.e. anaesthesia; and no one in reality realizes that delivering anaesthesia is just a tip of the iceberg. We must participate in new and possibly novel anaesthesia related practices for which we are better suited than other medical professionals.

Anaesthesiologists who utilize their skills fully and appropriately, will extend their influence beyond simple provision of anaesthesia services to areas where an even greater impact may be made on the overall cost of health care. Macairo, et al, have recently drawn similar conclusion regarding the importance of our influence in the preoperative setting.¹ They found that 33 percent of hospital's costs occurred in the OR, whereas intraoperative anaesthesia costs represented only 5.6 percent of the total hospital costs. There appear to be much greater opportunities to make a significant impact on hospital's cost by focusing on the entire preoperative process rather than limiting our attention to intraoperative anaesthesia management.

A few years ago Bob Stoelting M.D, wrote,

"The components of cost-effective anaesthesia services include the anaesthesia functioning as a preoperative physician."²

As a preoperative physician he can create, "value-based anaesthesia management". Which hopefully will achieve the best outcomes at the lowest practical costs. So the trend is growing for anaesthesia to practice a spectrum of care that includes;

- (i) Preoperative preparation.
- (ii) Intraoperative anaesthesia care.
- (iii) Postop recovery.

- (iv) Acute pain management.
- (v) Critical care medicine.
- (vi) Chronic pain management.
- (vii) Cancer pain management.
- (viii) Resuscitation team.

In the preoperative area we need to obviously provide an efficient assessment of the patient. This part of anaesthesia care is important for it influences the cost of health care. The new trends are to order fewer and fewer routine preoperative lab tests, which are essential for that age group and a particular surgical procedure.

The solution of drugs, techniques, equipment and monitors dramatically influence the cost incurred in the process of delivering an anaesthetic. The anaesthesiologist can help by selecting the least expensive technique, providing a high quality health care product without compromising the essential needs. This concept is termed as "value-based" decision. Subarsky and associates have described implementation of physician-directed pharmaceuticals practice guidelines.³

In addition preoperative physician (the anaesthesiologist) can significantly influence the OR efficiency by

- (i) Administrative management of OR.
- (ii) Facilitate scheduling.
- (iii) Influencing behavior of staff colleagues.

All of the above will improve the efficiency of one of the most expensive care centers of a hospital.

Postoperatively we can work to ensure early awakening and early discharge criteria for the PACU. It may be beneficial to bypass PACU in case of short procedures, so avoiding long hospital stay and cost. This PACU bypass concept is also useful and applicable with the development of new drugs which are comparatively shortacting, and have fewer side-effects, e.g. nausea, vomiting, giddiness, headache, or

fluctuations of blood pressure etc.. This and other innovative concepts allow cost reduction and increased efficiency, but at the same time require greater flexibility of staff and team work.⁴ Postop nausea and vomiting is becoming increasingly recognized as a factor that slows the whole process and adversely influences patient satisfaction⁵. This part of anaesthesia needs special consideration as we can impact patient satisfaction by selecting appropriate analgesics, anaesthesia techniques and anti-emetics.

In future, the preoperative physician will influence areas far broader than those we currently influence, like:

- (i) Office based anaesthesia
- (ii) Sedation service
- (iii) Rapid opioid detoxification
- (iv) Conscious sedation
- (v) Chronic pain clinic
- (vi) Space needs
- (vii) Informative system and management
- (viii) Chart and record management
- (ix) Equipment purchase

In many ways the influence of the preoperative physician will be limited only by our imagination and willingness to adjust the changing practice of medicine. Now this is the time that we should think about the

concept of preoperative physician and leave the concept of being "behind the walls".

Although it's not a simple task to change the whole concept because of poor recognition of our speciality in this country and it will take many years for the culture to really show signs of change.

We need to step out, influence the patient management, establish pain clinics, refine our traditional intraoperative role, provision of day case services and overall the smooth running of hospital operating room. In addition we must move beyond the clinic setting and take influential positions on hospital and group practice committees. By doing so the anaesthesiologists will take over the role of preoperative physician to influence and improve value-based medical healthcare delivery.

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GRATITUDE

'APIC' acknowledges with great appreciation the continued involvement with us, of the following pharmaceutical companies / Business concerns, in bringing out the journal on regular basis as well as its free distribution.

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