AB239. Last minute changes to planned anaesthetic technique—indications and implications

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Background: Last minute changes to planned anaesthetic technique can lead to patient and staff distress, unnecessary fasting, prolonged hospital stay and inefficient use of theatre time and personnel. In RVEEH, nurse led preoperative assessment services are provided, in part, to prevent these consequences and are requested by the booking surgeon. The patient's surgery including type of anaesthesia is submitted on a booking form and electronically transcribed to a theatre list for use the day of surgery. Anaesthetic review is conducted that morning to confirm suitability for surgery and planned anaesthesia technique.

Methods: Prospective study conducted over a two-month period (18/07–18/09/2019) in RVEEH. Last minute cancellations were excluded.

Results: We recorded thirty-seven last minute changes to planned anaesthetic technique; this accounted for 3% of all procedures in RVEEH. Of these 5/321=1.6% occurred in ENT theatre and 33/932=3.5% in Ophthalmic theatre. LA+/– sedation was not tolerated in 3/37 (9%) and required urgent conversion to general anaesthetic. The anaesthetist deemed 11/37 (30%) unsuitable for the planned anaesthetic technique the morning of surgery. Surgical preference was the cause of change in 6/37 (16%) and in 3/37 (11%) patient preference/ refusal of planned anaesthetic resulted in the alteration. An administrative error was identified in 14/37 (38%), defined as failure of the theatre list to reflect prior planned anaesthetic. Nurse led preassessment clinics were attended by 16/37 (42%) patients, of whom 4/16 (25%) were reviewed by an anaesthetist.

Conclusions: Last minute changes to anaesthetic technique is not uncommon. Administrative errors could be prevented by more careful communication between clinical and administrative staff. Preassessment clinics could be used more effectively to determine anaesthetic technique and risk factors for last minute alteration.

Keywords: Anaesthetic technique; preoperative assessment; administrative errors; patient safety

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