**Ensuring patients are In Shape for Surgery – what this means in practice**

This document is to aid the launch of a recommended best practice pathway for routine surgery, initially applying to routine adult hip, knee and hernia referrals. The pathway is very strongly encouraged, but not mandatory.

When a patient has poorly controlled chronic disease or certain risk factors including smoking, it can adversely affect the:

* outcome of the operation
* risks of complications during and after the operation
* length of time spent in hospital
* patient's recovery time
* NHS costs, resources and health professional time needed to care for the patient in hospital and following discharge.

The message to patients is simple, and should be re‐iterated at every opportunity in both primary and secondary care*:* ***“surgery puts stress on the body, so the healthier you are, the better you’ll handle it.”***

From December 2017, the following best practice criteria are being introduced for any adult patient being referred for routine **hip arthroplasty, knee arthroplasty** or **hernia surgery.**  Primary care is requested, where possible, to optimise patients to the following thresholds prior to referral:

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| **Criteria** | **Threshold for Pre-Referral Intervention** |
| **Medical Markers** - chronic disease management |
| **Blood pressure** | BP **> 160/100mmHg** |
| **Diabetes** * In known diabetics and
* In those at risk of diabetes (as identified by a **BMI ≥ 30**)
 | HbA1c **> 69mmol/mol** |
| **Irregular Heart Rate** (ECG if pulse rate > 100 or irregular) | Atrial Fibrillation with a rate **> 100** beats per minute |
| Auscultate for **heart murmur** | Un-investigated heart murmur |
| **Anaemia *(for major surgery i.e. TKR/THR)*** | Hb **< 130g/L** **- if not, investigate and treat to achieve minimum of 120 g/L** |
| **Lifestyle Criteria** |
| **Smoking**  | Smoker. Advise patient:* **8 weeks smoking cessation** prior to surgery is optimal to reduce risks
* It is a good time to consider quitting for good
* Refer to smoking cessation service
 |
| **⎯⎯⎯⎯ ALL MARKERS SHOULD BE CURRENT WITHIN 3 MONTHS OF REFERRAL ⎯⎯⎯⎯** |

It is acknowledged that the medical marker thresholds are not achievable, or even desirable, for a small number of patients due to their co‐morbidities. If your patient doesn’t meet these thresholds, but you feel they are as well optimised as possible (“best optimised”) for surgery, with their risks from surgery minimised as much as reasonably possible, then this should be stated in the referral letter.

Smoking cessation should be initiated in primary care, with patients being referred to existing stop smoking services for advice on nicotine replacement therapy and other methods of smoking cessation. Patients who do not wish to attempt to stop smoking, despite an informed discussion with their GP about the significant risks involved, are still able to access specialist assessment and diagnostics.

There is no ban on surgery for people in the above categories and there is no blanket policy. People who do not wish to access the support services or fail to meet the criteria will not automatically be denied their elective procedure. Decisions about what is in the best interests of an individual’s health are made on a case‐by‐case basis.

**Impact in General Practice**

Much of this work currently happens in General Practice prior to referral, but this is now being formally encouraged within the In Shape for Surgery programme by recording the relevant information (HbA1c, haemoglobin, blood pressure, pulse and smoking status) on the updated referral form for any patient who are likely to have surgery as outlined above. This information is already included on many referrals, but the recommendation is that this information should be current within 3 months of the referral.

**Support for Practices & Patients**

In order to support practices with these changes we have produced a practice pack including a summary of the markers and thresholds, along with an outline of the patient flows for medical markers. An updated referral form will be produced for each clinical system.

A leaflet has been developed for patients explaining why optimising their health prior to surgery is important. Specific leaflets for diabetes and smoking are also available for patients. These will be available on the referral web site to print off and give out to support discussions with patients.

**Making Every Contact Count – giving patients the same message across primary and secondary care**

As a frontline clinician, you have an incredibly important role to play in helping people improve their health before surgery.

As well as the immediate benefits to surgical outcomes, there are also longer-term positive impacts of controlling chronic disease and avoiding risky health behaviour. These are significant for individual patients and their families and they are also important for the NHS and for social care.

While people are living longer, many are living longer with increasing, avoidable ill-health that makes their quality of life worse. This may create an added stress to families and requires more and more of stretched health and social care services.

Please take every opportunity to discuss with your patient the changes that they can make to help ensure that they have a safe and successful operation and are able to recover quickly.

**Further information and resources can be found on our referral management website**

**Healthy lifestyles support and information can be found here:**

Cornwall Health Promotion Service:

www.healthpromcornwall.org or call 01209 615600

Devon Healthy Lifestyle Service:

www.onesmallstep.org.uk or call 0800 298 2654

One You Plymouth:

www.oneyouplymouth.co.uk or call 01752 437177

Torbay Healthy Lifestyle Service:

www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/