

Memo

To all anesthesia staff

Re: pre-assessment criteria and obesity.

There have been some questions regarding obese patients. Here is our policy:

1. Policies are guidelines, not hard and fast rules. Please use your best clinical judgment.
2. Our guideline is for the GI offices to re-route patients over 350 lb or BMI > 40 to the hospital. In general, they are at high risk for aspiration and have significant comorbidities.
3. Obese people simply do not typically **relay their accurate** weight, especially if they are over 300lb. In addition, most offices do not weigh the patients. For these reasons, we have a significant number of patients over 350lbs who still arrive at the center.
4. Please evaluate these patients on the day of surgery. Many morbidly obese patients have a decent airway (depending on weight distribution, ROM, thyro-mental distance, mouth opening, M class, etc.) If you feel it is safe, please proceed.
5. If a patient over 350lb presents to the center and you feel they present a high risk for aspiration based on your experience and airway evaluation you have two options: (1) Cancel the case and reschedule for the hospital, (2) Proceed with the case under conscious sedation
6. Regarding the second option, endoscopy cases CAN be done with little to no sedation. Please prep the patient in pre-op. Explain why they are at high risk and that they will be awake and aware during the procedure. In addition, that we will stop the procedure if the procedure presents too much discomfort. If patient agrees, proceed.

I would welcome questions or comments regarding this policy.

Dr. Eric Perry

Director of Anesthesia Services