

Are your patients in shape for surgery?

All patients should be as optimised as fully as possible before referral for surgery in order to improve outcomes, shorten recovery time and significantly reduce the risk of complications.

From AUGUST 2017, any adult being referred for routine [hip arthroplasty](#), [knee arthroplasty](#) or [hernia surgery](#) will be subject to the following RECOMMENDED (not mandatory) CRITERIA:

CRITERIA	THRESHOLD FOR PRE-REFERRAL INTERVENTION
Medical Markers - chronic disease management	
Anaemia (for hip and knee arthroplasty only unless high anaesthetic risk)	Hb < 130g/L male or Hb < 120g/L female (excluding anaemia related to chronic disease)
Blood pressure	BP > 160/100mmHg
Diabetes <ul style="list-style-type: none"> In known diabetics and In those at risk of diabetes (as identified by a BMI ≥ 30). Diabetes UK risk tool is also recommended (here) 	HbA1c > 6gmmol/mol
Irregular Heart Beat (ECG if pulse rate > 100 or irregular)	Atrial Fibrillation with a rate > 100 beats per minute
Auscultate for heart murmur	Un-investigated heart murmur
Lifestyle Criteria	
Smoking (Vaping and Nicotine Replacement Therapies are not restricted)	Smoker. Advise patient: <ul style="list-style-type: none"> 8 weeks smoking cessation prior to operation is optimal to reduce risks; it is a good time to consider quitting for good; and sign-post to smoking cessation service.
<p>———— ALL MARKERS SHOULD BE CURRENT WITHIN 3 MONTHS OF REFERRAL ————</p>	

It is anticipated that these metrics will be rolled out for more specialities/procedures in the future

For more information, support and guidance for patients please visit:

1. Devon Healthy Lifestyle Service ~ www.onesmallstep.org.uk or call **0800 298 2654**
2. Torbay Healthy Lifestyle Service ~ www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/
3. One YOU Plymouth ~ oneyouplymouth.co.uk or call **01752 437 177**
4. Cornwall Health Promotion Service ~ www.healthpromcornwall.org



Exclusions:

- **PLEASE NOTE THIS EXCLUSION LIST INCLUDES SPECIALITIES/PROCEDURES THAT ARE NOT COVERED AT THE LAUNCH OF THIS RECOMMENDED PATHWAY**
- Bariatric surgery
- Any surgical interventions that may be required as a result of pregnancy
- Vulnerable patients where the likelihood of achieving optimisation and benefits from it are low will require individualised consideration. This includes patients with learning disabilities, significant cognitive impairment or severe mental illness.
- Referrals of a diagnostic nature
- Children under the age of 18
- Emergency surgery or clinically urgent need for example:
 - Cholecystectomy
 - Surgery for arterial disease
 - Hernias at high risk of obstruction
 - Deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening, severe ligamentous instability.
 - Revision hip surgery which is clinically urgent and where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocation, impending peri-prosthetic fracture, gross implant loosening or implant migration.
 - Revision knee surgery which is clinically urgent and where delay could lead to a significant Nerve compression where delay will compromise potential functional recovery of the nerve.
 - Surgery to foot/ankle patients with diabetes or other neuropathies that will reduce the risk of ulceration or severe deformity.
 - Orthopaedic procedures for chronic infection
 - Primary hip of knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
 - Acute injuries that may benefit from early intervention
 - Patients receiving treatment for cancer or the suspicion of cancer



Ensuring patients are in shape for surgery – patient flows for medical markers

There are 3 ways in which patients may present to GP practices requiring their medical markers to be taken:

1

When a GP makes a decision to seek specialist opinion about likely routine surgery it is recommended that the patient has their medical markers completed, and any necessary action taken to ensure they meet the referral thresholds.

2

When an Extended Scope Physiotherapist (ESP) decides that a patient needs specialist opinion about likely routine surgery the practice will be contacted via email. This will enable primary care, if they wish, to provide medical markers and perform any optimisation they feel is required.
N.B. Patients who practices decide to "optimise" should be referred when ready to "DRSS patient optimisation service" on e-RS.

3

A patient who has already started a treatment pathway but who, after discussing with their specialist team at the pre-operative stage, is felt would benefit from improving their medical markers will be discharged back to practices for appropriate action or referred on to an appropriate secondary care service.

In all of these scenarios when the patient is fully, or best, optimised a referral should be made on e-RS. It is recommended to use the new referral template ensuring the patient optimisation boxes are completed. If a patient is "best" rather than "fully" optimised against referral thresholds please provide detail in the relevant section.

Frequently Asked Questions

When are the additional referral metrics recommended?

The medical and lifestyles markers are only recommended for routine referrals where surgery is anticipated. From August 2017 this is only for referrals for hip arthroplasty, knee arthroplasty and hernia repair. However, it is anticipated that further specialities and procedures will be included in the future.

Please answer Y / N on the referral form if surgery is anticipated.

What if I don't know if surgery is likely when I make the referral?

For patients who are referred for an opinion, investigation and/or clinical evaluation by secondary care clinical teams it will be the responsibility of secondary care to assess fitness. Any patient in secondary care identified as requiring primary care optimisation will be discharged back to primary care prior to listing for surgery. All national rules applying to the management of waiting lists and times will be adhered to.

Why do DRSS email my practice about referrals for these patients?

The emails you receive from DRSS are purely to advise you that there is a referral that has been received that requires some action from the practice.

Is it only GP referrals for which the medical and lifestyle markers for routine surgery are recommended?

No, they are recommended for any referral for routine surgery for the specified specialities.

This includes routine referrals for 'likely surgery' made by physiotherapists/ESPs. Where such referrals aren't normally sent to the GP practice, practices will be informed via email of the planned referral. Practices will be given the opportunity if they wish to optimise the patient if necessary or provide the referral metrics.

More information on 'In Shape for Surgery' can be found on the Formulary and Referrals web sites:
North & East <https://northeast.devonformularyguidance.nhs.uk/referral-guidance/key-messages>
South & West <https://southwest.devonformularyguidance.nhs.uk/referral-guidance/key-messages>

What if the referral metrics will be more than 3 months old by the time a consultant sees my patient?

The 3 months is from the date the referral is made.

Who will decide whether my patient is fit enough for surgery?

The decision about appropriateness for surgery will be made for each patient by the consultant team.

What if my patient refuses to stop smoking or improve their HbA_{1c} (or any other marker) despite my best efforts?

Where a patient refuses to engage with getting in shape for routine surgery the patient should still be referred.

How will my practice team know what the medical markers are?

Pages 1 and 2 of this document can be printed and shared around the practice. Also a medical markers template has been developed for each clinical system which can be used by nurses, HCAs and other practice staff as necessary. The template is available on the Formulary and Referrals web sites [[North & East](#) | [South & West](#)].

Where can I find the evidence base for In Shape for Surgery?

The evidence considered by the STP in Devon can be found [here](#).

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