Visurraga Enterprises LLC Selection Criteria for Ambulatory Surgery Center/Office-Based Optimization	
Clinical Policy: Surgical Patient Selection Criteria for receiving Anesthesia Services at ASC/Office-Based Facilities	Page: 1 of 3 Last Review or Revision Date:03/01/2024 Reviewed by: Visurraga Enterprises LLC et al

Purpose: To provide evidence-based guidance on surgical patients who are or are not appropriate candidates for Anesthesia Services at Ambulatory Surgery Centers or Office-Based facilities.

***Send clearance form to approving physician for patients with significant cardiac, neurologic, or pulmonary history (i.e. CIED, EF <40%, ESRD/dialysis history, moderate to severe pulmonary hypertension, blood thinners, cardiac stents, cardiac surgery, BMI > 40, moderate to severe OSA, severe COPD, CVA within 1 year, home oxygen requirements, or with the following below (this is not an all-inclusive list):**

Policy/Criteria:

1. **The following patients are NOT candidates for Anesthesia Services at an ASC/Office-Based setting (not an all-inclusive list):**

- Patient with known history of difficult intubation or difficult airway management.
- Patient with known personal or family history of malignant hyperthermia.
- Morbidly Obese Patients with BMI 40 to 49, with STOP-BANG score 5 and above ***(See Appendix A for STOP-BANG tool)***
- Morbidly Obese Patients with BMI 40 to 49, with unmanaged comorbidities
- Super Obese Patients (BMI 50 and above)
- Severe Obstructive Sleep Apnea (OSA): Sleep Study report or STOP-BANG 5 and above
- Severe COPD (FEV1<50%)
- Patients on dialysis
- **Blood Glucose 400** and above on day of surgery
- Uncontrolled Hypertension (SBP 180>; DBP 110>) on day of surgery
- Pulmonary Hypertension
- Uncompensated Chronic Heart Failure
- Severe Heart Failure
- Newly diagnosed Heart Failure **within 3 months**
- New onset arrhythmia
- Myocardial Infarction **within 60 days** in absence of coronary intervention
- Drug Eluting Stent (DES) placement **within 6 months**
- Bare Metal Stent (BMS) placement **within 30 days**

- Balloon Angioplasty for CAD **within 14 days** in patients in whom ASA will need to be discontinued
- Symptomatic, Severe Valvular Disease
- Symptomatic Cardiac Arrhythmia despite medication
- Implanted Pacemaker or AICD***(*see CIED recommendations)***
- Arterial or Venous thromboembolism **within 1 month**
- **Stable or Unstable** Abdominal Aortic Aneurysm (AAA) greater than 4.9 cm in diameter.
- Pregnancy
- CVA or TIA **within 3 months**

1. <u>Cardiac Implantable Electronic Device: (CIED) Recommendations</u>

CIED refers to an Implanted Pacemaker Device or Implanted Cardioverter-Defibrillator (ICD) Device

<u>Controversy:</u> Johns Hopkins Medicine does not permit patients with Implanted Pacemaker or Implanted Cardioverter-Defibrillator (ICD) to undergo elective surgery in an Ambulatory Surgery Center/Office-Based Setting. Kaiser Permanente permits certain elective surgeries for certain ASA IV patients, but not for patients with ICD requiring electrocautery. However, patients with Pacemakers undergoing elective surgery are permitted in an ASC setting.

<u>A.</u> <u>Preoperative Requirement for CIED</u>:

Patients with a CIED undergoing an elective procedure superior to the umbilicus require cardiac clearance/consultation with interrogation report according to time frames stated below.

Patients with a CIED undergoing an elective procedure inferior to the umbilicus require only interrogation report according to time frames stated below due to low-risk involvement of CIED.

If elective procedure superior to umbilicus and YES to any of the below questions, then patient is not appropriate for Ambulatory Surgery Center/Office-Based Setting:

1. **Is patient pacemaker dependent?**
2. **Does this patient have an ICD AND EMI associated with procedure?**

<u>B. Pacemaker or ICD:</u>

- Require interrogation on day of procedure requiring electrocautery. If procedure does not require use of bovie (minor procedures: endoscopy, bronchoscopy, or other minor procedure), then interrogation on day of procedure not required.
- Pacemakers must be interrogated **within 12 months of procedure date.**
- ICDs must be interrogated **within 6 months of procedure date**.
- If electromagnetic interference (monopolar electrosurgery-bovie, radiofrequency ablation, radiofrequency identification devices) above umbilicus is likely to occur, alter pacing function of a

CIED to Asynchronous pacing mode in the pacing-dependent patient, and suspend an ICD's antitachycardia function, if present.

C. Magnet versus Reprogramming (see Appendix B)

- Suspend CIED active sensor for rate-responsive pacing to prevent undesirable tachycardia:
- For most Pacemakers, application of magnet will initiate asynchronous pacing at a fixed pacing rate with a fixed AV delay.
- For all ICDs, altering the *pacing function* to asynchronous mode MUST be done ONLY by reprogramming since application of magnet will NEVER alter pacing mode of an ICD.
- It is *unreliable* to suspend *anti-tachycardia function* of an ICD using a magnet due to several factors such as age of ICD or patient obesity.
- Temporary pacing and defibrillation equipment should be immediately available before, during, and after all procedures with **electromagnetic interference (EMI) potential.**

C. Postoperative Management

- Communicate to patient to have CIED interrogated within 30 days after procedure if magnet or reprogramming were required for procedure.
- For a CIED that was reprogrammed during perioperative period, ensure the following are immediately available:
  -back-up pacing, cardioversion, defibrillation

APPENDIX A
STOP BANG TOOL

STOP		
Do you **S**NORE loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel **T**IRED, fatigued, or sleepy during daytime?	Yes	No
Has anyone **O**BSERVED you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood **P**RESSURE?	Yes	No

BANG		
BMI more than 35kg/m2?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches (40cm)?	Yes	No
GENDER: Male?	Yes	No

TOTAL SCORE		

High risk of OSA: Yes 5 - 8

Intermediate risk of OSA: Yes 3 - 4

Low risk of OSA: Yes 0 - 2

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APPENDIX B
MAGNET VERSUS REPROGRAMMING DECISION-MAKING TREE

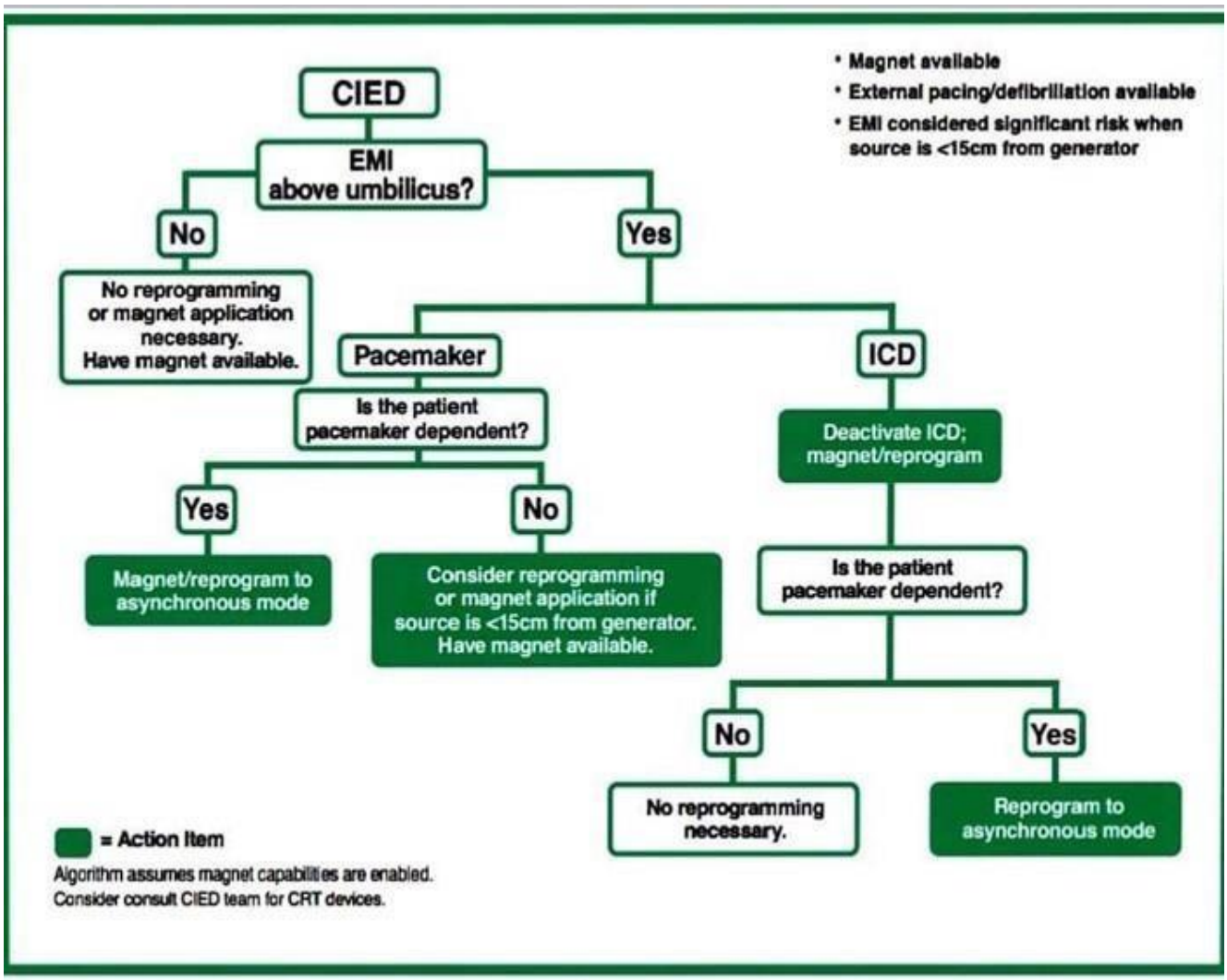

Figure 1. Algorithm for Perioperative Management of CIEDs

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