



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Anesthesia Care		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Unfitness for Anesthesia and Cancellation Procedure		
<b>Applies To:</b>	All Anesthesiologist and Surgeon		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	AN-DPP-005
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## 1. PURPOSE:

- 1.1 To provide policy and guideline for cancellation of surgery.

## 2. DEFINITIONS:

- 2.1 **Anesthesia** – consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug – induced loss of consciousness during which patient are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug – induced depression of neuromuscular function. Cardiovascular function may be impaired.

## 3. POLICY:

- 3.1 The policy of the department is that no patient will have his or her operation cancelled unless the surgeon has been consulted and the problem discussed.
- 3.2 If the patient's pre – operative workup has involved a medical team, consultation with the relevant physician may also be indicated.

## 4. PROCEDURE:

- 4.1 When a patient's operation has had to be cancelled or postponed for anesthetic reasons, an entry will be made in the continuation notes. This entry should contain:
  - 4.1.1 Whether the operation has been cancelled or postponed.
  - 4.1.2 If the latter, what delay is advise and the manner in which the patient's condition needs to be improved before fitness is sufficient.
  - 4.1.3 In either case, the reasons for the decision made.
- 4.2 Where a patient has been referred to a preoperative assessment clinic, that visit should be arranged, where possible, far enough in advance of the date of surgery to allow any investigations, treatment alterations of consultation to occur without risk of postponing the surgery.

## 5. MATERIALS AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Anesthesiologist
- 6.2 Surgeon

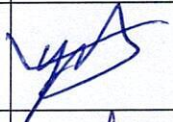

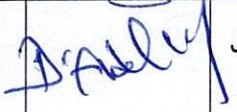
7. APPENDICES:

N/A

8. REFERENCES:

8.1 American Society of Anesthesiology.

9. APPROVALS:

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