

ENT PAC guidelines

General

Planned procedure:	
Confirmed or tentative booking date:	
Summary of pt demographic + reason for procedure:	e.g. [Age][Sex] presents with [reason for procedure]
PMHx:	<p>List all.</p> <p>Ask specifically re:</p> <ul style="list-style-type: none"> - Diabetes - Cardiac disease - Aiways disease: <ul style="list-style-type: none"> o Respiratory disease o OSA - Musculoskeletal disorder <ul style="list-style-type: none"> o Neck ROM - Bleeding diathesis/coagulopathy (including FHx) - ?any other chronic/systemic disease - Previous operations and type of anaesthesia
Medications:	<p>List all.</p> <p>Ask specifically re:</p> <ul style="list-style-type: none"> - SGLT2 inhibitors - anticoagulants
SHx:	<p>Home supports</p> <p>Smoking</p> <p>ETOH</p> <p>Functional considerations – e.g. pt is a singer</p>
Exercise tolerance:	<ul style="list-style-type: none"> - How many flights of stairs can pt climb without chest pain or SOB? - Can pt walk 1km on flat ground without chest pain or SOB
OE (if face to face):	<p>Check:</p> <ul style="list-style-type: none"> - ECG - General check – mallampati, head and neck exam, neck ROM (e.g. extension), respiratory exam, cardiac exam, abdominal exam
Plan:	<p>Fasting plan</p> <p>Medications to withhold</p> <p>Investigations to be performed</p>

Consider TTE for patients with:

- previous abnormal TTE or confirmed cardiac disease (e.g cardiac failure, pulmonary hypertension, aortic stenosis) and no TTE in the last 2 years
- May also be indicated if the patient has undiagnosed shortness of breath or clinical evidence of undiagnosed cardiac disease (eg a new murmur, new atrial fibrillation, signs of cardiac failure)

Anaesthetics review for:

- cardiac disease (moderate or severe aortic stenosis, moderate or severe pulmonary hypertension, or symptomatic cardiac failure or symptomatic or unstable ischaemic heart disease)
 - BMI > 50
 - Moderate/Severe OSA
 - Patients unable to achieve 4 METS (e.g. climb a flight of stairs)
 - Past-history of anaesthetic complication/difficulty
 - Severe chronic pain or opiate tolerance
 - Severe liver or renal disease

Bloods for patients with chronic medical conditions

- Group and hold for any major operations or patients with haematological conditions, or on anticoagulants

ECG:

- Indicated for patients > 60 years old and those with cardiac disease, peripheral vascular disease, cerebrovascular disease and/or vascular risk factors

Stress test: to be guided by discussion with cardiology/anaesthetics

Ask PAC staff to chase recent investigations (e.g. TTE, Sleep studies, etc) so they are on file.

Speak with appropriate specialists re withholding medications (e.g. cardiology re recommendations for ceasing anticoagulants; endocrinology if poorly controlled diabetes).

***** Always cease SGLT2 inhibitors for 3 days prior to OT *****

Where possible cease:

- NOAC for 3 days prior to OT
- Aspirin for 7 days prior to OT
- Clopidogrel/Ticagrelor 5 days prior to OT

Discuss with ENT reg if advised by medical specialists that pt should continue on anticoagulant, etc.

Discuss with ENT reg if patient is not ready/medically optimised for any procedure – especially non-urgent procedures (pt may need to be delayed).

Common procedures & specific expectations/pt instructions

Procedure	Post-op recovery/expectations
UPPP <ul style="list-style-type: none"> - instruct pt to bring CPAP machine on day of operation - book HDU bed 	Overnight stay <ul style="list-style-type: none"> - 5% risk of post-tonsillectomy bleed for 14 days following procedure - Need to stay locally (close to hospital) - Avoid strenuous activity during this period - Regular analgesia necessary postoperatively
Tonsillectomy +/- Adenoideectomy	Day procedure if for recurrent tonsillitis or mild OSA (see EH guidelines on Objectify) Overnight stay if for moderate to severe OSA/sleep disordered breathing <ul style="list-style-type: none"> - 5% risk of post-tonsillectomy bleed for 14 days following procedure - Need to stay locally (close to hospital) - Avoid no strenuous activity during this period - Regular analgesia necessary postoperatively
Thyroidectomy <ul style="list-style-type: none"> - Check notes re FNE – vocal cord check in ENT OPD clinic (if booked via telehealth, etc, check with ENT registrar whether pt qualifies for vocal cord check) 	Multi-day stay <ul style="list-style-type: none"> - DT - Pain usually well tolerated - If total, will require calcium monitoring post-operatively - Possible recurrent laryngeal nerve injury
Head and neck cancer resection + neck dissection (without free flap reconstruction) <ul style="list-style-type: none"> - check that pre-op dental review has been organised (possible post-op radiotherapy) - Book frozen sections 	Multi-day stay <ul style="list-style-type: none"> - DT - Pain usually well tolerated - Reasonable recovery 2/52 - May require postoperative radiotherapy - Potential for nerve injury
Head and neck cancer resection + neck dissection (with free flap reconstruction) <ul style="list-style-type: none"> - check that pre-op dental review has been organised (possible post-op radiotherapy) - Anaesthetics review (Long operation – All day) - Book frozen sections 	Multi-day stay (> 1 week) <ul style="list-style-type: none"> - DT - NGT - Pain usually well tolerated - Reasonable recovery 2/52 - May require postoperative radiotherapy - Potential for nerve injury
Mastoidectomy/Tympanoplasty <ul style="list-style-type: none"> - Ensure audiogram within past 6 months 	Overnight stay (may be day procedure) <ul style="list-style-type: none"> - Usually well tolerated - Mastoid dressing overnight - Keep ear dry - May experience hearing reduction

FESS - stop any OTC intranasal decongestants 2 weeks prior to OT - Ensure CT sinus on system	Day procedure (may be overnight) - Usually well tolerated - Will often have nasal packing (e.g. nasopore)
Septoplasty + turbinoplasty - stop any OTC intranasal decongestants 2 weeks prior to OT	Day procedure (may be overnight) - Usually well tolerated - Will often have nasal packing (e.g. nasopore) - Risk of bleeding - Avoid strenuous activity during this period - May not notice symptom improvement immediately
Minor Airway Procedure: e.g. Panendoscopy/MLG +/- Bx	Day procedure (may be overnight) - Usually well tolerated - Risk of bleeding - Need to have adult with them upon discharge and overnight if day case
Major Airway Procedure e.g. dilatation subglottic stenosis, thyroplasty, cordotomy - Anaesthetics - Ensure overnight bed booked	Likely multiday stay but some more simple cases could be overnight for airways monitoring - Usually well tolerated - Simple repeat dilatation could potentially be day case
Endoscopic base of skull surgery - Ensure pt has CT sinus (Stealth protocol)	Likely overnight (could be day procedure) - Usually well tolerated - Will often have nasal packing (e.g. nasopore)

*** If day procedure, ensure adult takes pt home and stays with them overnight