

Campus Selection for Surgical and Endoscopic Procedures

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This document is relevant to all WH sites, including Bacchus Marsh, Melton and Caroline Springs

Contents

1. Overview.....	2
2. Applicability.....	2
3. Responsibility.....	2
4. Authority	2
5. Associated Documentation	2
6. Credentialing Requirements	2
7. Definitions and Abbreviations	2
7.1 Definitions	2
7.2 Abbreviations	2
8. Guideline Detail	3
8.1 Campus Capabilities	3
8.2 Campus Suitability Considerations.....	3
9. Document History	3
10. References	3
11. Sponsor	3
12. Authorisation Authority.....	3
Appendix 1: Campus Capabilities.....	4
Appendix 2: Campus Suitability Considerations	5
Appendix 3: Definitions	6
Paediatric Exclusion Criteria	6
Severe Condition.....	6
Surgical Risk with respect to Obstructive Sleep Apnoea.....	6
Complex Pain and Substance Use Disorder (SUD).....	6

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1.1. Overview

This document supports the safe care of patients undergoing surgical and endoscopic procedures at Western Health. This is achieved through selection of the most appropriate campus to provide care. This process takes into account the physiologic status of the patient, the complexity and invasiveness of the surgery, as well as the staffing requirements and resources available at each campus. Variation to this advice may be appropriate in consultation with treating clinicians.

2.2. Applicability

This procedure applies to all clinical staff involved in perioperative care at Western Health.

3.3. Responsibility

The Department of Anaesthesia, Pain and Perioperative Medicine is responsible for implementation of this procedure and ensuring compliance with its use. There are no exclusions to this.

4.4. Authority

Exceptions to the clinical practices described in this procedure may only be authorised by treating senior medical staff, in consultation with anaesthesia senior medical staff if an anaesthetic is required.

5.5. Associated Documentation

In support of this guideline, the following Manuals, Policies, Instructions and/or Guidelines apply:

Name

Perioperative Obstructive Sleep Apnoea (OSA) Procedure
 Perioperative Management of Diabetes in Non-Pregnant Adults
 Guidelines for Ordering Basic, Non-Surgical Preoperative Investigations

6.6. Credentialing Requirements

Nil

7.7. Definitions and Abbreviations

7.1 Definitions

Please refer to *Appendix 3*.

7.2 Abbreviations

For purposes of this guideline, unless otherwise stated, the following abbreviations shall apply:

Abbreviation	Expanded abbreviation
ABG	Arterial Blood Gas
ASA	American Society of Anaesthesia score
BMI	Body Mass Index
CABG	Coronary Artery Bypass Graft
COO	Continuous Overnight Oximetry
CCU	Cardiac/Coronary Care Unit
DPU	Day Procedure Unit
ED	Emergency Department
HDU	High Dependency Unit
HFNC	High Flow Nasal Cannula
ICD	Implantable Cardioverter Defibrillator
ICU	Intensive Care Unit
IHD	Ischaemic Heart Disease
JMS	Junior Medical Staff
LA	Local Anaesthesia
MH	Malignant Hyperthermia

Prompt Doc No:	WEST0194070 v2.1			
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Neg	Negative
NYHA	New York Heart Association
OT	Operating Theatre
PCA	Patient Controlled Analgesia
PCI	Percutaneous Coronary Intervention
PPM	Permanent Pacemaker
ROTEM	Rotational Thromboelastometry
SMS	Senior Medical Staff
SUD	Substance Use Disorder
THRIVE	Transnasal Humidified Rapid-Insufflation Ventilatory Exchange
TJR	Total Joint Replacement including hip, knee and shoulder replacement
TTE	Transthoracic Echocardiogram

8.8. Guideline Detail

This procedure details relevant resources available at each campus that provides surgical and endoscopic services (Sunshine including Joan Kirner Womens and Childrens, Footscray, Williamstown, Sunbury and Bacchus Marsh). It takes into account the patient's pregnancy state, age and comorbid medical conditions, surgical complexity and invasiveness, and any additional services that may be required for campus selection. Where it is necessary to deviate from these recommendations, the reasons should be clearly documented in EMR or medical notes. Variation requires consultation with the treating team and senior anaesthesia staff.

For information about determining whether a procedure is minor, intermediate or major, see the Guidelines for Ordering Basic Preoperative Investigations (OG-CC3).

8.1 Campus Capabilities

Please refer to *Appendix 1*.

8.2 Campus Suitability Considerations

Please refer to *Appendix 2* and follow steps 1 to 4.

9. Document History

Number of previous revisions: 1

Previous version dates: September 2020

Documents superseded or combined:

Code	Name
Surgery DP-CC2	Campus Selection for Surgical and Endoscopic Procedures

10.9. References

Nil

11.10. Sponsor

Director of Anaesthesia, Pain and Perioperative Medicine

12.11. Authorisation Authority

Chief Medical Officer

Prompt Doc No:	WEST0194070 v2.1			
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Appendix 1: Campus Capabilities

	Sunshine	Footscray	Williamstown	Sunbury	Bacchus Marsh
Hospital Infrastructure					
Inpatient Care	Yes	Yes	Yes	No	Yes
ICU / HDU / CCU	Yes	Yes	No	No	No
Cardiology PCI Lab	Yes	Yes	No	No	No
Critical Care Equipment					
Video laryngoscope	Available in all campuses				
Bronchoscope	Available in all campuses				
HFNC	THRIVE	Yes (Theatre/DPU)		Yes (Theatre)	
	Airvo™	Yes (Recovery)		No	Yes (Theatre)
Advanced Monitoring	EV1000 (Flotrac)		No		
TTE Probe	Yes			No	
Out of Hours supports					
Anaesthetics SMS	On call	On call	None	None	On call
Anaesthetics JMS	3 registrars	1 registrar	1 resident	None	None
General Medicine	Registrar and clinical lead on site Consultant on call		None		
Code Blue support	Full Code Blue team		ED Consultant to 2200	None. Ring 000	Urgent care doctor onsite
Security Staff	Yes	Yes	Yes		Yes
Pathology and Transfusion Services					
Pathology Services	All pathology services available onsite		No onsite service Courier to Footscray ED: ABG, troponin	No service	In hours (M-F 0830- 2100): Lab After hours: on call
Blood Products	All products incl. 1 x platelets on site		2 x O neg PRBC	None	Medical ward 2-4 PRBC (O neg), Prothrombinex 1000iu. Lab has 2-4 PRBC (O pos), 4 FFP, 6 Cryo
Transfusion Devices	Belmont Rapid Transfusor ROTEM (Joan Kirner only)		Fluid warmer	None	Fluid warmer
Cell Saver Equipment	On site		Not on site	No	
Cell Saver Provider	External provider: pre-booked for elective cases, on call for emergency cases			No service	
Speciality Support					
Cardiology support	Full service incl. echocardiography On site registrar Can pre-book PPM / ICD technician		Phone consult only PPM / ICD: phone support only		No
Endocrinology support	Yes		Phone consult only		Not available. Patients with type 1 diabetes not suitable
Drug Health Services (Addiction Medicine)	Yes		Phone consult only		No
General Medicine	Senior medical registrar on site (business hours)		Nil		
Pain Services					
Analgesia Modalities	All		PCA Basic infusions only	No	PCA, PainBuster®
Pain Rounds	Daily		Ad hoc by clinical nurse practitioner	No	On request
Consultant Rounds	2x / week	3x / week	No		
Pain Registrar	24 hours				
Interventional Lists	No	Yes			

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Appendix 2: Campus Suitability Considerations

	Sunshine	Footscray	Williamstown	Sunbury	Bacchus Marsh
Paediatric (age < 16) surgery					
Age Limits	All ages suitable	14-16 yrs & weight > 50kg for day case with SMS approval < 14 yrs not suitable			
Exclusions	Not suitable, see <i>Paediatric Exclusion Criteria (Appendix 3)</i>				
Pregnant patients for non-obstetric surgery					
1st / 2nd trimester	Suitable	Low-risk, urgent only	LA only	Not suitable	LA only
3rd trimester	Suitable	Not suitable	Not suitable	Not suitable	Not suitable
BMI limits					
BMI < 40	Suitable	Suitable	Suitable	Suitable	Suitable but TJR must have BMI < 35
BMI 40-50		OT: Suitable DPU: BMI < 45 only		Sedation +/- LA only LA only	Not suitable
BMI 50-60		OT: Suitable	Not suitable		Not suitable
BMI > 60		DPU: Not suitable			
Comorbidities * See appendix 3					
ASA Score 1-2	Suitable				
ASA Score 3	Suitable				Day surgery only unless SMS approval
ASA Score 4-5 or Severe Condition*	Suitable		LA only – suitable GA / sedation / regional – not suitable unless SMS approval		
History of MH	Suitable			Not suitable	
Obstructive Sleep Apnoea see appendix 3 for definition of surgery type					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> </div> <div style="width: 35%;"> <p>Continuous overnight oximetry (COO) Requires prior arrangement, and not available at Sunbury or Bacchus Marsh.</p> <p>Consider COO for patients who meet all of the following criteria:</p> <ul style="list-style-type: none"> • Known moderate-severe OSA • No CPAP or CPAP cannot be used postoperatively • Having moderate-high risk surgery (see Appendix 3) <p>For patients meeting these criteria with severe OSA having high risk surgery, consider HDU instead.</p> </div> </div>					
Intraoperative and Postoperative services (see Appendix 1 for details)					
Pathology & Transfusion	Patients likely to need these services are suitable for Sunshine / Footscray only				
HDU / ICU / CCU					
Specialty medical					
Complex pain / SUD (see Appendix 3)					

Appendix 3: Definitions

Paediatric Exclusion Criteria

Type of Surgery:

- Cardiovascular, thoracic or neurosurgery
- Complex airway surgery including bronchoscopy, laser airway surgery, cleft lip and palate surgery, pharyngoplasty

Postoperative Requirements:

- Postoperative neonatal or paediatric HDU/ICU
- Complex pain management

Individual Patient Factors:

- Significant prematurity and ex-prematurity
- ASA 3, 4, 5
- Limitations to cardiovascular function including significant congenital heart disease
- Limitations to respiratory function
- Significant congenital abnormalities

Severe Condition

- Cardiac Diseases:
 - Moderate-severe valvular stenosis
 - IHD with angina at rest or during activities of daily living
 - Cardiomyopathy
 - Heart failure with NYHA 3/4 symptoms
 - Symptomatic heart block without a working PPM
 - ICD
 - Pulmonary hypertension
 - Uncorrected or complicated heart condition (e.g. congenital heart disease)
- Respiratory Diseases:
 - Severe COPD – FEV1 < 50% predicted
 - Requiring Home Oxygen Therapy
- Diabetes Mellitus with poor control or evidence of severe disease e.g. diabetes-related admission or recent hypoglycaemic event
- Coagulopathy requiring administration of specific medicine or blood product preoperatively in order to control coagulopathy
- End-stage renal failure requiring haemodialysis
- Uncontrolled epilepsy

Surgical Risk with respect to Obstructive Sleep Apnoea

- Low risk – peripheral surgery, surgery under regional anaesthesia, light sedation including endoscopy
- Moderate risk – laparoscopic abdominal surgery, head & neck (not airway), peripheral surgery with mod post-op pain e.g. joint replacement
- High risk – thoracic surgery, airway surgery (e.g. tonsillectomy, FESS), expected high analgesic requirements (e.g. laparotomy, major orthopaedic surgery in opioid tolerant patient)

Complex Pain and Substance Use Disorder (SUD)

- Opioid replacement therapy:
 - Methadone
 - Buprenorphine (sublingual: Suboxone, Subutex; subcutaneous: Buvidal, Sublocade)
- Daily opioid use of oral morphine dose equivalent (OMED) \geq 100mg per day (www.opioidcalculator.com.au)
- Naltrexone: oral or implant
- Allergy to > 2 opioid analgesics
- Complex Pain Management:
 - Predicted “difficult to control pain” post-op
 - Complex regional pain syndrome in any limb
 - Intrathecal opioid pump
 - Spinal cord stimulator
- Substance Use Disorder: methamphetamines, cocaine, heroin etc, by any route (IVDU, inhaled etc)

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