

EXCLUSION CRITERIA
SURGERY CENTER, CANCER CENTER SOUTH BAY

Last Rev: 06/19/2020

I. EXCLUSION CRITERIA

- A. Overnight stay required
- B. Patient must be at least 14 years old on the day of surgery and weigh more than 40kg
- C. Significant blood loss expected
- D. Blood products needed
- E. Angina – unstable
- F. CHF: LVEF \leq 40%
- G. Cardiac stents < 6 months (only for patients temporarily discontinuing all anticoagulation medication)*
- H. Drug eluting cardiac stent within the last 6 months* *
- I. Pulmonary hypertension RVSP \geq 40 mmHg with S/S such as TR, RAE, RVE, RVH
- J. Aortic Stenosis with
 - a. valve area \leq 1.2cm
 - b. gradient \geq 40
- K. CVA in last 9 months
- L. AICD
- M. Known difficult airway
- N. BMI \geq 50
- O. Wheelchair bound for non-orthopedic reasons
- P. Requires home O2
- Q. Post-op mechanical ventilatory support anticipated
- R. Hgb \leq 10 with comorbidities increasing O2 demand
- S. Hgb < 7
- T. Pregnancy

II. CASE BY CASE

- A. Any ASA 3,4
- B. Family or personal history of malignant hyperthermia
- C. Morbid obesity BMI \geq 45
- D. Pacemaker
- E. Psychiatric issues requiring 1:1 nursing in PACU
- F. Anticoagulation use
- G. CHF: NYHA class I, II with cardiologist clearance letter
- H. Pulmonary embolus within last 6 months
- I. TIA in last 9 months
- J. Moderate to severe sleep apnea

- K. Suspected difficult airway - limited neck ROM, limited mouth opening, M4 airway
- L. Renal Insufficiency
- M. Hepatic failure or cirrhosis
- N. Severe or poorly controlled asthma or COPD
- O. Unstable arrhythmias
- P. Coagulopathy or significant thrombocytopenia

III. DES

- A. Ideally, a patient with a DES on two drug anti-platelet therapy should remain on these drugs throughout the perioperative period. There is little evidence that, with the exception of cardiac, intracranial, and prostate surgery, there is a significant risk of hemorrhage. There is a high incidence of major adverse cardiac events with premature discontinuation of dual anti-platelet therapy in the first 12 months post-DES placement, and with discontinuation of single or dual anti-platelet therapy in the perioperative period after 12 months. All patients should be on lifetime ASA. However, the risk of late stent thrombosis must be balanced against the risk of excess surgical bleeding.
- B. There should be no elective surgery for any patient within 12 months of DES placement (or six weeks after bare metal stent placement). Patients who must discontinue ALL (ASA and/or a thienopyridine) of their anti-platelet agents for a surgical procedure are inappropriate for the SBCC and must have surgery at the ASC or MOR, where access to the cardiac cath lab is immediate.
- C. Patients who are on two drug therapy and do not have increased risk factors for stent thrombosis can discontinue their thienopyridine therapy five days before surgery and remain of ASA ONLY with permission from their cardiologist.

IV. PATIENT SELECTION CRITERIA FOR IR:

- A. Patient meets IR matrix parameters with platelets/INR, no need or potential need for blood products.
- B. BMI < 45
- C. ASA level 1 or 2
- D. No LVAD
- E. No history of upper extremity or neck DVT
- F. No history of medication reaction/allergy to sedation medication or lidocaine.
- G. No known requirement for general anesthesia must be able to tolerate procedure under moderate sedation.
- H. No history of venous access problems or vessel patency issues in the past.

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