
POSITION STATEMENT

Anaesthesia for Office-based Surgery

Preamble

Introduction

Anaesthesia for surgery performed in a doctor's premises ("Office-based Surgery", OBS) constitutes a relatively small proportion of the anaesthesia administered in Australia. In other countries such as the United States, anaesthesia for OBS has increased substantially in recent years and the same increase may occur in Australia.

For the purposes of this document, "anaesthesia" for OBS incorporates techniques variously referred to as analgesia, sedation and general anaesthesia.

The type of anaesthesia administered is usually determined by the medical practitioner undertaking the procedure in collaboration with the anaesthetist, taking into account patient preference and the nature of the planned procedure.

Rationale for OBS

OBS may be seen as a more cost efficient model of care for selected procedures in selected patients.

Critique of anaesthesia for OBS

Concerns have been expressed about the safety of anaesthesia for OBS. These concerns include:

- The physical facilities may not meet the standard of hospital or "Day Surgery" facilities.
- Anaesthesia equipment provided in OBS facilities may not meet the minimum standards required for hospital or "Day Surgery" care facilities.
- Personnel working in OBS facilities may be less well trained and qualified than in hospital or "Day Surgery" facilities.

Current status of anaesthesia for OBS in Australia

OBS is most commonly performed by dentists, maxillofacial surgeons, plastic surgeons, other practitioners performing cosmetic and associated procedures, dermatologists, and general practitioners.

Many of these procedures can be performed safely with minimal risk with local anaesthesia.

Some surgeons working in an office-based environment will wish to offer more complex procedures requiring more complex forms of anaesthesia including sedation and general anaesthesia.

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The practitioners providing these more complex forms of anaesthesia may be specialist anaesthetists, but in many cases will be non-specialists with varying levels of skills.

The performance of these more complex procedures and the use of more complex forms of anaesthesia have the potential to significantly increase patient risk if the facility's standards for sedation and / or general anaesthesia do not meet the standards required for traditional hospital or "Day Surgery" care.

Recent high-profile deaths associated with "dental sedation" in dental surgeries and near catastrophic events involving cosmetic surgery in Australia have served to illustrate the risks associated with OBS.

Patients undergoing OBS are entitled to have the same clinical outcome expectations and to enjoy the same medico-legal protections as they would have in other established surgical settings.

Conclusion

The Australian Society of Anaesthetists (ASA) believes that anaesthesia for OBS may be associated with significantly increased risks.

This document is intended to offer guidelines which will underwrite acceptable standards of practice.

ASA Guidelines for Office-based Surgery (OBS) and Anaesthesia

The facility, medical director and/or governing body, and accredited anaesthetists should refer to the current standards and guidelines promulgated by the Australian and New Zealand Society of Anaesthetists (ANZCA) (1) and the ASA (2) with respect to standards of anaesthesia and perioperative care. A list of these documents (current at 3rd February 2016) is referenced below.

The ASA advises that it is very important that anaesthetists involved in OBS familiarise themselves with the OBS environment. An assessment of an OBS facility prior to undertaking anaesthesia is recommended.

Governance and Administration

- OBS facilities that offer anaesthesia should have a governing body that establishes policy and is responsible for the activities of the facility and its staff. This includes:
 - Ensuring that facilities and personnel are adequate and appropriate for the type of procedures performed.
 - Ensuring that policies and procedures are written for the orderly conduct of the facility and that they are reviewed on a regular basis.
 - Ensuring that all applicable state and federal laws and regulations are observed.
 - Ensuring that all health care practitioners are registered and credentialed commensurately with their scope of practice.
 - Ensuring that the rights of patients are recognised. A document describing these rights should be available for patients.

Safety

- Facilities performing anaesthesia for OBS should comply with all applicable local, state and national laws, codes and regulations pertaining to fire prevention, building construction and occupancy, accommodation of the disabled, occupational safety and health, and the disposal of medical waste and hazardous waste.
- Policies and procedures should comply with laws and regulations pertaining to controlled drug supply, storage and administration.

Patient and Procedure Selection

- All procedures undertaken should be within the scope of practice of the health care practitioners and the capabilities of the facility.
- Procedures requiring general anaesthesia or levels of sedation such that verbal contact may be lost should be performed in centres that are accredited and resourced to provide general anaesthesia.
- Practitioners administering general anaesthesia or levels of sedation such that verbal contact may be lost should be credentialled to provide general anaesthesia.
- Procedures should be of a duration and degree of complexity such that the patient can recover and be discharged from the facility within an appropriate timeframe.
- Patients with pre-existing medical conditions that increase their risk of perioperative complications, should be referred to a more appropriate facility.

Perioperative Care

- All personnel should participate in ongoing continuous quality improvement and risk management activities.
- Anaesthetists when involved should be physically present during the intraoperative period and immediately available until the patient has been discharged from the initial post-anaesthesia care area ("First stage" or equivalent).
- Discharge of the patient after general anaesthesia is a medical practitioner responsibility. This decision should be documented in the patient record.
- Personnel with training in advanced resuscitative techniques should be immediately available until all patients are discharged home.
- Monitoring and equipment should meet the current standards and guidelines promulgated by ANZCA (1) and the ASA (2), these documents (current at 3rd February 2016) being referenced below. Further, it must be confirmed that:
 - Noting possible physical constraints in OBS facilities, there should be sufficient space to accommodate all necessary equipment and personnel and to allow for expeditious access to the patient, anaesthesia machine (when present) and all monitoring equipment.
 - All equipment should be maintained, tested and inspected according to the manufacturer's specifications.
 - Back-up power sufficient to ensure patient protection in the event of an emergency should be available.
 - In any location in which anaesthesia is administered, regular preventive maintenance of anaesthesia equipment as recommended by the manufacturer should be documented.

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- Where OBS anaesthesia services are to be provided to infants and children, the required equipment, medication and resuscitative capabilities should be appropriate for a paediatric caseload.

Emergencies and Transfers

- There should be written protocols for cardiopulmonary emergencies and other internal and external emergencies such as fire.
- All personnel should be appropriately trained and practiced in the facility's emergency protocols.
- The facility should have medications, equipment and written protocols available to enable the treatment of malignant hyperthermia if triggering agents are used.
- The facility should have written protocols in place for the safe and timely transfer of patients to an alternate care facility when extended or emergency services are needed to protect the health or well-being of the patient.
- The design of the facility should permit ready access and egress should ambulance transfer of patients be required.

Acknowledgement

The content of the resource documents of the American Society of Anesthesiologists is specifically acknowledged.

References

1. ANZCA Position Statements (accessible online at <http://www.anzca.edu.au/resources/professional-documents>)

These include:

- a. PS2: Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia
- b. PS4: Recommendations for the Post-Anaesthesia Recovery Room
- c. PS6: The Anaesthesia Record. Recommendations on the Recording of an Episode of Anaesthesia Care
- d. PS7: Recommendations on The Pre-Anaesthesia Consultation
- e. PS9: Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures
- f. PS15: Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery
- g. PS18: Recommendations on Monitoring During Anaesthesia
- h. PS20: Recommendations on Responsibilities of the Anaesthetist in the Post-Anaesthesia Period
- i. PS26: Guidelines on Consent for Anaesthesia or Sedation
- j. PS28: Guidelines on Infection Control in Anaesthesia
- k. PS29: Statement on Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities
- l. PS31: Recommendations on Checking Anaesthesia Delivery Systems
- m. PS37: Statement on Local Anaesthesia and Allied Health Practitioners
- n. PS51: Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia
- o. PS54: Minimum Safety Requirements for Anaesthetic Machines for Clinical Practice

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- p. PS55: Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations
 - q. [PS59 Statement on Roles in Anaesthesia and Perioperative Care](#)
2. ASA Position Statements and other documents (accessible online at http://www.asa.org.au/anaesthetists/position_statements)

These include:

- a. [ASA-PS03 Minimum Facilities For Preanaesthesia Consultations](#)
 - b. ASA-PS04 Informed Financial Consent
 - c. ASA-PS07 Credentials and Clinical Privileges
 - d. [ASA-PS11 Code of Conduct for Members](#)
 - e. ASA-PS13 Anaesthesia for Gastroenterological Procedures
3. Other resources
- a. Guidelines for Office-based Anesthesia: American Society of Anesthesiologists (2014) (accessible online at <http://www.asahq.org/publicationsAndServices/standards/12.pdf>)
 - b. Office based anesthesia guidelines: Considerations for providing anaesthesia in the office setting: American Physicians Insurance Company (accessible online at http://www.api-c.com/documents/OfficeBasedAnesthesiaGuidelinesNew_000.pdf)

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