31 August 2023

Vanessa Hille
Policy Officer – Professional Documents
ANZCA
profdocs@anzca.edu.au

Dear Vanessa,

Re: Feedback on PG07(A) Pre-anaesthesia consultation

Thank you for the opportunity to provide feedback during your stakeholder review.

We, The New Zealand Society of Anaesthetists commend the work of the document development group in reviewing and developing this guideline.

Who we are

The New Zealand Society of Anaesthetists (NZSA) is a professional medical society representing over 800 Anaesthetists and Specialist Pain Medicine Physicians (SPMP) in Aotearoa New Zealand. Our members include Specialist and Trainee Anaesthetists and SPMPs in public and private practice. The NZSA's key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

Overview

Please find our feedback collated in the attached feedback framework document and some main points summarised below.

Our feedback includes recommendations and adjustments that we believe will provide further clarification and useful background information to assist the anaesthetist in offering clear and consistent information during patient consultation.

Comments

The main points included within our feedback include:

- Considering the addition of major regional anaesthesia within the Scope of the Guideline and the potential need for this clarification later in the document.
- The need for clarification on operating theatres and the use of the holding bay for consultation. As well as the potential impact on patient flow and cases completed should the holding bay be unsuitable for patient consultation.
- The change to include these appendixes offers considerable benefit in allowing these topical areas to be more easily updated.

Our feedback includes several suggestions on *Appendix 2 – Effect of anaesthesia on breastfeeding.* The main points within these include:

- Highlighting the key information: *Following anaesthesia or sedation, in most situations, breastfeeding can be facilitated once the parent is alert, stable and comfortable.*
- Adjusting information to balance the risks involved in breastfeeding after anaesthesia and risks involved in former advice to delaying breastfeeding after anaesthesia.
- Additions to the recommendations: To provide consistent and documented advice supporting the continuation of breastfeeding perioperatively; and minimise perioperative fasting and dehydration.

Please see our completed feedback framework document for all comments from the NZSA. Thank you for the opportunity to review and the consideration of our feedback. Please do get in touch if you require any further information.

Ngā mihi,

Dr Morgan Edwards
President, New Zealand Society of Anaesthetists

Framework for consultation feedback on professional documents

PG07(A) Guideline on pre-anaesthesia consultation and patient preparation

Stakeholder name: New Zealand Society of Anaesthetists

Questions	Yes or No	Comments
1. Are the intent and purpose of the document clear and unequivocal? a. If not, then how could this be better achieved?	Y ☒ N ☐	It is a well-written and comprehensive document. We commend the Document Development Group on their work.
2. Does the scope of the document align with its purpose? a. If not, then why not?	Y ☒ N ☐	
3. Are the applicable standards identifiable?	Y ☒ N ☐	
4. Does the information presented adequately address the issues?	Y ☐ N ☐	We have identified some areas needing further review and clarification. Please see these listed below: **Guideline** • ***Scope:*** Consideration should be given to the inclusion of major regional anaesthesia within the scope. Alongside sedation, general anaesthesia and large volumes of local anaesthetic. • Within **4.8**: *For elective procedures, it is not appropriate for the consultation to occur in the operating theatre. Under certain*

Questions	Yes or No	Comments
		circumstances, such as emergency surgery the consultation may occur in the holding/waiting bay or anaesthesia room. In situations, where the anaesthetist is confident that there has been thorough preoperative assessment, and verbal specialist consultation (as per 4.3, 4.4 and 4.5 above) the assessment and consultation process may be completed in the anaesthesia room: ○ It is unclear if 'operating theatre' refers to the whole theatre complex or the operating room itself; ○ This paragraph suggests that the holding bay should not be used for the consultation. A holding bay is quite different to the operating room or anaesthesia room. Being unable to use the holding bay in many centres would have an enormous impact on both patient flow and the number of cases completed in a day. • ***4.9:*** As the Scope does not include major regional anaesthesia it is unclear in this paragraph whether it is acceptable for an anaesthetist to leave a patient with a working regional in place. *It is unacceptable for any patients under anaesthesia to be left unattended by the anaesthetist for the purpose of a pre-anaesthesia assessment and consultation of another patient. Should it be necessary to undertake a pre-anaesthesia assessment and consultation whilst managing a patient under anaesthesia, it is essential that there is strict compliance with PS53(A) Position statement on the handover responsibilities of the anaesthetist, as outlined under item 2. Protocol for transfer of responsibility during anaesthesia.*

Questions	Yes or No	Comments
		• **5.3**: Is there particular reasoning as to why these three histories or conditions (anaphylaxis, serious drug reactions and cardiac implantable electronic devices) have been highlighted for particular attention over others? For example, severe obstructive sleep apnoea (OSA) or a previous difficult airway. *A medical assessment of the patient including relevant medical history, which may be assisted by a questionnaire and/or review of relevant patient records, clinical examination, review of medications and review of the results of relevant investigations. Particular attention should be paid to any history of anaphylaxis or serious drug reactions (refer to PG51(A) Guideline for the safe management and use of medications in anaesthesia and PG60 (POM) Guideline on the perioperative management of patients with suspected or proven hypersensitivity to chlorhexidine) as well as to the presence of any cardiac implantable electronic devices. Further investigations and/or therapeutic interventions may be considered necessary to optimise the patient's physical status and mental wellbeing. Thus, the medical assessment may lead to delay, postponement, reappraisal or even cancellation of the planned procedure.* **Appendix 1 – Fasting Guideline** It is a great addition to see the move to an appendix to allow for easier updates on these topical areas. • In consideration of the increasing prevalence of medications that delay gastric emptying used for weight loss and heart failure (GLP1 agonists) further detail from the Background Paper (2.3.6)

Questions	Yes or No	Comments
		could be added to this section to ensure uptake of this important information. ***Section 4:*** *This fasting guideline may not apply to individual patients deemed at increased risk of perioperative regurgitation or vomiting.* This could be included as: For example; conditions or drugs (eg. GLP1 agonists) that result in delayed gastric emptying. **Appendix 2 – Effect of anaesthesia on breastfeeding** **Background** • To clearly understand the risks involved in advising the former advice to delay breastfeeding after anaesthesia 'pump and dump', replace: *With further pharmacokinetic information and documented experience now available, this advice is no longer applicable.* With: This carries a risk of both short- and long-term harm to the breastfeeding person and their infant; including a risk of engorgement and mastitis, dehydration, and the health implications of earlier cessation of breastfeeding. • Within the four factors that need to be considered, adding to the fourth factor, *Effects of medication/active metabolites on infants*: Certain conditions (e.g. prematurity, a history of apnoeas, or duct dependent cardiac lesions) may create additional risk to the infant. In these cases, extra caution may be required and discussing with the treating paediatrician or neonatologist may be helpful.

Questions	Yes or No	Comments
		• Remove the paragraph: *most medications used in anaesthesia are transferred in small amounts to breast milk*; • For further clarification and background information on the update about perioperative breastfeeding we recommend adding to the four factors to consider: Most medications used in anaesthesia have a very low RID[12] and many are poorly orally bioavailable and relatively well metabolised and cleared by infants. For these reasons, and the risks of interrupting breastfeeding (stated above), the advice about perioperative breastfeeding has been updated. **Background Paper** • It would be of benefit to include a short background as to why the endorsement was rejected in: ***2.4*** *Following publication of "Guideline on anaesthesia and sedation in breastfeeding women 2020" by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) ANZCA considered whether it should be endorsed. After assessment in accordance with CP25(G) Policy on endorsement of externally developed guidelines, endorsement was rejected.*
5. Do the recommendations fulfill the intent of the document? a. Are there any other recommendations that should be added? For example, are there any jurisdictional requirements that have not been	Y ☐ N ☐	**Appendix 2 – Effect of anaesthesia on breastfeeding** **Recommendations:** • i – '*Desirable structures*' should be replaced with 'essential structures' to reduce ambiguity.

Questions	Yes or No	Comments
considered, in relation to geographical location and/or professional organisational context? Are there any cultural safety requirements that may be applicable? b. Are there any recommendations that should be removed?		• ii – *Practical points to consider.* The following point should be moved to the Background section and consideration given to using emphasis to highlight this as key information: *Following anaesthesia or sedation, in most situations, breastfeeding can be facilitated once the parent is alert, stable and comfortable.* • Adding additional recommendations: • *Consistent and documented advice supporting the continuation of breastfeeding perioperatively,* • *and: Minimising perioperative fasting and dehydration* • Including within ii – *Practical points to consider* - fourth bullet point: Facilities to accommodate a breastfeeding infant and alternative carer.
6. Are there any aspects that have not been considered that merit consideration?	Y ☒ N ☐	None further than those already mentioned above.
7. Do you think that the document will serve its stated purpose?	Y ☒ N ☐	
8. Any other comments		We have noted some grammatical and formatting errors to be reviewed: **Guideline** • For consistency it would be helpful to have the hyperlinks included on the mentioned guidelines in:

Questions	Yes or No	Comments
		5.7: *The facility should be staffed and equipped both for the provision of anaesthesia and surgery as well as throughout the period of post-operative hospitalisation (see also PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures and PG29(A) Guideline for the provision of anaesthesia care to children).* • Another word before 'preferably' is needed in this paragraph. Perhaps: 'should preferably' or 'are preferably employed'. ***5.17:*** *Contemporaneous written notes documenting the consultation and informed consent should become part of the medical record of the patient. Where decisions are complex and require further consultation, verbal referrals, written referrals and formal letters preferably be employed.* **Background Paper** • There is an error in the first sentence: **2.5.1.4** (second paragaraph): *Second-hand smoke exposure in children exposes them to adverse makes perioperative respiratory adverse events such as laryngospasm.* Perhaps: Second-hand smoke exposure in children increases the risk of perioperative respiratory adverse events such as laryngospasm.