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View Point

Anesthesiology or Perioperative Medicine

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According to the Department of health services of Nepal, around 100,000 surgical patients received some form of anesthesia for surgical intervention in the year 2014. Around 55,000 were inpatient and 45,000 being outpatient. Many were straight forward, some required optimization prior to anesthesia and surgery.

Anesthesiologists are 'primary physicians' who looks patient before, during and after surgeries. Therefore, these specialists have enough knowledge and skills required to be physicians.

Every anesthesiologist provides pre-operative, intra-operative and post-operative anesthetic services to all patient requiring surgery or medical intervention as required. Pre-anesthetic check-up (PAC) is one of the essential steps before any anesthesia and surgery. PAC is done not only for recognition of patient requiring anesthesia and surgery but also for thorough clinical examination of the patient for detecting, correcting medical condition, planning of anesthesia with choices whenever available. Furthermore, during PAC a detailed explanation of the anesthetic and surgical plan is done to the patient and written informed consent is obtained. This is commonly accomplished by all of us and is mandatory for anesthesia and surgery.

One of the critical steps towards preparation of the patient is improving / correcting the coexisting disease in the patient. It is also known as optimization of the patient. This step, if not efficient, will delay and increase the expenditure of the patient and increases the occupancy of the hospital bed. Often patient is referred to specialist physician for medical conditions other than the surgical problem. The physicians

are requested either to find the physiological reserve or to optimise the medical condition so that intraoperative and postoperative anesthesia service goes smoothly. At times it takes longer than the expected time to find the required report.

I believe there is big space to improve the preoperative optimization of patients in our anesthesia practices. Curriculum of residency in Anesthesiology in every institute covers the management parts of various coexisting disease and optimization of many of them in patient requiring surgery. However, in our situation, the preoperative optimization part has big space to improve because of the multiple logical reasons. Firstly, the sub-specialty services like pain management, intensive care services are also extended under the services of anesthesiologist. For a proper pain and intensive care management, preoperative optimization should be improved. Secondly, due to busy intra and post-operative services, the preoperative optimization might remain ignored. Third reason may be out-numbered production of the different surgical sub-specialties in comparison to the production of anesthesiologists.

Therefore, development of a specially trained physician, a perioperative physician, may help to address the situation. The time has come to include the service of a perioperative physician in pre-operative optimization of patient requiring anesthesia and surgery. The specialty should be developed in a coordinated fashion with other specialist physicians.

Hence, the postgraduate degree of 'anesthesiology' from a recognized medical college or university in Nepal should be transformed to more appropriate 'perioperative medicine'.

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