

Inaugural conference hears about pharmacists' role in preoperative care

Pharmacists **Rekha Shah** and **Rachel Westwood** report their presentations at the inaugural conference of a new national organisation

The role of preoperative assessment is to maximise theatre use, to identify patients' problems in a timely manner, to provide full information to the patient, to improve patient involvement and to assess the suitability of the patient for day surgery. However, who takes full responsibility for the safe and effective management of patients' medicines pre-, peri- and post-operatively?

As lead clinical pharmacists for surgery (Rachel Westwood from Northampton General Hospital NHS Trust, and Rekha Shah from West Hertfordshire Hospitals NHS Trust), we told the conference that pharmacists should be key players in the preoperative assessment of patients. It is estimated that 25 per cent of elective surgery patients are taking medicines regularly for chronic or acute conditions. This regular medication needs accurate documentation and reviewing in case it interferes with the surgical procedure or the anaesthetic agents. Many studies have shown that drug history taking by pharmacists is more complete than that taken by doctors. Complementary medicines should also be documented as there is more information available of their potential interactions.

Important role

We also suggested that ensuring that the patient stops taking a medicine at an appropriate time before surgery and restarts promptly after surgery is an important role for the pharmacist. The management of medication that needs to be continued should also be overseen by a pharmacist.

The conference heard that, at the same time as taking a drug history, pharmacists also carry out a medication review. If any inappropriate prescribing, non-compliance, side effect or adverse drug reaction is picked up, then pharmacists counsel the patient or contact his or her GP. Considering that 5-10 per cent of all hospital admissions arise from medication-related problems, pharmacists at preoperative assessment clinics can contribute to reducing this problem.

At West Hertfordshire Hospitals NHS Trust, the pharmaceutical care for elective patients has moved from the wards to the clinic as the traditional clinical pharmacy services was not addressing all the medication-related issues. One of us (RS) gave examples of patients who had their surgery cancelled be-

cause their course of aspirin had not been stopped and a young woman whose operation had to be postponed because she was continuing to take oral contraceptive pills.

Supplementary prescribing

Discharge medication can be written up in the preoperative assessment clinic and dispensed on the first or second day of the patient's admission. The pharmacist has a positive effect on a patient's discharge process when the discharge medicines are prepared in advance. Patients are able to go home soon after the consultant's ward round in the morning rather than waiting until the end of the day for their medicines. This also enables the dispensary to manage the workflow surrounding discharge medicines, dispensing them at quieter periods of the day rather than in the middle of the day when pharmacy is under pressure from all wards and departments. Supplementary prescribing by pharmacists also improves access to care, because pharmacists can prescribe discharge medicines.

All hospitals providing preoperative assessment should have pharmacists as members of their preoperative team, the conference heard. It is recognised that funding and staffing issues are a problem for many hospitals but referral methods can be developed to ensure all patients on complicated medication regimens are seen by the pharmacist. Restructuring the pharmacy service and placing the emphasis on the elective patients in clinic rather than on the ward is another option.

There were many different organisations supporting the new Preoperative Association. These included the Royal College of Anaesthetists, the Royal College of Nursing,

the Association of Anaesthetists of Great Britain and Ireland and the UK Clinical Pharmacy Association. One of us (RW) represented the Surgery and Theatres Group of the UKCPA and spoke to the delegates about the benefits of the pharmacists working in preoperative clinics. Anaesthetists and nurses were encouraged to go back to their base hospitals and find out who their pharmacists are and ask them to become involved.

Over 450 consultant anaesthetists, preoperative nurses and pharmacists attended the inaugural conference, which was an indication of how motivated staff are to improve services and develop a national approach. Among them were 15 pharmacists and technicians; several presented their work as posters. We hope that next year many more pharmacists will be involved.

Improved patient journey required

Opening the conference, Jennifer Warner, consultant anaesthetist and lead anaesthetist for preoperative services, NHS Modernisation Agency, said that UK hospitals have been subject to the same changes in medical practice and pressures from reduction of waiting times in the past five to 10 years. She added that the inadequacies in the preoperative preparation of patients have become more obvious and can have major impact on both patients and hospitals. "It is clear that an improved patient journey from the decision to operate to operation and discharge is required."

The Preoperative Association — aims and membership

The Preoperative Association is a new organisation for health professionals working in the preoperative field. The association will offer an opportunity to influence national guidance, frameworks, training, competencies and agendas.

The association exists to benefit the health and care of people, both patients of the NHS and of the independent sectors of health care provision. In particular, the association exists to benefit people who have surgery planned. Its aims are to be achieved through the work of the members of the association, in particular, through the identification of the preoperative service that most benefits patients (research and audit), the dissemination of this best practice (networking) and through ensuring the implementation of this practice (audit).

Any person, whether a staff member in health care or a patient or other lay person, may seek membership of the Preoperative Association.

The association can be contacted by telephone (020 7631 8896), by fax (020 7631 4352) and by e-mail (info@pre-op.org). Further information is available from the association's website at www.pre-op.org.

The inaugural conference of **The National Preoperative Association** took place at the East Midlands Conference Centre, Nottingham on October 18 and 19