monkeys with human H. pylori.[3,4] We considered that when H. pylori infection is initiated or aggravated, the IgG level would increase even at an interval of four weeks. The present results nearly deny this hypothesis. Although the measurement of this I gG has high sensitivity, it is only a screening test, suggesting that further more-extended studies involving other indices of H. pylori infection are needed.

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Anaesthesia preadmission assessment using a screening questionnaire

To the Editor:
We read with interest this report on preoperative assessment. It is with some dismay that we note that in this approach an assessment by an internist is the chosen method for same day admission cases.

This implies that the anaesthetist is less adequately trained or skilled in preoperative assessment than is the internist and considerably weakens our role as perioperative physicians. Such an approach can only potentiate the impression that we function as intraoperative technicians and could be detrimental to the perspective of our specialty among other members of the medical profession.

The authors note that the adequacy of assessment was comparable to that of a report based on assessments by anaesthetists only.[1] Consequently, it is unclear to me what can be gained by delegating this aspect of our practice to another speciality.

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REFERENCE

1 *Lee A, Lum ME, Perry M, Beehan SJ, Hillman KM, Bauman A.* Risk of unanticipated intraoperative events in patients assessed at a preanaesthetic clinic. Can J Anaesth 1997; 44: 946–54.

REPLY

We thank Dr. J. McChesney for his interest.[1] We do not agree that our approach delegates preoperative assessment to internists and relegates anaesthetists to "intraoperative technicians".

Our approach is that patients are not routinely seen by either an anaesthetist or an internist. Instead, whether they are seen is based on a questionnaire response or on request by the surgeon or patient. For patients for "same day admission" procedures, the internist is the initial physician involved with preoperative assessments when required. As postoperative medical management is directed by the internists at our institution, they believe that, to provide competent postoperative assessment and care, it is important to see patients before surgery. The Department of Anaesthesia believes that we need to see patients preoperatively when preoperative assessment and management will alter the intraoperative course, e.g. (malignant hyperthermia, airway abnormalities).

For surgical outpatients, the anaesthetist is the primary physician involved with preoperative assessments as there is no planned in-hospital postoperative care. This group of patients is now undergoing more major procedures (e.g. laparoscopic cholecystectomy, anterior cruciate ligament repairs) and more frequently includes patients who may have significant co-existing disease.

Our method allows patients to be assessed preoperatively by the appropriate physician using a collaborative approach between anaesthesia and internal medicine. This process led to appropriate assessments 84% of the time as determined by the attending anaesthetist on the day of the procedure.

Neal H. Badner
Rosemary A. Craen
London, Ontario

REFERENCE

1 *Badner NH, Craen RA, Paul TL, Doyle JA.* Anaesthesia preadmission assessment: a new approach