PATIENT SELECTION CRITERIA FOR AMBULATORY SURGERY IN CHILDREN

Ibrahim Abu-Shahwan MD, Khalid Chowdary MD, Uwe Schwarz MD, Kimmo Murto MD, Jarmila Kim MD, William Splinter MD. Department of Anesthesiology, Children's Hospital of Eastern Ontario, 401 Smyth Rd, University of Ottawa, Ottawa, Ontario K1H 8L1

INTRODUCTION: Most children with different medical conditions are now being considered suitable for outpatient surgery (1-3). Selection criteria vary among anesthesiologists and among different institutions.

METHODS: A survey specifying 20 different medical situation was sent to 120 members of the Canadian Pediatric Anesthesia Society. Members were asked if they agree or refuse to provide anesthesia for children with one or more clinical conditions or symptoms.

RESULTS: Fifty-one (43%) members replied. There was no consensus among members for most conditions. Only a few clear-cut agreements were evident. The majority of members (over 80%) would agree to provide anesthesia for an asymptomatic child with recurrent otitis media, rectal T of 38°C, and with or without chronic nasal discharge for bilateral myringotomy and tube placement (BMT), asymptomatic child with sickle cell disease for cast change, asymptomatic child with asthma and fever for BMT, morbidly obese child with congested nose for BMT, and well controlled insulin dependent diabetes mellitus (IDDM) in a child for MRI. Most members (86%) would refuse to provide anesthesia in an asymptomatic child with sickle cell disease for tonsillectomy. In the table below are listed the most significant result of our survey.

CONDITION	YES	NO
ASA I, recurrent otitis media (OM), rectal T 38°C for BMT	48 (94)	3 (6)
ASA I, recurrent OM, rectal T 38°C for T-A and BMT	35 (69)	16 (31)
ASA I, recurrent OM, nasal discharge, rectal T 38 for BMT	47 (94)	3 (6)
ASA I recurrent OM nasal discharge rectal T 38° C for T-A	32 (64)	18 (36)
ASA I, recurrent OM, T 38°C for IHR	29 (63)	17 (46)
ASA I, recurrent OM, nasal discharge, T 38°C for IHR	31 (63)	18 (37)
ASA I family hx of MH, T 38°C, recurrent OM for BMT	23 (45)	28 (55)
ASA I family hx of MH, T 38° C for strabismus surgery	17 (33)	34 (66)
ASA I hx of sleep apnea for BMT	37 (74)	13 (26)
ASA I hx of sleep apnea for T-A	17 (35)	32 (65)
ASA II hx of asthma, recurrent OM, T° 38C for BMT	44 (88)	6 (12)
ASA II hx of asthma T 38°C for inguinal hernia repair	30 (65)	16 (35)
Morbidly obese child with congested nose for BMT	41 (82)	9 (18)
Child with sickle cell disease (Hbs=40%) for tonsillectomy	7 (14)	42 (86)
Child with well controlled IDDM for MRI	47 (98)	1 (2)

Values listed are number (%)

DISCUSSION: Based on the result of our survey, further studies are needed to establish evidence-based guidelines that would allow us to safely select children for ambulatory surgery.

References: 1- Can J Anesth 2004; 51 (8): 768-81 2- Anesth Analg 2004; 94 (4): 1058-69
3-Anesthesiology 2001; 95: 299-306