

Indian Society of Anaesthesiologists' preoperative testing guideline: An insight

Dear Editor,

We appreciate the much-needed practice guideline on preoperative testing by the Indian Society of Anaesthesiologists (ISA).^[1] The incorporation of the validity time of preoperative testing is praiseworthy. The current guideline considers extensive literature; still, it is felt that the expert's opinion and prevailing practice have received equal importance, if not the upper hand, while formulating recommendations for minor surgeries, especially for complete blood counts (CBC).

The guideline has emphasised the prevalence of anaemia to be 14% in American Society of Anesthesiologists (ASA) physical status I-II patients and that the preoperative CBC would have high utility and impacts the outcome even in minor surgeries. However, while preoperative anaemia prevalence is variable, not all anaemias are moderate to severe to significantly impact the haemodynamics and outcome^[2] or require transfusion. Further, blood loss, tissue handling and fluid shift in minor surgeries are nominal and can be easily tolerated by often asymptomatic patients of ASA I-II.

Interestingly, the guideline descriptions agree with the insufficient evidence for CBC in minor and intermediate surgeries.^[1] Despite the negative recommendations for decades, routine testing has remained prevalent. Therefore, formulating a recommendation based on the prevailing practices will unlikely benefit the patient. Further, such interventions defy the global motto of cost-effective, quality and evidence-based medicine. Nevertheless, it will leave us at the prevailing crossroads of preoperative testing and fail to take a firm stance on medico-legal issues.^[3]

The current guidelines will encourage randomised trials, plan a national-level study using information technology for preoperative testing^[4] and formulate a robust future update on this aspect and a few other prevalent routine tests.

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Conflicts of interest

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