Providing high-quality care to patients includes eliminating unnecessary tests, treatments and procedures.

A recent study in Washington state¹, reveals that at least 100,000 patients received unnecessary pre-op testing during a one-year period, at an estimated cost of over $92 million—a very conservative estimate.

Routine preoperative lab studies, pulmonary function tests, X-rays and EKGs on healthy patients before low-risk procedures are not recommended because they are unlikely to provide useful, actionable information.

Choosing Wisely® Recommendations

- Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal.”
  —American Society of Anesthesiologists

- Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.”
  —American Academy of Family Physicians

There are a variety of reasons why unnecessary pre-op tests are ordered, such as:

- Broadly ordering the same pre-op tests for all patients/procedures—based on habit without thoughtful reflection—regardless of a patient’s health or a procedure’s risk.
- A desire to be “thorough” and/or concern that an incomplete pre-op form may delay the procedure for the patient.
- Discomfort with uncertainty and concern about malpractice.
- A mistaken belief that all insurers require pre-op testing.


Benefits of Reducing Unnecessary Pre-op Testing

For patients:

- Reduces unnecessary time spent at a lab or clinic.
- Reduces patient’s financial burden.
- Reduces waiting for test results and anxiety from false-positive results.
- Reduces unnecessary delay before procedure.

For physicians:

- Provides evidence-based care to patients and avoids unnecessary care.
- Reduces time spent reviewing, documenting and explaining test results that add no value and won’t impact a decision regarding procedure.
- Reduces risk exposure from not carefully documenting follow-up on all pre-op tests.
Pre-op Testing Prior to Low-Risk Procedures for Low-Risk Patients

| Physical Status of Patient Undergoing Low-Risk* Procedure (determined based on history and evaluation) |
|-------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| **Lower Risk Patients** | **Higher Risk Patients** |
| Pre-op Test | ASA I: A normal healthy patient | ASA II: A patient with mild stable systemic disease | ASA III-V: A patient with severe systemic disease or a patient who is not expected to survive without the operation |
| Chest X-ray | DO NOT ROUTINELY ORDER | DO NOT ROUTINELY ORDER | DO NOT ROUTINELY ORDER (unless urologic procedure) |
| Coagulation studies | | | |
| Complete metabolic panel | | | |
| EKG or echocardiography | | | |
| Full blood count test | | | |
| Pulmonary function test | | | |
| Urinalysis | | | |

*Examples of Low-Risk Procedures: arthroscopy and orthopedic procedures that only require local anesthesia; cataract, corneal replacement and other ophthalmologic procedures; cystoscopy and other minor urologic procedures; dental restorations and extractions; endoscopy; hernia repair; minor laparoscopic procedures; superficial plastic surgery.

**Recommended Actions**

**Physicians, Hospitals and Other Health Care Organizations**

- Educate physicians and team members (e.g. RN, MA) involved in pre-op testing decision-making.

- Delete prompts for pre-op testing in electronic health record (EHR) order sets designed for low-risk patients undergoing low-risk procedures.

- Use evaluation checklists to optimize surgical outcomes (e.g. nutrition, glycemic control, medication management and smoking cessation).

- In hand-off communication to the surgeon or anesthesiologist after your pre-op evaluation, add this or similar language: “This patient has been evaluated and does not require any pre-operative lab studies, chest X-ray, EKG or pulmonary function test prior to the procedure.”

- Provide prompt and clear peer-to-peer feedback when unnecessary pre-op testing occurs; make this a topic of departmental and inter-departmental quality improvement discussions, including gathering patient data to inform discussions.

- Measure current rate of pre-op testing on low-risk patients prior to a low-risk procedure and track improvement.

**Payers**

- Review medical policies and prior-authorization requirements to ensure they clearly do not require routine testing prior to low-risk procedures on low-risk patients.

- Utilize health plan data and analytics to measure and monitor use of pre-op testing on low-risk patients prior to low-risk procedures.

- Provide feedback on pre-op testing on low-risk patients prior to low-risk procedures to physicians and health care organizations.

For more information and resources, visit: [wsma.org/Choosing-Wisely](http://wsma.org/Choosing-Wisely)