Preoperative Tests scope stakeholder discussions **Date: Friday 14th February 2014** **Time 10am-1pm**	
4.1 Population **(Group that will be covered and groups that will not be covered)**	Children: • Group 1 suggested to exclude children ASA 3 and above and perhaps to also exclude ASA 1 and 2 children as children have very specialised management and were often dealt with in child specific care. • Group 2 suggested including both ASA grade 1 and ASA2 children or exclude them altogether. • Group 3 suggested to keep children ASA 1 included, as per the original guideline, and to exclude children with co-morbidities (ASA grades 2 and above). • Group 1 and 2 thought it may be appropriate for children to have their own separate guidance rather than be included in the current guidance. Diabetes: • Group 1, 2 & 3 suggested including diabetes as a co-morbidity. ASA grades: • Group 3 agreed with the exclusion of ASA4 as these people will have all these investigations done already. Group 1 and 2 consensus was that ASA grade 4 would have elective surgery and therefore should be included. • Groups 1 and 2 suggested that ASA 1&2 and ASA 3&4 should be grouped together. • Groups 1, 2 and 3 all agreed that preoperative testing of ASA 1 and ASA 2 does not differ in practice. Grades of surgery: • Groups 1 and 2 did not agree with the use of the 4 surgery grades used the original guideline. • Group 3 suggested new approaches had blurred the lines between surgery grades • Group 2 suggested surgery grade 1&2 together, and surgery grade 3 and 4

	separate. • Group 1 suggested that the grades could be minor, intermediate and major or could be even separated to just 2 grades. Surgeries at specialist centres: • Group 2 and 3 suggested that neurosurgery and cardiothoracic surgery should not be included separately within the guideline (only as part of GRADE 4 surgery), as these types of surgery are performed at specialist centres and their management is guided by specific guidelines.
4.2 Setting	Groups 1, 2 & 3 agreed that some tests may be carried out in primary care and the guideline should therefore include the primary care setting.
4.3 Management	Discussion around use of the word 'consider' in the original guideline: • Group 1 expressed that in practice 'consider' generally meant 'yes' and there was a need for current 'considers' to be changed. • Group 2 suggested that all 'considers' – say 'there is no evidence'. • Group 3 suggested that in the case of there being no new evidence for a previously included test it should remain included in the scope because these recommendations were likely to change from 'consider' to 'no'. Random glucose and HbA1C: • Group 1, 2 & 3 suggested random glucose tests may be of limited clinical value for pre-operative assessment. • Groups 1, 2 & 3 suggested that random blood glucose should be replaced by HbA1c. • Group 2 considered that in undiagnosed diabetes HbA1C could be useful in specific patients (depending on BMI and ethnic origin) due to the high risk of perioperative complications in patients with diabetes. Transthoracic echocardiography (resting echo): o Group 1 and 2 expressed that transthoracic echo (resting ECHO) is currently overused, and it is only useful in selective populations.

	Other exercise tests: • Group 3 suggested the inclusion of other exercise tests, simpler than CPET, which are not covered but may be of help. E.g. Step tests. Length of validity of a test: • Group 1 discussed that it may be useful to include the length of validity of a test, to avoid unnecessary duplication of testing.
4.4 Main outcomes	ICU admission: • Group 2 and 3 suggested admission to, and length of stay in, ICU should be added.