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Dear Provider and staff,

When a Preoperative History and Physical (Pre-op H&P) is requested the patient is required to see a Primary Care Provider (PCP). At which time, a complete review of systems, medications, allergies, vital signs, and diagnosis need to be completed. If you, the PCP, is concerned about any of the above, you, the PCP, must deduct which additional tests should be completed for your patient in order to feel comfortable with your patient having foot and or ankle surgery. If something is amiss or concerning then, you, the PCP, would need to have the patient call our office and post-poner their surgery until their other issues have been addressed and they can be cleared.

The state of Alaska does not allow a Doctor of Podiatric Medicine (DPM) to complete their own independent Pre-op H&P for surgical clearance. Therefore, we send our patients back to their PCP. Our office does NOT require or need anything specific completed in addition to the Pre op H&P. We are having our patients complete this within 30 days of surgery, because of FMHs surgical policy and requirements. If the patient is cleared for surgery the note needs to indicate this in the plan stating cleared for surgery or release without limitations.

Once the Pre-op H&P is completed then we need to have a copy faxed to our office to add to our notes and then I forward them to FMH for surgery.

If you have any further questions please contact my office.

Sincerely,

Aurora Foot and Ankle Surgical Specialists, LLC.

Definition of - preoperative assessment, preoperative preparation, perioperative risk, anesthetic risk;

“A history and physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the patient’s functional capacity, are essential to any preoperative evaluation. Laboratory investigations should be ordered only when indicated by the patient’s medical status, drug therapy, or the nature of the proposed procedure and not on a routine basis. Persons without concomitant medical problems may need little more than a quick medical review. Those with comorbidity should be optimized for the procedure. Proper consultations with appropriate medical services should be obtained to improve the patient’s health. These consultations should ideally not be done in a "last second" fashion. The preoperative preparation involves procedures that are implemented based on the nature of the expected operation as well as the findings of the diagnostic workup and the preoperative evaluation.”

“The following primary goals of preoperative evaluation and preparation have been identified

1. Documentation of the condition(s) for which surgery is needed.
2. Assessment of the patient’s overall health status.
3. Uncovering of hidden conditions that could cause problems both during and after surgery.
4. Perioperative risk determination.
5. Optimization of the patient’s medical condition in order to reduce the patient’s surgical and anesthetic perioperative morbidity or mortality.
6. Development of an appropriate perioperative care plan.”

Resources: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/>