



## Perioperative Medical Ward: An Editorial

Xiang Bing-Bing<sup>1</sup> and Yao Yu-Ting<sup>2\*</sup>

<sup>1</sup>Department of Anesthesiology, Chengdu Fifth People's Hospital, China

<sup>2</sup>Department of Anesthesiology, The Second Affiliated Hospital of Chongqing Medical University, China

### Editorial

In recent years, perioperative medicine has gradually become the development trend of anesthesiology [1,2]. But given the current difficult situation of implementation [3], I put forward a new concept, the perioperative medical ward, to accelerate the process of the transformation of anesthesiology to perioperative medicine.

This is a new type of department derived from the department of anesthesiology and surgical intensive care unit. The perioperative medical ward is mainly composed of a perioperative care ward and an enhanced recovery ward. The source of patients is mainly from the perioperative medical clinic/anesthesia clinic after evaluation and admission, and a small part of patients were referred from the medical or surgical wards for treatment. Patients in the ward are treated and cared for by anesthetists, focusing on underlying diseases and complications. Based on a variety of evidence-based medical studies, the entire perioperative period is managed consistently and synergistically, including preoperative, intraoperative, and postoperative. For instance, the cardio-pulmonary function of patients was well evaluated and adequately optimized, and other underlying diseases were fully treated to make the body reach the best condition before operation. Multiple "ERAS" methods such as preemptive analgesia, multi-modal analgesia, lung protection ventilation strategies, and goal-oriented fluid therapy can be actively adopted during operation. It can promote early recovery of patients, such as early tracheal extubation, active analgesia, timely rehabilitation training, reasonable nutrition and psychological counseling after operation. Through this continuous, step-by-step and individualized perioperative management, we can greatly improve the postoperative outcome of patients and ensure the perioperative safety and rapid recovery.

In addition, a rapid rehabilitation team is responsible for the perioperative management of nutrition, psychology, rehabilitation, pain and other aspects of patients in the ward, which is composed of professionals from the department of respiratory, cardiology, rehabilitation, pain, psychiatry, nutrition, and pharmacy, etc. Each surgical department dispatches full-time team members to conduct preoperative consultations, discuss surgical methods, and perform surgical treatment in time.

The perioperative care ward mainly receives and treats critical patients who need timely elective surgery. These particular patients are characterized by poor cardiopulmonary function, impaired multi-organ function, unstable or deteriorative condition, ASA grade no less than three, mainly including old patients, newborn, pregnant woman with dangerous placenta previa and other critical patients. The enhanced recovery ward mainly admits the surgical patients with milder illnesses who wish to be discharged quickly. Such patients are characterized by a relatively stable condition and high requirements for minimally invasive surgery, pain relief, rapid recovery, humanistic care, and mental health, etc.

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#### \*Correspondence:

Yao Yu-Ting, Department of Anesthesiology, The Second Affiliated Hospital of Chongqing Medical University, No.74 Linjiang Road, Yuzhong District, Chongqing 400000, China,

E-mail: 704410578@qq.com

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