

Preassessment Hypertension Guideline

This guideline is based on recommendations produced by the Association of Anaesthetists and the British Hypertension Society in 2016 with input from General Practitioners with and without a specialist interest in cardiovascular medicine.

Blood pressure (BP) should be measured in clinic up to three times and the lowest value recorded.

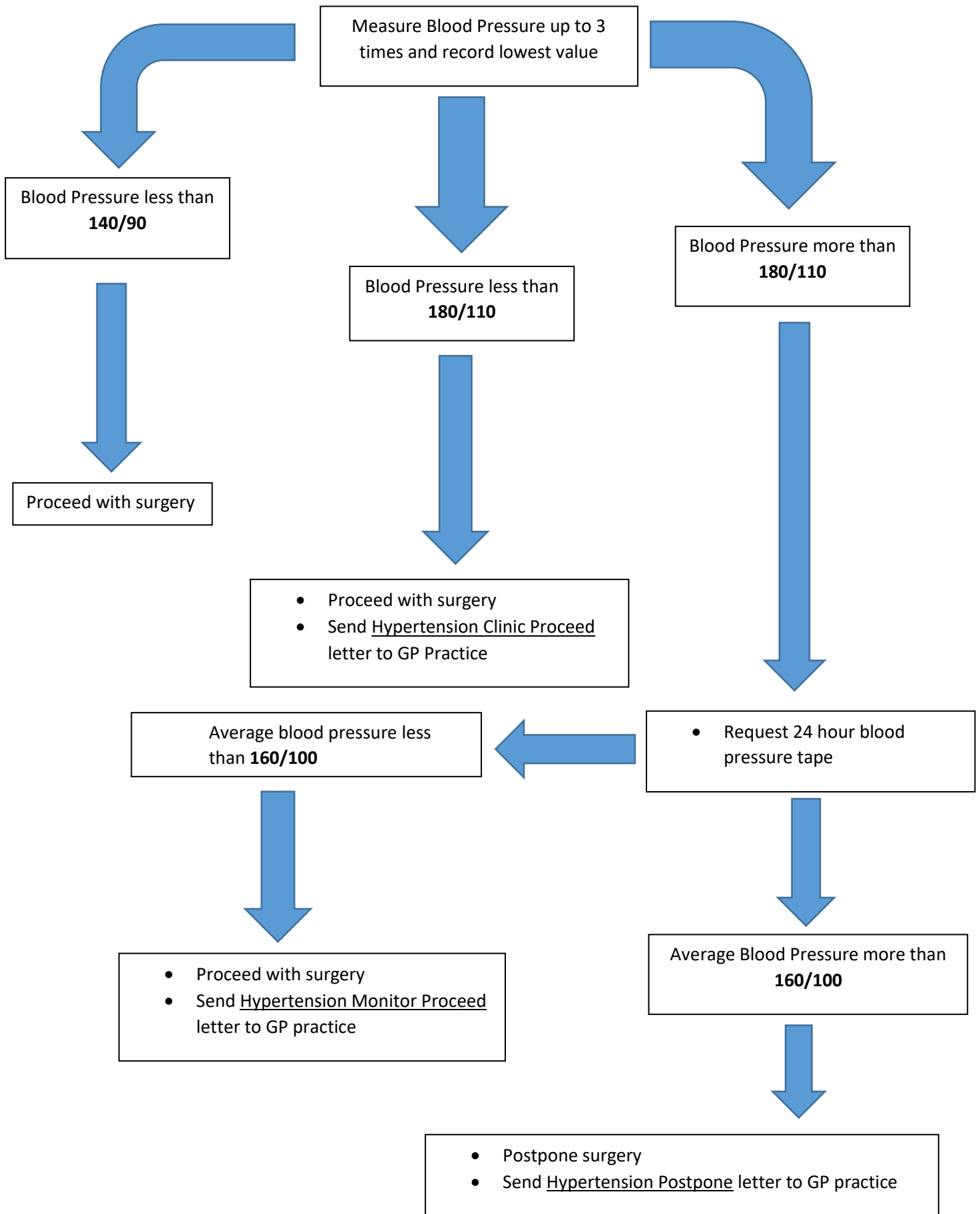
Primary Care:

- Patients being referred from primary care for consideration of surgery should have a BP documented of **<160/100** in the community in the last 12 months.
- This is particularly relevant for known hypertensive patients who should have their medication optimised to meet this target prior to being referred.
- If the BP measurement from primary care is clearly documented and available to the preassessment team at the time of review a further BP check does not need to be performed in the PAC.

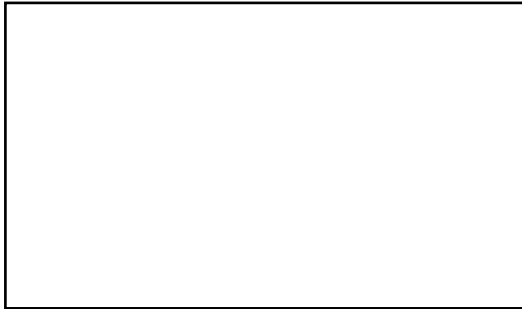
Secondary Care:

- Those patients without a documented BP in the community should have this checked at the PAC.
- If this measurement is **<180/110** they may proceed with surgery (provided other comorbidities/investigations satisfactory) however their GP should be informed of the measurement to allow long term management of their BP using the Hypertension Clinic Proceed letter template.
- If the BP measurement is **>180/110** (either value above cut-off) then the patient should be referred urgently for a 24 hour BP monitor via the cardiac physiology department. If the result of this shows an average BP of **<160/100** then can proceed with surgery but should update GP with Hypertension Monitor Proceed letter. If average BP is **>160/100** then the patient should be postponed for surgery and Hypertension Postpone letter sent to the GP practice. The patient should also be given information on how to recontact the service once their BP has been controlled to **<160/100**.

Different targets for primary and secondary care measurements are used in this guideline to prevent diagnosis and treatment of hypertension following a secondary care visit when results may be elevated due to acute stress and not accurately represent the patient's normal BP profile.



Dear Doctor/ Practice Nurse,



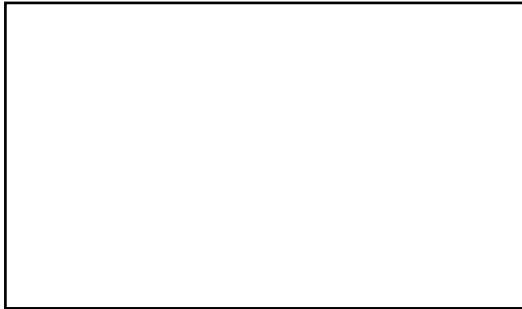
Preassessment Clinic: Blood Pressure Results

The above patient was seen in the Preassessment clinic in preparation for their listed surgery. During this review we have identified that their blood pressure is elevated at _____. It was measured several times following the AAGBI/BHS guidelines. The guidelines recommend that surgery may proceed if a blood pressure measurement in secondary care is less than 180/110 and so they will go on to have their procedure. However, in view of the longer term risks associated with an elevated blood pressure we have asked the patient to make an appointment at their surgery for further assessment of their blood pressure after they have had their procedure.

Many thanks in anticipation of your help with this matter

NHSL Preassessment Service

Dear Doctor/ Practice Nurse,



Preassessment Clinic: Blood Pressure Results

The above patient was seen in the Preassessment Clinic in preparation for their listed surgery. During this review we have identified that their blood pressure is elevated at _____. This was followed up by a 24 hour monitor which has shown an average blood pressure of _____. The AAGBI/BHS guidelines recommend that surgery may proceed if a community blood pressure reading is < 160/100 and so they will go on to have their procedure. However, in view of the longer term risks associated with an elevated blood pressure we have asked the patient to make an appointment at their surgery for further assessment of their blood pressure and consideration of treatment after they have had their surgery.

Many thanks in anticipation of your help with this matter

NHSL Preassessment Service

Dear Doctor/ Practice Nurse,



Preassessment Clinic: Blood Pressure Results

Unfortunately, the procedure for the above named patient has been postponed as their blood pressure was found to be _____ at their preoperative assessment. This was followed up with a 24 hour blood pressure monitor which has shown an average reading of _____. The AAGBI/BHS guidelines recommend postponing elective surgery if blood pressure readings in the community are above 160/100.

We have asked the patient to make an appointment at their practice for further assessment and would be grateful if you could review and consider treatment as required.

We will be pleased to accept the patient back for surgery once their blood pressure measurement is below 160/100. Please ask the patient to contact _____ and inform us of their current blood pressure and any medication required to achieve this.

Many thanks in anticipation of your help with this matter

NHSL Preassessment Service