Name of Policy: Determining when anesthesia services are necessary **Policy Number**: 3364-87-31 **Approving Body**: Medical Executive Committee **Responsible Agent**: Chief of Staff, Chief Medical Officer **Scope**: All University of Toledo Campuses	THE UNIVERSITY OF TOLEDO MEDICAL CENTER **Effective date**: 02/01/2023 **Original effective date:** 04/24/13

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	x	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center to assure that anesthesia services are utilized in a safe, effective, patient centered, timely, cost-effective manner.

(B) Background

The growth of procedures utilizing anesthesia and sedation continues. Many procedures once in the domain of traditional operating rooms can now be done safely and efficiently in other setting because of the growth of minimally invasive techniques and changes in technology. Many patients and procedures do not require the specialized training and expertise that those specifically trained in anesthesia care can provide. This policy will help guide the selection of patients who require the expertise of anesthesia providers as well as those for whom moderate and minimal sedation will provide a safe, effective, timely, and efficient environment of care.

The examples listed below are meant to be illustrative and not all-inclusive. For procedures not specifically listed, the physician proposing the procedure should use sound clinical judgment and consider consultation with Anesthesiology when scheduling the procedure.

(C) Procedures Typically Requiring Anesthesia Care

1. Invasion of major body cavities (abdomen, thorax, cranium)
    a. This is not meant to include limited procedures such as chest tubes, central venous access, or the like
2. Procedures on major bones, joints, or the spine
    a. This is not meant to include fracture or dislocation care in the Emergency Department
3. Procedures with expected significant fluid shifts or blood loss
4. Patients who are unable to cooperate with the procedure
    a. Including pediatrics, mentally challenged, severe anxiety or claustrophobia, movement disorders, or the need for prolonged motionlessness
5. Procedures that are not amenable to local anesthesia with or without sedation (patients who would not normally meet criteria for moderate sedation).

(D) Procedures That Typically Do Not Require Anesthesia Care

1. Diagnostic radiology
    a. Examples include but are not limited to: venograms, arteriograms, fistulagrams,
2. Straightforward interventional radiologic procedures
    a. catheter-directed clot lysis, straightforward angioplasty with or without simple stents
        i. Cardiac catheterization and related procedures including coronary or carotid stenting or similar typically are performed with sedation directed by the physician performing the procedure
3. Simple procedures on the integumentary system
    a. Minor procedures on the skin such as excision of small lesions, minor scar revisions, biopsies, and the like
4. Straightforward procedures on the genitourinary tract
    a. Cystoscopy, cystograms, and the like
5. Venous access procedures
    a. Routine central access does not typically require anesthesia services. Placement of long-term access devices requiring tunneling may benefit from the expertise of those trained in anesthesia care depending on the situation
6. Pacemaker insertion, revision, or removal
7. Diagnostic or therapeutic pain procedures
    a. Some advanced procedures such as neuraxial pump or stimulator placement may benefit from anesthesia care
8. Endoscopy procedures

If the clinician proposing the procedure is unsure about the need for the expertise of those trained in anesthesia care, then consultation should be obtained from the Clinical Service Chief for Anesthesiology or his designee.

Approved by: /s/ Puneet Sindhwani, MD Chief of Staff /s/ Michael Ellis, MD Chief Medical Officer 09/06/2023 Date *Review/Revision Completed by:* *Health Information Management Committee* *Medical Executive Committee*	**Policies Superseded by This Policy:** **Initial Effective Date:** 04/24/13 **Review/Revision Date:** 08/01/2019 02/01/2023 **Next Review Date:** 02/01/2026