



life & wellness co.  
Medical Tourism Provider

# Pre Travel & Pre Op Care

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# Review Perioperative Travel Plans

## Individual Arrangements

- Date of travel both to and from destination center.
- Type of travel modality.
- Confirmation of each leg of the travel.
- Passport/Visa secured.
- Travel insurance secured.
- Destination facility's 'back up plan' for travel to and from facility.
- Travel partner contact information.
- Client and travel partner immunization updates.
- Pick up and drop off person contact info.
- Cell phone coverage during travel and stay.
- Whether the language barrier issues are addressed or not?
- Will client have access to English or native speaking liaison throughout stay?
- Does the destination facility provide interpreters or client concierge?
- Any special 'circumstances' in destination country regarding travel and safety?
- Stability of the destination government (and society) has to be a consideration.
- Check with the State Department prior to the final decision.
- Have contact information for the country's Embassy available.
- A firm and accurate quote from the hospital for any and all hospital and physician charges that must be paid by the client (and complete understanding of the payment terms).

## Certification/Credentialing

- National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India. It's been set up to establish and operate accreditation programme for healthcare organizations.
- Joint Commission International (JCI) is another such accreditation that hospitals around the globe are opting for which elevates them on the global platform in terms of service & health standards.

## Facility - Qualifications

- What's the rate of complications, infections and mortality for the chosen surgical procedures?
- Is the hospital equipped to handle acute intra and perioperative complications?



- Will there be a need to shift the client to another location in case of an emergency?
- Is there a web portal to share post op care issues with the surgeon and staff?
- Will medical records be translated for the personal physician or treating physicians of origin?

## **Physician/Surgeon - Qualifications**

- Where did he/she go to the medical school for completing residency and fellowship?
- Are they board certified in a specialty relevant to the surgery that would be performed; and whether the sub specialty training relevant to the surgery or not?
- How many surgeries of the similar sort are previously done by the surgeon, monthly and annually?
- What is the surgeon's complication rates <30 days in each category of risk and > 30 days?
- Has the physician/surgeon kept updated with surgical specialty CME and travel medicine CME?
- Status of the surgeon's current medical license.
- Number of complaints filed against the surgeon.
- Number of malpractice cases against the surgeon.
- Hospital or Surgical Center willingness to share physician's history.
- Refer to the 'MEET Tool' for further information on the above.

## **Review Surgical/Procedure risk/benefit**

- Discuss in detail risk/benefit of surgery or procedure and risk/benefit for traveling out of the country for surgery.
- Client should have a detail surgical/procedure consent form signed once the destination surgeon has completely explained the risk involved and benefits of the upcoming surgery/procedure.

## **Pre-op Exam and Testing**

- Diseases associated with an increased risk for surgical complications include respiratory and cardiac disease, malnutrition and diabetes mellitus.
- Cardiac complications are likely to threaten the client's surgical life, resulting in extending the hospital stay.
- 3-4 weeks prior to travel, complete an H&P and ROS with emphasis on the body system undergoing surgery or procedure.
- Review of medication and OTCs.
- Begin to fine tune medications for hypertension, diabetes, cardiovascular medications, CPAP etc.
- Routine immunization updates (measles, mumps and rubella, polio, tetanus-diphtheria, varicella, influenza, pneumococcal vaccine).



- Routine travel immunization updates (hepatitis A and typhoid).
- Therapy as indicated, basis of geographic area of the trip (malaria, yellow fever, meningococcal infection, Japanese B encephalitis).
- Any unusual circumstances, such as risk of hepatitis B, rabies, cholera and plague.
- Aspirin and nonsteroidal anti-inflammatory drugs should be discontinued one week prior to the surgery to avoid excessive bleeding.
- Document alcohol consumption: advised to stop alcohol consumption prior to pre op exam and testing.
- Quit smoking atleast eight weeks before the surgery to avoid complications.

## Pre-op Nutrition

- Those who are malnourished experience increased surgical morbidity and mortality.
- Assessment of nutritional status should be performed particularly on bariatric surgical clients.
- Clients deemed at risk because of compromised nutritional status may benefit from pre and post op nutritional supplementation.

## Pre-op Functional Assessment

- A functional assessment should be performed and the physician should review the client's social support and need for assistance after getting discharged from the hospital.
- A client who is scheduled for hip replacement surgery and has limited assistance at home may require home services or temporary placement in a rehabilitation facility. Plans for such assistance can be made before travelling.
- Arrange for ambulatory and rehab home equipment needs like walkers, wheelchairs, specialty beds, and bedside commodes.

## Why 'Fit for Flight'

- Just prior to travel (as close to departure as possible).
- Pre-operative medical evaluation can decrease the length of hospital stay and minimize postponed or cancelled surgeries.
- Client seen in the Primary Care Physician (PCP) office to answer last minute questions to determine if all documents and travel arrangements are in order and to review the whole itinerary.
- Brief physical exam with emphasis on vital signs such as the pulse rate, temp, and blood pressure.
- Review latest labs: blood sugar, medication levels, evaluation of any lab findings that might create complications prior to the surgery.
- Make last adjustments to current medications, cpap or other therapies before travelling.
- Dispense if there's medication or treatment that may be necessary between post op discharge and returning to the country of origin.



- Discuss client's pre op care in destination facility.
- Discuss post op recovery process and post op care plans in destination facility and/or off campus facility
- Schedule an office visit for the day of return to country of origin with the PCP.
- Discuss any in-home clinical care visits e.g. visiting nurses, dieticians, PT, and OT.
- Discuss home support network who will be bringing the client into office visits, dressing wounds and caring in the acute recovery phase.
- Gather all pertinent medical records to be transmitted to destination surgeon/hospital.
- Ask client to bring all medications and original bottles with them to destination surgical center.
- Discuss acute post op care during stay at destination hospital/clinic with client and destination surgeon.
- Discuss acute post op care immediately after returning to the country of origin with client and the destination surgeon.

Wound Care issues: Swelling, discharge, redness, excessive pain, fever.

Vital sign monitoring

- Review surgeon's/hospital discharge orders/ acute care plans and warning signs (provided by the destination surgeon).
- Discuss long-term rehab and healing process.
- Review discharge orders.
- Schedule office visits with PCP, other physician specialty groups.
- Discuss additional PT, OT or dietary consult.
- Review required post op labs and testing.