Preface

Perioperative medical consultation is an exciting and evolving field of medicine. At the University of Washington Medical Center, medicine consultation as a separate endeavor began in the late 1980s with general medicine attendings taking medicine consultation calls in addition to their primary care practices. In the early 1990s, a formal Medicine Consult Service was developed, with early pioneers including Dominic Reilly, MD, and Diane Doerner, MD. Patients were seen on the inpatient wards and in the surgical clinics. By 1995, however, the Medicine Consult Service began its own small clinic in a shared space. Over the ensuing years, the Medicine Consult Service has expanded in number of staff, patients seen, and clinic size. Our focus has been on the evaluation of medically complex patients undergoing noncardiac surgery.

Collaboration and *continuity* have been hallmarks of the service:

- In November of 2003 the Medicine Consult Clinic moved into the Surgical Pavilion, in close proximity to the Pre-Anesthesia Clinic and the Surgical clinics. This location fosters close contact with the perioperative team.
- A unique feature of this service has been its continuity—the same provider who performs the preoperative evaluation also sees the patient postoperatively (see Chap 2, Styles of Medical Consultation). In the current hospitalist era, it is a way in which a general internist can still practice inpatient and outpatient medicine at the same time.

The Medicine Consult Service has always maintained its teaching mission, with housestaff and medical students rotating through the service. In addition, in the course of performing clinical consultation, we also serve as educators for the surgical residents, holding the belief that a surgeon who knows more medicine will provide better overall care.

The first edition of The Medicine Consult Handbook was published in 2006 as a resource for residents and junior faculty regarding the

science and art of perioperative medicine. As the evidence base for perioperative practice has expanded, so too has this handbook. We have attempted to provide a balanced presentation that includes education, evidence, common situations, guideline-based care, and pearls of wisdom, while not emphasizing practices that may be unique to our own institution. For the sake of point-of-care use, we have favored brevity and included references to a subset of the perioperative medicine literature, rather than creating comprehensive chapters better suited to a traditional textbook.

How to use this book: For those just starting in perioperative medicine, we recommend reading Chap 3: The Preoperative Evaluation, Chap 4: Perioperative Medication Management, Chap 6: Cardiovascular Risk Stratification, and Chap 13: Pulmonary Risk Assessment and Management as a general overview. Other topics may be reviewed as needed depending on one's practice setting and the types of patients seen.

Even with the increasing guidelines and evidence, perioperative medicine remains an art and, as always, there may be local practices that are different from those presented in this book. We fully expect the practice of perioperative medicine to continue to change and welcome your comments and feedback.

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March 2012

http://www.springer.com/978-1-4614-3220-3

The Perioperative Medicine Consult Handbook
Wong, C.J.; Hamlin, N.P. (Eds.)
2013, XXI, 283 p. 5 illus., 4 illus. in color.,
ISBN: 978-1-4614-3220-3