

Medically Capable but Psychiatrically Unstable: A Case of Canceled Elective Outpatient Procedure in a Patient with Schizoaffective Disorder

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Learning Objective

Discuss principles of decision-making capacity and informed consent in acute psychiatric decompensation prior to elective outpatient surgery

Introduction

- Ambulatory surgery centers (ASCs) perform over 25 million procedures per year
- Providers at ASCs face various challenges given increasingly complex patient populations and limited resources

Case Description

- 54-year-old woman with h/o breast cancer s/p lumpectomy and recurrent metastatic ovarian cancer presenting for ureteral stent exchange at freestanding ASC
- Psychiatric history included schizoaffective disorder and recent psychiatric hospitalization due to medication nonadherence
- Concerning behaviors included abruptly cancelling chemotherapy appointments and running away from her parental home (Figure 2)

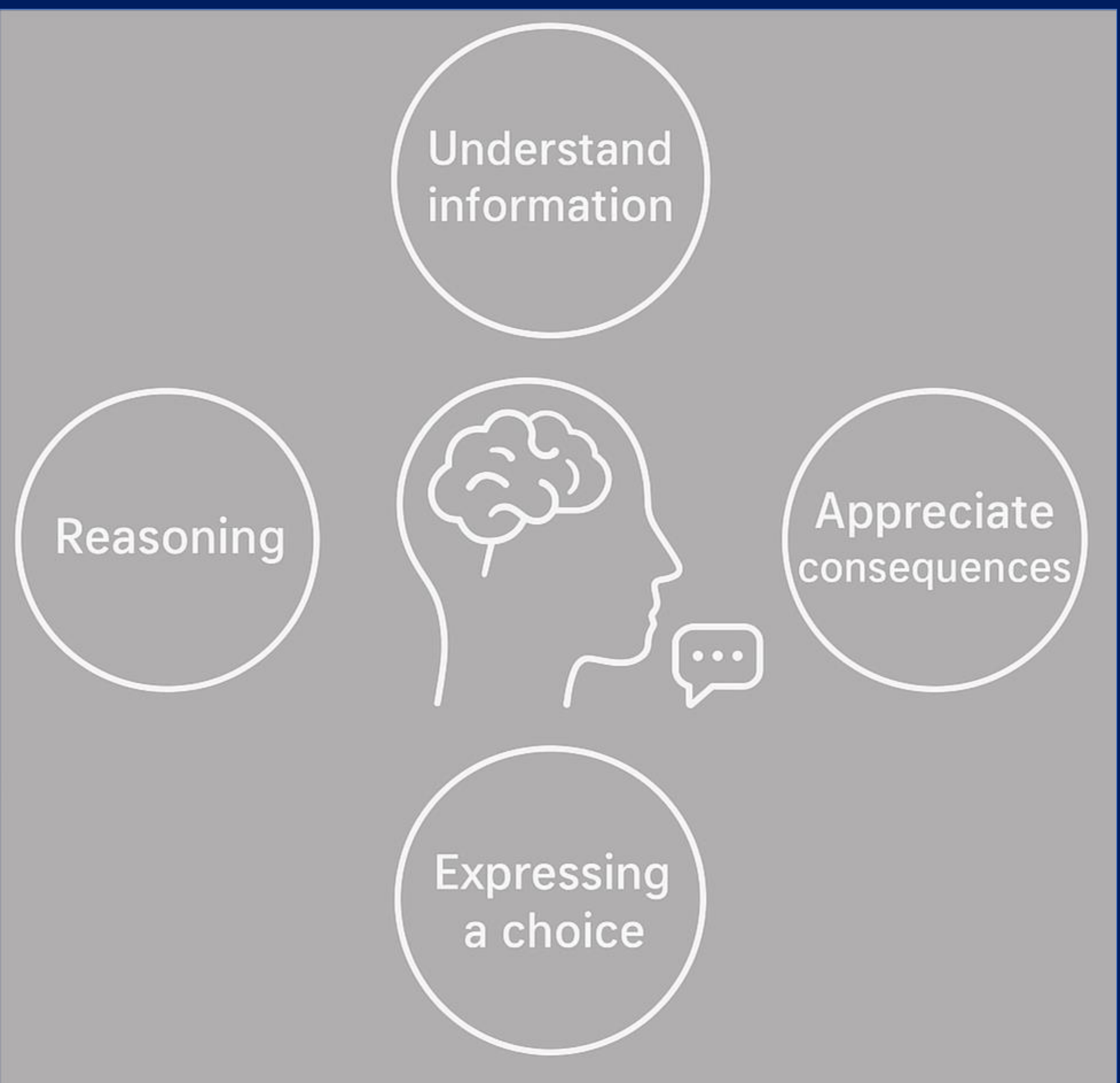


Figure 1: Four criteria of capacity

Day of Surgery

- Patient confused about procedure and demanded a pregnancy test despite having undergone TAH/BSO
- Operative team concerns: potential noncooperation with postoperative care and risk of harm to self and staff given recent psychiatric decompensation
- Procedure cancelled given evidence of delusions, discontinuation of psychiatric medications, and uncertain capacity

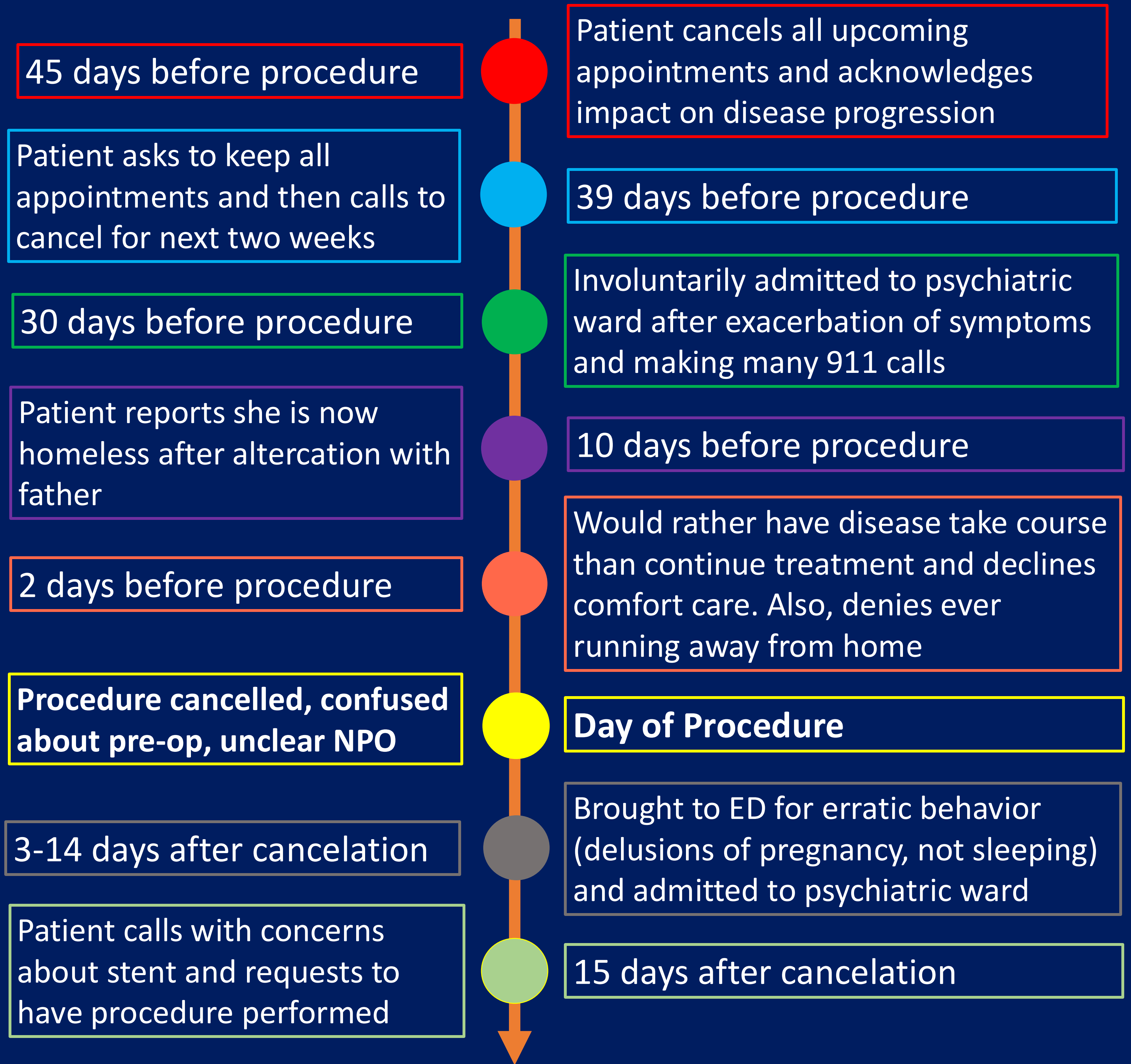


Figure 2: Timeline of perioperative events

Outcome

- Rescheduled at hospital with on-site psychiatric support, pending mental health stabilization
- Ethics committee later deemed patient to have intact capacity
- Delay in procedure and cancer treatment by several months
- Strain on patient-care team relationship

Discussion

- Lack of on-site psychiatrist at the ASC limited timely evaluation
- Patient refused healthcare proxy

Considerations for anesthesiologists at ASCs:

- Prepare to identify capacity concerns (Figure 1), consult appropriately, and ensure care is not delayed while also respecting autonomy
- Patients with schizophrenia and schizoaffective disorder are not presumed to lack capacity, but symptoms fluctuate
- When capacity is unclear, psychiatric support may be required

Recommendations:

- A health care proxy can support safe, goal-concordant decisions
- Need for clear systems to assess capacity and guide perioperative planning, especially in outpatient settings
- Improved workflows can reduce health disparities for patients with mental illness at ASCs

References

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