Surgeon Satisfaction With Preoperative Medical Clearances for Non-Emergent General & Colorectal Surgical Procedures

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Background

Medical clearances are regularly obtained from primary care physicians or internists in the inpatient setting in preparation for surgical procedures. These evaluations of health have essentially become common practice and have been thought to aid in patient risk stratification and medical optimization. However, these clearances have been thought to convey reassurance to the operating surgeon that the procedure is safe from a medico-legal perspective.[1] While there exists conflicting data on obtaining medical clearances and subsequent mortality, length of stay and other patient outcomes, no study exists to demonstrate the utility the surgeon gains from a note of clearance.[2] This prospective cohort study will aim to evaluate surgeon satisfaction with preoperative medical clearances in adult patients that underwent non-emergent general and colorectal surgery procedures at a single center.

Design

We propose a single-center prospective cohort study at a community-based inner-city Safety Net hospital evaluating operating surgeon satisfaction with preoperative medical clearance in adult patients undergoing non-emergent surgical procedures.

Study Design

- Pre-operative surveys completed by operating surgeons directly before the surgical procedure

Case Variables

- ASA class (I–V)
- Inpatient vs outpatient
- Procedure type (general vs colorectal)
- Preoperative tests performed (ECG, Echo, labs, imaging)
- Clearance specialty

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PRE-OPERATIVE SURVEY

Case Background:

Patient MRN:

Patient Age: Male or Female? (circle)

Surgical Indication for procedure:

Name of planned procedure:

Inpatient or Outpatient? (circle)

Emergent or Non-emergent? (circle)

Risk of Procedure (circle) Mild Medium High

Preoperative clearance exams or lab work performed:

- ☐ ECG
- ☐ Cardiac Echo
- ☐ CBC
- ☐ CMP
- ☐ Coagulation Studies
- ☐ Pregnancy Screen
- ☐ Random Glucose
- ☐ Chest X-ray
- ☐ Urinalysis
- ☐ Stress Test
- ☐ Other: _____

Patient ASA Score: (circle) I II III IV V

Surgeon Speciality:

Pre-Operative Clearance Specialty:

- Primary Outcome:
  - Surgeon-perceived satisfaction of clearance
- Secondary Outcomes:
  - Perceived utility of preoperative clearance
  - Surgeon reassurance
  - Impact on workflow
  - Perceived medico-legal protection
  - Influence on operative decision-making

Rank the following statements from 1-5; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Perceived Utility of Preoperative Medical Clearance:	
The preoperative medical clearance provided clinically useful information for this patient.	
The clearance adequately addressed the patient's medical comorbidities relevant to the surgery being performed.	
The clearance helped identify potential perioperative risks.	
The clearance added value beyond standard anesthesia evaluation.	

Impact on Surgical Planning & Decision-Making:	
The clearance influenced my surgical planning for this case.	
The clearance affected my decision to proceed with surgery as scheduled.	

Surgeon Confidence & Reassurance:	
The clearance increased my confidence in proceeding with surgery.	
The clearance provided reassurance regarding the patient's medical optimization.	
I felt more comfortable operating on this patient because of the clearance.	

Workflow & Efficiency:	
The process of obtaining medical clearance was efficient.	
The clearance did not cause unnecessary delays in care.	
The clearance improved coordination between surgical & medical and/or relevant subspecialist teams.	

Medico-Legal Considerations:	
The clearance provided medico-legal reassurance for proceeding with surgery.	
The clearance appropriately documented perioperative risk assessment.	

Overall Preoperative Satisfaction:	
Overall, I am satisfied with the medical and/or subspecialist clearance provided for this case.	
For patients of similar complexity undergoing the same procedure, this clearance would be sufficient.	
For patients of similar complexity, I would request medical clearance again.	

Discussion & Concluding Statements

The current literature focuses heavily on objective perioperative outcomes but neglects surgeon perception. Surgical practice is influenced not only by measurable risk reduction but also by cognitive and cultural factors.

If surgeon reassurance significantly influences clearance practices, then eliminating or restructuring clearance requirements must consider this behavioral component. A clearer understanding of surgeon satisfaction may:

- Reduce unnecessary consultations in low-risk patients
- Standardize institutional protocols
- Decrease delays and healthcare costs
- Preserve perceived medico-legal security

While preoperative medical clearances are widely practiced, their objective benefit remains debated.[3] No evidence currently exists regarding surgeon satisfaction or perceived reassurance derived from clearance documentation. Our proposed institutional study seeks to address this gap and inform future perioperative policy refinement.

References

1. Hsu AR, et al. Targets for de-implementation of unnecessary testing before low-risk surgery: a qualitative study. Published online. Accessed March 9, 2026. https://www.researchgate.net/publication/375332264_Targets_for_De-implementation_of_Unnecessary_Testing_Before_Low-Risk_Surgery_A_Qualitative_Study
2. Avidan MS, et al. Surgeons' views on preoperative medical evaluation: a qualitative study. Published online. Accessed March 9, 2026. https://www.researchgate.net/publication/320601842_Surgeons'_views_on_preoperative_medical_evaluation_a_qualitative_study
3. Richman JM, et al. Is pre-operative patient assessment effective? A prospective trial of 100 patients. Published online. Accessed March 9, 2026. https://www.researchgate.net/publication/14429010_Is_pre-operative_patient_assessment_effective_A_prospective_trial_of_100_patients