

**Clinical Guidelines for definition of Medically Complex ToPs
under current provider BPAS (Jan 2015)**

PLEASE REFER TO ALTERNATIVE SECONDARY CARE SERVICE

SYSTEM	DISEASE	NOTES
Central nervous system	<i>Cerebrovascular disease</i>	
	<i>Seizure disorders</i>	Clients with well-controlled seizure disorders may undergo any treatment at BPAS . Control is defined as an absence of seizures for one year (2). Clients should not omit any antiepileptic doses prior to admission.
Endocrine system	<i>Adrenal insufficiency and use of corticosteroids</i>	Patients receiving physiologic replacement doses of oral steroids for disease of the hypothalamic-pituitary-adrenal axis (e.g., Addison's disease, congenital adrenal hyperplasia, hypopituitarism) usually require supplemental (i.e. "stress") doses of corticosteroids in the perioperative period (5, 6). Advice from the client's doctor should be sought for guidance. (NB: These clients are not eligible for a medical abortion; only surgical treatment.) Patients on therapeutic doses of oral or inhaled steroids do not require stress dosing and should continue their medication as normal.
	<i>Diabetes mellitus</i>	BPAS cannot manage clients with insulin dependent diabetes who require same day cervical preparation with osmotic dilators or overnight care. All diabetic clients should be advised to take their insulin, other medications, and blood glucose monitor to the treatment unit.
	<i>Thyroid disease</i>	Uncontrolled (symptomatic) hyperthyroidism is an indication for referral into the NHS due to the risk of precipitating thyroid storm with treatment
Cardiovascular system		Heart murmurs are not normally a contraindication provided they are not part of a serious underlying heart condition Clients with congenital structural heart defects (e.g., patent foramen ovale, atrial septal defect, tetralogy of Fallot, valvular abnormalities) that have been repaired and for which no further monitoring or intervention is required (e.g., anticoagulation) are eligible for treatment at BPAS Clients with poorly controlled hypertension (systolic BP > 160mm Hg and/or diastolic BP >100 mm Hg) are not suitable for any treatment at BPAS . Sinus tachycardia (≥100 bpm) can be a normal physiological response to stress

		and anxiety which would not make it a contraindication to treatment at BPAS .
Pulmonary system	<i>Asthma</i>	Clients who have had a recent hospital admission or administration of short courses of oral steroids to manage an acute asthma exacerbation in whom symptoms have not resolved are unsuitable for treatment at BPAS .
Haematological	<i>Anaemia</i>	It is not routine to test for haemoglobin in clients below 14 weeks gestation prior to a surgical abortion or below 9 weeks prior to a medical abortion. Page 5 of 11 However, any clients who are tested and have haemoglobin of less than 8 g/dL should not normally undergo a surgical abortion at BPAS and those with haemoglobin of less than 9 g/dL should not normally undergo a medical abortion at BPAS .
	<i>Haemaglobinopathy</i>	Homozygous sickle cell disease and thalassaemia major are contraindications to treatment at BPAS . Clients with minor thalassemsias or sickle trait who are within BPAS criteria for haemoglobin may be treated.
	<i>Porphyria</i>	Acute porphyrias are rare but they are important in anaesthesia because of the wide range of agents that can trigger an acute crisis, thus referral for treatment in the NHS is most appropriate
	<i>Bleeding disorders</i>	<input type="checkbox"/> Clients with coagulopathy, whether due to coagulation defect (e.g. haemophilia, von Willebrand's disease), thrombocytopenia (platelets <75x10 ⁹ /l), a disorder of blood vessels (e.g., uterine arteriovenous malformation), or requiring full anticoagulant therapy (e.g., warfarin, low molecular weight heparin in treatment doses) are not eligible for treatment at BPAS <input type="checkbox"/> Clients on prophylactic doses of low molecular weight heparin or unfractionated heparin may undergo a surgical abortion at BPAS ; patients should be advised to omit their evening dose and be booked first on the operative list.
	<i>Thrombophilia</i>	Clients with inherited or acquired thrombophilia may be treated at BPAS provided they are not currently on full anticoagulant therapy. The thrombophilias are: <ul style="list-style-type: none"> • Factor V Leiden and Activated protein C resistance • Protein C deficiency • Protein S deficiency • Prothrombin 2021A gene mutation • Antithrombin III deficiency • Hyperhomocysteinaemia

		<ul style="list-style-type: none"> • Antiphospholipid syndrome
	<i>Venous thromboembolism including pulmonary embolism</i>	Clients on full anticoagulant therapy for a previous or current venous thromboembolism are not suitable for treatment at BPAS .
	<i>Refusal of blood transfusion</i>	Clients who are unwilling to accept a blood transfusion if needed in an emergency are not suitable for treatment at BPAS as they cannot be optimally managed should serious bleeding occur.
Gastrointestinal system	<i>Liver disease</i>	Clients with hepatic disease leading to abnormal clotting or abnormal liver function tests are not suitable for treatment at BPAS .
	<i>Hyperemesis gravidarum or nausea/vomiting of pregnancy</i>	Ketonuria alone is not a contraindication for treatment
Renal system	chronic renal insufficiency	Clients with chronic renal insufficiency or failure are unsuitable for treatment at BPAS
Immune system	<i>rheumatoid arthritis or lupus</i>	Clients with pulmonary involvement or an active lupus flare should not be treated at BPAS .
	<i>Current infection</i>	<p>In general, allow the acute phase of an upper respiratory tract infection to pass prior to general anaesthetic. A cold is not necessarily a contraindication to general anaesthetic, but those who have evidence of acute bronchitis should be referred to their GP to be assessed for the need for antibiotics and generally postponed for 1 week to allow time for treatment. These clients would be eligible for a procedure under local anaesthetic or a medical abortion.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transcervical procedures should not be performed in the presence of obvious acute cervical infection or pelvic inflammatory disease. Appropriate treatment is indicated with a plan for the procedure after completion of therapy. <input type="checkbox"/> Clients with asymptomatic Chlamydia or gonorrhoea or suspected vaginal infection (e.g., bacterial vaginosis or candida) should be treated on the day of the procedure and the procedure performed as usual. <input type="checkbox"/> Refer to the Infection Control Isolation Guideline (No. 6) for suitability in the presence of other acute infections.
	<i>Latex Allergy</i>	Clients who have an anaphylactic reaction to latex are not suitable for treatment at BPAS
Other	<i>Obesity</i>	It is BPAS policy to offer clients a choice of procedure and anaesthesia wherever possible and some units make provision to provide services to women with higher BMIs. Clients need to be informed about the increased risks associated with general anaesthesia and a high

		<p>BMI. Treatment under local anaesthetic or medical abortion may be safer; however, this must be weighed against the ability to manage complications that may require general anaesthetic (e.g., removal of retained placenta) or ability to refer efficiently to the NHS for management. Clients with a BMI greater than 35 must be counselled that their treatment may be denied after assessment by an anaesthetist.</p> <p>Procedures under general anaesthetic or conscious sedation In general, clients with a BMI of less than or equal to 35 can be treated at any BPAS unit. For units that may offer treatment at higher BMIs, refer to BIS for current limits, currently:</p> <ul style="list-style-type: none"> • Clients with a BMI up to 40 may be assessed for their fitness to undergo general anaesthetic on the day of treatment at selected units (Leamington Spa, Merseyside, Cannock, Bournemouth Birmingham South); however consultation with an anaesthetist at the treatment unit prior to booking is preferred • Clients with BMIs up to 45 may be treated Leamington Spa to a gestation of 15 weeks and 6 days, again subject to the anaesthetist's assessment and discretion on the day of treatment <p>Procedures under local anaesthetic or medical abortion There is no upper BMI limit for local anaesthetic procedures or for medical abortion, however it is important to ensure that units are equipped appropriately to manage women with a high BMI during treatment and recovery, and in case of an emergency; a risk assessment should be undertaken to determine whether local limits need to be applied.</p>
	<p><i>Drug misusers</i></p>	<p>BPAS can treat drug misusers, however key points to consider when assessing a client for suitability are:</p> <ul style="list-style-type: none"> • Whether a user of intravenous drugs has adequate venous access • The risk of withdrawal symptoms during treatment and whether the unit can manage them or refer quickly • Whether a client is on a methadone maintenance program and can obtain necessary doses in advance of treatment or whether medications given during treatment for pain management will present problems for the drug treatment program or client (this may require reporting to the program from the treatment unit) • Difficulty with pain control in usual doses and with routine medications • A complete history of current and past drug use (type, dose, frequency) is obtained

		<ul style="list-style-type: none"> Information about the client's current and past drug use is shared with the treating anaesthetist
	<i>Malignant hyperthermia</i>	<ul style="list-style-type: none"> Clients known to have malignant hyperthermia or who have an immediate family history of malignant hyperthermia <i>and</i> who have not had the diagnosis excluded in themselves (i.e., through testing or testing of both parents) are not eligible for general anaesthetic procedures at BPAS and should be referred to the NHS Local anaesthetic and medical abortion procedures may be provided at BPAS for these clients
	<i>Travelling clients</i>	<p>It is acceptable for BPAS to treat clients who are travelling (e.g., Irish clients).</p> <ul style="list-style-type: none"> Appropriate aftercare advice must be provided to these clients as well as guidance on when and how to obtain assistance locally or using the Post Treatment Support Line Women undergoing an early medical abortion who choose to travel within the first 24 hours after misoprostol administration must be advised that they may develop symptoms while in transit such as pain and bleeding and need to be prepared to manage these en route. Due to the minor nature of the surgical treatments provided by BPAS, perioperative thromboprophylaxis in anticipation of long haul travel is not indicated. Clients at high risk of venous thromboembolism (e.g., those with thrombophilia) should consult with their doctor as to whether prophylaxis for long haul travel is needed due to their existing medical condition irrespective of their treatment at BPAS.