UHMBT Department of Anaesthesia

Perioperative care for people with learning disabilities and autism: tips and resources

Before admission

- Check what reasonable adjustments might be needed
- Gain information from patient, carers, hospital passport, learning difficulties specialist nurse
- Liaise with community services re any pre-hospital requirements
- Liase with ward and theatre leads re inpatient requirements
- Consider a pre-op visit, to familiarise with ward and anaesthetic room settings as well as equipment such as face masks, topical LA cream
- Consider pre-hospital anxiolysis, eg oral lorazepam 1-2mg the night before and repeated one hour before admission, or temazepam 10mg 1 hour before admission.
- **Theatre lists should allocate double the amount of time usually needed for a given procedure.**

Communication

- **Address the person with the disability directly, not their carer**
- Check the persons' hearing status
- Provide information in a format that best meets the person's need, eg pictures, gestures etc
- Speak slowly, without complex language, allow time for what you've said to 'sink in' [1].
- Use simple language – short sentences, easy words and positive, literal phrasing
- Check understanding e.g. by asking people to explain what they have understood.

Consent

The usual presumptions and 'best interest' rules apply if patients are judged not to have mental capacity. See Trust guidance if in doubt.

After admission

- Maintain a calm environment, attending to any sensory issues [2], and reduce distractions
- Consider an anaesthetic room visit (either at pre-assessment or prior to the list starting)
- Consider pre-med, oral drugs mixed with clear cordial [3]
    - oral, buccal or intranasal midazolam pre-op (0.5mg/kg to a maximum of 20mg)
    - Oral ketamine 3-5mg/kg

Induction of anaesthesia

- IV or gas induction depending on needs.
- Parents or carers may be useful in the anaesthetic room, plan how they will be most helpful and who will take them out after induction
- Reactive and restrictive interventions should not be part of routine care [4], however if this is ever necessary in the patient's home, a plan should be made with the carers beforehand, taking in to count urgency of the surgery, patients' best interests and proportionality. It should only be carried out by those who have been appropriately trained
- any person present at any stage of the patient's care should be able to call a halt at any time if they feel the situation is unmanageable. In the elective setting, it is often wise to 'retreat' and try at another time if the patient is becoming distressed.

Postoperatively

- Patients may find it difficult to express pain, discomfort, nausea etc. and carers can help interpret their behaviour.
- Maintain a calm environment as pre-op
- Discharge home as soon as possible, avoiding delays such as waiting for TTOs

Useful references

1. Doherty M et al Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. British Journal of Hospital Medicine 2023 https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2023.0006
2. NHS England Sensory-friendly resource pack. https://www.england.nhs.uk/publication/sensory-friendly-resource-pack/
3. King TA, Duffy J. Peri-operative care of elective adult surgical patients with a learning disability. Anaesthesia 2022; 77: 674-83 https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/abs/10.1111/anae.15691
4. NICE. Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, 2015 (NG11) https://www.nice.org.uk/guidance/ng11 (pages 27 and 28 deal with reactive and restrictive interventions).