performed by those who are able to provide long-term systemic care.

Although abnormal results among pre-operative investigations were common, the majority of these were to be expected from the history and examination. Only 11 abnormal results from the 318 investigations performed were unexpected. None of these required subsequent treatment. Pre-operative investigations may be of benefit if they help to avoid the complications of surgery or if they help to identify disease which needs and is amenable to treatment. For the asymptomatic patients in this study undergoing local anaesthetic surgery, these criteria were not met. In these cases, pre-operative investigations are a financial drain and an unnecessary burden for the patient.

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Sir,

I was interested to read Mr McKibbin's study on pre-operative investigation of ophthalmic patients.[1] Following the original study performed in the same hospital a prospective study was started to see whether the management of patients undergoing cataract surgery was affected by pre-operative investigations. One hundred patients listed for cataract surgery were assessed and investigated in accordance with the guidelines of the Joint Working Party on Anaesthesia in Ophthalmic Surgery.[2] Eighty-four patients had local anaesthetic (11 having been listed for general anaesthetic but deemed medically unfit). Twenty per cent of the results of investigations were abnormal (74% as predicted by history and/or examination). No patients undergoing local anaesthetic surgery had their operations cancelled because of abnormal results and none subsequently had problems related to the local anaesthetic. Subsequent to this study the unit policy on pre-operative investigations was changed to that of only investigating patients undergoing local anaesthetic surgery in circumstances that may affect surgical management (e.g. INR in patients on warfarin). Following this policy no adverse consequences have been reported from the anaesthetic department. The department will save approximately £14 000 per year with no apparent deleterious effect on the patients.

I agree that the purpose of a pre-operative clinic is to assess the patient's suitability for a particular procedure.[1] Peribulbar local anaesthesia is an extremely safe procedure[3] and it appears that pre-operative investigations do not alter the management of a patient undergoing local anaesthesia. Performing pre-operative investigations on these patients is both costly and time consuming with no obvious benefit other than screening, which is not the role of a pre-operative clinic.

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Sir,

I am grateful for Mr Walters' comments on my paper, and am pleased he agrees that routine pre-operative investigations are not necessary for patients having local anaesthetic ophthalmic surgery. Pre-operative investigations are expensive and unexpectedly abnormal results from the investigations are rare. Furthermore, in my experience, and also that of others, the results are rarely recorded, other than in the laboratory report, or consulted.[1] Not even the unexpected results alter the management of patients having local anaesthetic surgery. Systemic complications can result from local anaesthetic surgery but tend to be unexpected and cannot be predicted from the history, examination or pre-operative investigation. Peri-operative monitoring is, however, vital to provide an early warning of significant complications so that appropriate action can be taken.[2]

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