Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

SIAARTI
PRO VITA CONTRA DOLOREM SEMPER

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

Five Recommendations from the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI)

1	**Do not perform routine blood tests on patients undergoing surgery (or anaesthetic evaluation).**
	Routine and systematic execution of pre-operative laboratory tests is not recommended. The most recent international guidelines (NICE 2018 and ESA 2016), based on the current evidence, do not recommend their routine execution; if performed systematically they do not represent an added value for the stratification of clinical risk. The result is to postpone or cancel the surgical intervention in addition to significantly impacting costs and healthcare resources. It is recommended to plan pre-operative blood tests on the basis of the general clinical risk score resulting from the association of the patient's risk (ASA Class), surgical invasiveness and anaesthetic technique.
2	**Do not perform blood tests routinely and daily in patients admitted to Intensive Care, but only on the basis of specific clinical questions.**
	Routine and systematic laboratory tests are not recommended for patients admitted to the Intensive Care Unit. It has been shown that routinely requesting them, rather than on the basis of specific clinical questions or with the aim of modifying the therapeutic plan, does not improve the outcome, exposes patients to unnecessary risks (anemia secondary to excessive phlebotomies, increased infections related to excessive manipulation of venous catheters, risks arising from incidental and non-pathological results of routinely performed laboratory tests) and increases healthcare costs.
3	**Do not perform blood transfusions for arbitrary Hb values > 70 g/l but evaluate the clinical need of each individual patient (bleeding, hemodynamic stability, comorbidity).**
	Routine transfusion of packed red blood cells in critically ill patients admitted to the Intensive Care Unit based on arbitrary hemoglobin values greater than 70 g/l is not recommended. Several studies have shown that using a low transfusion threshold (70 g/l instead of 90 g/l) is associated with equal or increased survival and reduces both costs and adverse events related to blood transfusions. Some categories of patients (elderly patients or patients with acute coronary syndrome) may, however, benefit from a more liberal transfusion threshold, although the evidence is not conclusive. In all cases, it is recommended to evaluate the clinical need of the individual patient (current or recent bleeding, hemodynamic stability/instability) rather than arbitrary hemoglobin values to decide whether to proceed with blood transfusion.
4	**Do not exceed 24 hours of antibiotic prophylaxis after surgery, the duration of prophylaxis should be as short as possible.**
	The duration of surgical antibiotic prophylaxis should not exceed 24 hours. Many good quality studies have shown that antibiotic prophylaxis beyond 24 hours has no effect in reducing surgical site infections. The administration of additional prophylactic antibiotic doses after surgery exposes patients to an increased risk of adverse effects (e.g. renal failure, Clostridium difficile infection) and contributes to the development of antibiotic resistance.
5	**Don't wait until the pain is at its peak intensity to start treatment, but actively prevent it by setting up an appropriate basic therapy for as long as necessary.**
	Chronic pain is one of the major health problems and causes of disability. Therapies are not always able to modify the evolution of the painful pathology, therefore an early diagnosis and adequate symptomatic treatment are essential in order to prevent the onset of chronic pain as much as possible. Regardless of whether the pain is acute or chronic, peripheral or central, it must be treated as quickly as possible, using all available strategies. Pain treatment should be applied when the symptom occurs, even if with moderate intensity, before it becomes high intensity and persists over time. However, there is no evidence of a causal link between acute postoperative pain and persistent postsurgical pain (PPSP), therefore aggressive treatment of acute pain to prevent PPSP is not recommended, since chronic pain requires appropriate multimodal treatment.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

June 2024

How this list was created

The five recommendations concerning the anesthesiology and resuscitation field were produced by a working group (WG) composed of Anesthesiologists from SIAARTI (Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care). The WG defined a list of ten proposals regarding recommendations concerning the peri-operative pathway and hospitalization in critical areas related to "not doing ", in accordance with the Choosing Wisely Italy principle that "doing more does not mean doing better". The 5 recommendations of the greatest clinical impact were subsequently selected by the WG. The proposed recommendations were developed through an adequate review of the literature and thanks to the collaboration of Colleagues from the SIAARTI sections and study groups competent in the topics in question.

Sources

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Slow Medicine ETS, an Italian Third Sector organization of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) is represented throughout the country with over 10,000 members, active in universities,, hospitals and territorial services. SIAARTI is a professional society recognized by the Ministry of Health in implementation of Article 5 of Law 8 March 2017, n. 24 (Gelli Law) and the Ministerial Decree 2 August 2017. It has been dedicated, since its foundation in 1934, to the constant strengthening of the combination of clinical activity and research to improve guidelines, therapeutic protocols and patient safety., It allows and facilitates comparison and discussion among thousands of Anesthesiologists-Resuscitators and contributes to growth in the most diverse cultural areas that characterize such a complex, fascinating and responsible profession: Anesthesia and Perioperative Medicine; Resuscitation and Intensive Care; Emergency Critical Medicine; Pain and Palliative Care; Hyperbaric Medicine; Maternal and Child Care. www.siaarti.it