

Parkinson's on the Surgical Ward



*Parkinson's medications are time-critical – patients **MUST** continue to take some form of medication for Parkinson's disease*

Pre-operative planning...

- > put PD patients first on the operating list whenever possible so that there is minimal disruption to their medication regime
 - > patients should continue to receive PD medication with a small amount of water up to 1-2 hours pre-op even if they are 'nil by mouth' for everything else
 - > if the timing of PD medications is going to clash with surgery, the medication regimen **MUST** be altered – call the PD team if necessary
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Surgery expected to last >3h or likely post-op NBM period >6h?

- > if the operation is expected to last more than 3 hours, or if there is likely to be a post-operative recovery 'NBM' period of more than 6hours, an alternative route of PD drug administration **MUST** be arranged e.g. via NG tube or rotigotine patch – follow NBM pages on **Parkinson's intranet site** or get specialist advice from PD team if necessary
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Non-functioning gut / ileus?

- > convert PD drugs to rotigotine patch –follow NBM flowchart and rotigotine conversion table on **Parkinson's intranet site** or contact PD team for help if needed

Common peri-operative complications in PD patients...

- > **Constipation** – often severe, some PD patients get recurrent volvulus
- > **Postural hypotension** – exclude non-PD related causes first such as sepsis / volume loss – if PD is felt to be the most likely cause, contact PD team to consider fludrocortisone, domperidone or midodrine
- > **Nausea / vomiting** – domperidone is the anti-emetic of choice in PD – **DO NOT** give metoclopramide or prochlorperazine (Stemetil®) to a PD patient.
- > **Delirium** – PD patients are vulnerable to post-operative delirium. Hallucinations are common. If severely agitated, give lorazepam – **DO NOT** give haloperidol or risperidone to a PD patient. Contact the PD team or Elderly care team for advice if needed.

PD advice / contacts...

BHH Dr Sally Jones (Consultant) ...or Elderly Care SpR (via switch)

SHH Dr Rob Wears (Consultant) ...or Elderly Care SpR (via switch)

SHH Dr Martha Pinkney (Consultant) ...or Elderly Care SpR (via switch)

GHH Dr Ram Byravan (Consultant) ...or Elderly Care SpR (via switch)

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Reviewed By: Wears/Sandler/Pinkney/Johnson/Razaq/Awadh prior to use

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