SSAPM
Swiss Society for Anaesthesiology and Perioperative Medicine

Perioperative Medicine in Switzerland

THE IDEAL APPROACH TO
INTEGRATED PATIENT-CENTRED CARE

A Multidisciplinary Approach – with Anaesthesiology at its Heart

Perioperative medicine is more than just anaesthesia and more than just surgery. It supports high-risk patients throughout the entire course of their journey – from the initial assessment, through anaesthesia, surgery or major non-surgical procedures, to recovery and optimal functional outcomes. At the heart of this is multidisciplinary, coordinated, patient-centred and evidence-based care that identifies complications early and treats them with targeted therapy, reduces risks while consistently aligning treatment decisions with the patients' condition and goals.

For anaesthesiology, this approach opens up a broader, forward-looking understanding of its role: moving away from a purely intraoperative perspective towards a longitudinal medical responsibility spanning the entire perioperative pathway. Perioperative medicine strengthens our speciality during a period of change. It highlights that modern anaesthesiology does not end at the border of anaesthesia, but assumes responsibility for risk assessment, optimisation, management and recovery.

We, anaesthetists, play a key role in perioperative medicine. Our broad training in physiology, resuscitation, monitoring, pain management, intensive care and acute medicine, as well as our daily experience in treating high-risk and multimorbid patients, makes us natural coordinators for complex perioperative processes. We are natural perioperative physicians.

We warmly invite you to join us on the path towards integrated, patient-centred care. And to help shape the future of medicine.

Sincerely,

Prof. Dr. med.
Sina Grape
Co-President SSAPM

Prof. Dr. med.
Christoph Hofer
Co-President SSAPM

Prof. Dr. med.
Bernardo Bollen Pinto
President POM Commission

Why is Perioperative Medicine Relevant Now

Surgical care in Switzerland is undergoing noticeable changes. An increasing number of procedures are being carried out on older, frail and high-risk patients. Whilst intraoperative deaths are now rare, the postoperative phase remains a particularly vulnerable time for high-risk patients. The available data show a significant burden on the healthcare system from postoperative complications and considerable variability between hospitals. A recent Swiss analysis shows that almost one in five patients with severe postoperative complications died in hospital – a clear indication of room for improvement in the prevention, recognition and management of critical events.

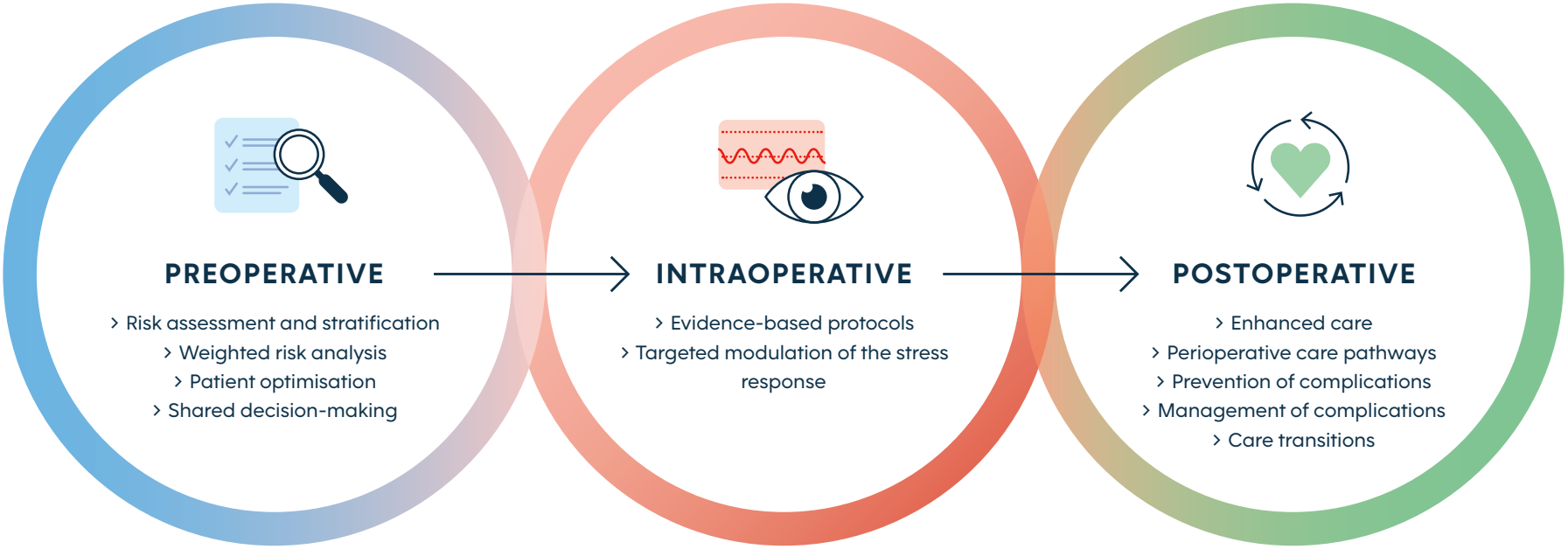
This is precisely where perioperative medicine comes in: it combines risk assessment, optimisation, individualised intraoperative strategies and structured post-operative care within a clinically consistent care model. The goal is not merely to avoid complications, but to prevent postoperative disability, diminished quality of life, and failure to rescue (death following a potentially treatable complication).

Seamless perioperative care not only improves the patient experience and increases efficiency, it also enables significant cost savings within the healthcare system.

> "The available data show a significant burden on the healthcare system from postoperative complications and considerable variability among hospitals."

The Role of Anaesthesiology in Perioperative Medicine

Perioperative medicine is interdisciplinary and should be led by physicians with comprehensive perioperative expertise. Anaesthesiologists are particularly well positioned to assume a leading role in this field.



Anaesthetists design and manage preoperative clinics to assess preoperative comorbidities, frailty, and functional and cognitive capacities. We promote prehabilitation and support ERAS protocols. As a safety and gatekeeping function, we help to avoid unnecessary or futile operations and other interventions.

Together with the surgical or other interventional teams and patients, we align decisions with individual values and long-term treatment goals incorporating advanced care planning principles.

We define and implement intraoperative strategies, combined with the use of cutting-edge technologies, such as targeted haemodynamic management, lung-protective ventilation, neuroprotection and multimodal analgesia.

We use our understanding of homeostasis and allostasis to modulate the surgical stress response and integrate elements of ERAS such as temperature, blood and fluid management.

We carry out tasks in recovery rooms, Intermediate Care (IMC) and high-dependency units for high-risk patients. We support ERAS protocols, prevent organ dysfunction such as postoperative delirium, and promote pain management, early mobilisation and adequate nutrition.

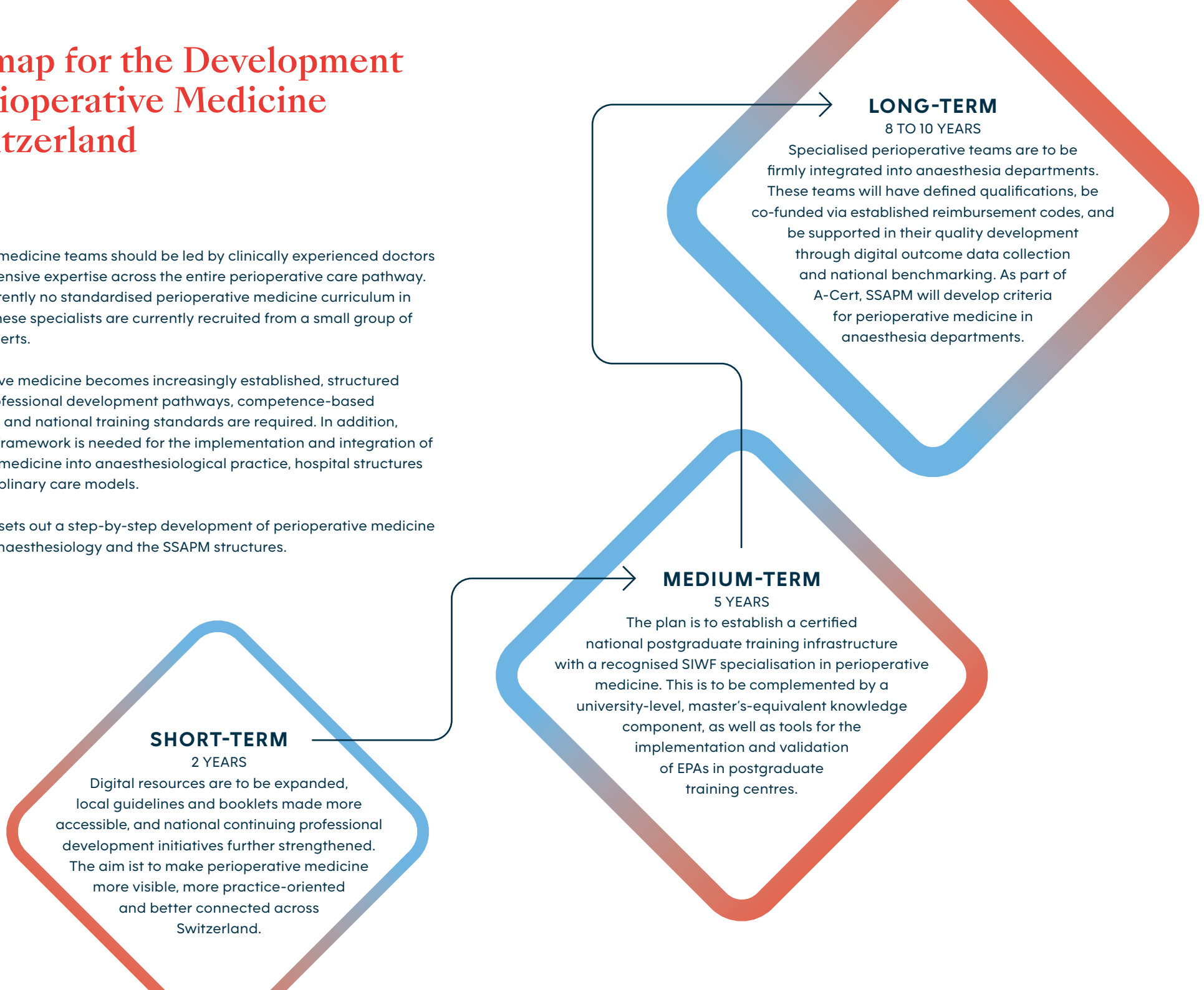
We also ensure a structured handover and communication with the teams providing follow-up care on surgical wards or in rehabilitation clinics.

Roadmap for the Development of Perioperative Medicine in Switzerland

Perioperative medicine teams should be led by clinically experienced doctors with comprehensive expertise across the entire perioperative care pathway. As there is currently no standardised perioperative medicine curriculum in Switzerland, these specialists are currently recruited from a small group of dedicated experts.

As perioperative medicine becomes increasingly established, structured continuing professional development pathways, competence-based accreditations and national training standards are required. In addition, a nationwide framework is needed for the implementation and integration of perioperative medicine into anaesthesiological practice, hospital structures and multidisciplinary care models.

The roadmap sets out a step-by-step development of perioperative medicine within Swiss anaesthesiology and the SSAPM structures.



References

1. Schwappach D, Zwahlen M, Havranek MM. Between-Hospital Variation in Failure to Rescue After Major Surgery. JAMA Netw Open. 2026 Feb 4;9(2):e2555855. doi: 10.1001/jamanetworkopen.2025.55855

2. Bollen Pinto B, Chew M, Lurati Buse G, Walder B. The concept of peri-operative medicine to prevent major adverse events and improve outcome in surgical patients: a narrative review. Eur J Anaesthesiol. 2019;36(12): 889-903. doi:10.1097/EJA.0000000000001067.

3. Boudreaux AM, Vetter TR. A Primer on Population Health Management and Its Perioperative Application. Anesth Analg. 2016;123(1):63-70. doi: 10.1213/ANE.0000000000001357.

4. Gottumukkala V, Joshi G, Kain Z. Perioperative Medicine, Perioperative Surgical Home, and Enhanced Recovery After Surgery: Distinct Constructs or Different Names for the Same Journey. Anesth Analg. 2025;141(4): 761-764. doi:10.1213/ANE.0000000000007561.

5. Wall J, Dhesi J, Snowden C, Swart M. Perioperative medicine. Future Healthc J. 2022;9(2):138-143.

6. Grocott MPW, Mythen MG. Perioperative medicine: The value proposition for anesthesia?: a UK perspective on delivering value from anesthesiology. Anesthesiol Clin. 2015;33(4):617-628.

7. Vetter TR. Managing a perioperative medicine program. Best Pract Res Clin Anaesthesiol. 2022;36:283-298.

8. Center of Perioperative Care (UK). Impact of perioperative care on healthcare resource use. Available at https://cpoc.org.uk/sites/cpoc/files/documents/2020-09/Impact%20of%20perioperative%20care%20-%20rapid%20review%20FINAL%20-%2009092020MW.pdf

9. Royal College of Anaesthetists (RCoA). Perioperative Medicine: The Pathway to Better Surgical Care. Available at: https://www.rcoa.ac.uk/sites/default/files/documents/2019-08/Perioperative%20Medicine%20-%20The%20Pathway%20to%20Better%20Care.pdf

10. Australian and New Zealand College of Anaesthetists (ANZCA). A Framework for Perioperative Care in Australia and New Zealand. Available at: https://www.anzca.edu.au/getContentAsset/6959c2b4-64dc-4e7f-8341-8f74b72f1a14/80feb437-d24d-46b8-a858-4a2a28b9b970/The-Perioperative-Care-Framework-document.pdf?language=en&view=1