

# What size Operating Room do you need for your Ambulatory Surgery Center?

\_\_\_\_\_ Class A – 150 Square feet minimum clear floor area, 12 foot minimum clear dimension, 3'-6" clearance at both sides, the foot and the head of the operating table

\_\_\_\_\_ Class B – 250 Square feet minimum clear floor area, 15 foot minimum clear dimension, 3'-6" clearance at both sides, the foot and the head of the operating table

\_\_\_\_\_ Class C – 400 Square feet minimum clear floor area, 18 foot minimum clear dimension, 4'-0" clearance at both sides, the foot and the head of the operating table

## 2010 Guidelines for Design and Construction of Health Care Facilities

### **A3.7-3.3.1.2 Operating room definitions**

#### a. American College of Surgeons Surgical Facility Classes

The following definitions are adapted from the American College of Surgeons publication 04GR-0001: *Guidelines for Optimal Ambulatory Surgical Care and Office-Based Surgery*, which was developed by the Board of Governors Committee on Ambulatory Surgical Care and published in May 2000.

**Class A:** Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. (Excluded are procedures that make use of spinal, epidural axillary, and stellate ganglion blocks; regional blocks (e.g., interscalene) and supraclavicular, infraclavicular, and intravenous regional anesthesia.) These procedures are also appropriately performed in Class B and C facilities.

**Class B:** Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. These procedures are also appropriately performed in Class C facilities.

**Class C:** Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

#### b. American Society of Anesthesiologists Continuum of Depth of Sedation

The level of sedation/analgesia is defined by the American Society of Anesthesiologists in "Continuum of Depth of Sedation, Definition of General Anesthesia and Levels of Sedation/Analgesia," which was approved by the ASA House of Delegates on October 13, 1999, and amended on October 17, 2004.

*General anesthesia* is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

*Deep sedation/analgesia* is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. (Reflex withdrawal from a painful stimulus is *not* considered a purposeful response.) The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

*Moderate sedation/analgesia* ("conscious sedation") is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

*Minimal sedation* (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.