### Anaesthesia

1. Consider local/regional anaesthesia where appropriate (with targeted $O_2$ delivery only if necessary)
2. Use TIVA whenever possible with high fresh gas flows (5-6 L) and, if appropriate, a low $O_2$ concentration
3. Limit Nitrous Oxide ($N_2O$) to specific cases only and if using:
   - check $N_2O$ pipes for leaks or consider decommissioning the manifold and switching to cylinders at point of use;
   - introduce $N_2O$ crackers for patient-controlled delivery.
4. If using inhalational anaesthesia:
   - use lowest global warming potential (sevoflurane better than isoflurane better than desflurane);
   - consider removing desflurane from formulary;
   - use low-flow target controlled anaesthetic machines;
   - consider Volatile Capture Technology.
5. Switch to reusable equipment (e.g. laryngoscopes, underbody heaters, slide sheets, trays)
6. Minimise drug waste (“Don’t open it unless you need it”, pre-empt propofol use)

### Preparing for Surgery

7. Switch to reusable textiles, including theatre hats, sterile gowns, patient drapes, and trolley covers
8. Reduce water and energy consumption:
   - rub don’t scrub: after first water scrub of day, you can use alcohol rub for subsequent cases;
   - install automatic or pedal-controlled water taps.
9. Avoid clinically unnecessary interventions (e.g. antibiotics, catheterisation, histological examinations)

### Intraoperative Equipment

10. REVIEW & RATIONALISE:
    - surgeon preference lists for each operation - separate essential vs. optional items to have ready on side
    - single-use surgical packs - what can be reusable and added to instrument sets? what is surplus? (request suppliers remove these)
    - instrument sets - open only what and when needed, integrate supplementary items into sets, and consolidate sets only if it allows smaller/fewer sets (please see guidance)
11. REDUCE: avoid all unnecessary equipment (eg swabs, single-use gloves), “Don’t open it unless you need it”
12. REUSE: opt for reusables, hybrid, or remanufactured equipment instead of single-use (e.g. diathermy, gallipots, kidney-dishes, light handles, quivers, staplers, energy devices)
13. REPLACE: switch to low carbon alternatives (e.g. skin sutures vs. clips, loose prep in gallipots)

### After the Operation

14. RECYCLE or use lowest carbon appropriate waste streams as appropriate:
    - use domestic or recycling waste streams for all packaging;
    - use non-infectious offensive waste (yellow/black tiger), unless clear risk of infection;
    - ensure only appropriate contents in sharps bins (sharps/drugs);
    - arrange metals/battery collection where possible.
15. REPAIR: ensure damaged reusable equipment is repaired, encourage active maintenance
16. POWER OFF: lights, computers, ventilation, AGSS, temperature control when theatre empty

**Disclaimer:** These suggestions are based upon current evidence and broadly generisable, however, specific environmental impacts will depend upon local infrastructure and individual Trusts’ implementation strategies.