Anaesthetic Case Report

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Surgery Module

UCL Medical School / UCLH
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Mrs CR

- 52 year old School teacher
- Subtotal Colectomy + Ileo-Rectal Anastomosis
- PMH:
  - 20yr hx of colonic polyps
  - HTN – BP at PAC: 164/101
  - Asthma
- BMI 35.8 (Morbid Obesity II)
Pre-op Optimisation

- **High BP**
  - Referred to GP for monitor & modify Rx
  - Instead, self-control
  - BP on admission: 145/86

- **CPEX**
  - Anaerobic Threshold: 11 (>borderline)
  - Arranged for post-op HDU bed

- **Asthma**
  - Well controlled
In the Anaesthetic Room

- Epidural – T7/8
  - Bupivicane & Fentanyl

- Ventilated with O₂ mask, 10 L/min

- Induction – 150mg Propofol
In the Anaesthetic Room

- Cannulated
  - 20G dorsum of (L) hand
  - 16G dorsum of (R) hand → Induction
  - Arterial line in (L) wrist

- NG tube
  - Maintain stomach deflation
  - Monitor temperature

- Endotracheal airway – size 7
  - Grade I airway
  - Sevofluorane 1.3% / MAC 1.1
In the Operating Theatre

- **Temperature**
  - Temperature probe on NG tube
  - Huggy Bair
  - Heat-moisture exchanger
  - Warm fluid infusion through (R) hand

- **Fluids**
  - Urinary catheter output
  - Invasive BP via arterial line (103/58)
  - 1L Hartmann’s + 500ml Voluven
    - Diclofenac, Metronidazole, Paracetamol
In the Operating Theatre

- Maintain Anaesthesia
  - Consciousness
    - Desflurane ➔ cheaper & faster!
  - Muscle relaxation
    - Vecuronium
    - Nerve Stimulator
- Pain control
Do you think he’s a bit light doctor?
Waking up

- Desflurane
- Neostigmine & glycopyruvate
- Post-op nausea
  - Dexamethasone (steroid)
  - Ondansetron (5HT-antagonist)
- O$_2$ mask with a non-rebreathing bag
- From recovery $\rightarrow$ HDU
“Pardon me Doctor, but where exactly did you say you studied anaesthesiology?”