

CAN WE AVOID COMPLICATIONS BY GOOD PRE-OPERATIVE PREPARATION?

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Welcome!

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Anesthesia is a journey and a good anesthesiologist should guarantee a return ticket to his patient. Like airplane, the most difficult time is the induction, and weaning from anesthesia. It is a critical balance between early detection, clinical awareness, and experience in one end, and complications in the other.

Probably, the key for success is choosing the patient in the right time, and for a particular type of anesthesia, which should be tailored to the specific pathology. Certainly, it is a matter of matching.

The already present co-morbidities should be identified in order to be, seriously, analyzed. A technically perfect operation in the wrong patient may threaten his life and never resolve his complaints. The patient general condition, the pathological status and the available facilities, all, need to be assessed together rather than separately. In addition, the study of the patient's psychological status in the pre-operative preparation is as important as performing the pre-operative investigations. This is because surgery is a stressful condition and anesthesia is another stress. This combination may, therefore, lead to psychological breakdown in patients with borderline psychological status.

Of vital importance is the informed consent, which will protect the surgeon as well as the anesthesiologist. It should be in a written form; documenting patient health status, the expected complications and the sequelae of both anesthesia and surgery.

The importance of proper history taking and physical examination cannot be over emphasized. The patient's brain must be probed because some patients may hide vital

information which they feel not important or feel shy to mention them. It is the duty of the surgeon to tell and discuss the patient's status with the anesthesiologist prior to induction.

On top of everything, is the medications the patient is currently using, like anti-failure drugs, steroids, contraceptive pills, antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs) and anticancer therapy. Knowing them is important to avoid serious drug interactions. In patients using steroids, weaning them of these drugs at the time of anesthesia and surgery, or not giving extra doses to deal with surgery as a major stress, may lead to acute adrenal insufficiency (Addisonian crisis) and death. The use of NSAIDs, on the other hand, may lead to increased risk of bleeding during or after surgery (possible exception is COX-2 selective inhibitors e.g. celecoxib). NSAIDs may, also, worsen the already jeopardized renal function.

Some pathologies may interfere with certain anesthetic positions like rheumatoid arthritis which may restrict neck extension required to facilitate intubation. Moreover, past surgical and anesthetic history can form a guideline for future anesthesia and surgery. A previous storm during surgery or in post-operative period will dictate additional precautions.

By thorough investigation and imaging, a hidden flame may be discovered and the anesthesiologist should be notified in advance about all vital points. A special precaution is mandatory for the extreme age; pediatric and old age groups, which need a special handling.

Impending renal failure or borderline renal function should be discovered in advance. In addition, the most serious background conditions are, probably, diabetes and hypertension; both need good and slow control for elective surgery. A rush and rapid control may lead to serious complications. Some bad habits like smoking and alcohol consumption must be notified and better be avoided weeks before general anesthesia. Obesity carries a definitive risk for general anesthesia; so much better to lose weight in advance.

A search for a hidden deep vein thrombosis is very vital. Likewise, the search for a hidden nidus of infection.

Finally, it is really possible to avoid so many complications by proper pre-operative preparation. Moreover, friendly relationship between the surgeon and the anesthesiologist is always required. Introducing the patient to the anesthesiologist by the surgeon with all vital and probably serious information will help to a great extent.

