Anesthesie voor CDC
Dr. An Teunkens

INTRODUCTION

• Anesthesia techniques improve more painful procedures
• Surgical techniques improve more extended surgery

OUTPATIENT SURGERY AND ANESTHESIA

• INTRODUCTION
• PATIENT SELECTION
• CHOICE OF ANESTHESIA
• GENERAL ANESTHESIA
• MULTIMODAL ANALGESIA
• LOCOREGIONAL ANESTHESIA
• DISCHARGE
• CONCLUSION
PATIENT SELECTION

- AGE
- OBESITAS
- OSAS
- CARDIAC DISEASES
- DIABETES

PATIENT SELECTION

Age
- General agreement
- $< 52$ weeks: risk of apnea, longer postoperative monitoring
- $85$ years: co-morbidity $\uparrow$, risk of complications $\uparrow$

PATIENT SELECTION

Obesitas
- Comorbidity
- $\text{BMI} \geq 50\text{kg/m}^2$: increased risk of perioperative complications

OSAS
PATIENT SELECTION

Cardiac disease

- Low risk surgery
- Continue: β-blockers – aspirin – statines

PATIENT SELECTION

Cardiac disease

- Avoidance of hypoglycemia-hyperglycemia (< 180)
- Minimal disruption in patients own antidiabetic therapy
- Early planning
- Prompt resumption of oral intake after surgery
- PONV prevention
- DXM: outcome =

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CHOICE OF ANESTHESIA

PAIN

PREVENTION

Unplanned admission

PONV

GENERAL ANESTHESIA

Propofol vs inhalation

A comparison of total intravenous anaesthesia using propofol with sevoflurane or desflurane in ambulatory surgery: systematic review and meta-analysis

G. Komajda, C. Sundt, R. Mistry, K. Garsauna and D. Walker

GENERAL ANESTHESIA

Neuromuscular blockers

Management of neuromuscular blockade in ambulatory patients


• Adequate dosing
• Objective monitoring
• Sufficient reversal

GENERAL ANESTHESIA

PONV

Consensus Guidelines for the Management of Postoperative Nausea and Vomiting


Table 2. Strategies to Reduce Baseline Risk

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<tr>
<th>Strategy to Reduce Baseline Risk</th>
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<th>A2</th>
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<td>Avoidance of general anesthesia by the use of regional anesthesia</td>
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GENERAL ANESTHEISIA

PDNV

Pain

Multimodal analgesia

prospect

(Pain-specific postoperative pain management)

NSAID

Local Anesthetics

Paracetamol

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MULTIMODAL ANALGESIA

The role of multimodal analgesia in pain management after ambulatory surgery

Oferia L. Elvi-Lazo and Paul F. White

Current Opinion in Anaesth 2010

The administration of local anesthetics via a wide variety of routes of administration is crucial for improving the perioperative outcomes after day-case surgery.
Local anesthetics: Different techniques

Primary anesthetic technique

In combination with GA

Wound infiltration
Intraarticular
IV
Intraperitoneal
PNB

MULTIMODAL ANALGESIA

Central neuraxial blocks

Peripheral nerve blocks

MULTIMODAL ANALGESIA: Local anesthetics

SPINAL ANESTHESIA

- Short acting LA:
  - Short motor block
  - Less POUR
  - Bypass PACU
  - Predictable discharge
  - Lidocaine: TNS
  - Chloroprocaine: ultra short acting
  - Prilocaine: intermedian acting

MULTIMODAL ANALGESIA: Local anesthetics: CNB

MULTIMODAL ANALGESIA: Local anesthetics: PNB

Upper extremity

Lower extremity

Thorax

Abdomen

PNB
MULTIMODAL ANALGESIA: Local anesthetics: PNB

- Single shot
- Catheter + pump

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DISCHARGE: PACU => ASU

- ALDRETE score:
- Vital signs

DISCHARGE: OR => ASU

- Fast tracking: bypass phase 1:
- White criteria: vital signs + pain + PONV
CONCLUSION

- Patient selection
- The most ideal technique should be chosen for every specific surgical intervention and patient.
- Prevention PONV and PDNV.
- Multimodal procedure specific pain management perioperative and at home.
- Clear discharge instructions.