Disclaimer

ANAESTHESIA FOR BODY CONTOURING SURGERY

What a surgeon needs to know.


02000
PULL TO ADJUST PEDALS
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OVERALL ISSUES

Gastric Band

Preoperative malnutrition

Blood loss and Allogenic Blood Transfusion

Hypothermia

Patient positioning

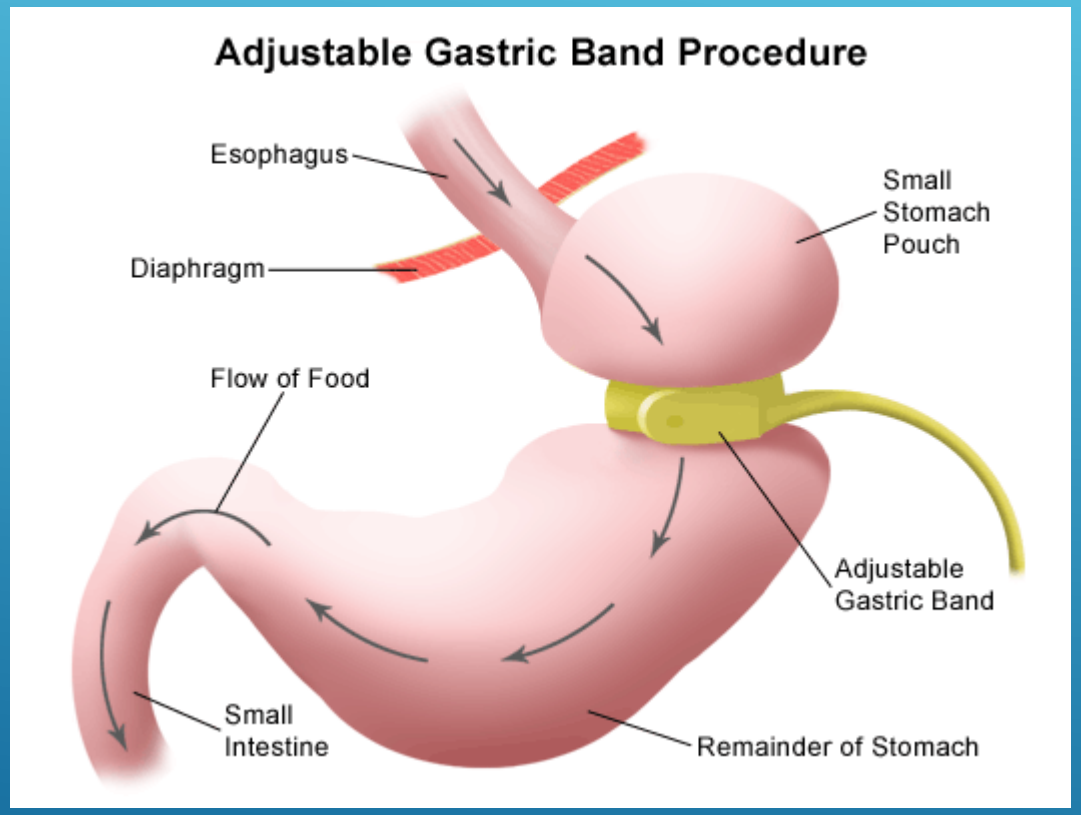
Thromboprophylaxis

Antibiotic prophylaxis

METHOD OF WEIGHT LOSS

- Diet and Exercise
- Bariatric Surgery
  - Gastric Band
  - Sleeve Gastrectomy
  - Gastric Bypass

BEWARE THE BAND

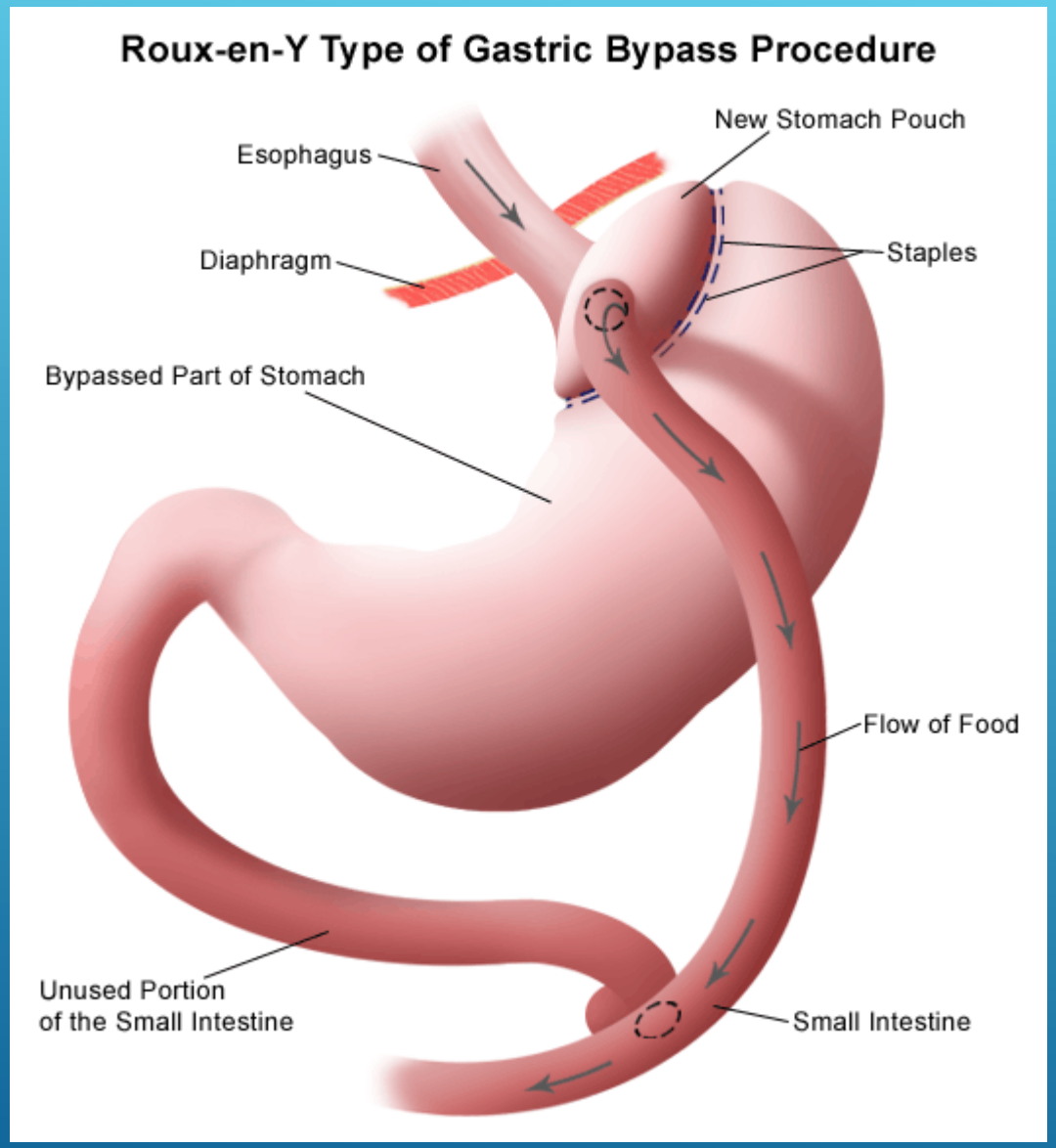


MDA National

"It seems that subsequent anaesthesia in these patients even after they have had significant weight loss probably also carries increased risk, especially of aspiration, particularly if they still have an inflated gastric band in situ."

Victorian Consultative Council on Anaesthetic Morbidity and Mortality

"Removal of fluid in the band is also recommended for all patients undergoing elective surgery"



ROUX-EN-Y TYPE GASTRIC BYPASS PROCEEDURE

Malnutrition with protein, vitamin, iron and calcium deficiencies

Gastric dumping with resulting dehydration and electrolyte imbalance

MALNUTRITION – WHAT TO LOOK FOR?

- Elective Major Joint Surgery – 10-20% of patients have anaemia
- Higher risk in elderly and chronic disease states
- Previous gastric bypass surgery

MALNUTRITION – WHAT TO DO?

Check Hb preoperatively

If elderly or chronic disease, check Fe, Folate and B12

If anaemia due to iron deficiency – 4-6 weeks of oral iron therapy

Intravenous iron therapy if

- Can't tolerate oral iron
- Malabsorption
- Short time to surgery

ALLOGENIC BLOOD TRANSFUSION

- Immunological suppression
- Coagulopathy
- Standard risks
  - Transfusion reaction
  - Infection risks
  - Volume overload
  - Hypothermia

HOW TO AVOID ALLOGENIC BLOOD TRANSFUSION

Maximize preoperative haemoglobin

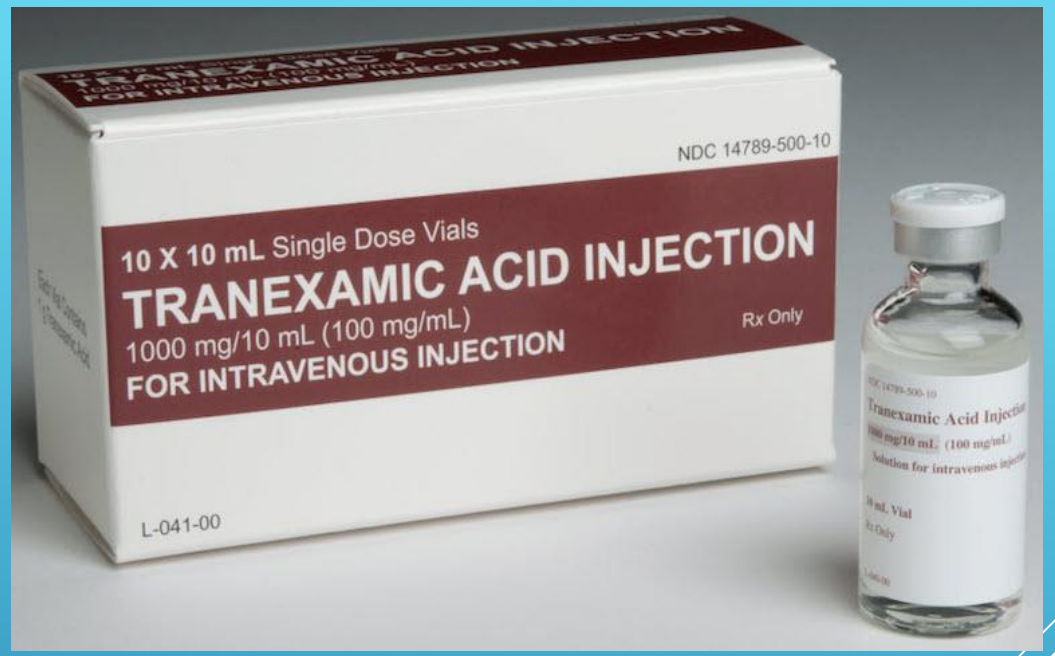
Minimize blood loss

Accept low Hb – down to 70 g/dL

MINIMIZING BLOOD LOSS

- Meticulous Surgical Technique
- Intraoperative hypotension
- Normotension and Valsalva during haemostatsis
- Tranexamic Acid
- Isovolaemic haemodilution

TRANEXAMIC ACID



Inhibits clot breakdown

Reduction in blood loss and requirement for blood transfusion in major trauma and surgery

BMJ – May 2012 Ker K et al – Systematic review and Meta analysis

"Strong evidence that tranexamic acid reduces blood transfusion in surgery has been available for many years."

"However, the effect of tranexamic acid on thromboembolic events and mortality remains uncertain."

Usual dosage 15mg/kg at induction, 8hrs and 16hrs post induction.

ISOVOLAEMIC HAEMODILUTION

Remove approx. two units of blood. Replace with crystalloid.

Aim for Hb around 10 g/dl

Agitate blood throughout case

Return whole blood at end of case

- Red cells
- Platelets
- Coagulation factors

AVOIDING HYPOTHERMIA

Hypothermia increases surgical complications

- Infection, Coagulaopathy

Inditherm mattress

Forced air warmer

Warm fluids

PATIENT POSITIONING

- Interface between surgeon and anaesthetist
- Protection of pressure areas – face and nerves
- Optimal positional is paramount for surgical technique and result

ANTIBIOTIC PROPHYLAXIS

Australian Guidelines for Surgical Prophylaxis

Cephazolin 2g, single dose

MRSA or allergy to Cephazolin – Vancomycin

Cephazolin for 48 hours

Timentin for groin wounds

THROMBOPROPHYLAXIS

- Medium to high risk cases for Thromboembolism
- Optimize mechanical and non pharmacological techniques
- Assess bleeding intra and post operatively to individualise therapy

TAKE HOME MESSAGE

Gastric band – Any surgery – Inform anaesthetist.

Minimize blood loss

Keep patient warm

Antibiotic prophylaxis

Thromboprophylaxis

Get the Position Right