SAWA UNIVERSITY

جامعة ساوة الاهلية
كلية التقنيات الصحية والطبية
قسم التخدير - اللجنة العلمية

اسم المادة و الكورس

اسم المحاضرة ورقمها

جامعـــــــة ســـــــــاوة الاهلية — Sawa University

كليـــــة التقنيـــات الصحيـة والطبيـة — College of health and medical techniques

قسم تقنيـــات التخديـــــــر — Department of Anesthesia

..... المرحلـــــــــــــة — ..... Stage

نظـــــــري — Theoretical

محاضرة رقم 3 — Lecture No.3

استاذ المادة : Dr.Hasanein Ali

M.B.CH.B / F.I.C.M.S of Anes. And IC

(INTRODUCTION)

- Preanesthetic assessment
- Preanesthesia evaluation
  Pre-anesthesia checkup (PAC)
  Preanesthesia
- Process of clinical assessment that precedes the delivery of anesthesia care for surgery and for nonsurgical procedures.

- Patient's medical records, interview, phyical examination & investigations

- First introduction of anesthesia to the patient
- decrease postoperative pain and length of hospital stay
- Reduces patient anxiety before surgery and may even.

GOALS

1. Evaluation of patient's general health
   (+ optimisation if necessary)

2. Anticipation of possible complications
   (+ planning to avoid them)

OBJECTIVES

- Doctor patient relationship
- Patient data
- Anesthetic plan
- Patient consent

STEPS OF PREOPERATIVE VISIT

1. Problem identification
2. Risk assessment
3. Preoperative preparation
4. Plan of anesthetic technique.

HISTORY

PRESENT

1.Identification of the Patient

Name: Age: Sex:

Review file

Pre operative Diagnosis:
Type of surgery:
Mode of anesthesia : RA/LA/GA

2.History of previous anaesthesia .

- Allergy to drugs
- PONV
- Expose to Halothane within 3 months prior to Surgery

Anesthesia awareness

Difficult intubation

Delayed emergence

3.Past Medical history :

- DM, HTN,COPD,CAD,thyroid disorder….
- Regular medications
- Previous surgeries ; date: type of anesthesia:

4.Personal History:

- smoking, alcohol, drug abuse

5.Family history:

Problems with anesthesia in family

(Pseudocholinesterase deficieny and malignant hyperpyrexia)

6. Menstrual history : ? Pregnancy LMP:....

7. Review of system:

- Respiratory :

  URT:cough &cold

  LRT: SOB

- Cardiac
- CNS
- GI

  Oral cavity : dentures, loose teeth ,capped teeth

  P/A:

- Urogenital

EXAMINATION

A.General Examination

Weight : BMI:

PILCCOD

VITAL SIGNS:

SPO2

Pulse

B.P

Temperature

RR

B.Systemic Examination

- **Chest**
- **CVS**
- **P/A**
- **CNS**

C.Local examination

- **Spine :** deformity

- **Nasal cavity:**
deformity,obstruction

- **Oral cavity :**
teeth ,tongue,dentures
- **Peripheral venous access**

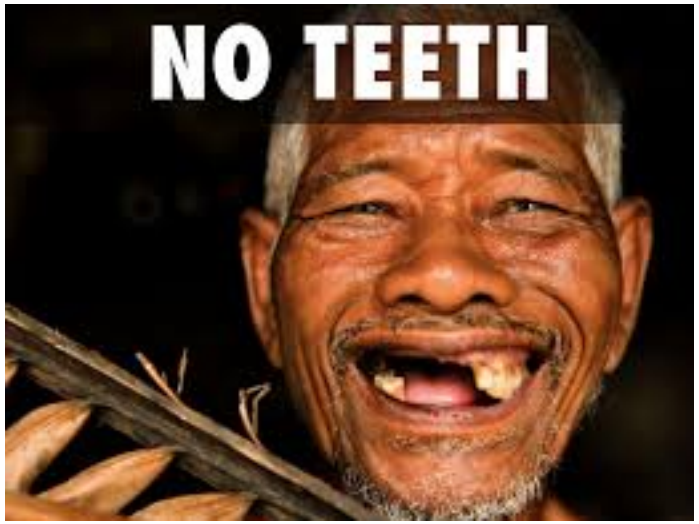
TITLE

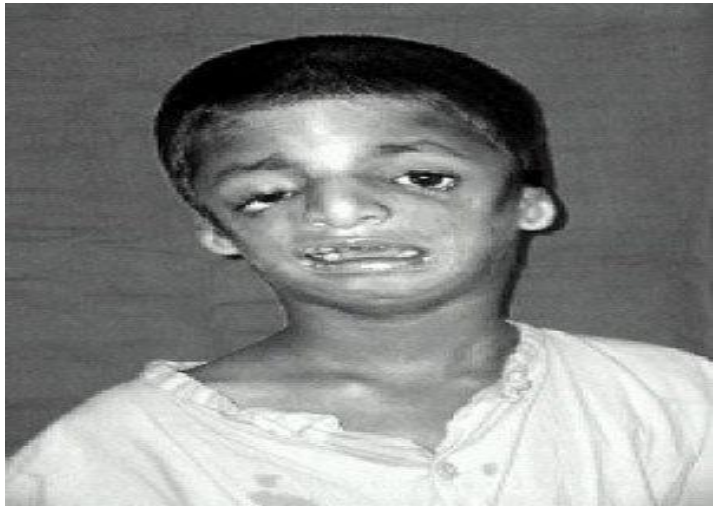
AIRWAY ASSESSMENT:

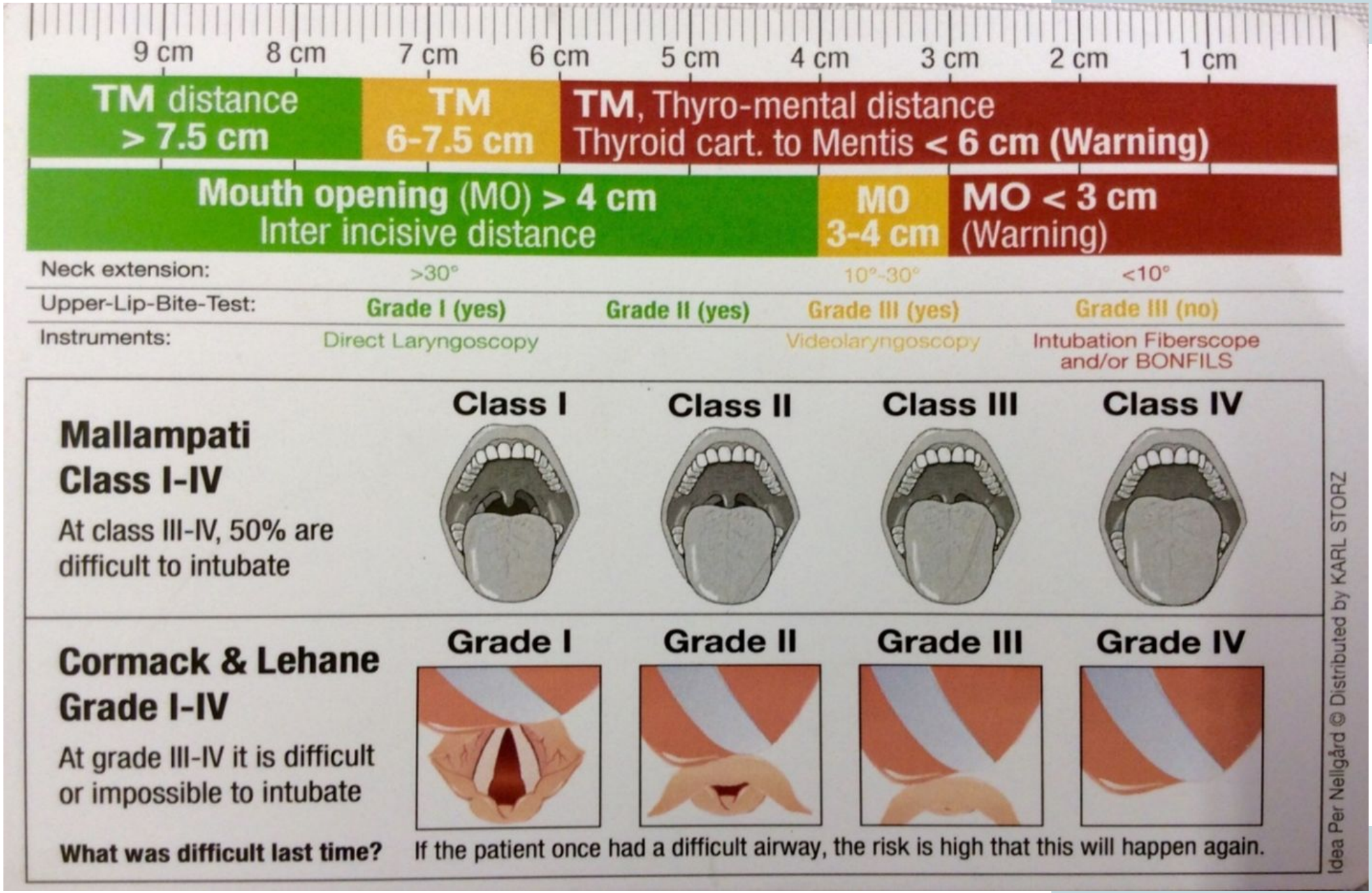
Difficult Airway Assessment

- **L** Look externally
- **E** Evaluate 3-3-2 rule
- **M** Mallampati score
- **O** Obstruction
- **N** Neck mobility

EMNote MICRO TEACH


NO TEETH

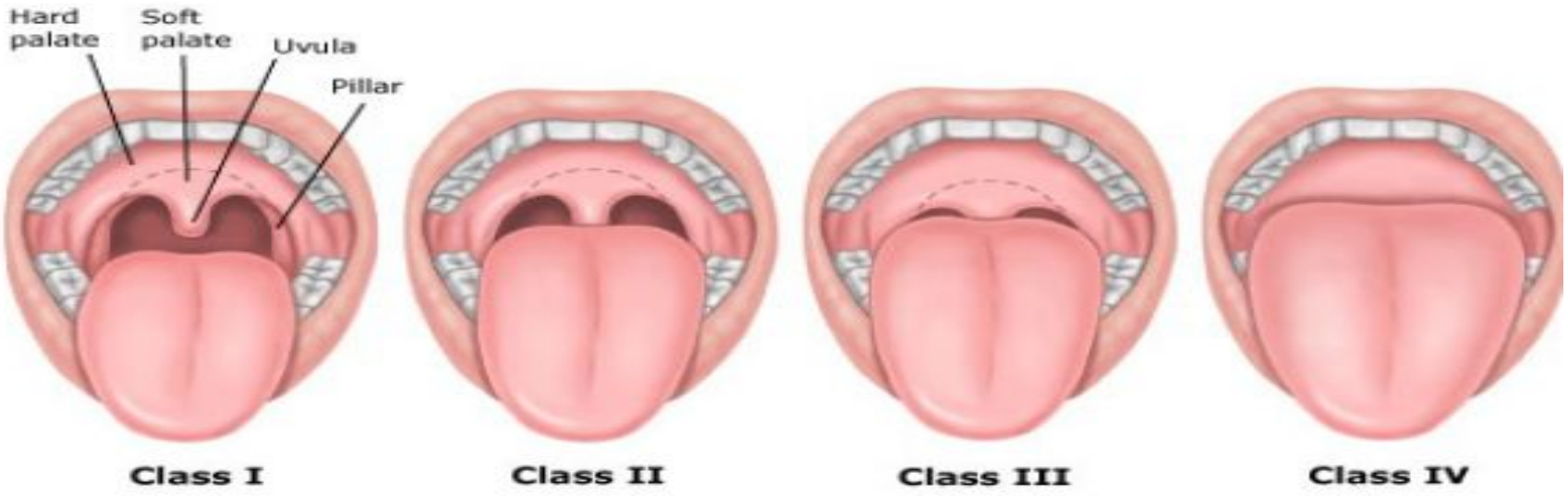



9 cm
8 cm
7 cm
6 cm
5 cm
4 cm
3 cm
2 cm
1 cm
TM distance > 7.5 cm
TM 6-7.5 cm
TM, Thyro-mental distance
Thyroid cart. to Mentis < 6 cm (Warning)
Mouth opening (MO) > 4 cm
Inter incisive distance
MO 3-4 cm
MO < 3 cm (Warning)
Neck extension:
>30°
10°-30°
<10°
Upper-Lip-Bite-Test:
Grade I (yes)
Grade II (yes)
Grade III (yes)
Grade III (no)
Instruments:
Direct Laryngoscopy
Videolaryngoscopy
Intubation Fiberscope and/or BONFILS
Mallampati Class I-IV
At class III-IV, 50% are difficult to intubate
Class I
Class II
Class III
Class IV
Cormack & Lehane Grade I-IV
At grade III-IV it is difficult or impossible to intubate
Grade I
Grade II
Grade III
Grade IV
What was difficult last time?
If the patient once had a difficult airway, the risk is high that this will happen again.
Idea Per Nellgård © Distributed by KARL STORZ

UPPER LIP BITE TEST

- class I : lower incisors can bite the upper lip above the vermilion line
- class II : lower incisors can bite the upper lip below the vermilion line
- class III : lower incisors cannot bite the upper lip

MALLAMPATI SCORE



class	Structures identified when pt seated
1	Tonsilar pillars, uvula , soft & hard palate
2	Uvula ,soft & hard palate
3	Base of uvula ,soft & hard palate
4	Only hard palate is can be seen

INVESTIGATIONS

Basic Investigations

- CBC: Hb,TC/DC,
- ABO Rh typing
- RBS
- Urea , Creatinine , Na+ ,K+
- PT/INR
- Urine RME
- CXR
- ECG
- Serology

Other (if needed)

- Echocardiography
- TFT
- HbA1c
- BT/CT , aPTT
- LFT
- PFT
- ……..

INVESTIGATIONS

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- ……..

RISK ASSESSMENT

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction

ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes

**The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)*

ASA Fasting Guidelines

, Water Fruit juice without pulp carbonated beverages, clear tea ,black coffee	**hours 2**	**Clear fluid**
		Milk
	hours 4	**Human**
	hours 6	**Infant formula**
,Fruits , juice with pulp Vegetables	**hours 6**	**Light Foods**
Fatty meals , meats	**hours 8**	**Heavy foods**

QUIZ

1. Preoperative anesthetic evaluation is likely to bring down the incidence of all the following, **EXCEPT**

A. Case cancellations

B. Patient morbidity

C. Preoperative anxiety

D. Direct procedural costs

ANS :, which can worsen perioperatively and cau
Preoperative evaluation in fact includes a battery of tests and adds additional costs to the total perioperative costs.
However, preoperative evaluation is vital, as it recognizes patient comorbiditiesse increased patient morbidity.
eventually lowers indirect costs that may be incurred to treat the worsening aliment, postoperatively.

3. What would be Mallampati Grading if soft palate, hard palate and uvula is seen in mouth opening :

A. I
B. II
C. III
D. IV

ANS:

2. A morbidly obese patient with a history of uncontrolled hypertension, diabetes, who is to undergo a Emergency Appendectomy , will be classified as an:

A. ASA II *E*

B. ASA III *E*

C. ASA IV *E*

D. ASA V *E*

ANS:

Any questions?