

10. Anesthesia

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Q10-1: Are there any particular points to be aware of in preoperative rounds?

The usual matters should be noted: previous history, history of present condition, physical findings, test findings, etc. However, for physical findings in particular, lower limb IV sites and monitor positioning should be confirmed in advance if the patient has underdeveloped or missing upper limbs. Insertion of a central venous line may need to be considered, because securing vascular access in the lower limbs can be difficult. This should be done while speaking to the patient in a calm voice. If epidural or spinal subarachnoid anesthesia is to be given, it should be confirmed that the patient can adopt the necessary posture.

Q10-2: Are there any contraindications for particular anesthesia methods?

There are no particular contraindications, but the method should be decided according to the patient's comorbidities and physical condition.

Q10-3: Is premedication necessary?

Patients who are undergoing surgery for the first time may feel greater stress and anxiety than normal patients. Premedication can be used in such cases, but this can cause delayed postoperative awakening. It is good to talk with the patient before surgery to find out whether they want premedication.

Q10-4: Are any particular preparations necessary?

Monitors and medication should be prepared in the usual way according to the condition and comorbidities of the patient. Since many patients are of small stature, smaller tubes, needles and monitoring equipment should be prepared to suit the patient. It is also useful to have an ultrasound scanner to confirm the course of blood vessels.

Q10-5: How do you monitor blood pressure in patients with missing or underdeveloped upper limbs?

Blood pressure is monitored at the posterior tibial artery with a cuff wrapped around the lower limb. If blood pressure cannot be easily measured in the lower limb, invasive monitoring at a large artery (femoral artery, etc.) must be considered.

Q10-6: What strategies are used for those with hearing loss?

It is a good idea to explain the anesthesia procedure on paper and with diagrams in the preoperative rounds, and to show the patient cards prepared in advance with specific written instructions ('Breathe deeply', 'You will soon feel sleepy', etc.) while performing anesthesia on the day of surgery.

Q10-7: Is the amount of anesthetic agent the same as for other patients?

The amount of agent administered is determined by age and body weight, but there is evidence that thalidomide-impaired patients require smaller amounts of anesthetics. The amount of anesthetic must be adjusted while properly monitoring the patient.

Q10-8: Are there any points to consider during intubation?

There don't seem to be any particular difficulties with intubation, although many of these patients have a small physique. The diameter and insertion depth of the intubation tube should be carefully decided based on photographs and physical findings.

Q10-9: Are there any important points to consider after surgery?

As with other patients, postoperative circulatory and respiratory condition should be monitored and pain management should be provided, as necessary.