ANESTHETIC MANAGEMENT OF PATIENTS WITH CARDIAC CONDUCTION DEFECTS

Essay Submitted for Partial Fulfillment of the Master Degree in Anesthesia

617-967412 G. Y

BY

Ghada Yehia Abd-Allah

M.B.B.Ch., Ain Shams University

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Under Supervision of

PROF. DR. SAMIR M. HASAN BEDIR

Professor of Anesthesia and Intensive Care Faculty of Medicine - Ain Shams University

Dr. Amin Yassin Abd El-Salam

Assistant Professor of Anesthesia and Intensive Care Faculty of Medicine - Ain Shams University

Dr. Fouad Abd El-Mohsen Zahra

Lecturer of Anesthesia and Intensive Care Faculty of Medicine - Ain Shams University

> Faculty of Medicine Ain Shams University *** 1997 ***





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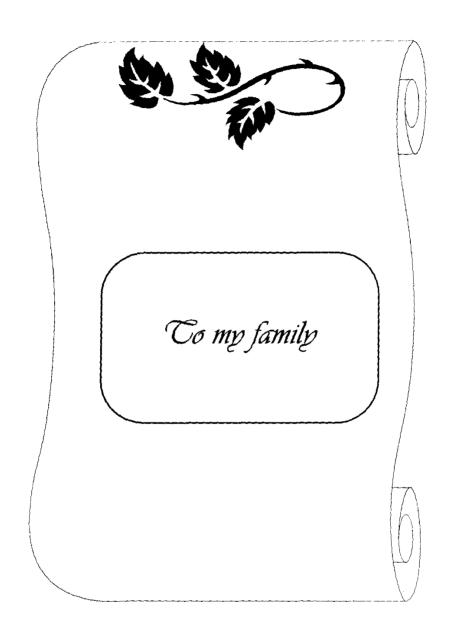
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Introduction

Introduction

Various forms of heart block can be seen in the perioperative period, complete heart block being the most serious form that requires permanent artificial cardiac pacemaker.

In pre-excitation syndromes, e.g., Wolf-Parkinson-White, there is an accessory pathway between the atria and the ventricles through which the cardiac impulse pass between the atria and the ventricles. Lack of the normal physiologic delay in conduction through the accessory pathway makes activation of the ventricles occur earlier than it would if the impulses had passes through the normal pathway. The goal of the anesthetic management is to avoid any event or drug that would enhance conduction of the cardiac impulse through the accessory pathway.

Another form of cardiac conduction disorders is the prolonged QT interval syndromes, general anesthesia may trigger a life-threatening ventricular dysrhythmia and cardiac arrest.

Cardiac pacing has permitted effective therapy for many patients and as the indications for pacing expand, the anesthesiologist encounters many patients with pacemakers who are undergoing either cardiac or non cardiac surgery.





Anatomy of the Conducting System of the Heart