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الطبيب / أشرف أحمد عبد الحميد أبو سليمه

بكالوريوس الطب والجراحة – ماچستير التخدير

كلية الطب- جامعة عين شمس

توطئة للحصول على درجه الدكتوراه فى التخدير

تحت إشراف

الأستاذ الدكتور / عبد السلام مراد قاسم

أستاذ التخير والرعاية المركزة

كليه الطب - جامعة عين شمس

الأستاذة الدكتورة / جيهان فؤاد يوسف

أستاذ التخير والرعاية المركزة

كليه الطب - جامعة عين شمس

الأستاذ الدكتور / محمد حسنين القط

أستاذ التخير والرعاية المركزة

كليه الطب - جامعة عين شمس

الأستاذة الدكتورة / داليا عبد الحميد محمد

مدرس التخير والرعاية المركزة

كليه الطب - جامعة عين شمس

كليه الطب

جامعة عين شمس

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Comparative study between total intravenous anesthesia (TIVA) and volatile induction and maintenance of anesthesia (VIMA) for gynecological day – case surgery

Thesis
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The M.D. Degree in Anesthesia

By

Ashraf Ahmed Abd El Hameed Abu Slemah
M.B.B.Ch., M.Sc. degree in anesthesia, Ain Shams University

Supervised by

Prof. Dr. / Abd El Salam Mourad Kassim
Professor of Anesthesiology and Intensive Care
Faculty of Medicine – Ain Shams University

Prof. Dr. / Gehan Fouad Youssef
Professor of Anesthesiology and Intensive Care
Faculty of Medicine – Ain Shams University

Prof. Dr. / Mohamed Hassanien El Kott
Professor of Anesthesiology and Intensive Care
Faculty of Medicine – Ain Shams University

Dr. / Dalia Abd El Hameed Mohamed
Lecturer of Anesthesiology and Intensive Care
Faculty of Medicine – Ain Shams University

Faculty of Medicine
Ain Shams University
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INTRODUCTION

One of the most remarkable transformations in health care delivery in the past two decades had been a shift from inpatient to outpatient surgery. The primary aim for this change was the economic saving afforded by not admitting patients the night before surgery or keeping them in hospital the night after surgery. Other advantages of outpatient surgery include earlier ambulation, patient convenience and a lessened risk of nosocomial infection ***(Christopher et al., ١٩٩٥).***

Outpatient surgery has led to an increasing interest in the development of short acting fast emergence (SAFE) anesthetic agents such as propofol and sevoflurane to ensure both rapid induction of anesthesia and rapid recovery of patient ***(White and Smith, ١٩٩٤).***

Propofol may be the best choice of i.v. agents in most outpatients because of its tendency to provide a rapid, clear-headed wakeup with a low incidence of postoperative nausea and vomiting ***(Thwaites and Smith, ١٩٩٧).***

On the other hand, propofol has many problems like pain on injection, apnea, hypotension and anaphylaxis ***(Thwaites and Smith, ١٩٩٧).***

Intravenous (i.v.) agents are used commonly for induction of anesthesia in adults followed by inhalational agents for maintenance. A problem with this technique is the transition phase from induction to maintenance. The rapid redistribution of the i.v agent could lead to lightening of anesthesia before an adequate depth is attained with the inhalational agent. This period of inadequate anesthesia may lead to awareness ***(Thwaites & White, ١٩٩٨).***

Although volatile induction and maintenance of anesthesia (VIMA) has been used commonly in pediatric patients, the introduction of sevoflurane has made that technique possible in adults. VIMA technique is advantageous in patients with difficult intubation, difficult venous access e.g. patients receiving chemotherapy and in those having needle phobia. The use of VIMA precludes all problems associated with TIVA and ensures adequate anesthetic depth , thus avoids problems associated with a transition phase ***(Fredman and Jedeikim, ١٩٩٧).***

Monitoring the depth of anesthesia in outpatient surgery is highly indicated. Not only to prevent awareness which is a serious problem but also to facilitate fast tracking and early discharge of patients undergoing ambulatory surgery through less drug use, faster emergence, faster postanesthesia recovery times and improving PACU bypass rates ***(Song, ١٩٩٧).***

OUTPATIENT ANESTHESIA

Over the past ٢ decades, outpatient surgery has grown at an exponential rate. Today, more than ٦٠٪ of all elective surgery is performed in the outpatient surgical setting and it is expected that this number will increase to more than ٧٠٪ ***(White and Smith, ١٩٩٤).***

This rapid growth in ambulatory surgery would not have been possible without the changing role of the anesthesiologist and the development of more highly titratable anesthetic drugs and less invasive surgical techniques ***(Liem et al., ١٩٩٧).***

The availability of rapid short-acting anesthetics, analgesics, and muscle relaxant drugs has facilitated the recovery process, allowing more extensive procedures to be performed on a wide variety of outpatients ***(Michaloliakou et al., ١٩٩٦).***

<u>Benefits of ambulatory surgery:</u>

Ambulatory surgery can offer a number of advantages for patients, health-care providers and even hospitals (Table ١).