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التوثيق الالكتروني والميكروفيلم



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التوثيق الالكتروني والميكروفيلم



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PERIOPERATIVE MANAGEMENT AND ANESTHESIA OF PREMATURE INFANTS

A thesis submitted in partial fulfillment for master degree of anesthesiology

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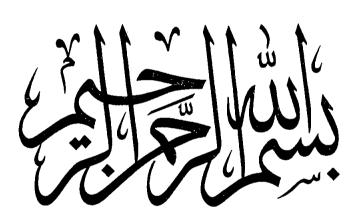
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ABSTRACT

Providing anesthesia for premature infants involves considerations beyond what is needed for the full term infants. Immaturity of airway, lungs, cardiovascular system, liver, kidneys, thermoregulatory center and central nervous system makes the premature infants susceptible to anesthetic complications. Immature respiratory mechanisms and respiratory control increase the risk of apnea, hypoxemia and hypercapnia intraoperatively as well as postoperatively. Anesthetic drugs depress myocardial contractility and impair baroreflexes in the premature infants to increase the risk of hypotension during anaesthesia. Drug metabolism is slow because of immaturity of liver and kidneys. The brain of preterm infants requires less drug to achieve the anesthetized state. Regional anesthesia can be used as supplement or alternative to general anesthesia. Postoperative apnea also recorded after regional anesthesia. It is recommended to postpone elective operation until they reach postconceptual age 46 - 60 weeks to avoid the risk of such problems. This essay discusses the unique characteristics of preterm infants and the anesthetic management and techniques used for preterm infants with special considerations to the expremature infants (former premature infants).

Key words:

Anesthesia – premature infant (s) – preterm infants (s) expremature infant (s) – former preterm infant (s).

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