





ثبكة المعلومات الجامعية





جامعة عين شمس

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نقسم بللله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأفلام قد اعدت دون آية تغيرات



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في درجة حرارة من 15-20 مئوية ورطوبة نسبية من 20-40 %

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ثبكة المعلومات الجامعية







ANESTHETIC MANAGEMENT OF PRE-TERMS AND NEONATES

Essay

Submitted for partial fulfillment of the Master's degree in Anesthesiology by

Mai Mohamed Ismaiel MB, BCh

Under the supervision of:

Dr. Azza Ezzat, MD

Professor of Anesthesiology
Faculty of Medicine
Cairo University

Dr. Tarek Abd El- Barr, MD

Assistant Professor of Anesthesiology
Faculty of Medicine
Cairo University

Dr. Ikram Abdulla, MD

Lecturer of Anesthesiology
Faculty of Medicine
Cairo University

Cairo University 2001

بِسمِ الله الرَّحمن الرَّحيم

'' قالوا سبُحانك لا علم لنا إلا ما علم تنا إلا ما علم تنا إنك انت العليم الحكيم ''

صدَق الله العظيم

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ABSTRACT

In the past, anesthetic and analgesic agents have been with- held from neonates undergoing surgical procedures. Neonates, including preterm infants, demonstrate physiological responses to surgical procedures that are similar to those in adults and have shown to be more vulnerable to the negative effects of pain and stress.

Physiology of neonates differs from adults in many ways. Control of breathing in the newborn is less mature and adaptation of lung mechanics takes several weeks after birth to complete. This leads to different responses to hypoxemia and hypercapnia in this age group, in addition to presence of irregular breathing (periodic breathing and central apnea, more in preterms), which makes them more vulnerable to respiratory complications. Lung volumes in neonates are less, in relation to their body weight, including the FRC, making them more susceptible to atelactasis. Blood oxygen affinity in the newborn is extremely high (P50 is low, 19mmHg) thus oxygen delivery at the tissue level is lower despite high red blood cell mass and hemoglobin level.

KEY WORDS

Neonatal anesthesia- neonatal physiology- congenital heart disease- transesophageal echo- intra operative monitoringketamine- analgesia in neonates- regional anesthesia in neonates.



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