

بسم الله الرحمن الرحيم



-Cardon - Cardon - Ca





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار







بعض الوثائق

الأصلية تالفة



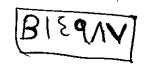




بالرسالة صفحات

لم ترد بالأصل







EFFECT OF EPIDURAL ANAESTHESIA AND INTRATHECAL MORPHINE ANALGESIA ON POSTOPERATIVE MYOCARDIAL ISCHEMIC CHANGES IN ELDERLY PATIENTS UNDERGOING REPAIR OF FRACTURE AROUND THE HIP

Thesis Submitted For Partial Fulfillment of Master Degree In Anaesthesia

By
Alphons Edward Ramzy
M. B. B. CH.

Supervisors

Prof. Dr. Hassan I. M. Kotb

Dr. Kamel I. Hady

Professor of Anaesthesia

Lecturer of Anaesthesia

Faculty of Medicine-Assiut University

Faculty of Medicine-Assiut University

Faculty of Medicine-Assiut University

2001



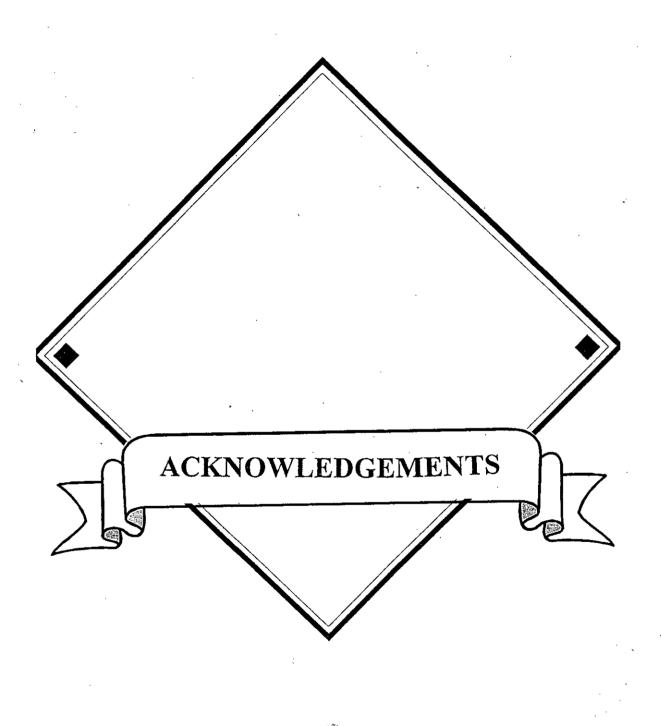
ल्या व स्था व स्थल

سورة الفلق آية ه

العظريم







ACKNOWLEDGMENT

Foremost, thanks are due to **ALLAH**, the most beneficent and merciful.

I am much indebted to *Prof. Dr. Hassan I. M. Kotb*, Professor of Anaesthesiology, Faculty of Medicine, Assiut University, for his kind supervision and support during the whole scope of this work, also for his paramount assistance, encouragement and the much time he had spent in revising every step of this work.

My deepest gratitude is to *Dr. Kamel I. Hady*, Lecturer of Anaesthesiology, Faculty of Medicine, Assiut University, for his kind supervision, valuable support and indispensable advice during the conduction of this work.

Special word of thanks is to be made to *Dr. Esam E. Abd El-Hakeem*, Assistant Prof. of Anaesthesiology, Faculty of Medicine, Assist University, for his advice and help which tided me over the difficulties I met with through this work.

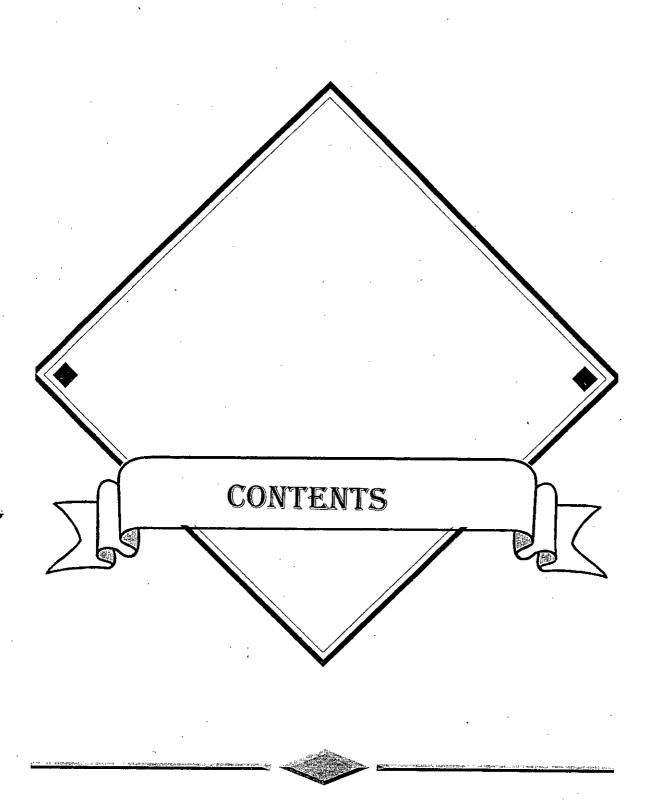
I wish to express my deep gratitude to *Dr. Mahamed A. M. Yossef*, Assistant Prof. of Anaesthesiology, Faculty of Medicine, Assist University, for his help, genial attitude and remarkable ideas during this work

I wish to express my thanks to *Dr. Mahamed Hosam Maghraby*Lecturer of General Medicine, Faculty of Medicine, Assiut University, for his helpful ideas and valuable direction during this study.

Also, I wold like to thank *Dr. Ahmed Abd El-Aal*, Lecturer of Orthopedic Surgery, Faculty of Medicine, Assiut University, for his help and advice during the work and his careful support in case follow up in orthopedic out clinic.

I would like to express my sincerest and respectful gratitude to the staff member of the Anaesthesiology Department for their fatherly attitude and experienced advice. Heartly thanks are also due to my colleagues and to every body who contributed in any way to this study.

Alphons Edward Ramzy



CONTENTS

INTRODUCTION AND AIM OF WORK
REVIEW OF LITERATURE.
* Elderly between fracture around hip and myocardial ischemia3
* Perioperative myocardial ischemia6
* Predictors of postoperative myocardial ischemia
* Pathogenesis of myocardial ischemia17
* Mechanisms of postoperative myocardial ischemia20
* Diagnosis of postoperative myocardial ischemia23
* Prophylaxis and treatment of postoperative myocardial ischemia35
PATIENTS AND METHODS40
RESULTS48
DISCUSSION72
SUMMMARY AND CONCLUSION88
REFERENCES93
ARABIC SUMMARY

LIST OF FIGURES

Fig: (1)Diagram summarizing the factors in the balance of oxygen
supply and demand in ischemic subendocardium
Fig: (2)ST-segment analysis
Fig: (3)Connection of Holter monitoring45
Fig: (4)Changes in the mean of heart rate (HR)52
Fig: (5) Changes in the mean of mean blood pressure (MBP)53
Fig: (6)Changes in the mean of respiratory rate (RR)54
Fig: (7)Changes in the mean of oxygen saturation (0%)
Fig: (8)Distribution of ischemic episodes among perioperative
monitoring62
Fig: (9)Mean heart rate (MHR) during ischemic episodes63
Fig: (10)Distribution of sex among ischemic and non ischemic patients.66
Fig: (11)Distribution of hypertension among ischemic and non ischemic
patient67
Fig: (12) Distribution of type of operation among ischemic and non
Fig: (12) Distribution of type of operation among ischemic and non

LIST OF TABLES

Table: (1)Evaluation of functional capacity	14
Table: (2)Classification of clinical risk predictors	15
Table: (3) Classification of surgical procedures as a risk factor	16
Table: 4)Demographic and clinical data of total group	49
Table: (5)Demographic and clinical data of non-ischemic group	50
Table: (6)Demographic and clinical data of ischemic group	50
Table: (7) Analgesia time among different groups	56
Table: (8)Characteristics of ischemic episodes	60
Table: (9)Distribution of survived patients among different.	
groups	71