

Anaesthetic pearls for dealing with the morbidly obese.

Graham Sharpe

Wellington and Wakefield Hospitals, Wellington, New Zealand.

This is a reflection on lessons learnt from nearly 20 years providing anaesthesia for morbidly obese patients undergoing gastric bypass surgery. My experience is coloured by the surgical procedure, in that bypassing the foregut results in early resolution of many co-morbid conditions, even before significant weight loss has occurred.

Pre-operative management requires meticulous attention to: cardiovascular status, particularly hypertension; diabetes, usually type two; sleep apnoea. Patients are also likely to have significant dyslipidaemia. Pre-emptive measures against venous thrombosis are prudent.

Intra operative care is usually relatively straight forward. Airway problems occur less than would be expected. Practical difficulties faced may include: venous access, often requiring central venous lines; blood pressure monitoring, requiring early use of intra-arterial monitoring.

Postoperatively, the most important requirement is superb and experienced nursing care. Good analgesia can be provided by an epidural, but placement is difficult and potentially risky. Alternatives include wound catheters and abdominal blocks. Physiotherapy with early mobilisation reduces pulmonary complications. Thromboprophylaxis should be continued.

Management of hypertension, diabetes and sleep apnoea are surprisingly straightforward, as they resolve within 72 hours in most patients