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Case Report *Volume 1; Issue 1*

Surgery on obese patient under infusion with Dexdor

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Case Report

Numerous studies have demonstrated that the drugs currently used for sedation are associated with adverse events, particularly when combined with opiates. Regardless of the agent or agents used, it is important to monitor the depth of sedation, allowing a rational "targeted sedation practice. Titration and interruption of sedative in fusions may be an important tool to maintain patients within a predefined target sedation range. Dexmedetomidine, when compared to conventional sedatives and opiates, has been demonstrated to be associated with both sedative and analgesic sparing effects, reduced delirium and agitation, minimal respiratory depression and predictable and desirable cardiovascular effects [1-10].

52 years old patient, ASA |||, weight 160Kg, Mallampati |||, with chronic obstructive pulmonary disease and sleep apnea syndrome, adhered to left brachy therapy fracture surgery. Prematured with 10 mg of ketamine, 10 μg of Fentanyl and Apotel 1g i.v. was given. An axillary block was made under ultrasound guidance with 0.5% Naropaine 30 ml, Lidocaine 10 ml 2%. A Dexdor infusion at a dose of 1.2μg / Kg / h with a calculated ideal weight of 85Kg (continuous infusion of 2μg / ml at a rate of 40 ml / h) was initiated 20 minutes before the start of the surgery. The dose was then changed to 1 μg / kg for 10 minutes and continued to 0.8 μg / kg. Local anesthesia was also performed with 20 ml Lidocaine 2%. Additionally, i.v. dose of 0.05mg Fentanyl was given. The patient had hemodynamic stability with blood pressure 110/70 mmHg, heart rate 80 and SpO2 93%. The surgery was lasting 2 hours, and the patient was totally satisfied as the surgery was completed with complete success.

Due to the patient's particular problems, we did not choose general anesthesia as we would be facing a difficult airway and a need of ICU cover. In addition, although the axillary block at first appeared to be successful, the patient was disturbed by the control, so we chose Dexdor in order to avoid undesirable complications from respiratory depression

References

1. Kollef MH, Levy NT, Ahrens TS, Schaiff R, Prentice D, et al (1998) The use of continuous IV sedation is associated with prolongation of mechanical ventilation. Chest 114(2):541-548.

2. Peck TE, Hill SA, Williams M (2003) Pharmacology for Anaesthesia and Intensive Care. (2nd edn), Greenwich Medical Media London, UK, pp. 376.

3. Wolf A, Weir P, Segar P, Stone J, Shield J (2001) Impaired fatty acid oxidation in propofol infusion syndrome. Lancet 357(9256):606-607.

4. Corbett SM, Montoya ID, Moore FA (2008) Propofol-related infusion syndrome in intensive care patients. Pharmacotherapy 28(2):250-258.

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5. Shafer A (1998) Complication of sedation with midazolam in the intensive care unit and a comparison with other sedative regimens. Crit Care Med 26(5): 947-956.

6. Riker RR, Fraser GL (2005) Adverse events associated with sedative, analgesic, and other medications to provide patient comfort in the ICU. Pharmacotherapy 25(5 pt 2):8s-18s.

7. Pisani MA, Murphy TE, Araujo KL, Slattum P, Van Ness PH, et al. (2009) Benzodiazepine and opioid use and the duration of intensive care unit delirium in an older population. Crit Care Med 37(1):177-183.

8. Ouimet S, Kavanagh BP, Gottfried SB, Skrobik Y (2007) Incidence, risk factors and consequences of ICU delirium. Intensive Care Med 33(1):66-73.

9. Sessler CN, Gosnell MS, Grap MJ, Brophy GM, O'Neal PV, et al. (2002) The Richmond Agitation-Sedation Scale: validity and reliability in adult intensive care unit patients. Am J Respir Crit Care Med 166(10):1338-1344.

10. Kress JP, Pohlman AS, O'Connor MF, Hall JB (2000) Daily interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. N Engl J Med 342(20):1471-1477.