

Kongress: 11th Int. Congress of Cardiothoracic and Vascular Anesthesia
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Abstract Nr.: 24
Kategorie: Aortic surgery
Vortragssprache: E
Vortragsart: P
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Abstracttitel: ANESTHESIOLOGICAL CONSIDERATIONS DURING TOTAL CIRCULATORY
ARREST IN THE SURGERY OF AORTIC ARCH

Material and methods: For the first time in Albania there are 6 (six) patients male, average 55.16 (36 – 65 years) being operated for CABG / Aortic Arch replacement, in which the technique of total circulatory arrest and /or “cerebroplegia” and hypothermia were performed. The operations were considered as non emergent, and aortic dissection classified as grade A.

Monitoring: ECG, NIBP, IBP, CVP, SpO₂, Temp. ABG parameters were checked and analyzed in the moments before and according to the time length of total circulatory arrest.

Results: Total length of circulatory arrest varied between 44.3 min (\pm 6.7) the varied 21 °C (mean \pm 0.66). In 1 (one) patient, severe neurological deficits like hemiplegia and /or respiratory failure were noticed. They led to the deterioration of the patient’s state and finally its death in the 42nd postop day. During the CPB, was noticed that PjO₂ reached to 171.83 ± 48.8 in the moment before giving the cerebroplegic and to 502.5 ± 117.5 after it.

Statistical Analysis. According to the logistic regression, where the complications like (yes /no) were considered dependent variables; while age, weight, time of cardiac arrest and minimal temperature were considered independent variables, a significant statistical correlation was found between neurological complications, patient’s weight ($p=0.029$) and time of the respiratory arrest ($p= 0,056$)

Discussions. The cardiac surgeon should do his best to shorten maximally authors the time length of total circulatory arrest. Cerebral transfusion technique seems to be part of total circulatory arrest. Of course, the type and composition of the “cocktail”, still remains the challenge of anesthesiologist.