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Perioperative anesthetic considerations of the "obese" for bariatric and metabolic surgery

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Adiposis has gained a surgical treatment option and we can discuss this situation on the basis of the severity of disease or failure of daily life management. Body Mass Index (BMI) over 40 or BMI over 35 plus co-morbidities are indications for bariatric surgery. Bariatric surgery improves quality and extension of life for patients with extreme obesity. But, informed consent is very important because this surgery helps limiting underlying factors but does not eradicate the disease. The partification of the patient for peri-operative process is mandatory. The medical history and clinical findings for preoperative anesthetic evaluation are important because of many co-morbidities as smoking, hypertension, thrombo-embolism, limited functional status, sleep apnea, hypo-albuminemia, coronary artery disease, stroke, bleeding disorder, dyspnea, chronic corticosteroid use, pulmonary hypertension, liver disease, congestive heart failure, cardiac arrhythmia, increased respiratory resistance, increased work of breathing, reduced lung volumes, increased resting heart rate, increased resting cardiac output, increased ventricular wall thickness. Anesthesia induction requires three main objectives: airway management, ventilation and pharmacotherapy. Masking the patient during induction may be difficult. Because there is a high risk for gastro-esophageal reflux fast track intubation is preferable. Supine positioning makes the diaphragm push towards lungs and makes situation worse for ventilation. The most profound reduction in lung parameters is the expiratory reserve volume. This will predispose small airway closure during normal breathing and lead to ventilation–perfusion mismatch and hypoxia. Pharmacokinetics is changed in obese population. We have to calculate the dosages of anesthetic drugs according to lean body weight for avoiding complications. Extracellular volume is also increased. Protein binding is reduced. Uptake and elimination of inhalation anesthetics is decreased due to impaired lung mechanics. Thrombosis is a very important peri-operative risk factor risk associated with obesity because of increase in plasma levels of plasminogen activator inhibitor-1, increased pro-coagulants and endothelial dysfunction.

Biography

Baris Cankaya graduated from Ankara University Medical Faculty in 2000. He has been working as Anaesthesiology Specialist at Marmara University Training Hospital. He has attended academic meetings, nationally and internationally. His academic interest includes microcirculation, fluid therapy, resuscitation, patient safety and perioperative analgesia. Some of his certificates are: EPLS provider Berlin 2015, NLS provider Athens 2015 and MECOR Level I October 2014. He attended international workshops like ECMO workshop 2015, Leicester and Airway workshop, ICISA 2014, and Tel Aviv. He also attended symposiums, namely: International intensive care symposium İstanbul 2015, ESA Focus Meeting on Perioperative Medicine: The Paediatric Patient 2014 and other symposiums at national and international level.

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