Blood sugar level intraoperatively and effect on recovery from general anesthesia in non-Diabetic recipient in renal transplant surgery

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Background: blood sugar increment during surgery is part of stress response, this increment is due to insulin dysfunction and glucose production and hyperglycemia increases complications.

Aim of study: assess glucose level change intraoperatively and recovery in non-diabetic recipients in renal transplant surgery.

Patients and methods: 52 patients from 1-1-2016 to 1-3-2017 In renal transplant center. all had general anesthesia with the same agents, monitoring of blood sugar pre-induction and every half hour, soluble insulin start to be given for patient when when blood sugar reach 200mg/dl as 1 unit for each 10 mg above 200 and recovery assessed using aldrete score.

Results: there is variable increase in blood sugar among patients, 39/52 above 110 mg/dl at pre induction, 1 patient was 276mg. 18/52 had 200-250 mg at least once among them, 11 patients reached 250-300mg, 6 patients 300-400 and 3 reached above 400. 5 patients had delayed recovery with no significance relation to pre-induction level but significant to other readings, risk assessment showed more odd's ratio for delayed recovery in high sugar reading and assessment of increment from pre-induction is a valid test for delayed recovery.

Conclusion: blood sugar measurement is mandatory in non-diabetic in renal transplant recipients.

Key words: stress response to surgery, hyperglycemia delayed recovery.

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