

# Perioperative Medicine Summit

Using Evidence to Improve Quality, Safety and Patient Outcomes



## *Rapid Fire*

Answering challenging, common clinical questions

What Aspects of Anesthesia and Intraoperative Care Are Crucial for a Non-anesthesiologist to Understand When Performing a Preoperative Evaluation?

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# Disclosures

- No conflict of interest relevant to this presentation. Full Disclosure Statement on file with Perioperative Medicine Summit

# Learning Objectives

- Employ pharmacologic strategies to help minimize postoperative delirium
- Initiate a logical approach to avoiding hypoperfusion
- Recognize complications of intraoperative positioning

# ARS Question

- A 78 yo female with HTN, depression and cervical stenosis, requires total shoulder repair. She is treated with valsartan, amitriptyline and hydromorphone.

Postoperative concerns include:

- A. Stroke
- B. Recall
- C. Delirium
- D. Quadraparesis
- E. All of the above

# Postoperative Delirium

- Predisposing Factors
  - Psychiatric Disease
  - Prior History
  - Age
  - Drugs
  - Comorbidities

# Postoperative Delirium

- Prevention
  - Regional vs. General
  - Avoid:
    - Benzodiazepines
    - Anticholinergics
    - Opiates
  - Melatonin
  - Dexmedetomidine

# Hypoperfusion

- $VO_2 = Q_t (C_a O_2 - C_v O_2)$

- 1 inch = 2mmHg