

ASSESSMENT OF HEPATIC PATIENTS FOR ANAESTHESIA AND SURGERY

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Hepatic dysfunction is one of the major causes of death worldwide. Anaesthesia and surgery for hepatic patients increase the risk of morbidity and mortality. Regardless the different etiology of hepatic dysfunction, the functional integrity of the liver is important for safe anaesthesia care. The more the preoperative hepatic impairment, the worse the anticipated outcome will be postoperatively. The magnitude of risk depends upon the severity of hepatic dysfunction, coexisting medical illness, type of anaesthesia, type and urgency of surgery and perioperative events. Operative risk can be predicted by; child, model for end-stage liver disease (MELD) and American Society of anesthesiologists (ASA) scores, additional comorbidities, and patient's age. All hepatic patients scheduled for surgery should undergo proper history taking, physical examination and full investigations. History taking includes prior blood transfusion, tattoo, sexual abuse and jaundice or fever following anaesthesia, social habits such as smoking, drug abuse, alcohol intake and review of current medications and coagulation disorders. Clinical features suggestive of hepatic dysfunction include fatigue, pruritus, palmar erythema, spider telangiectasia etc. Investigations include assessment of coagulopathy, electrolyte abnormalities, renal and liver functions with imaging, biopsy and fibroscan if indicated. Surgery is well tolerated in patients with Child's A and MELD<10, however medical therapy should be optimised prior to surgery. Surgery is permissible with thorough preparation in patients with Child's B and MELD10-15. Contraindications for elective surgery includes; acute hepatitis from any cause, severe chronic hepatitis, patients with Child's A and B with active hepatitis, patients with Child's C and MELD>15 and high ASA score as severe hypoxemia, cardiomyopathy, etc. If anaesthesia is mandatory, the choice of drugs and techniques depend upon drugs pharmacokinetics and pharmacodynamics with efficient perioperative care. This is achieved by optimizing the medical conditions (coagulopathy, ascitis, encephalopathy and perioperative nutritional support), intensive monitoring, improved surgical techniques, and avoiding hepatorenal syndrome and perioperative broad spectrum antibiotics.

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