

Case Report

Cystoprostatectomy

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Introduction:

A 68 year old male, caucasian type, ASA 3, mallampati 2, Length 183 cm, 100 kg, BMI 29.9 as a result of an infiltrating bladder tumor Gr3/T1, is undergoing a Cystoprostatectomy/urinary tract deviation according to Bricker. Patient familiar with PTCA 1990, with the exception of a heavy feeling in the chest in case of great strain now a stable cardiac situation, ECG sinus bradycardia 51 bpm, smoking ++, coughing+. Medication; Norvasc 5, Seloken 100, Lipitor 20 and Ascal.

Anaesthesia:

General Anaesthesia combined with epidural catheter.

One hour before surgery patient received 7.5 mg Midazolam, 50 mg Diclofenac and 1000 mg Paracetamol.

Continue Seloken. Benchmark probe was placed. Central body temperature on the ward 36.8 SDgrC.

Infusion left arm, 14 gauge epidural catheter on thoraco 11/12, hanging drop with 5 ml ropivacaine 7.5 mg/ml. Induction as follows Preoxygenation, 200 mg Diprivan, 1.0 mg Alfentanil and 50 mg Rocuronium.

OET 8.0 hi/lo, difficult intubation + 25mg Prednisolon, stomach tube ch 16.

Monitoring Spacelabs multiparameter UCW 7000, ECG, RR and Saturation, TOF, Ventilation, Dameca Siesta TS, Volume Controlled Ventilation, peep 5, Amv 8,2 litres/minute, fresh gas flow 2 litres/minute 40% oxygen.

General anaesthesia is being maintained with propofol and Alfentanyl lpump and Sevoflurane, 0.5 %

Epidural catheter with Ropivacaine 0.375 mg/ml. Muscular relaxance by 3x Rocuronium 10. others

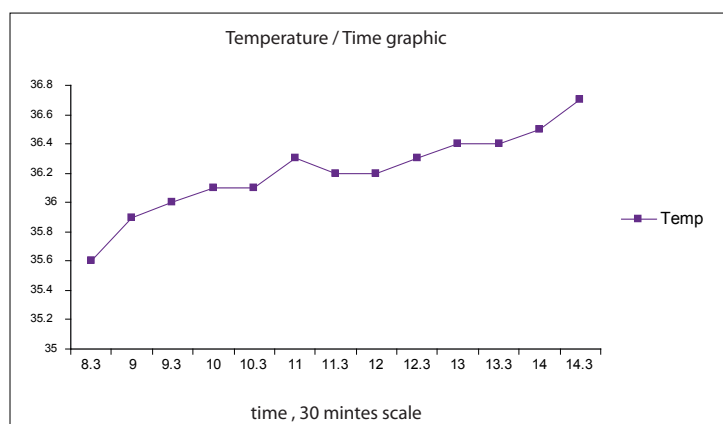
- Artery line in left Art Radialis
- Central venous line in Vena Subclavia left multi lumen.

Hypothermia Precautions

- Temperature probe oesophageal, thermistor 400 oesophageal/rectal temperature probe
- Fluido® Blood and fluid warming (651230) with a Standard Set (671200),
- Mistral-Air® blower (MA0100) combined with a Mistral-Air® Full Underbody (MA0400), TSCI, set temperature first 30 minutes 43, then switch to 38
- Patient was positioned on a tempur mattress

Case

The duration of the surgical procedure including Appendectomy in the Operating room was 330 minutes, with a total blood loss of 2500 ml. The bleeding was substituted with 2000ml of Colloid, and the evaporation loss with 5000ml Crystalloid fluid. The temperature of the patient was 35.6 and 36.7°C at the beginning and at the same level when extubated.



Conclusion:

Total Underbody good supplement to range of available blankets. It is important that the patient is properly positioned as always, so that an optimum effect is offered by the Underbody.

The ability to "tuck in" the patient properly prevented the surgeon complaining about warmth.

The net supply of warm air when using an Underbody is substantially higher than when an upper or lower body is used. And it is also easier to include the head at the same time, which - as we know - is an important source for warmth loss.