

## ANESTHESIA SUGGESTIONS FOR ABLATIONS

**Pre-op:** Place the arterial line in preop area. Be sure and add extension tubing. Make sure patient has a Type and Screen. Verify the patient ID and blood bank ID with the RN prior to positioning as the arms will be tucked during the procedure.

**Set-up:** The anesthesia machine will sit to the back right of the patient. However, in order to get the patient stretcher into the room, the machine will need to be pushed to the back of the procedure room. Therefore, plug the anesthesia machine, the gas hoses, and ventilator suction into the outlets by the scrub sinks in the back of the room. Once the patient stretcher has been removed, you can pull the anesthesia machine forward into position.

**Supplies:** The anesthesia techs need to bring the anesthesia machine, anesthesia cart, portable monitor on wheels, Bair hugger machine, nerve stimulator, chair, 16 French NG tube, Touhmey syringe, temp probes, and Bard pump with Neosynephrine plate. Confirm that all monitors (including ETCO<sub>2</sub>) are functioning.

**Pharmacy:** Make sure you have protamine available in case you need to quickly reverse the heparin secondary to uncontrolled bleeding. Also, pick up extra neosynephrine syringes, 2 Neo drips for the Bard pump, and extra muscle relaxant. Drugs to avoid: Lidocaine (even with induction), pavulon, and any drugs that effect heartrate during the case. It is OK to reverse the muscle relaxant at the end of the case.

**Monitors:** This case requires a lot of different monitoring patches, so place your EKG patches on AFTER they have placed their monitors. Also, you will not be able to see their monitors secondary to the equipment. Therefore, make sure to place our own EKG, Aline, pulse ox, BP cuff, temperature, and gas monitoring onto OUR monitor. Do not get tricked into using their monitors at the field; you will not be able to see them!

**Induction:** Do not allow the staff to prep the patient until after induction of general anesthesia. Secure the tube tree with the circuit behind the head. You may want to secure the A-line transducer behind the head as well, as the bed and fluoro machine moves all around during the procedure.

**Positioning:** The cath lab is not used to positioning patients under general anesthesia. You will need 6 pink pads to adequately pad the arms and protect the hands. Make sure to watch the positioning since the patient will be in that position for 8 hours. Also, ensure that the patient's heels are adequately padded. Finally, connect the Neosynephrine syringe prior to tucking the arms.

**Temperature:** These cases are long and the room is cold. Use a lower body Bair hugger, and wrap the head to maintain body temperature.

**Radiation:** These cases require 6-8 hours of C arm. Get a comfortable lead apron and throat shield. Wear your X-Ray badge if you have one

### **Intra-Op:**

**Ventilation:** Decrease the Tidal volume and increase the respiratory rate to prevent exaggerated movement of the catheters in the atria.

**OG Tube:** Partway during the case, you will be asked to place an OG tube. Get barium from the OR staff. Prime the OGT prior to placement with 10cc of Barium, using the Touhmey syringe. The OGT is then placed under fluoroscopy.

**Anticoagulation:** ACTs are run by the EP OR RN as well as the heparin dose changes.

**Urine output:** The Foley is kept at the foot. Remind the nursing staff to keep a bottle to measure and empty the urine.

**IV fluids:** The patient is receiving IVFs through the cortis and catheters at the surgical field during the procedure. Usually there is minimal blood loss.

**PROFOUND HYPOTENSION:** Watch for precipitous drops in blood pressure and let the cardiologist know ASAP. This could signify a perforation in the heart, resulting in acute cardiac tamponade. If you need to replace volume acutely, there are bilateral femoral cortises available.

**ASYSTOLE:** is possible during the procedure. Let the cardiologist know and they can initiate pacing.

### **Post-op:**

Consider recovering in the main OR PACU as opposed to the cath lab PACU.

Billing Code: 00537