ANESTHESIA SUGGESTIONS FOR THORACIC ENDOGRAFTS

1. Preop:
    a. Arterial Line: Discuss with surgeon which side to place the arterial line. Keep in mind that the surgeon may need to utilize the brachial artery for access.
    b. CVP: Place an introducer with a SLIC. There is a possibility for large uncontrolled blood loss during the case. You will want to transduce the CVP.
    c. Bicarb drip: If the patient has impaired renal function, the surgeon may order a bicarb drip. The dosing is 3 cc/kg/hr, started one hour before surgery, then 1 cc/kg/hr.
    d. Discuss with surgeon hemodynamics during stent deployment. Dr. Nair wanted a HR of 70 and a MAP greater than 80. Other surgeons may want a slower heartrate (even requiring adenosine) and MAP 60-70 mm Hg.

2. Intraop:
    a. Patients are exposed from xyphoid to mid-thigh. Therefore, use a fluid warmer and bairhugger over the head and arms to keep the patient warm.
    b. A spinal drain may be placed by the neurosurgeon **after** induction of anesthesia. Place the patient in the LLD position for drain placement and track the catheter up the right side of the body. (This will keep the catheter out of the view of the fluoro). An ICU RN will be available to set up the drainage system. That RN is also responsible for setting up the ICP transducer. Do not use our heparinized, pressurized transducers to monitor ICP! The surgeon will give orders regarding the CSF drainage.
    c. Defibrillator patches: If the patient requires defibrillator patches, place them mid-anterior chest and left upper back to avoid interfering with the fluoro.
    d. Watch blood pressure when withdrawing the sheath in the iliac artery. It is possible to completely detach the iliac artery from the aorta when pulling out the sheath.

3. Post-op: Extubate patient and transfer to PACU.