

<<Anesthesiology-麻醉学-英>>

图书基本信息

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内容概要

This book includes physiopathology , pharmacology , and clinical techniques related to anesthesia. It aims at introducing basic concepts of modern anesthesiology to all undergraduate medical students. We hope , by acquiring knowledge related to anesthesia , every student can master the major task of anesthesiology-relieving pain and monitoring and regulating vital signs , which could contribute to the study of medical students in all aspects.

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## 章节摘录

版权页：插图：1.3.2.5 Kidney With the improvement of medical technology, life expectancy of patients with terminal kidney disease lengthens. These patients are often accompanied with other organic or systemic diseases, such as hypertension, arteriosclerosis, anemia, metabolic and endocrine disturbances. However, if combined with blood purificatory measures, such as hemodialysis, it is no longer a contraindication for elective surgery. Postoperative renal dysfunction is one of the main causes of perioperative morbidity and mortality. There are many risk factors affecting perioperative renal function, including preoperative decreased renal function reserve (e.g. the concomitance diabetes, hypertension, hypohepatia, etc.), surgery-related factors (aortic-clamping surgeries, extracorporeal circulation, long-term surgeries, massive blood loss, etc.) and factors that may cause kidney damage during anesthesia and surgery (e.g. hypotension, hypovolemia and antibiotics, etc.). Making certain of preoperative renal function reserve, proper preoperative preparation and treatment, drawing up a plan for risk factors causing renal failure are essential for protecting renal function and improving prognosis.

1.3.2.6 Endocrine system For patients accompanied with different endocrine system disorders, the focus of preoperative preparation is different with pathological and physiological features. For hyperthyroid patients, the keypoint of preoperative preparation is to prevent intraoperative and postoperative thyroid crisis. Anti-thyroid drugs are usually administered before surgery to control the disease, and then use Lugol solution (compound iodine solution) for two weeks, so that thyroid congestion and swelling can be lightened remarkably. Iodides and propranolol or esmolol can be used compatibly to prepare for the hyperthyroidism. For patients with Cushing's syndrome, it is vital to correct the fluid and electrolyte imbalance and the acid-base disturbance before anesthesia, especially the potassium supplement, control infection and hyperglycemia and correct the negative nitrogen balance. For patients with primary aldosteronism, spironolactone or potassium can be applied before operation to correct hypokalemia. For patients with pheochromocytoma, hypertension induced by excessive secretion of catecholamine should be controlled to the greatest extent before surgery. We should use  $\alpha$ -receptor blockers to dilate blood vessels and apply fluid therapy to expand blood volume simultaneously. For diabetic patients, preoperative fasting blood glucose should be controlled below 7.7 mmol/L (140 mg/dL) and the maximum should not exceed 12.9 mmol/L (198 mg/dL) because hyperglycaemia can aggravate the cerebral ischemia causing the cerebral lesion. Patients taking oral hypoglycemic drugs previously should transfer to subcutaneous insulin or intravenous infusion of insulin before surgery. For insulin-dependent diabetic patients, operations cannot be performed unless the acetone bodies are controlled negative and the blood glucose is in normal range, except for emergency surgeries.

编辑推荐

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