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Features of anesthesia for retinopathy of prematurity

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Proper evaluation of the general condition of a premature baby with retinopathy, helps the ophthalmologist to choose an anesthetic for this category of patients. One group of children strictly needs an endotracheal anesthesia, in another group of patients in this age group, it is sufficient to use a laryngeal mask. What is the approach?

Purpose: To develop methods of anesthetic support for laser and surgical treatment of retinopathy of prematurity.

Materials and Methods: The number of subjects studied was 208 children, of them with moderate prematurity (31-36 weeks of gestation) -108 children, and with deep premature (24-30 weeks gestation) -100 children. 1 group (107 children) - 55 deeply premature babies with PH³⁺ stage-4a stage (26 patients) and PH 4b stage-5a (29 children). And 52 moderately premature patients with PH³⁺ stage-4a (20 patients), and with PH 4b-5 stage-32 children. 2 group (101 children) - 45 deeply premature infants with PH³⁺ - 4a stage (28), and PH 4b - stage 5 (17) and 56 moderately premature patients with PH³⁺ - 4a stage (37), and with PH 4b - stage 5 (19 patients). Children with retinopathy PH³⁺ stage-4a stage needed laser coagulation of the retina or they performed a shvartectomy, and prematurely with PH 4b-5 stage carried out lensswartectomy.

The heavier the anamnesis of a premature patient, the greater the risk of apnea episodes in the postoperative period. This is especially true for children who have long-term ventilation, who have asphyxia in childbirth, attacks of apnea in the first month of life, in an anamnesis of BPD and IVH 2-3 st. Therefore, such children need ETA, and in postoperative supervision in the conditions of the intensive care unit. With mild and moderate morfunctional immaturity, it is possible to carry out an anesthetic aid with a laryngeal mask.

Results: In the 1st group: of the deeply premature infants, 13 children had apnea in the postoperative period, and from moderately premature infants-11. In the 2nd group, respectively, 12/9 patients.

Conclusions: ETA is administered to children with severe neonatal anamnesis, or with inadequate breathing after the installation of the laryngeal mask. The use of a laryngeal mask is an alternative to ETA at PH.

Notes: