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Ethical, general and technical issue in anaesthesia for awake thoracic surgery in high risk patients

Gabor Kiss

University Hospital Felix Guyon, France

Given the increasing numbers of complex and high risk patients requiring thoracic surgery, awake thoracic surgery (ATS) could be an option in frail patients especially those with high risks for ventilator dependency to reduce morbidity and mortality. Several papers conclude that ATS was superior to surgery under general anaesthesia in terms of reduced operating room time, better perioperative outcomes, reduced incidence of postoperative respiratory infections and acute respiratory distress syndrome, lower mortality rate, generally less complications, less need for nursing care, lower costs and shorter hospital stays. ATS may allow a fast-track protocol avoiding the intensive care unit. In spite of its benefits, ATS is ethically still widely debated and therefore there remains an urgent need to provide more evidence base medical facts to the current discussion. ATS is technically extremely challenging for the anesthesiologist and requires careful patient selection, thorough anesthetic preparation, high vigilance during the perioperative period, knowledge about potential perioperative difficulties and management of its complications.

Biography

Gabor Kiss studied at the Free University of Brussels VUB (Belgium) and he completed his residency training in anesthesiology at the ULB Erasme Hospital in Brussels. He also trained in the UK and did his ICU fellowship in Australia. He worked in Brussels as a consultant in Anesthesia. Since 2003 he is a consultant in Anesthesia for Adult Cardiothoracics and Vascular Surgery and its postoperative Intensive Care Unit working in the French Public Health System. He is currently based at the French Reunion Island and attached to the department of Cardiothoracics and Vascular Surgery and its ICU at the University Hospital of Saint Denis.

gaborkiss2001@hotmail.com

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