

JOINT EVENT

7th International Conference and Exhibition on Surgery & 3rd International Conference on Anesthesia

June 21-23, 2018 Dublin, Ireland

Blood sugar level intraoperatively and effect on recovery from general anesthesia in non-Diabetic recipient in renal transplant surgery

Raghad Hannon shinen Alsudani, Alaa Hussein Altaiee and Bushra khalid Altamimi
Baghdad medical city hospital, Iraq

Background: blood sugar increment during surgery is part of stress response, this increment is due to insulin dysfunction and glucose production and hyperglycemia increases complications.

Aim of study: assess glucose level change intraoperatively and recovery in non-diabetic recipients in renal transplant surgery.

Patients and methods: 52 patients from 1-1-2016 to 1-3-2017 In renal transplant center. all had general anesthesia with the same agents, monitoring of blood sugar pre-induction and every half hour, soluble insulin start to be given for patient when when blood sugar reach 200mg/dl as 1 unit for each 10 mg above 200 and recovery assessed using aldrete score.

Results: there is variable increase in blood sugar among patients, 39/52 above 110 mg/dl at pre induction, 1 patient was 276mg. 18/52 had 200-250 mg at least once among them, 11 patients reached 250-300mg, 6 patients 300-400 and 3 reached above 400. 5 patients had delayed recovery with no significance relation to pre-induction level but significant to other readings, risk assessment showed more odd's ratio for delayed recovery in high sugar reading and assessment of increment from pre-induction is a valid test for delayed recovery.

Conclusion: blood sugar measurement is mandatory in non-diabetic in renal transplant recipients.

Key words: stress response to surgery, hyperglycemia delayed recovery.

Recent Publications

1. J.p.Desborough. The stress response to trauma and surgery: BJA 2000;vol 85 .Issue 1:p:109-117.
2. Charles de dacken. metabolic, the stress response to surgery and perioperative thermoregulation. Smith and Aitkenhead's textbook of anesthesia. sixth edition. china: Churchill Livingstone Elsevier; 2013:p187-189.
3. Marisa c., Stanley A., Zara c. Physiologic Response to Surgery . principle and practice of hospital medicine. chapter 44. Mc Graw Hill. 2012.
4. Deborah B., Grainne N., George H. . Endocrine and Metabolic Response to Surgery: BJA 2004. continuing education in Anesthesia Critical Care & Pain, vol 4. Issu: p:144-147.
5. Iveta Golubovska, Indulis Vanags. Anaesthesia and Stress Response to Surgery: Latvia Academy of science section B 2008. vol 62. NO. 4/5: p141-147.
6. Christopher c. c. Hudson, Ian J. Welsby et al. Glycosated hemoglobin level and outcome in non-diabetic cardiac surgery patients. CJA 2010. vol 57. issu 6: p:565-572.
7. Aditi Sinha, Arvin Bagga. Pulse Steriod Therapy. Indian Journal of Pediatric 2008. vol 75.
8. Julia Munn. Urological Surgery. oxford handbook of anesthesia. third edition china. oxford university press. 2012: p:591-606.
9. Vasanti Tilak, Catherine Schoenberg et al. Factors Associated with Increase Levels in the Perioperative Period in Non-Diabetic Patients. Open Journal of Anesthesiology 2013. vol 3, Article ID: 31264, 10.
10. Ulhas S.M., Suchita A.J., Mudassir M.. Delayed Recovery from anesthesia: A postgraduate educational review. Anesthesia, Essay and Researches. Wolter Kluter-Medknow Publication 2016: 10(2): p:164-172.

7th International Conference and Exhibition on **Surgery**
&
3rd International Conference on **Anesthesia**

June 21-23, 2018 Dublin, Ireland

Biography

Raghoda Hannon shinen alsudani Consultant anesthetist at renal transplant center /medical city complex in Baghdad-Iraq. Member of Arab scientific council of anesthesia and ICU. Member of Iraqi board of anesthesia and ICU. MBCHB -1999 college of medicine university of Baghdad. FICMS/anesthesia 2006. Manager of ICU children hospital in medical city complex Baghdad 2006-2008. Anesthetist at renal transplant center since 2008 till now.

alhur975alhur@gmail.com

Notes: