

FITNESS FOR ANAESTHESIA

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Deciding a patient's fitness for anesthesia is a very important responsible task, one which sometimes cause considerable concern to the anesthetists. But what is "fitness" for anesthesia ?

It is known that the systemic side-effect's of anesthesia can compromise vital functions. It is also known that abnormalities in systemic function can affect the action and the uptake, distribution, and elimination of anaesthetic drugs. In short, the healthy patient is less likely to have anaesthetic complications in this sense, "fitness" means good health. But "fitness" is only relative. One very important point to consider is that the patient should be in best possible state of good health that is consistent with his organic illness. Economic and administrative reasons should not override clinical judgement.

Elective surgery can be postponed until the organic illness of an "unfit" patient is either improved or cured. But if the operation will cure the "unfitness" or if it is an emergency, then unnecessary delay should be avoided. For example, a patient may have severe respiratory incapacity, due to bullous emphysema, which would make him a serious risk. However, the removal of such bullae and the freeing of the lobes compressed by the large air cyst will improve lung function considerably. In this situation, there is no point in waiting with the hope that his lung function will improve. Similarly, a child having respiratory difficulty is unfit. But if the distress is due to the presence of a foreign body in the bronchus, then its removal via a bronchoscope is curative; there is no reason for procrastination.

But on the other hand, no patient suffering from a recent myocardial infarction should be subjected to elective surgery within 6 months of a transmural infarct. However, surgical correction of the damages of myocardial infarction has become common place and of course can not be denied to a patient on the grounds that "his heart will not stand the anaesthetic".

Lastly, there are more than one method to anaesthetise a patient. For example, if an old man, having COPD has to be operated for prostatic hypertrophy, firstly his organic illness (i.e., COPD) should be treated and brought to best possible condition. Secondly, such patients are best operated under subarachnoid block, rather than general anaesthesia.

Therefore, "fitness" is only a relative term. It is a decision to be made jointly between the surgeon and the anaesthetist. In the determining of fitness, it is helpful to ask the following questions:

1. Does the patient have abnormal systemic function ?
2. What is the underlying cause of the abnormality ?
3. Can it be improved with treatment ?
4. What is the treatment ?
5. How much time available for treatment to take effect ?

If the answer to question # 3 is affirmative, then treatment should be initiated immediately to improve the patient's systemic function to an optimum within the time available.

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