ANAESTHESIA FOR OESOPHAGECTOMY

Dr. Ashraf El-Masry, MD
Lecturer of Anaesthesia, Faculty of Medicine Cairo University

Worldwide more than 90% of oesophageal cancers are squamous cell carcinoma (1). Oesophageal adenocarcinoma is the most rapidly increasing cancer in the USA (2). The changing epidemiology of oesophageal cancer is changing the profile of patients presenting for Oesophagectomy. Although a history of tobacco abuse remains common, the prevalence of obesity, gastro-oesophageal reflux and ischemic heart disease (IHD) are commonly met in patients presenting for oesophageal cancer (3, 4). At present 25% of candidates for potential curative therapies are American Society of Anaesthesiologists (ASA) grade III or IV (5).

Anaesthetic management in such patient is challenging and requires meticulous observations and interventions extending from preoperative assessment till discharge from intensive care unit (ICU). The evidence base for the management of patients undergoing Oesophagectomy is weak. There is accumulating evidence that intraoperative anaesthetic management can influence outcome.

The perioperative anaesthetic management and postoperative issues as pain and nutrition will be highlighted according to best available evidence.

References: