



Department of Anesthesia Techniques
Title of the lecture: - premedication



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Premedication

(Practical Anesthesia)

3^{ed} stage

By:

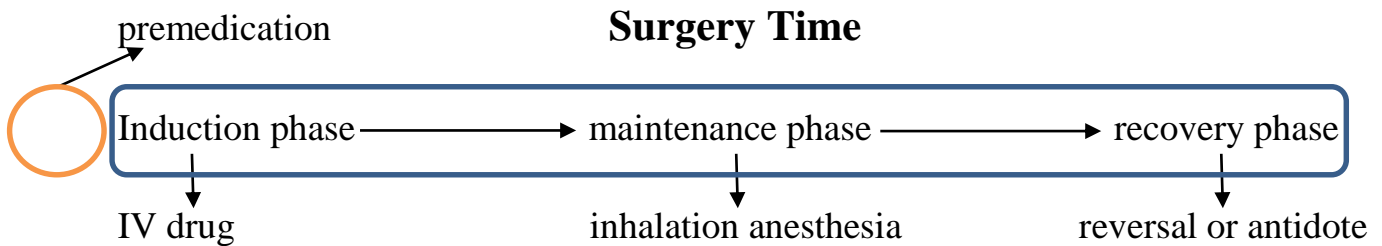
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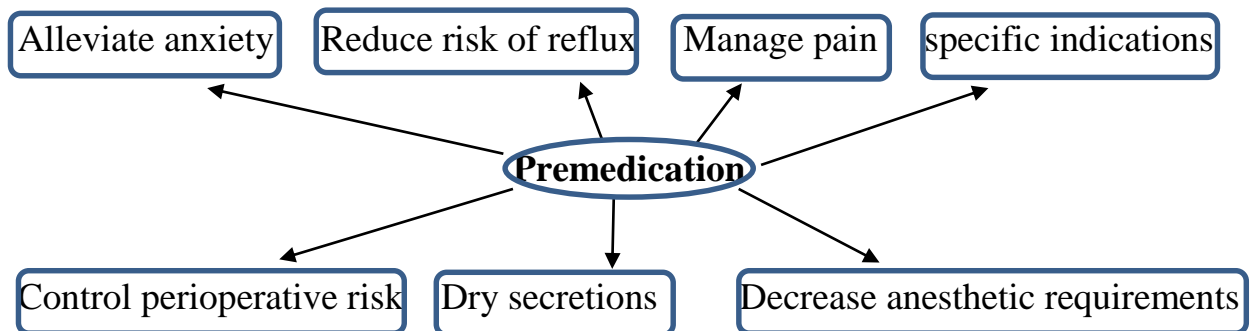
Preoperative Medication

A number of medications may be used prior to anesthetic induction to help reduce the patient's anxiety about anesthesia, improve conditions for intubation, reduce complications such as nausea and vomiting, and improve postoperative.



Goals of premedication:

1. Alleviate anxiety, sedation and amnesia. (e.g. midazolam)
2. Reduce risk of reflux. (e.g. Ranitidine, Metoclopramide)
3. Manage pain. (e.g. Paracetamol, Topical lidocaine).
4. Control perioperative risk. (e.g. Beta blockers, Alpha-2 agonists).
5. Dry secretions. (e.g. Glycopyrrolate, Atropine).
6. Decrease anesthetic requirements. (e.g. Clonidine).
7. Specific indications. (e.g. prevention of infections with antibiotics).



- A. Benzodiazepines: benzodiazepines are useful for producing moderate sedation and reducing anxiety, as well as providing some degree of anterograde amnesia. Midazolam is commonly used.
- B. Antihistamines: Diphenhydramine is a histamine-1 antagonist that has sedative, antiemetic, and anticholinergic properties. Diphenhydramine, along with a histamine-2 antagonist and steroids, may be given to patients with a history of allergy.

- C. Antisialagogues: It is often helpful to administer an anticholinergic agent to reduce upper airway secretions. Glycopyrrolate is a potent drug and produces less tachycardia compared to scopolamine or atropine.
- D. Antiemetic: selective premedication of patients with a history of postoperative nausea and vomiting (PONV) such as ondansetron, phenothiazine such as meclizine. These drugs are best administered just prior to the end of surgery.

Drugs Used to Reduce the Risk of Pulmonary Aspiration		
Drug	Onset	Effect
Antacids (sodium citrate, aluminum or magnesium hydroxide, calcium carbonate)	15–30 min	increase gastric PH
Histamine-2 receptor Antagonists (ranitidine, famotidine)	60 min	reduce gastric volume, increase gastric PH
Proton pump inhibitors (omeprazole, pantoprazole)	30 min	Reduce gastric acid secretion & gastric volume
Prokinetic agents (metoclopramide)	15–30 min	Increase gastric motility & gastric esophageal sphincter tone

Medications should be stopped

A. Stop on the day of surgery:

1. Diuretics
2. Insulin & oral hypoglycemic agents.
3. Vitamins & iron
4. ACEI's (Angiotensin-Converting Enzyme Inhibitors) or ARB's (Angiotensin II Receptor Blockers) - ((individual choice)).
 $\frac{3}{4}$ Depends on procedure/ risk of hypotension.
5. Hold sildenafil (Viagra) / tadalafil (Cialis) from night before.

B. Stop 48 hours' pre-operation:

NSAIDs (non-steroidal anti-inflammatory drugs).

C. Stop 4 days' pre-operation:

Warfarin (convert to enoxaparin)

D. Stop 7 days' pre-operation:

- Clopidogrel (plavix, an antiplatelet medication). Aspirin 75 mg usually continued ----- ((check with the consultant)).
- Herbal remedies
- Hormone replacement therapy

Selects the best single choice

1- All of this is a physical examination, except:

- a- Airway evaluation
- b- Vital signs measurement
- c- platelet count
- d- Baseline mental status

2- All of the following is goal of premedication, except:

- a- Reduce risk of reflux
- b- clopidogrel
- c- Control perioperative risk
- d- manage pain

3- All of the Medications should be stopped before operation except:

- a- Diuretics
- b- Insulin & oral hypoglycemic agents.
- c- Vitamins & iron
- d- sodium citrate

4- ASA classification (all true except one)

- a. ASA I normal healthy patient
- b- ASA II Mild systemic disease
- c. ASA III Severe systemic disease
- d- ASA IV Declared brain-dead patient

5- All of the following is classification of surgery except:

- a- appendicitis
- b- emergency
- c- Urgent
- d- elective