Anesthesia for thoracic surgery: A survey of middle eastern practice

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Purpose: The main objective of this survey is to describe the current practice of thoracic anesthesia in the Middle Eastern (ME) region. Methods: A prospective online survey.

An invitation to participate was e-mailed to all members of the ME thoracic-anaesthesia group. A total of 58 members participated in the survey from 19 institutions in the Middle East. Questions concerned ventilation strategies during one-lung ventilation (OLV), anesthesia regimen, mode of postoperative analgesia, use of lung isolation techniques, and use of i.v. fluids.

Results: Volume-controlled ventilation was favored over pressure-controlled ventilation (62% vs 38% of respondents, P<0.05); 43% report the routine use of positive end-expiratory pressure. One hundred percent of respondents report using double-lumen tube (DLT) as a first choice airway to establish OLV. Nearly a third of respondents, 31.1%, report never using bronchial blocker (BB) in their thoracic anesthesia practice. Failure to pass a DLT and difficult airway are the most commonly cited indications for BB use.

Regarding postoperative analgesia, the majority 61.8% favor thoracic epidural analgesia over other techniques (P<0.05).

Conclusions:

Our survey provides a contemporary snapshot of the ME thoracic anesthetic practice.