

WNS
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This 18yr old patient unmarried woman with complaint of profuse vaginal bleeding, several episodes of pneumonia in infancy but no other major illnesses. She has had no anesthesia before, takes no drugs, and knows of no allergy to medications. She last ate and drank about ten hours prior to admission.

On examination she's anxious, BP 90/60 Pulse 80 b/m, temperature 37c. Douglas puncture revealed non clotted blood in two cc syringe.

Teeth in good repair, Heart and lungs normal on percussion and urine showed many red blood cells. Hematocrit 9%.

Plan: Immediate exploration of abdomen. Transfusion of whole blood and packed RBC.

Anaesthesia: General with Ket 500mg in D5W 500ml as maintenance with 50mg induction. Scoline 50mg and pavalon 4mg. Atropine 0.5mg (IV) intubation with 7.0mm Endotracheal tube, IPPV with Oxygen and nitrous oxide.

Abdominal surgery revealed haemoperitoneum due to ruptured fallopian tube. Salpingectomy performed, abdominal toilet and abdomen closed in layers.

Procedures were explained to patient and tolerated well.

Such a patient with massive blood loss, Hematocrit 9% indeed pale on examination. Was put on physical status 3. On the 3rd day visitation on the ward. She was met in bed fully recovered and smiled at me and said thanks for such a miraculous performance. That was my most memorable experience.

Mrs Adams first admission to hospital for this twenty years old girl with primary infertility. Laboratory tests Hematocrit 30% urine loaded with WBC. She is obese, somewhat anxious, Blood Pressure 130/90mm Hg, Pulse 96. Temp 37.0C. After all tests produced normal patient was scheduled for laparoscopy two days after admission. Anesthetics procedure explained and well tolerated. Pre-Oxygenation with 100%, induced with Halothane, Scoline 50mg and intubated with 7.5 endotracheal tube. After wearing away of Scoline followed by Pavulon 4mg for maintenance I.P.P.V.

After surgical procedure patient transported to ward fully recovered from anesthesia by responding to simple commands.

To my utmost surprise, patient died two days after surgery. What was responsible is not known because autopsy was not performed to determine cause of death. That again was my most memorable experience.

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