

3rd prize

TOPIC: Patient who was expected to live but died
Submitted to: The lecturals Anaesthetist Work-shop
Submitted by: ATS
Date: Nov. 16, 2007

A 4 months old infant was scheduled for surgery to repair a left incarcerated inguinal hernia. The patient was admitted the night before, and NPO status was initiated. An IV cannula 24 gauge inserted with dextrose 5% in water (D5W) started at 20ml/hour in the right hand.

The boy's parents were interviewed, and attempts made to alleviate their fears. General endotracheal anesthesia was explained to the parents with a focus on positive outcomes. On examination, the infant was well hydrated, afebrile, well nourished, and without signs or symptoms of upper respiratory infection. There was no recent history of cough, cold, or fever. The infant was well developed, and was ASA1.

At this time no preoperative sedation was given due to the age of the infant.

The OR was prepared with the required temperature with age-appropriate monitors and airway management equipment. Warming lights were all provided over the field of operation. The parents were encouraged to stay by the boy before induction.

Preoperative atropine 0.01mg/kg IV was given and rapid sequence induction was done because of potential for bowel obstruction. Ketamine and succinylcholine (scoline) were used for induction. A size 4.0 endotracheal tube was easily passed under direct visualization using a Miller "O" blade. The anesthesia was maintained with halothane, and airway well secured.

After incision the surgeon discovered appendix. The repair took over 4 hours ending up with circumcision which took another 45 minutes. Almost at the ending of the surgery the boy started developing respiratory problem. After the surgery, I resuscitated him, and give epinephrine 0.01mg although not breathing spontaneously I took him to the recovery room and called for help.

Resuscitation continued for an hour. Later I called the oxygen man to oxygenate him. After 3 hours the boy died.

To my conclusion, this 4 months old boy stay too long under anesthesia, because the surgeon was very slow. Patient died from respiratory depression associated with multiple surgery.