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PREOPERATIVE EXAMINATION OF THE PATIENT

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Relevance. To evaluate patients tolerance towards surgery and anesthesia and to evaluate patients total/general health before surgery. There are various parts of pre-anaesthesia check-up like taking history of the patient including everything already recorded in hospital during admission, examination of physical state of examination, subjective and objective examination and airway examination are done of a patient.

Aim: to show some light on the importance of procedures happening before the surgery and to justify why anesthetics are known as preoperative physicians. We will also see why history taking and complete examination is requires before surgery.

Materials and methods. A retrospective analysis and data gathering of different norms and regulation regarding preoperative check-up from Indian society of anesthesiologist Delhi branch, <https://isawebdelhi.in> as well as textbooks such as Morgan and Mikhail's Clinical Anesthesiology written by John F. Butterworth, David C. Mackey, John D. Wasnick and Short textbook of anesthesia written by Ajay Yadav. Some data was collected by sources as competitive examination coaching and different notes.

Results and their discussion. According to the obtained data the leading cause of disruption in case of surgery is hypertension in case of anesthesia administration to these patients there will be decrease in blood pressure because most of the anesthetic agents are depressants which will lead to poor perfusion of auto-regulatory organs, second most cause is diabetes mellitus because of the most common complications of diabetes mellitus is hypoglycemia which will manifest as symptom as light-headedness, tremors which are masked under general anesthesia. Thyroid disorders are also considered as in patient with hypothyroidism because in them BMR is decreased resulting in decreased clearance of anesthetic drugs so there is a delay in recovery from anesthesia. Patient taking anti-psychotic drug prolong the duration of muscle relaxants. People having history of myocardial infarction are generally on blood thinner resulting on increased haemorrhage. Personal habits should be evaluated like smoking should be stopped 6-8 weeks before surgery.

Conclusion: there are several risk factors because of predisposing factors because it can lead to different complications during surgery like haemorrhage, delay in decent of effect of anesthesia, poor perfusion and many more. In order to prevent this anti-hypertensive and continued till day of surgery except ACE inhibitors and Angiotensin receptor blocker, all anti-epileptic drugs should be continued till the day of surgery and many more. Thus, it's very necessary to pre-check up the patient to avoid such circumstances.