

Здружение на лекарите по
анестезија, реанимација
и интензивно лекување



Macedonian Society of Anesthesiologists
and Intensive Care Medicine

НОВИНИ ВО АНЕСТЕЗИОЛОГИЈАТА 2021
CURRENT TOPICS IN ANESTHESIOLOGY 2021

КНИГА НА АСПТРАКТИ

ABSTRACT BOOK



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Online



surgical treatment of epilepsy.

References:

1. Kwan P, Arzimanoglou A, Berg AT, Brodie MJ, Hauser WA, Mathern G, Moshé SL, Perucca E, Wiebe S, French J. Definition of drug resistant epilepsy: Consensus proposal by the ad hoc Task Force of the ILAE Commission on Therapeutic Strategies. *Epilepsia* 2010;51(6):1069-1077.
2. Chui J, Manninen P, Valiante T, Venkatraghavan L. The anesthetic considerations of intraoperative electrocorticography during epilepsy surgery. *Anesthesia & Analgesia* 2013;117(2):479-486.
3. Kelly KM, Chung SS. Surgical treatment for refractory epilepsy: review of patient evaluation and surgical options. *Epilepsy Research and Treatment* 2011; article ID 303624, 10 pages, doi:10.1155/2011/303624.
4. Hatton KW, McLarney TJ, Pittman T, Fahy BG. Vagal nerve stimulation: overview and implications for anesthesiologists. *Anesthesia & Analgesia* 2006;103(5):1241-1249.
5. Grant R, Gruenbaum SE, Gerrard J. Anaesthesia for deep brain stimulation: a review. *Curr Opin Anaesthesiol.* 2015;28(5):505-510.

CONSEQUENCES OF SEPSIS AND SEPTIC SHOCK

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Sepsis is a life-threatening, acute organ dysfunction due to a dysregulated host response to infection. There is an increase in the number of patients who survive sepsis but develop chronic critical illness afterwards. After sepsis patients with preexisting chronic diseases can completely recover and return to their pre-sepsis health condition. On the other side, there are patients who survived sepsis and frequently experience long-term disability, physical and cognitive impairments. The recovery trajectories are influenced by pre-sepsis health status, severity of organ dysfunction and host immune response during the sepsis episode itself. After sepsis and dismissing of ICU patients confront so-called post-intensive care syndrome (PICS). This syndrome is a collection of physical, mental and emotional symptoms that continue to persist after a patient leaves the intensive care unit (ICU). The symptoms can last for a few months to many years post-recovery. The common symptoms include generalized weakness, fatigue, decreased mobility, anxious or depressed mood, sexual dysfunction, sleep disturbances, and cognitive issues (memory disturbance/loss, slow mental processing, poor concentration and so on). Also, patients after sepsis are struggling with impairment of pulmonary function, increasing cardiovascular disease, acute kidney injury, gastrointestinal problems, coagulopathy, hair loss etc. There are four main sequels after sepsis: multi-system injury, prolonged critical illness, traumatized caregivers and health systems who need to

confront extended health care needs

References

1. Needham, Dale M. MD, PhD; et al: Postintensive care syndrome, need for recognition, treatment, research, and expansion of included symptom Critical Care Medicine: September 2012 - Volume 40 - Issue 9 - p 2743doi: 10.1097/CCM.0b013e31825ce8b9
2. Prescott C, Osterholzer J j, Langa K M, Angus D C, lasyna T J. Late mortality after sepsis: propensity matches cohort study BMJ 2016; 353 :i23775 doi :10.1136/bmj.i 2375

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