PREMEDICATION AND SEDATION DURING OPHTHALMIC SURGERY

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Introduction: The anesthesiologist in ophthalmic surgery has a number of tasks: a) safely eliminate tension and anxiety in polymorbid aged patients; b) to provide comfort on the operating table of those suffering from chronic osteoarthritis pain; c) to enable the surgeon to operate on a cooperating patient with no sudden fluctuations in consciousness.
Purpose: to assess the level of satisfaction of patients and surgeons with the applied premedication and sedation.
Method: Preoperative and intraoperative levels of anxiety were assessed through a survey conducted in two stages: during pre-anesthesia consultation and postoperatively. NIBP and HR values were registered on admission and immediately preoperatively. Patients with known anxiety disorder were excluded from the study. Among 746 patients admitted for operation, 13% (n-103) reported moderate and high levels of anxiety. Mildly anxious patients 32%(n-244) received premedication with Hydroxyzine hydrochloride (Atarax®) 25 mg po. Patients with severe chronic pain syndrome of osteoarthritis origin were premedicated with Tramadol hydrochloride / Paracetamol (Paratramol®) 37.5 mg / 325 mg - 75 mg / 650 mg po - depending on the patient's weight and pain intensity. Sedation with combination of Midazolam and Fentanyl were used in patients with moderate to high level of anxiety, or in cases of prolonged and traumatic surgery. Midazolam administration begins 30-60 minutes preoperatively. The drug is titrated at 0.25 - 0.5 mg iv every 15-20 minutes. After positioning on the operating table and monitoring, patients are treated with Fentanyl 10-25mg iv, and sedation is maintained by mentioned intermittent doses of Midazolam. Information was collected on the surgeons' satisfaction with the patient's level of cooperation and theirs immobility during the operation.
Result: A state of tranquillity and relaxation was achieved without suppressing breathing and consciousness. Patients reported reduced level of anxiety and ability to go calmly through the retrobulbar block, the preparation of the operative field and the operation itself. Surgeons' satisfaction of scored very high.
Conclusion: intentional screening for patients with preoperative anxiety and the application of early-onset low-dose sedation can meet the needs of the patient and the surgeon and also be safe.