CASE PRESENTATION

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- **Name** - XXX
- **Age** - 40years
- **Sex** - male
- **Address** - Nalgonda
- **Chief complaints-** pain abdomen since 2months
- **History of present illness-** patient was apparently asymptomatic 2months back.Later he developed colicky type of pain in upper abdomen on right side which was insidious in onset with no periodicity.

- Pain aggravated on eating oily foods. Pain was nonradiating, relieved on taking medication
- H/o nausea
- No history of vomiting
- No history of jaundice
- No history of fever
- No history of hemetemesis, malena
- **Family history-** nothing significant

- **Past history** - no history of DM, HTN, TB, bronchial asthma , no history of similar complaints in the past
- **Personal history-**

  Diet - mixed

  Appetite - normal

  Sleep - adequate

  Bowel movements- regular

  Micturition-normal

GENERAL PHYSICAL EXAMINATION

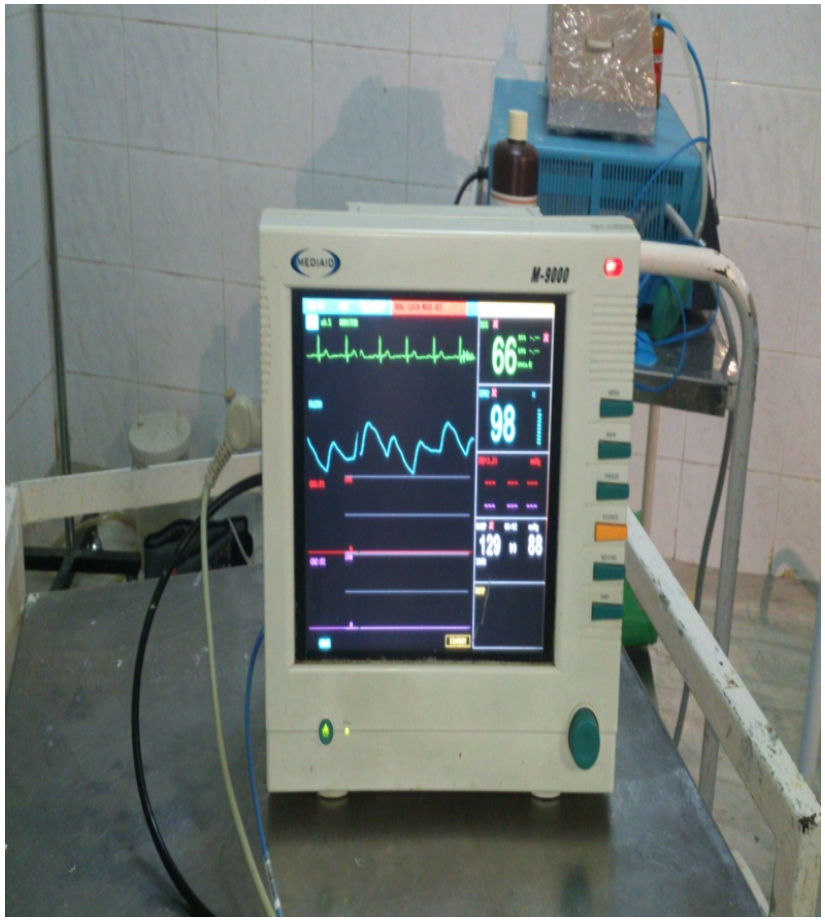
- Pt. was conscious, coherent and well oriented.

O/E: moderately built and nourished

- no pallor
- no cyanosis
- no icterus
- no clubbing
- no lymphadenopathy
- no pedal oedema

VITALS

- TEMP= 98.4*F
- Pulse= 66 beats/min
- B.P = 130/90 mm Hg
- Spo2= 98 % on room air
- R.R = 18/min



AIRWAY ASSESMENT

- **Nose:** B/L patent nares
- **Nasal cavity**: B/L patent
- **Mouth opening-** adequate
  (3 fingers)
- **Oral cavity**- no abscess, growth or tumors
- **Teeth** - no loose teeth,no missing and no protruding teeth.No dentures.
- **No short neck**

- **TMJ movement:** normal
- **Cervical spine movement:** normal
- **Mallampatti grade:** grade I
- **Thyromental distance:** 7cm
- **Trachea:** midline
- **Spine:** no kyphoscoliosis

SYSTEMIC EXAMINATION

- **GIT**
- **INSPECTION:**
- Abdomen was scaphoid
- Umbilicus normal in position
- All corresponding quadrants moving equally with respiration
- No scars, no sinuses
- No visible pulsations ,no visible peristalsis

- **PALPATION**
- No local rise of temperature
- Tenderness present in right hypochondrium
- Murphy's sign positive
- No organomegaly
- **PERCUSSION**
- Liver dullness noted in right 5^{th} ICS in midclavicular line.

- **AUSCULTATION**
- Bowel sounds heard
- **CVS** –
- Inspection:
- No precordial bulge,
- Apex beat seen in left 5th ICS ½ an inch medial to MCL
- No Scars,no sinuses
- No visible pulsations.

- **Palpation**:
- All inspectory findings were confirmed.
- Apex beat felt in 5th ICS ½ an inch medial to MCL
- **Auscultation**:
- S1,s2 heard.no murmurs.
- **RESPIRATORY SYSTEM**
- **Inspection**:
- Chest bilaterally symmetrical
- All quadrants moving equally with respiration
- No scars,no sinuses
- No visible pulsations.

- **Palpation**
- All inspectory findings were confirmed
- **Auscultation**
- Bilateral air entry present,NVBS heard,
- No added sounds.

INVESTIGATIONS

- Hb%= 15.4 gm%
-
- platelets=2.29 lac/mm3
- Coagulation profile:WNL
-
-
- RBS= 90mg/dl
- blood group= B+ve
- HIV , HBsAg = Non reactive

blood urea= 22mg/dl

serum creatinine-1mg%

LFTs

TB: 1.78 mg/dl

DB: 0.41mg/dl

liver enzymes : WNL

USG Abdomen- 8mm calculus found in gallbladder

Chest Xray - WNL

ECG - WNL

DIAGNOSIS - cholelithiasis

CASE SUMMARY

- A 40 yr old male presented with pain in right hypochondrium since 2months with positive murphy's sign diagnosed as cholecystitis due to cholelithialasis was posted for elective laproscopic cholecystectomy under General anaesthesia under ASA Grade 1.

ANAESTHETIC MANAGEMENT

- **A DAY PRIOR TO SURGERY** :
- Preanesthetic checkup was done.
- The whole anesthetic and surgical procedure was explained.
- Patient was kept on NBM.
- Aspiration prophylaxis given.
- Tab. Alprazolam 0.25mg given.
- Informed verbal written consent was taken.

30MIN PRIOR TO SURGERY

- 18G Intravenous line was secured
- **PREMEDICATION**:
- Inj. Glycopyrolate 0.2mg i.v.
- Inj. Ondansetron 4mg i.v.
- Inj. Midazolam 1mg i.v.
- Inj. Tramadol 100mg i.v.
- Inj.Dexmedetomidine 70mcg i.v over 10min

ON ARRIVAL TO THEATRE

- All required drugs, appropriate ET tube sizes, Boyles machine, central gas supply, Bains circuit, patient details were checked and reconfirmed.
- Patient was shifted to operation theatre and multipurpose monitor was attached.
- Nasogastric tube was inserted and decompression done.
- Foley's catheterisation done.
- Accessory devices like ET CO2,infusion pump was kept ready.

- **PREOXYGENATION**
- Was done for 3min with 100% o2
- **INDUCTION**
- Inj.Thio pentone sodium 300mg i.v
- Inj.Scoline 100mg i.v
- Positive pressure ventilation was given and patient’s airway was secured with 8.5mm cuffed ET tube and fixed at 24 lip mark after confirming

Bilaterally equal air entry via 5 point auscultation and ET co2 and rechecked after intraperitoneal insufflation of CO2(12cmH2O).

MAINTENANCE:

- Air: o2 @ 5:3.
- Inj.Vecuronium 4mg i.v loading dose followed by 1mg every 30min
- Inj.Dexmedetomidine @0.2-0.7mcg/kg/hr.

AFTER INTUBATION

- Whole anaesthetic and surgical procedure were uneventful with ETCO2 between 25-35mm Hg.
- After completion of surgery patient put on 8litre o2
- Dexmedetomidine was tapered and stopped
- **REVERSAL OF NM BLOCKADE**:
- Inj.Glyco 0.6mg i.v
- Inj.Neostigmine 3mg i.v
- After attaining consciousness,adequate spontaneous breathing efforts, oral and ryles tube suctioning was done and patient extubated successfully.

INTRA OPERATIVE VITALS

POST OPERATIVE CARE

- NBM for 6 hours
- Oxygen inhalation through face mask with fio2 0.4
- IVF RL/DNS @100ml/hr
- Inj Paracetamol 1gm iv BD
- Patient was started on liquid diet after bowel sounds were heard.

- THANK
  YOU
  HAVE
  A
  NICE
  DAY