

Topic: Anesthesia in General Practice. Trends and Limitations

Presented By :

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Limitations (solutions)

Mostly Education and Training Related

Others:

Cost

Personnel

Equipment

Standardization of Care(Post Graduate Medical Colleges)

Technical Support

Government / Political Will

Duty on Medical devices

Low Patient and Staff Expectation

Medico-legal framework

Topics For Discussion

- 1) The Peri-Operative Physician Anesthetist
- 2) ICU/HDU
- 3) Education and Training In Anesthesia
- 4) Medical Specialties-Airway Management
- 5) New Developments In Anesthesiology
- 6) Obstetrics (Epidural) Pregnancy Related
- 7) TIVA
- 8) Monitored Anesthesia Care MAC
- 9) Glostavent
- 10) Ambulatory and Critical Care Services
- 11) Transport and Care of Critically Ill Patients



The Peri-Operative Physician Anesthetist

- Anesthetists today are the de-facto perioperative physicians, in charge of patients before, during and after surgery.
- Significant pre-existing medical conditions of the patient are well understood and managed
- 60% of patients have a co-existing medical condition prior to surgery



ICU/HDU

ICU Intensive Care Unit

HDU- High Dependency Unit

Most Significant Difference?

HDU patients are usually not ventilated mechanically,
(intubated).



Education and Training in Anesthesia (education versus training, there is a difference!)

Medical Simulation Based Training.

a. Advantages of Medical Simulation

i. You can repeat specific medical scenarios multiple times over, without risk to patients. This is especially important in rare but life-threatening conditions

i. Each step in the medical scenario simulation can be documented and taught to the medical student without affecting a real patient

ii. Ensures consistency in event simulation and training



Anesthesia Medical Specialties

Airway Management

Anaesthetists routinely carry out mechanical ventilation during surgery, so they have a very good working knowledge of the upper and lower air ways of a patients

Resuscitation

Cardio pulmonary resuscitation is an integral part of the practice of medicine (Life Support). Three Basic Steps:

- **A**irway
- **B**reathing
- **C**irculation



New Developments in Anesthesiology

Today

Ultrasound is now used for a variety of Anaesthetic interventions

- Major Vascular Access (internal jugular veins)
- Regional nerve blocks. Ultrasound helps to visualize the targeted nerve plexus as well as directly observe injection of the local anaesthetic.



Obstetrics Emergencies Pregnancy Related Critical Illness.

Pre-eclampsia and eclampsia are considered critical illness.
(Magnesium)

Epidurals anaesthesia is now considered the standard of care in suitable Obstetric patients

Peripartum haemorrhage, HeLLP Syndrome



TIVA (Total Intravenous Anesthesia)

- Anesthesia was once synonymous with just gases (ether, halothane, isoflurane, sevoflurane, desflurane etc.) **SLOW RECOVERY (in patient)**.
- Today, you can give a total intravenous general anesthetic using drugs, Propofol/Ketamine or better still, Propofol/Remifentanil **RAPID RECOVERY (day case)**
- Propofol and Michael Jackson



Glostavent

- First Anaesthetic machine that meets the WFSA Performance Standard
- Functions without interruption even **with oxygen and electricity failure**
- Less than **half the price** of a conventional anaesthetic machine, very **low running costs**, does not require **compressed gases**



Ambulatory and Critical Care

Services

Hospitals in Nigeria do not or cannot staff Intensive care units (cost, training, expertise)

Additional Challenges

Patient requirements for cash deposits for critical care are very high

Specialist medical equipment and training requirements

Pay as you go service.....?



Transport and Care of Critically Ill Patients



Specially trained medical personnel and specialist ambulances are required.

Point of Care Testing (POCT)

Additional medical equipment including telemedicine and drone technology!!

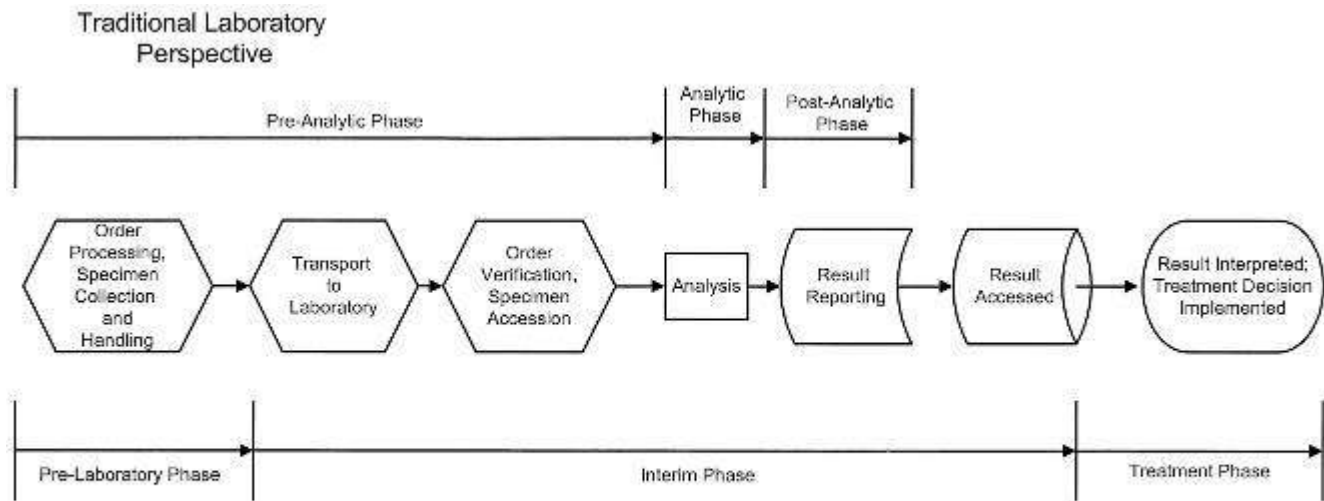
Special Equipped Ambulances

- Very important service of critical care
- We do not have the right physical ambulance and equipment to transport critically ill patients.



Point of Care Testing & TTAT Service

- Therapeutic Turn Around Time (TTAT) is the time taken between obtaining a blood sample from a patient to a clinical decision maker receiving and acting upon a result.
- Particularly important in Critically Ill patients
- For critical tests, TTAT is linked to organ viability and increased mortality.



iSTAT Abbot



Analytes Tested

Analytes Tested	Average Laboratory Price (NGN)	Leading Laboratory Price		
		Electrolytes,Urea & Creatinine		
Sodium (Na)	500			
Potassium (K)	500			
Chloride (Cl)	500			
Anion Gap				
Ionised Calcium (iCa)	800		Ionised Calcium (iCa)	
Glucose (Glu)	500		Glucose	
Urea Nitrogen (BUN)	300			
Creatinine (Crea)	300			
Haematocrit (Hct)	100			
Haemoglobin (Hgb)	300			
TCO ₂				
TCO ₂	3800			

Q&A



How To Reach Us

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Thank You!

