2022 SAMBA ANNUAL MEETING
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PBLD 1: A Complex GI Patient

Ken Cummings, MD, MS, FASA
Associate Professor of Anesthesiology
Director, Pre-Anesthesia Consultation Clinics
Cleveland Clinic

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The Case

You are managing care in your hospital's attached endoscopy unit. There is a request to add a patient to the end of the day's schedule for EGD and a colonoscopy.

The patient was admitted 5 days ago with a NSTEMI. The cardiologist placed a drug-eluting stent in the LAD and plans to take the patient back to the cath lab for an RCA stent in the near future.

He was started on aspirin and clopidogrel. His hematocrit has declined over the admission and yesterday morning he began to have melena.

2

The Case, Cont.

He is 72 years old and lives with his wife in a single-story house. He is sedentary. His PMH is significant for hypertension, type 2 diabetes on oral medications, CKD, obesity (BMI 43), and OSA for which he uses CPAP. He also has a diagnosis of early Alzheimer's disease for which he takes a cholinesterase inhibitor.

The gastroenterologist strongly prefers to do the procedure there because the equipment is better than on their travel cart and this case will not occur until late evening if done in the OR. She asks you to "just give him a little propofol and I'll be fast."

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Questions, 1

- What are the main complication risks that concern you about this case?
- Is he a candidate for the endoscopy unit? Why or why not? What if he had not had the recent NSTEMI?
- What further testing, if any, would you request prior to the procedure?

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Questions, 2

- Is there a BMI cutoff you would impose? Why or why not?
- Is it safer to do this in the OR?
- Should all GI bleeding cases be done in the OR?

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PBLD 2: Surgery after COVID

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The Case

A 45 year-old woman with a diagnosis of invasive ductal carcinoma of the breast is scheduled for a simple mastectomy and sentinel note biopsy at your ASC.

She was diagnosed with COVID-19 22 days ago with mild URI symptoms and loss of smell. Her symptoms (other than anosmia) had resolved 6 days after her positive test. Her PMH is otherwise significant for type 2 diabetes on oral medications and hypertension for which she takes lisinopril.

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Questions

- Should she be re-tested to ensure a negative result?
- She feels fine. Is she at increased perioperative risk? If so, what complications are most likely?
- She is vaccinated. Does that change her perioperative risk?

8

Questions

- What guidelines are available on the topic?
- Should she proceed to surgery? What if this was not a cancer surgery but a symptomatic (but not incarcerated) inguinal hernia?

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