Anaesthesia Considerations for Senior Pets

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Overview:

- Discussing anaesthesia concerns with owners
- Common GA concerns
- Supportive care and reducing risks
- Pain management and Post operative care

Reasons for Anaesthesia

- Non surgical procedures- Ear flushes, biopsy
- Imaging
- Dentistry
- Mass removals
- Urgent (necessary) procedures/surgery- Elective surgery less likely

The Admit Appointment

- Obtaining consent and contact details.
- Discuss GA and the procedure
- Any additional investigations
- Ask owner about their pet’s recent health and medication.

Sedation Vs Anaesthesia

- Sedation may be more appropriate in some cases- Imaging.
- Careful selection of sedative drugs/lower doses
- IV access
- Sedation monitoring sheets and monitor vital signs, spO2 and BP.

Pre-Anaesthesia Preparation

- Review clinical history- underlying health concerns
- Full clinical examination by Vet.
- Blood profile and urinalysis
- Anticipating complications

Pre-Anaesthesia Preparation

- Ensure set up for procedure.
- Patient will have been fasted likely 6+ hours, don’t withhold water.
- Comfortable/warm bedding and methods to reduce stress.
- Assess temperament
- IV access and clipping of hair
- Premedication and anaesthesia plan

Establish ASA Classification

- ASA Grade Classification.
- www.vettechresource.com/uploads/1/2/5/3/12530117/asaclassification.pdf
- 2020 AAHA Anesthesia and Monitoring Guidelines

Considerations for Older Patients

- Age is not a disease. However, physiological changes likely.
- Organ function and metabolism of drugs
- Thermoregulation
- Oxygen saturation
- Blood pressure

Pre-Anaesthesia Preparation

- Thermo-regulation. Prevent hypothermia prior to induction. Blankets, socks, bubble wrap and active warming blankets.

- Especially small sized geriatric patients and those with weight loss.

- Maintaining normal temperature preserves oxygen expenditure.

Pre-Oxygenation

- Useful in all anaesthesia cases but particularly older patients and brachycephalics.
- Flow by oxygen beneficial as unlikely to stress patient.
- 5-10 minutes prior to induction or after pre-medication administered.

Common Premedications

- Aim is to provide analgesia and ‘light’ sedative effects but minimal unwanted cardiovascular and respiratory effects.
- Analgesia: Full Opioid such as Methadone. (Suggested. 0.1-0.3mg/kg Dogs. 0.1-0.2mg/kg Cats)
- Acepromazine
- Alpha 2 agonists: Medetomidine and dexmeditomidine

Fluid Therapy

- IVFT support essential for any procedure in senior patients. Normal surgical fluid rates usually appropriate (5ml/kg/hr dog, 3ml/kg/hr cats)

- Care must be taken with volume administered as senior patients less able to compensate for fluid overload.

- Fluid bolus may be required to resolve hypotension, but consider cardiogenic effects

Anaesthesia Induction

- Suitable induction agent- Propofol often preferred for senior patients.
- Alfaxalone also commonly used.

- Use multiparameter monitor prior to induction if patient will tolerate.

- Monitor and record vital signs asap.

The Multi-Parameter Monitor

- Allows for monitoring of ECG, HR, ETCo2, BP, SPo2 etc…
- Record readings every 5 minutes to follow trends.
- What to do without one?

Common Complications

- Hypotension
- Hypothermia
- Unstable anaesthetic depth
- Bradycardia.

Association of Veterinary Anaesthetists

The Recovery Period

- Specific considerations for older pets?
- Continue patient warming and supplemental oxygen.
- Continue IVFT on maintenance rate. Monitor BP and SPo2.
- Comfortable bedding –Patient’s with OA- extra padding.
- Analgesia (Is it safe to give NSAIDS?). Pain Scoring.