

THE PROTOCOL OF ANESTHESIA FOR A KNOWN MHS (MHE) PATIENT :

PREOPERATIVE VISIT : 1- History, physical examination, current medication.

2- Laboratory tests: complete blood count, coagulation functions, base line level of CPK.

3- Auxiliary tests: ECG, Chest XR and others, in conformity with the complexity of the operation.

PREMEDICATION: 1- Good explanation of MH and anesthesia to the patient

2- Light sedation: valium 5mg. P.O. in the evening and In the morning of the operation.

3- NO dantrolene premedication.*

THE PLAN OF THE ANESTHESIA :

1- Anesthesia machine preparation: it is wise to use an anesthesia machine that has never used inhalational anesthetics, but if none is available, the anesthesia machine must be free of any vaporizers and flushed with an oxygen flow of 10 l/ min. for 20 min.

2- Anesthesia plan: nontriggering anesthesia, **do not use:** succinylcholine and halogenated inhalational anesthetics - halothane, isoflurane, sevoflurane, enflurane, desflurane.

3- Intraoperative monitoring: NIBP, ECG, Pulse oxymeter, Temperature, ETCO₂ and others, in conformity with the ASA of the patient.

3*- SPECIAL attention must be taken for the patients who are candidates for operations that involve a hypermetabolite state, like CABG - heating process, PLEURAL PERFUSION with cytokinetic drugs in hyperthermic conditions, MUST BE PREMEDICATED, IN THE OPERATION ROOM 20 MIN. BEFORE THE INDUCTION WITH 2,5MG /KG BW OF DANTROLENE

POSTOPERATIVE CARE: 24h hospitalization, temperature and CPK monitoring.