

عنوان مقاله:

Management of Anesthesia in Breast Cancer

محل انتشار:

سومین کنگره بین المللی روش های کم تهاجمی زنان و مامایی ایران (سال: 1397)

تعداد صفحات اصل مقاله: 2

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خلاصه مقاله:

The risk of death is 4%. Most women in whom is diagnosed do not die. Risk Factors Increasing age, family history, early menarche, late menopause, late first pregnancy, nulliparity. Screening Self-examination, clinical examination, mammography, ultrasonography, MRI. Prognosis Axillary lymph node invasion and tumor size are determinants of outcome. Estrogen and progesterone receptor content of primary tumor and its histologic grade are other factors. Treatment Conservation therapy is used today. Morbidity associated with surgery is related to side effects of lymph node dissection. Obesity, weight gain, infection in arm are risk factors of lymphedema. To minimize risk of lymphedema, protect ipsilateral arm from venipuncture, compression, infection, exposure to heat. Radiation is an important therapy. Systemic Treatment Many women with early-stage have distant micrometastases at the time of diagnosis. Systemic therapy is to prevent or delay recurrence. Tamoxifen (antineoplastic) It can cause: 1) hot flashes, vaginal discharge, increased risk of developing endometrial cancer 2) lowers cholesterol and LDL 3) preserves bone density in postmenopausal and decrease incidence of osteoporosis. Increased risk of thromboembolic events (DVT, PE, stroke). Chemotherapy: Includes: cyclophosphamide, methotrexate, 5-FU, doxorubicin, paclitaxel, docetaxel. Supportive Treatment: Palliation of symptoms and prevention of complications are primary goals. Management of Anesthesia Preoperative evaluation includes review of potential side effects related to chemotherapy. Placement of IV in arm at risk of lymphedema is avoided because exacerbation of lymphedema and susceptibility to infection. It is necessary to protect arm from compression and heat exposure. Presence of bone pain and pathologic fractures in RA and positioning patients. Selection of anesthetic drugs, techniques, and special monitoring is influenced more by planned surgical procedure than by presence of breast cancer. Use of isosulfan blue during surgery may cause transient decrease in SpO₂.

کلمات کلیدی:

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