

## Anesthetic Management of 186 morbidly obese patients for Bariatric Surgery

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**Background**We have experience of anesthetizing 186 morbidly obese patients for Bariatric Surgery of which 50 patients had Laparoscopic Roux-en-Y Gastric Bypass (LRYGB), 41 patients had Laparoscopic Sleeve Gastrectomy with Duodenojejunal Bypass (LSG/DJB), 78 patients had Laparoscopic Sleeve Gastrectomy (LSG), and 17 patients had Laparoscopic Gastric Banding (LAGB) between June 2006 and October 2010. We retrospectively evaluated the background of patients, pre-operative complications (such as airway difficulties, intra-operative events, duration of anesthesia and the operation) and some other points. **Result**Mean age and body mass index of the patients were 38 years  $\pm$  10 years and 44 kg/m<sup>2</sup>  $\pm$  9 kg/m<sup>2</sup>. As for pre-operative complications, there were 83 patients (44%) with hypertension, 83 patients (44%) with Diabetes Mellitus, 88 patients (47%) with Sleep Apnea Syndrome (Apnea Hypopnea Index > 20), 26 patients (14%) with asthma, 34 patients (18%) with a mental disorder such as depression. Using the Mallampati Classification (evaluation for difficult laryngoscopy), 29 patients (16%) were class III or IV which predicted difficult laryngoscopy. We performed conscious endotracheal tube intubation on 7 patients (5%). Anesthetic agents used were basically O<sub>2</sub>-Air-Sevoflurane with added propofol, fentanyl, and remifentanyl. During the operations, a severe decrease in SpO<sub>2</sub> or blood pressure and deadly arrhythmias did not occur in any patient. Delayed awakening was also not found and all extubations were performed in the operating room. There was one patient that just after the extubation, experienced a very low level decrease in SpO<sub>2</sub> but recovered immediately. There were no re-intubation patients after the surgery. **Conclusion**There were no anesthetic problems or complications in any patients. There are many important risks or caring points concerning anesthesia for morbidly obese patients, but the biggest issue seems to be the respiratory management. In addition, there are some unclear issues which we should discuss more such as fluid therapy and drug dosing.