



General anesthetics

General anesthesia (GA)



General anesthesia is an induced short-term fully **reversible** deep unconsciousness combined with analgesia while perception of pain is eliminated and muscles are relaxed.

History



- October 1846 in Massachusetts
General Hospital in Boston, USA –
the first public demonstration of ether
GA
- dentist William Thomas Green Morton
- patient: Edward Gilbert Abbott, 22
years old, neck tumor



<https://commons.wikimedia.org/wiki/File:Roots-critical-care.jpeg>



Stages of GA are historically characterized by Guedel's scheme

- following use of ether (today historical and didactical meaning only)

No anesthesia runs according to this scheme presently.

General anesthetics



Inhalational

liquid

gaseous

Intravenous

barbiturates

non-barbiturates

benzodiazepines

Inhalational anesthetics

Physical and Chemical Properties



- gases

- liquids

 - (fluid under normal pressure - boiling point about 50°C, a special device is necessary for their use - vaporizer)

- concentration of general anesthetic in the CNS depends on its concentration in blood and this correlates with its concentration in the inhaled air

Inhalational anesthetics



Mechanism of action:

- dependent on liposolubility of the drugs (anesthetic effect of inhalational anesthetics grows with increasing liposolubility) – so called lipid (biophysical theory);
Overton–Meyer’s correlation: anesthetic potency is closely associated with liposolubility, not with chemical structure
- non-specific influence on ion channels in neuronal membranes

MAC – minimal alveolar concentration = concentration which induces stadium of tolerance in 50 % of patients

Liquid (volatile) inhalational anesthetics



isoflurane

- low metabolism
- increases effect of muscle relaxants, causes hypotension
- pungent smell – disadvantage in pediatrics

desflurane

- fast onset and recovery, pungent smell
- used only for maintenance of anesthesia
- suitable in obese patients (bariatric surgery) and in 1-day surgery

sevoflurane

- fast onset and recovery
- pleasant fruit smell
- most widely used in pediatrics

Liquid (volatile) inhalational anesthetics



HISTORY

diethylether (ether) used exceptionally nowadays (explosive, long excitatory stage, irritation of mucous membranes)

advantage – low boiling point – can be used without anesthetic machine under field conditions

Gaseous inhalational anesthetics



nitrous oxide N₂O (laughing gas)

- MA: inhibition of NMDA receptor
- low anesthetic potency, effective analgesic drug
- rapid onset and recovery, used in combined anesthesia (in obstetrics as monotherapy) and with muscle relaxants

AE:

- supraventricular arrhythmia
- hallucinations, potentiates postoperative nausea
 - risk of bone marrow suppression following exposition > 6 h. -
(megaloblastic anemia, agranulocytosis following chronic use)
- not to be used in conditions with presence of gas in cavities
(pneumothorax - risk of increase in intrathoracic pressure with shift of mediastinum)

Intravenous general anesthetics



- 1. BARBITURATES**
- 2. NON-BARBITURATES**
- 3. BENZODIAZEPINES**

1. BARBITURATES



thiopental

- MA: increases inhibitory effect of GABA receptor
- for induction to anesthesia
- fast onset (20s), duration 5-10 min
- redistribution from the brain to muscles and fat – need of higher dose in obese patients, slow recovery in obese patients, „hang over“ during recovery
- accidental injection into an artery causes pain and even necrosis or gangrene

KI: in patients with liver damage, porphyria

AE: cardiovascular and respiratory depression, vasodilation, negative inotropic effect; immunosuppression (following long-term use)

2. NON-BARBITURATES



ketamine

- for induction or maintenance of short-term surgical procedures, it causes strong analgesia
- MA: inhibition of NMDA receptor
- patients experience dissociation from the environment and self
→ **dissociative anesthesia**
- onset 1-2 min. following i.v. administration
- suitable in pediatrics, in patients with hypovolemic shock after injury; to decrease pain during small surgical procedures, in burns, for anesthesia during natural disasters and wars

AE: ↑ **blood pressure and pulse (it can be used in shock)**
after recovery living hallucinations (prevention: combination with benzodiazepines)

KI: hypertension, heart insufficiency, arteriosclerosis, intracranial hypertension, glaucoma

propofol



- MA: increases activity of GABA_A receptor
- for induction and maintenance of GA, it has no analgesic effects, fast onset (30 s), short duration (t_{1/2} 2-4 min)
- administered as emulsion oil in water, which causes pain and increases risk of bacterial propagation in vial
- prodrug fospropofol (soluble in water, Lusedra in USA)
- AE: cardiovascular and respiratory depression, lactate acidosis

Long-term use (higher doses) can cause „propofol syndrome“
- green coloration of urine and hair



<http://www.doctoryg.com/2016/11/propofol-infusion-syndrome.html>



etomidate

- MA: allosterically increases affinity to GABA receptor
- for induction to GA, it has no analgesic effects
- fast onset, fast recovery, smaller risk of respiratory arrest
- for short-term surgical procedures: cardioversion

AE: myoclonus, tremor

↑ blood pressure, postoperative nausea and vomiting, pain during administration

not to be used in patients with suprarenal insufficiency, immunosuppression

dexmedetomidine



- has analgesic and anesthetic/analgesic sparing effects
- for premedication and vegetative stabilization during surgery
- MA: specific agonist of α_2 -adrenergic receptor
- highly soluble in fat (fast penetration to the CNS and fast onset of sedative and hemodynamic effects)

dexmedetomidine (cont.)



- effect on presynaptic α_2 -adrenergic receptors inhibits particularly release of noradrenaline, and furthermore acetylcholine, serotonin, dopamine and substance P
- use: in intensive care and for sedation
- AE: hypotension, bradycardia

3. BENZODIAZEPINES



- their effect is caused by sensibilisation of binding site for GABA on chloride channel

midazolam

- for premedication, induction to GA
- depressive effect on respiration

- see topic Hypnosedatives

Course of general anesthesia



1. Premedication
2. Induction
3. Maintenance
4. Recovery

Premedication



- used to sedate and tranquillize the patient
- prevention of adverse effects (both of anesthetic drugs and organism)
 - decrease in consumption of anesthetics
 - analgesia before the surgery
 - ensuring amnesia
 - decrease in gastric volume and acidity, prevention of aspiration pneumonia
 - attenuation of vagal reflexes during intubation



Class of drug	Drug	Expected effect
benzodiazepines	diazepam bromazepam midazolam	anxiolytic
antisecretoric agents, antacids	H ₂ antihistamines (ranitidine, famotidine)	decrease in acidity of stomach content
opioids	fentanyl, sufentanil	analgesic
neuroleptic drugs	thioridazine, droperidol	central sedation + antiemetic effect



Induction to GA

- shortly acting injection
administration i.v. or i.m., rarely in children per rectum
thiopental
ketamine
propofol
(etomidate)

- for intubation muscle relaxation is necessary (depolarizing
muscle relaxants)
suxamethonium (onset of effects within 30 s, duration up to 3
min.)

Maintenance of GA



Inhalational (balanced)

- combination of inhalational anesthetic drug, opioids and relaxants
- mixture $\text{N}_2\text{O} + \text{O}_2$ (2:1) + sevoflurane or isoflurane + analgesic drugs + muscle relaxants

TIVA

- total i.v. anesthesia

TIVA



- Bristol regime ("manual" infusion)
- premedication: benzodiazepine (temazepam)
- induction: fentanyl 2 $\mu\text{g}/\text{kg}$, bolus of propofol 1 mg/kg
- propofol infusion in scheme 10-8-6: 10 $\text{mg}/\text{kg}/\text{hour}$ for 10 minutes, 8 $\text{mg}/\text{kg}/\text{hour}$ for 10 minutes, 6 $\text{mg}/\text{kg}/\text{hour}$ as needed
- patient on artificial ventilation
- advantage: decrease in propofol consumption, higher hemodynamic stability, faster recovery

Recovery

anesthesia should subside spontaneously



When problems with recovery occur:

- neostigmine – blocks effects of non-depolarizing muscle relaxants (after surgery to terminate muscle relaxation)
- naloxone – restores vigility supports respiratory center (opioid antagonist)
- flumazenil – restores vigility (benzodiazepine antagonist)
- itopride, metoclopramide- prevention of postoperative nausea

Recovery



- furosemide - in case of anuria

- noradrenaline - in case of hypotension

- beta-blockers (metoprolol) - in case of tachycardia

- sugammadex
 - coats molecules of peripheral (non-depolarizing) muscle relaxants and complexes are then eliminated by kidney
 - for fast decurarization
 - sugammadex has the largest effect on rocuronium, smaller on vecuronium and the smallest on pancuronium

- postoperative analgesia: morphine, piritramid, paracetamol, metamizole

ALTERNATIVES OF GA



Neuroleptanalgesia

- neuroleptic drug + opioid analgesic drug

= state of psychomotor sedation, neurovegetative stability and analgesia

- amnesia after recovery, patient is not unconsciousness – important during neurosurgical procedures

ALTERNATIVES OF GA



Analgo-sedation

- opioid analgesic drug + benzodiazepine
midazolam (diazepam) + fentanyl

Tranquanalgesia

- i.v. anesthetic drug + benzodiazepine
ketamine + midazolam (diazepam)

Malignant hyperthermia



- disorder that can be considered a gene-environment interaction, it causes an increased release of calcium or limited re-uptake of calcium to sarcoplasmic reticulum in muscle cells
- the most common triggering agents are volatile anesthetics, (most frequently halothane) or the muscle relaxant suxamethonium
- symptoms: very high temperature, increased heart rate and abnormally rapid breathing, increased carbon dioxide production, increased oxygen consumption, mixed acidosis, rigid muscles, and rhabdomyolysis

Malignant hyperthermia



- When suspect: discontinuation of triggering agents, and supportive therapy directed at correcting hyperthermia, acidosis, and organ dysfunction
- treatment is the intravenous administration of **dantrolene**, the only known antidote
- testing: a muscle (small part of musculus femoralis) biopsy is carried out
- National center for malignant hyperthermia was founded in Brno in 2001

Most frequent complication of GA



Induction

hypotension, dysrhythmia, laryngospasms, aspiration

Maintenance

hypo- and hypertension, dysrhythmia, hypoxia, hypothermia

Recovery

hypotension, tremor, delayed recovery, persisting muscle relaxation



New substances

xenon (inhalational anesthetic drug – gas)

- the fastest introduction and recovery
- MA: inhibition of NMDA receptors
- non-toxic, no metabolism, analgesic effect
- anti-apoptotic and neuroprotective effects