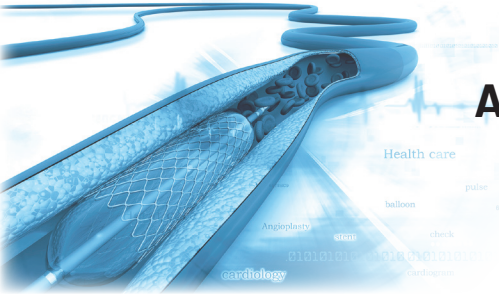


CHAPTER 2



ANESTHESIA MANAGEMENT IN THE PROXIMAL AORTIC SURGERY

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INTRODUCTION

The aorta is anatomically divided into four sections; root of the aorta (the part of the aortic valve ring, aortic valve cusps and sinus valsalva), ascending aorta (from the sinotubular junction to the beginning of the truncus brachiocephalic artery), aortic arch (horizontal part of the aorta, brachiocephalic artery, left common carotid artery and left subclavian artery are arising from the aorta), descending thoracic aorta (the part that starts after left subclavian artery, extends to the diaphragm) (1).

Aortic diseases are classified as; acute aortic syndromes, aortic aneurysms, genetic diseases affecting the aorta (Marfan syndrome, coarctation of the aorta, diseases related to bicuspid aorta), atherosclerotic lesions of the aorta, aortitis (giant cell arteritis, Takayasu arteritis), aortic tumors (2). Acute aortic dissection, intramural hematoma, penetrating aortic ulcer, aortic aneurysm rupture, pseudoaneurysm, and traumas are evaluated as acute aortic syndromes (2).

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provided by intravenous administration of protamine sulfate at a dose of 350 units per kilogram.

POSTOPERATIVE PERIOD

At the end of the operation, patients should be transferred to the intensive care unit by providing intubated and full monitoring. Coagulopathy, bleeding, cardiac tamponade, stroke or encephalopathy, malperfusion of the extremities, renal failure, respiratory failure are the major problems encountered in these patients in the postoperative intensive care unit. After a patient's hypothermia, metabolic acidosis, bleeding and coagulability disorders are corrected and hemodynamic stability is achieved, the patient should be prepared for extubation by evaluating the neurological status. Relief of pain in the postoperative period is important for the patient's respiratory functions.

CONCLUSION

Proximal aortic surgeries are the most risky surgeries of cardiovascular surgery. Anesthesia management is very important and is one of the factors affecting mortality and morbidity of patients. The anesthetist should work in coordination with the surgeon and perfusionist. The patient should be followed closely and carefully perioperatively, and additional monitorizations are required for prognosis.

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