

## ANESTHESIA MANAGEMENT IN THORACIC AND THORACOABDOMINAL AORTIC SURGERY

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### INTRODUCTION

Descending thoracic aortic aneurysms that begin from the distal left subclavian artery and often extend to the abdominal cavity and affect the entire aorta are operated with a left thoracotomy or thoracoabdominal incision without cardiopulmonary bypass (1). Among the thoracic aneurysms, 35% involve the descending aorta and 10% involve the thoracoabdominal aorta (2). The incidence increases over the age of 60 years.

Since the operation has increased perioperative morbidity and mortality risk, also special in terms of anesthesia. It is primarily preferred if the patient is suitable for endovascular intervention (3). These risks include:

- Complicated and prolonged surgical procedure
- Preferred surgical techniques (left heart bypass technique, use of heparin-coated vascular shunts, partial bypass or extracorporeal circulation method, simple cross-clamp technique)
- Excessive hemodynamic and metabolic stress response
- Problems that may occur due to the need for one-lung ventilation
- Organ ischemia due to decreased distal aortic perfusion

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