

## ANESTHESIA MANAGEMENT IN THE SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM

Tülay ÖRKİ<sup>1</sup>

### INTRODUCTION

Abdominal aortic aneurysm (AAA), the most common aortic aneurysm, has a high rupture rate. While 70% of the AAA is infrarenal, 30% involves the renal arteries (1). The incidence of AAA increases rapidly after the age of 50 years. The patients at the highest risk are males over 65 years of age and those with peripheral atherosclerotic vascular disease. The prevalence is lower in women. The prevalence of AAA in the male group over the age of 60 years varies between 5-10% (2).

Endovascular aortic aneurysm replacement (EVAR) is one of the procedures currently applied as a treatment for abdominal aortic aneurysms (3). AAA patients without indications for the EVAR treatment are treated surgically by laparotomy under general anesthesia (Figure1).

The long duration of the operation, the clamping of the aorta without cardiopulmonary bypass, hemodynamic and metabolic stress response, increased intraoperative blood loss and the resulting increased need for blood transfusion, the decrease in body temperature, and the high risk of perioperative mortality and morbidity pose a great anesthetic risk.

<sup>1</sup> MD. Department of Anesthesiology and Reanimation; University of Health Sciences, Koşuyolu Yüksek İhtisas Education and Research Hospital, tlaykayacan@yahoo.com.tr

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