

ANESTHESIA MANAGEMENT IN SURGICAL TREATMENT OF PERIPHERAL ARTERIAL DISEASE

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INTRODUCTION

Peripheral arterial disease (PAD) (Figure 1) is a disease resulting from systemic atherosclerosis. It is an important disease in terms of public health due to the large age group it affects and the high mortality and morbidity rates. It is closely related to age, gender, habits, occupation, and genetic characteristics. High prevalence of PAD, increased risk of death, ischemic events, myocardial infarction, stroke, and other thromboembolic events increase its importance (1).

The most commonly used method to investigate the frequency of PAD is to measure the ankle-brachial pressure index. In the PARTNER study, the ankle-brachial pressure index < 0.9 was used as a criterion for diagnosing PAD, and PAD was diagnosed in 29% of the individuals (2).

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hours postoperatively. These patients may not feel the pain of myocardial ischemia because they receive a high rate of analgesic therapy. Therefore, close hemodynamic follow-up, urinary output (low flow), physical examination of the distal revascularization segment, and monitoring of troponin values are very important in the postoperative period (25).

CONCLUSION

Since peripheral arterial disease brings many pathologies with high mortality and morbidity, such as myocardial infarction, they are high-risk patients in terms of anesthesia. The patients in this group should be followed closely during the perioperative period, and pain control should be done effectively.

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