
Composite Neck Resection and Free Flap

Anesthesia Protocol

University of Washington Medical Center

Department of Anesthesiology

The Procedure

Pre-operative Evaluation

Patient will come to OR with extremity for free-flap wrapped or marked. Free-flap comes from:

- 1) Arm 25-30%
- 2) Leg 25-35%
- 3) Abdomen 25-30%
- 4) Hip and back 5%.

Pre-Induction Phase

Intraoperative Management Note

See "O.R. Head and Neck Flow Sheet" in pre-op anesthesia evaluations section of chart for additional information. Patients will arrive early in pre-op holding area (6:30 - 6:45 AM) to facilitate line placement. Patient should be in OR room by 7:15 AM.

Monitoring and Lines

Start all needed IV and A-lines in holding area prior to induction.

Important - Bring patient into OR at 7:15 AM regardless of whether a-line has been started.

- 1) EKG leads - place on back of shoulders
- 2) One intravenous and A-line - opposite wrapped extremity
- 3) CVP not needed by surgeons. Place only if warranted by patient's cardiovascular status. If CVP indicated, have surgeon do subclavian on side opposite tumor. Can be arranged day before surgery if patient is in house.
- 4) Oxygen saturation - Toe works well - able to check placement (arm not being used for flap is tucked).

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Induction Phase

Airway Management

Most intubations will be oral and will be followed by asleep tracheostomy with the tube being sutured to the chest.

- 1) Ten percent will need awake fiberoptic intubation because of trismus or large tumor distorting anatomy.
- 2) Check surgeon's pre-op note for airway details or requests.

Muscle relaxants

No long-acting muscle relaxants, as surgeons need to identify facial and spinal accessory nerves. 50% of patients undergo endoscopy after intubation and require short-acting non-depolarizing muscle relaxants. If abdominal flap being used, surgeons will require muscle relaxation. Again, only use short-acting non-depolarizing muscle relaxants.

Eyes

Cover with Tegaderms™. Consider use of ophthalmologic ointment before covering eyes.

Positioning

Patients are usually positioned supine and the table is turned 180 degrees after induction so that anesthesia machine is at foot of patient.

Fluids

Chart review - total iv fluids = 8cc/kg/hr, EBL = 383, Urine output = 1600, Case duration = 14 hrs. (all mean values for 5 cases)

Drugs

Avoid alpha-adrenergic agents for treatment of hypotension. Repeat antibiotic and steroid doses as appropriate.