

802. Relationship between plasma bnp values and perioperative myocardial ischaemia in patients with chronic ischaemic heart disease undergoing turp

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Aim: Transurethral resection of the prostate (TURP) is performed on a relatively elderly surgical population, and is associated with considerable morbidity like myocardial ischaemia which is about 30%. Preoperative plasma values of BNP is a good predictor of the complications and mortality after cardiac surgery. But it is not that clear whether it has a prognostic value in cardiac patients undergoing non-cardiac surgery. The aim of this study is to evaluate if there is a relationship between silent myocardial ischaemia and plasma BNP values in patients with chronic ischaemic heart disease undergoing TURP.

Materials and Methods: 60 ASA II-III patients with ischaemic heart disease undergoing TURP enrolled in this study. 24 Hour holter monitorization was applied to all patients beginning 8 hours before the surgery. In the operation room standard monitorization including ECG, arterial blood pressure, CVP and SpO₂ were done. In general anaesthesia group (n=30) induction was done with 50 mcgr fentanyl, 3-5 mg/kg thiopental and maintained with; 50% O₂ + air, 0,5-1 % MAC isoflurane after the insertion of LMA. In spinal anaesthesia group (n=30), spinal anaesthesia was done at L3-4 levels using 7,5 mg bupivacaine and 25mcgr fentanyl.

Preoperatively pro- BNP values were recorded. Preoperatively, at 30.,60. minutes of the operation and postoperatively 1.,6.,hours CVP, Hb/Hct and Na plasma values were recorded. Heart rates and blood pressure values were recorded at 2.,4.,6.,8.,10.,15.,20.,25.,30.,45.,60. minutes of the operation. Resection time and amount of the irrigation solution used were recorded.

Findings: Ischaemia were found in 3 patients(10%) in group G and 4 patients (14,3%) in group S (p>0.05). BNP values were not high in these patients. Heart rate values were lower in group S at intraoperative 2.,4.,6.,8.,10. minutes(p< 0.05).

Conclusion: We could not find a relationship between preoperative BNP values and silent ischaemia findings and recommend that further research is likely to be needed to support this relationship.

103. Incidence of femoral neuropathy after kidney transplantation

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Background and Aims: Femoral neuropathy after kidney transplantation is not common and often reversible, but it can cause a discomfort to the patients. The incidence of this complication has not yet been reported in Korea. The objective of this study is to estimate the incidence of femoral neuropathy in our institution and to clarify individual risk factors including anastomosis sites, donor type, and etiology in kidney transplantation recipients.

Methods: From February 1995 to March 2007, a total of 869 patients who underwent kidney transplantation in our center were enrolled in this study. Femoral neuropathy was defined as the numbness of medial side of upper thigh or immobilization. We reviewed the medical records including electromyographies finding, replies of consultations, nursing records, and anesthetic records, retrospectively.

Results: For the 869 patients who were analyzed, 12 patients (1.38%) developed femoral neuralgia which was ipsilateral to the kidney transplantation site. Among these 12 patients, 11 patients (91.7%) had an anastomosis to the internal iliac artery and other to the common iliac artery. 12 patients (100%) had an anastomosis to the external iliac vein. Femoral neuropathy occurred in 4 living donors (33.3%) and 8 cadaver donor (66.7%), respectively. Electrodiagnostic studies were postoperatively performed in 11 patients. 3 patients had lateral femoral cutaneous nerve damages, and 1 patient had an obturator nerve damage. All patients were fully recovered without any complications.

Conclusions: Femoral neuropathy is uncommon (1.38%) and a reversible complication of kidney transplantation often yielding good prognosis.