

## **Case Scenario 1**

### **Preoperative Assessment**

A 45-year-old male with a 25 pack-year history of cigarette smoking is scheduled at 7:00 a.m. for a lung resection to remove a malignant tumor under general anesthesia. He is 5'10", 250 lbs (BMI of 35.9) and leads a sedentary lifestyle. His past medical history includes type 1 diabetes mellitus and chronic renal insufficiency. When he arrives in the preoperative unit two hours in advance, he states that his weight has remained constant over the last five years, and that he has been NPO since 10 p.m. last night. Baseline vital signs are assessed and his blood pressure is 148/90 mmHg. The anesthesia professional determines the patient to be an ASA class III. The patient is taken to the OR as per the scheduled time.

### **Intraoperative Assessment**

Following induction of general anesthesia by the anesthesia professional, the patient is placed in the lateral position with warming blankets over his legs and upper body. The patient maintains normothermia throughout the procedure. His baseline systolic blood pressure (SBP) is 148 mmHg and was recorded by the anesthesia professional as low as 135 mmHg during the surgery. The patient's position remains stationary throughout the four hour surgical procedure. After removal of the surgical drapes, the patient's skin appears dry and no moisture is observed by the perioperative team members. The patient is extubated by the anesthesia professional and the patient is transferred to a gurney for transport to the PACU. The estimated blood loss for the procedure is recorded at 200 mL.

### **Postoperative Assessment**

The patient is transported to the PACU and remains in the PACU for one hour before being transferred to the cardiothoracic intensive care unit (CTICU). A chest tube placed intraoperatively is noted to have 50 mL of sanguineous fluid in the collection chamber before the patient was transported to the CTICU.

## **Case Scenario 2**

### **Preoperative Assessment**

A 75-year-old male patient from a skilled nursing facility is admitted to the hospital for a low anterior bowel resection for an adenocarcinoma of the sigmoid colon.

His past medical history includes type 2 diabetes and inflammatory bowel disease with associated chronic diarrhea. He has been bed-ridden for the last year and presents with a Stage III pressure ulcer on his sacrum. He has not eaten in the last two days due to abdominal pain. He is 5'6", 175 lbs and his BMI is 28. His weight was ten pounds higher thirty days ago. He arrives in the preoperative unit one hour before the scheduled surgery time and waits an additional 1.5 hours due to an unexpected delay. His baseline blood pressure according to the anesthesia professional was 120/80 mmHg. The anesthesia professional determines the patient to be an ASA class II.

#### Intraoperative Assessment

After induction of general anesthesia by the anesthesia professional, the patient is positioned in the lithotomy position. A warming blanket is placed over his upper body. Throughout the surgery his temperature fluctuates between 36.6 and 37.4 °C.

Intraoperatively the lowest recording of his systolic blood pressure was measured at 90 mmHg. The entire tumor was removed and there were no complications. The surgeon asked for the patient to be positioned in Trendelenburg while the surgery was underway and the patient was returned to a level position while maintaining a lithotomy position. The estimated blood loss for the procedure was recorded at 300 mL. Two drains were placed. There was a pool of diarrhea under the patient after surgery. The perioperative team members cleaned and dried the patient's skin before transporting him to the PACU. The total time in the OR suite was 3.5 hours.

#### Postoperative Assessment

While the patient was in the PACU, the drains were emptied of 50 mL serosanguineous fluid and no frank bleeding was noted. His recovery time was one hour, however the inpatient unit room was not available and his departure from the unit was delayed by 45 minutes.