

ANESTHETIC APPROACH IN GERIATRIC AND PEDIATRIC PATIENTS IN SMALL PRACTICE

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Pediatric and geriatric patients represent a clinical and therapeutic challenge in anesthesia. Pediatric anesthetic patients have a limited reserve capacity in most physiologic systems. For the geriatric patient, it is imperative that the anesthetist is aware of the comprehensive history of the geriatric cat or dog, including current medications and their potential impact on anesthesia. A complete physical examination, CBC and serum biochemistry is the cornerstone for any pediatric and especially for geriatric animal undergoing anesthesia. Thus, more importantly than age alone, the combination between life stage and physical status needs to be considered by the anesthesiologist while designing anesthetic protocols. Twenty dogs were admitted at the University veterinary hospital in Skopje for invasive surgery. Fourteen dogs were geriatric from 7 to 17 years, six dogs were pediatric from 1 to 3 months old. Anesthesia was provided with Propofol and maintained with Isoflurane. Analgesia was provided with opioids (morphine, tramadol), NSAID'S (meloxicam) and local anesthetics (bupivacaine), sedatives and tranquilizers were not used. Heart rates, respiratory rates, body temperature were recorded intra-operative and post-operative. From clinical examination two dogs from pediatric group had existing disease (ASA 3-4) and three dogs from geriatric group were with existing disease (ASA 2-3). There were no adverse reaction from anesthesia in all of the dogs. The anesthesiologist should consider physiology, age and specific coexisting diseases as a whole when designing anesthetic protocols for pediatric and geriatric patients. Knowledge of factors associated with anaesthetic-related death and high risk peri-operative periods could aid patient management and reduce complications.