Summary

SUMMARY

Cardiac dysrhythmia is one of the most prevalent complications that face the anesthesiologists in the peri-operative period.

However, the incidence appears higher with the computer-aided detection of dysrhythmias, coexisting cardiovascular, cerebrovascular, pulmonary, renal, metabolic or electrolyte disturbances. Also it shows a further increase in patients receiving concurrent drugs therapy as digitalis, diuretics and drugs affecting the synthesis and release of catecholamine.

The sudden appearance of any new dysrhythmias, regardless the haemodynamic consequences should arouse the anesthesiologist interest and concern. However, more specifically important are dysrhythmias of haemodynamic significance which are likely to lead to more life threatening rhythm disturbances. Among those advanced second or third degree heart block which may lead to bradycardia, a systole or unstable escape rhythm. R no T frequent ventricular ectopics that lead to ventricular tachycardia or fibrillation, any persistent supraventricular or multiform ventricular ectopics.

The successful dysrhythmia management requires some familiarity with cellular mechanism for cardiac dysrhythmias since the most specific management is antidysrythmic drugs or electrical therapy needs and deep knowledge about these mechanisms including cardiac action potential, the normal and abnormal automaticity.

The possible management of dysrhythmias shold be directed towards the cause including possible hypoxia, hypercarbia, electrolyte disturbance, myocardial ischaemia or infraction, anaesthetic overdose, hypertensive or hypotensive episodes or possible drugs interaction.

The anaesthetic management for dysrhythmias should start in the preoperative period thorough preoperative assessment of the case for possible cause of dysrhythmias.

The intraoperative monitoring is very important for early detection and management of arrhythmias.

The post operative follow up for possible reactivation or compilations should also be considered.