Abstract

Introduction. In a kidney transplant procedure the anesthesiologist is confronted with several pathophysiological changes inherent to the chronic nephropathy. There is a lack of consensus regarding the use of general vs. epidural anesthesia. The latter is a very important approach for postoperative pain control but many anesthesiologists avoid epidural anesthesia due to the risk of puncture-related complications in the light of the special characteristics of that patient population. Objective. To describe the anesthetic management in renal transplant patients, the frequency of anesthetic complications and the mortality in the first 3 years of the renal transplantation program at the Neiva University Hospital. Materials and methods. Case series of 54 patients undergoing renal transplantation at the Neiva University Hospital from January 2007 through September 2009. Results. There were 21 women and 33 men in total, with a mean age of 42.2 years. 15 % had intraoperative complications, with a frequency of 11 % of hemodynamic instability, 1.9 respiratory depression, while 1.9 % experienced failed extubation. 73 % received multimodal anesthesia. Epidural anesthesia was the most common approach for postoperative pain management (70 %) with morphine as the opioid of choice. Overall mortality was 7.4 %. Conclusions. Multimodal anesthesia is a satisfactory option for patients undergoing renal transplantation. The epidural catheter is an attractive option to deliver both anesthesia and postoperative analgesia. Epidural opioids merit special attention because of their pharmacokinetic-derived risks, particularly those related to respiratory depression.

Keywords

Anesthesia, Epidural, Anesthesia, General, Kidney Transplantation, Anesthesia. (Source, MeSH, NLM).