Do We Know the Perfect General Anaesthetic (and Adjuvant) for Early Discharge?

MERT ŞENTÜRK MD
Istanbul- TURKEY

There is (still) no “Perfect Anaesthetic”, but there are always improvements.

We can determine some challenges to delay the discharge, such as pain, nausea-vomiting, immobility, delayed effects of drugs, etc. An important aim of the preference of the anaesthetic management should be to overcome these challenges, to obtain a discharge as early as possible.

Using intravenous analgesia can help to achieve an early discharge: Propofol is known to help for a “smooth” recovery from anaesthesia; moreover it has well-known anti-emetic properties. Therefore, many anaesthesiologists tend to switch to TIVA at the finals stage of the operations, even if inhalation anaesthesia has been used during the whole process. Moreover, monitoring of the depth of anaesthesia (DoA) is –empirically- more used during TIVA, which can achieve the avoidance a more superficial or deeper anaesthesia than necessary, which is more easily obtainable by using TCI. It should be noted that in patients with a higher risk of postoperative PONV, the first method of choice is to prefer propofol (and not prophlactic anti-emetics).

Combining regional anaesthesia techniques with general anaesthesia can be an appropriate solution for both a sufficient postoperative analgesia and a decrease of the doses of the general anaesthetics. This would also allow a decrease in the requirement of the use of systemic opioids in the postoperative period. Systemic use of local anaesthetics are also helpful to decrease the doses of the general anaesthetics.

Dexmedetomidine can advance the discharge via many pathways: 1. A good analgesic. 2. No depressive effects on ventilation. 3. Decrease of doses of general anaesthetics. 4. Anxiolyitc. 5.No delayed effects.

Finally, the most important factor is the awareness of the anaesthesiologist to prefer the appropriate method/drugs to advance the discharge.