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Limits of virtual anesthesia in ambulatory surgery

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Objective: We delimit the indications of virtual reality scenarios (Surgical cyber therapy) during ambulatory surgery.

Methodology: Around 120 ambulatory surgeries were done under, local and regional anesthesia in a public hospital with a same surgeon in Mexico City with the support of Virtual Reality navigation. Virtual scenarios were developed at the Virtual Reality Medical Center by Branda and Marl Wiederhold in San Diego CA, USA.

Results: A virtual reality scenario (Cyber therapy) is used as a complementary tool to reduce pain and anxiety during short recovery surgeries demonstrated important overcomes while peritoneum was not involved. VR don´t reduce pain and anxiety in tissues where peritoneum or visceral tissues are present, except in small group of patients, difficult to predict or detect before surgeries. We used the scale of 0 to 10 to evaluate pain and anxiety before, during and after surgeries each. An important advantage in our country is the reduction of medications around 25 %.

Conclusion: In our short experience, we recommend cyber therapy without risks in pathologies located in soft tissues only, with ASA I, II, and III. We don´t suggest VR in complicated inguinal hernias and in ambulatory laparoscopic surgeries.

Biography

Mosso Vazquez Jose Luis, at the age of 37 years has completed his studies at Lyon Saint Etienne Universities, France, in Laparoscopic surgery. He has graduated before as pediatrician, general surgeon, and in gastro-intestinal endoscopy in Mexico. He is active as a faculty of medicine in the Universidad Pan-American, and as surgeon and endoscopist in public hospitals. His lines of research are robotic surgery, virtual reality, smart phones and tablets for surgery. He has published more than 15 papers and has been serving as editorial board member in the Journal of Cyber therapy and rehabilitation.

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