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Improving the recommendations of the surviving sepsis guideline with the aid of transoesophageal echocardiography

Kanishka Indraratna

Sri Jayewardenepura General Hospital, Sri Lanka

With sepsis there is tissue hypoxia. This can be due to relative hypovolaemia, reduction in perfusion pressure, impaired oxygen extraction. If not corrected, it will lead to multiple organ failure. To prevent multiple organ failure the oxygen requirement has to be provided. The surviving sepsis guidelines form the basis of treatment of these patients. This recommends the administration of fluids to a minimum of 30 ml/kg of crystalloids, to measure CVP and to achieve a CVP of 12, and to use vasopressors if the response to fluid is poor. However the guidelines make no attempt to identify the cause of the hypotension. They also make no attempt to assess whether the patient can handle or respond to such a fluid challenge. In sepsis there can be myocardial dysfunction. The CVP cannot assess fluid responsiveness and is a poor guide to fluid therapy. The haemodynamic resuscitation bundle of the surviving sepsis guideline has drawn much criticism. Transoesophageal echocardiography can identify any myocardial problems, fluid deficits and fluid responsiveness. As such transoesophageal echocardiography can usefully add to the success of the surviving sepsis guideline.

Biography

Kanishka Indraratna is Consultant Anaesthesiologist at Sri Jayewardenepura General Hospital, Sri Lanka. He graduated from the University of Colombo, Sri Lanka. He obtained MD (Anaesthesia) from Sri Lanka and the FFARCSI and FRCA. He underwent Post graduate training in Anaesthesia in the UK. He also worked as a long term Locum Consultant Anaesthesiologist in the UK for 2 years. His special interests are cardiac anaesthesia, neuroanaesthesia and intensive care.

kindraratna@yahoo.co.uk