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Resection of a giant ovarian tumor: An anesthetic challenge

Cheryl Aporado

Jose R. Reyes Memorial Medical Center, Philippines

A 20 year old woman, 5 feet in height with a 161 cm abdominal girth was admitted for evaluation of massive abdominal distension. Her abdominal ultrasound revealed a giant ovarian tumor. She was received lying in her left with difficulty of breathing. Surgical plan at that time was to gradually drain the cyst using local anesthesia under Monitored Anesthesia Care (MAC). 15 L of cystic fluid from the tumor was drained preoperatively before the decision to remove the tumor completely under general anesthesia was performed. General anesthesia was induced, with the patient in slight left lateral position with 2 mg Midazolam, 50 mg Ketamine, 3 mg atracurium and 80 mg Succinylcholine. There were episodes of hypotension intraoperatively managed by fluid resuscitation and the use of vasopressors. Intraoperatively, a total of 58.8 L of cystic fluid from the mass was removed. Patient was kept intubated and closely monitored post-operatively and was sent home 4 weeks post-surgery improved and stable. This case shows us that it would be safer for a patient with a large ovarian tumor causing cardiorespiratory distress to have gradual drainage of cystic fluid first under MAC before considering total removal of the tumor under general anesthesia.

cherylaporado@yahoo.com.ph