

Fluid management in the operating room: How much do we know

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Fluid management is not a new subject. We use fluids in and out of the operating room every day. But, do we know how much fluid a specific patient needs? What type of fluid is adequate? When is enough, enough? When do we harm instead of help the patient?

Although numerous papers have been published since 1940, many questions about fluid management remain unanswered. Generations of residents have been trained to use the 4-2-1 rule and other quasi-approximations for fluid management leading to the concept of calculating the fluid requirements for patients. However, given the human body's complexity, formulae may not work. Also, medical disciplines vary tremendously in administering and managing fluids —almost no fluids in thoracic surgery versus large quantities in abdominal surgery.

This lecture will certainly create more questions than answers about the fluid management, but acknowledging the fact that the fundament of our understanding is shaky, will make us more cautious in what we do, perhaps animating us to want to know more.

Biography

Djalali attended medical school in Tübingen, Germany. After starting a residency in Urology, he switched to Anesthesiology and completed his doctoral thesis with emphasis on microcirculation at the University of Tübingen. He has been board-certified in Anesthesiology from the German Medical Board since 2000. In 2002, he pursued a Critical Care Fellowship at the Brigham and Women's Hospital, Boston, MA, followed by residency in anesthesiology. Djalali is an Assistant Professor at Stanford, where he directs the Abdominal Surgery Rotation/Program and teaches residents. That program's goal is to propagate a rational approach to intraoperative patient management, which is also the target of his talk.

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