

Case Report: Laparoscopic Removal of a Cyst on the Ovary with Adiposity Grade III

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> Patient History

Female patient, 54 years old, 132 kg, 162 cm

ASA II-III
BMI = 50, adiposity grade III

Diagnosis and indication:
Cyst on left ovary, suspected carcinoma

Internal diagnoses: Severe obesity, hyperlipidaemia, hypertension, coronary heart disease, status post myocardial infarction 2003, diabetes type II

Medication: Antihypertensives, lipid-lowering drugs, T.ass, β -blockers

Therapy: Laparoscopic removal of the cyst

> Procedure and Method

As the cyst was classified as benign following specimen collection, it was removed laparoscopically.

Due to the ASA classification and the obesity of the patient, blood pressure monitoring with very short intervals was indicated as a minimum for this surgery. Since the arms were mainly laid by the patient's sides during the operation, upper arm measurement at regular intervals could not be carried out. In this case 1TM was used which, after a single upper arm measurement for calibration, enables continuous blood pressure measuring.

	Median	Minimum	Maximum	Quartile ₂₅	Quartile ₇₅
Systole	107	67	170	99	122
Mean Pressure	77	50	120	72	86
Diastole	68	42	111	63	75

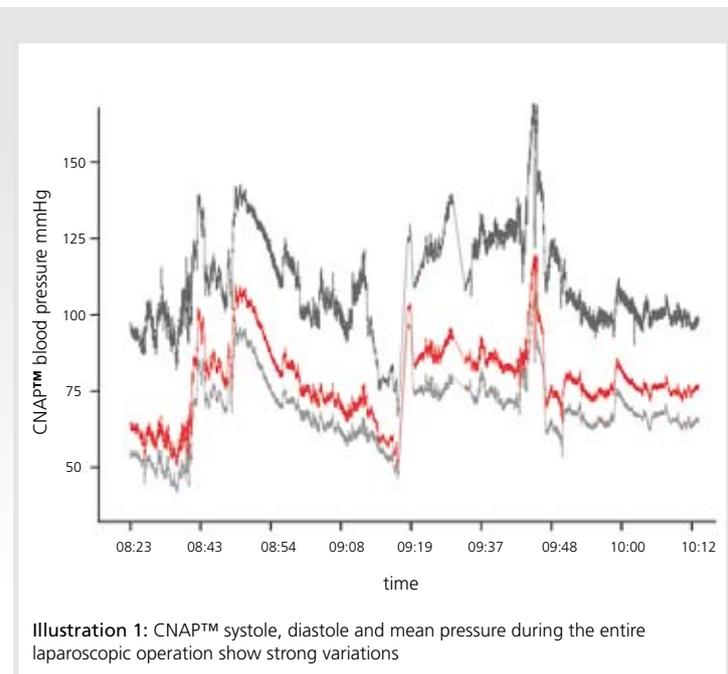
Table 1: Descriptive statistics for CNAPTM systole, diastole and mean pressure (values in mmHg)

> CNAPTM Monitoring

The CNAPTM measurement was performed throughout the entire operation of approx. 2 hours without any problems. The CNAPTM finger cuffs, which are available in 3 sizes, allow reliable blood pressure measurements even on obese patients.

After the initial calibration measurement on the upper arm, a follow-up calibration was only performed after approx. 60 minutes. In table 1 the statistic analysis show variations in perioperative blood pressure. The median of the systolic/medium/diastolic pressure of the patient was 107/77/68 mmHg, therefore no anomalies. Nevertheless strong variations in blood pressure were recorded as it can be seen in the statistic values (Minimum 67/50/42 mmHg; Maximum 170/120/111 mmHg) and in the graphic trend (see Illustration 1).

The haemodynamics of the patient could be monitored continuously during the entire operation enabling very quick reactions to be made in response to the strong variations in blood pressure.



> Conclusion

CNAPTM enables active blood pressure management through continuous monitoring even with volatile blood pressure. The continuous blood pressure measurement by means of CNAPTM can be seen as uncomplicated and reliable. This system can also be used

without any problems in obese patients. Due to the flexibility in setting the intervals of the upper arm calibration measurements, the perioperative use with the arms laid by the sides is also possible.

Info & Contact

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