

CQI Alerts

Sept
2007

OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



MAOI AND ANESTHESIA PRACTICAL INFORMATION

Monoamine oxidase (MAO) isoforms A & B catalyze the oxidation of monoamine neurotransmitters differently.

- **MAO-A** is mostly found in the liver, GI tract and placenta. It *preferentially* deaminates serotonin, epinephrine, norepinephrine and dopamine.
- **MAO-B** is mostly found in blood platelets and the brain. It *preferentially* deaminates phenylethylamine, denzylamine and dopamine.

Monoamine oxidase inhibitors (MAOI) are not all alike.

- **Reversible:** The MAOI detaches from the MAO usually within 2-3 days.
- **Irreversible:** The MAOI *permanently* inhibits the MAO. The body replaces the MAO in approximately 2-3 weeks.
- **Selective:** The MAOI preferentially inhibits either MAO-A or MAO-B.
- **Non-selective:** The MAOI inhibits both MAO-A and MAO-B relatively equally.

COMMONLY PRESCRIBED MAOI'S

- **Phenelzine (NARDIL) & Tranylcypromine (PARNATE)** are both non-selective and irreversible.
- **Moclobemide (MANERIX)** is relatively selective (inhibits 80% of MAO-A and 30% of MAO-B with one 300mg dose). It is reversible.
- **Selegiline (EMSAM)** in low doses is selective (preferentially inhibits MAO-B), but at higher doses (>20mg in adults), inhibits both MAO-A & MAO-B. An EMSAM patch provides 6mg, 9mg or 12mg of selegiline every 24 hours. It is reversible. Its principle use is to treat Parkinson's disease.

Plan your anesthetic accordingly.

- Avoid using drugs acted upon by MAO-A / MAO-B.
- Avoid using other MAO inhibitors, like meperidine.
- Have β -blockers, vasodilators, pressors available.
- Consider NSAIDS, fentanyl and local (without epinephrine) for pain control.



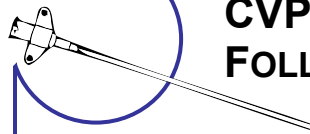
DIFFICULT INTUBATION? TELL STAFF & PATIENT

- The UWMC medical form "*Vital information about your anesthetic*" (UH1705) is available online at www.uwanesthesiology.org/protocols and in the PACU.
- If you had difficulty intubating your patient and feel that future experienced laryngoscopists will have difficulty as well, complete this medical form, detailing your airway techniques.
- Give the original form to the patient. Make 1 copy for the billing office and 1 copy for the UWMC medical record.



POST OP MANAGEMENT OF ESOPHAGECTOMY CASES

Consult the patient's surgeon before using CPAP or BiPAP on patients recently having had thoracic surgery, especially patients having had an esophagectomy.



CVP SAFETY AT UWMC FOLLOW THE PROTOCOL

Follow the UWMC protocol, "Placement of Central Venous Catheters or Introducers Sheaths" located at www.uwanesthesiology.org/protocols.

Suture or staple lines in place x2, and lock Arrow cath guards (Swandom) onto lines prior to transfer out of OR.