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Pulmonary considerations in obese surgical patients

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Abstract

Obesity is a worldwide epidemic and reaches the surgical population. Obese surgical patients pose additional challenges from the pulmonary perspective intra- and post-operatively, both during bariatric and non-bariatric surgery. Postoperative pulmonary complications are increased in obese patients, and derive from the obesity-related pulmonary function impairment, increased risk of diagnosed or undiagnosed sleep apnea and of obesity hypoventilation syndrome. Intraoperative mechanical ventilation presents particular challenges, and recent publications suggest ventilatory patterns may contribute to postoperative pulmonary complications. Furthermore, weaning from mechanical ventilation after surgery in obese patients is a critical period, with a high risk of hypoxemia and hypoventilation. The immediate postoperative use of non-invasive assisted ventilation is controversial, and alternatives for avoiding prolongation of mechanical ventilation or re-intubation are being searched. Suggested intra- and post-operative measures to avoid or minimize postoperative pulmonary complications in obese surgical patients, after bariatric and non-bariatric surgery, will be further discussed.

Biography

Ana Fernandez-Bustamante completed her MD degree at the University of Valladolid (Spain), and anesthesiology residency training and PhD at the Complutense University of Madrid (Spain). She also completed a cardiothoracic anesthesia fellowship and research fellowship on lung injury at the Johns Hopkins University. She has obtained clinical/translational funding through the Foundation for Anesthesia Education and Research (FAER), published in peer review journals and serves as reviewer of reputed medical journals.