Surgery-Anesthesia2013

OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Conference on
Surgery and Anesthesia

September 16-18, 2013 Las Vegas, USA

Limits of virtual anesthesia in ambulatory surgery

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Abstract

Objective. We delimit the indications of Virtual Reality Scenarios (Surgical cybertherapy) during ambulatory surgery. Methodology. Around 120 ambulatory surgeries were done under, local and regional anesthesia in a public hospital with a same surgeon in Mexico City with the support of Virtual Reality navigation. Virtual scenarios where developed at the Virtual Reality Medical Center by Branda and Marl Wiederhold in San Diego CA, USA. Results. Virtual Reality scenarios (Cybertherapy) used as complementary tool to reduce pain and anxiety during short recovery surgeries demonstrated important overcomes while peritoneum was not involved. VR don´t reduce pain and anxiety in tissues where peritoneum or visceral tissues is present, except in small group of patients, difficult to predict or detect before surgeries. WE used the scale of 0 to 10 to evaluate pain and anxiety before, during and after surgeries each. An important advantage in our country is the reduction of medications around 25 %. Conclusions. In our short experience, We recommend cybertherapy without risks in pathologies located in soft tissues only, with ASA I, II, and III. We don´t suggest VR in complicated inguinal hernias and in ambulatory laparoscopic surgeries. ‘

Biography

José Luis Mosso at the age of 37 years has completed his studies at Lyon - Saint Etienne Universities, France in Laparoscopic surgery. He has been graduated before as Pediatrician, general surgeon, and Gastro-intestinal endoscopy in Mexico. His active job is at the Faculty of Medicine in the Universidad Pan-American, and as surgeon and endoscopist in public hospitals. His lines of research are robotic surgery, virtual reality, smart phones and tablets for surgery. He has published more than 15 papers and has been serving as editorial board member in the Journal of Cyber therapy and rehabilitation.