

# GERIATRIC PATIENTS AND ANESTHESIA



## DR. JULIE ANN SMITH ON HOW TO HANDLE ELDERLY PATIENTS

Dr. Julie Ann Smith is a DVM and DACVAA – Diplomate of the American College of Veterinary Anesthesia and Analgesia. She is one of approximately 200 active, boarded anesthesiologists. She talked with us about today's increase in geriatric patients.

"Patients are living longer, so they are developing disease processes. I think that's when the general practitioner becomes a little less comfortable using the drugs that they are comfortable using on young, healthy patients," Smith said. "Older patients are less able to cope with some of the changes that anesthesia causes. Not in a dangerous way, but we just need to understand that we should use short-acting reversible agents, try not to do anything that's not necessary and try to do it as quickly as possible."

***"There are lots of drugs available to manage aging cardiac changes, and if they're managed and stabilized, then anesthesia is not as risky."***

Smith does anesthesiology consulting for MedVet Specialty Healthcare for Pets. "I start the conversation with 'What is a typical anesthetic protocol for you? What other anesthetic agents do you have or are familiar with?' and then I work within that. If I feel like the drugs they have are not going to be appropriate, we will discuss other protocols. But typically, I try to stay within what they're comfortable with. Because they know how those drugs act. When things are going bad, they know how to approach problems related to them."

***"Because of the slightly increased risk involved in anesthetizing geriatric patients, it's important to critically evaluate the patient through the physical exam and lab work, and then adjust protocol for aging changes."***



## CRITICALLY EVALUATE THE PATIENT PRIOR TO ANESTHESIA

Because of the slightly increased risk involved in anesthetizing geriatric

patients, it's important to critically evaluate the patient through the physical exam and lab work, and then adjust protocol for aging changes. Asked if there are any warning signs for geriatric patients, Smith said, "I think heart disease is probably one of the most common underlying things that scares people."

"But again, there are lots of drugs available to manage aging cardiac changes, and if they're managed and stabilized, then anesthesia is not as risky."

*(continued on back)*



She added, “Chronic or acute renal disease is another one that we worry about. You really have to support the kidney. A lot of our aging patients will have impaired renal function, so if the perfusion and blood pressure are decreased during anesthesia to the kidney, that could be a final insult to a kidney that might already be struggling.”



### EQUIPMENT MADE FOR THE PATIENT

Smith has found that with some monitors, the smaller the patient, the more difficult it can be to

get reliable data. But more and more monitors are being developed with veterinary-specific algorithms.

“Sometimes I will go into practices and they have human monitors they got on eBay and they are used. When they call me and say, ‘I am looking to buy a monitor. What’s your advice?’ my advice is always going to be to buy one

***“Pets are living longer lives, but equipment and choice of drugs have been improving year after year.”***

that’s designed to be used in dogs and cats because the algorithms are different.”

“There are a good 10, 15, 20 companies now that make a veterinary-based monitoring system and provide good support. That’s the other thing. You want to talk to somebody who understands your patient. If I call the company that designed the human product and talk to them about how it’s working on a cat, they’re not going to be able to help me.”

Pets are living longer lives, but equipment and choice of drugs have been improving year after year, Smith said. “Not only anesthetically but for pain management and understanding pain. Having better agents is really changing how well we can manage our patients, whether they’re geriatric or not.”

