

CODE: C3
 Question: Cardiac

Type:

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Opening Scenario:

70 year old male, admitted for left acromioplasty. Demand VVI, non-programmable pacemaker inserted 5 years ago (via left subclavian vein) for "low heart rate."

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

1. No H_x suggestive of pacemaker malfunction.
2. Hypertensive - BP 150/95 - on Lisinopril.
3. P/E - nothing significant, except pacemaker visible adjacent to site of surgery.
4. LAB - EGC - paced beats to 70/min.
5. CXR - slight LVH, P.M. wires intact.

Major decision points (major decision points or options which must be recognized by the candidate)

1. Consider regional anesthesia as well as G.A.
2. Must be able to discuss anesthetic considerations of a pacemaker patient. Ensure that magnet available (and pacemaker can convert to VOO) and external pacemaker.

Any followup information required to lead to the end of the question

SCENARIOS

1. Pulse oximeter wave disappears during cautery - how assess/treat?
2. Surgeon's chisel accidentally severs pacemaker wire - how assess/treat? 3° HB responsive to atropine.

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely* unacceptable

1. Must know some anesthetic considerations of a pacemaker pt, and be able to deal with pacemaker failure intra-op. Cautery and grounding plate

Ref: RCEXAMAT EXAMS, October, 95
 Used: 06/94
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