No anaesthetic: the best anaesthetic?

A 72-year-old man was presented to the first call anaesthetist for arterial salvage of his left leg. Because of the general state of the patient, the consultant anaesthetist on call was contacted and came in to the hospital to assess the situation.

The patient, who had a long-standing history of treated cardiac failure and obstructive lung disease, had developed renal failure, probably because of the recent prescribing of an angiotensin-converting enzyme inhibitor. It was felt that the renal failure would recover given time, but coincidentally the patient had developed obvious arterial occlusion.

He was sitting up in a chair, noisily breathing oxygen from a facemask, and unable to lie flat because of orthopnoea. He was distressed mainly by the pain in his ischaemic leg. He was rather obese, with oedema of the lower limbs. The clinicians concerned with his care felt that an operation was indicated because the leg was salvageable and the renal failure reversible. The patient had been playing golf only 3 weeks earlier. The options for anaesthesia were:

1. General anaesthesia breathing spontaneously
2. General anaesthesia with mechanical ventilation
3. Spinal anaesthesia
4. Local anaesthesia.

The surgeons were intending to attempt a femoral endarterectomy, so muscle relaxation was not needed. However, it was thought unlikely that the patient would breathe satisfactorily for long once anaesthetized, even if he remained somewhat head up. The anaesthetists were worried that once he had been intubated and ventilated it would be difficult to re-establish spontaneous ventilation after the operation. Spinal anaesthesia would have been technically difficult, and any hypotension requiring the patient to be put supine would probably worsen his breathing. The patient's shape made local anaesthesia impossible.

Although the general condition of the patient could have been improved, there was not enough time to improve his condition substantially and still give the surgeons any chance of saving his leg. The patient was adamant that he did not want an amputation if it could be avoided.

The consultant anaesthetist thought that any operative procedure on this man in his condition was likely to result in the patient's death, either perioperatively or after a period on the intensive care unit.

He also felt that a patient of similar general condition, but not undergoing an operation, would not be a suitable admission to intensive care. After discussions with the renal physician and the consultant anaesthetist on-call for the intensive care unit, the patients' relatives were asked for their view.

Here, a rather different picture emerged of the patient's normal condition. Although he had indeed played golf quite recently, he was only able to move around the golf course on a golf buggy, and became breathless with any exertion. Even at his best, he needed to stop twice on the short walk between the front door and the car when his son-in-law took him out. He had slept in a chair for some weeks because of orthopnoea. The relatives were clearly caring and worried for the patient. While the doctors were warning of the risks of anaesthesia and surgery, his daughter said: 'Of course, you know what he really wants: he wants to go and join my mother.' Her mother — his wife — had died many years before.

This, and the description of the patient when at his best, put a different perspective on the case, and allowed the doctors to suggest a different course of action.

5. Do not operate, and keep the patient comfortable.

The relatives were relieved at this suggestion. The patient was reassured that one or two things had to be done before the operation could be performed and an intravenous infusion of diamorphine was started. He died, in no distress, late the next day.

DISCUSSION

When extremely ill patients are presented for operation, doctors should not forget that the best anaesthetic may be no anaesthetic for no operation, even if the operative procedure itself is fairly simple. The decision not to operate must involve everyone and if, in this case, the relatives had insisted that the operation was performed, then it would have been. HM

This case is published anonymously to maintain patient confidentiality