Breast Conservation in Low- and Middle-Income Countries: Global Trends in Breast Cancer Care

Philip McCarthy  
*University of Nebraska Medical Center*

Jessica Maxwell  
*University of Nebraska Medical Center*

Benjamin Acton  
*University of Nebraska Medical Center*

Follow this and additional works at: [https://digitalcommons.unmc.edu/gmerj](https://digitalcommons.unmc.edu/gmerj)

Recommended Citation  
[https://digitalcommons.unmc.edu/gmerj/vol3/iss1/32](https://digitalcommons.unmc.edu/gmerj/vol3/iss1/32)
Breast Conservation in Low- and Middle-Income Countries: Global Trends in Breast Cancer Care

Creative Commons License

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License.

This conference proceeding is available in Graduate Medical Education Research Journal: https://digitalcommons.unmc.edu/gmerj/vol3/iss1/32
Anesthetic Considerations for Non-Cardiac Surgery in an Adult Patient with Right Atrial Isomerism
Sagar Bansali, Rebecca Aron
1University of Nebraska Medical Center, College of Medicine, Department of Anesthesiology

**Mentor:** Rebecca Aron  
**Program:** Department of Anesthesiology  
**Type:** Case Report

**Background:** HS has an estimated incidence of 1 in 6000 to 1 in 20000 live births. Right atrial isomerism involves failure of the embryo to develop a normal left right asymmetry and presents as complex cardiac and extracardiac abnormalities. It results in bilateral right atria with an absence of left-sided structures. Presence of intracardiac shunts makes the use of IV air filters to decrease air embolism important. In this patient, a right sided arterial line was selected given a left sided BT shunt. BT shunt flow was optimized by maintaining euvolemia and preventing increases in pulmonary vascular resistance (e.g., avoiding hypoxia, hypercarbia and sympathetic stimulation). General anesthesia was chosen to better control oxygenation and ventilation. Excessive PEEP and low airway pressures were ensured. Given obligate mixing, baseline oxygen saturations in the 70s were maintained. Given asplenia, antibiotic prophylaxis was given and strict sterile conditions during procedures were ensured. Stress steroids were given for panhypopituitarism. Aspirin was continued given the thrombosis risk associated with erythrocytosis.

**Case:** To discuss anesthetic considerations in a 39 y/M with Heterotaxy Syndrome (HS), right atrial isomerism, pulmonic, Blalock Taussig (BT) shunt, asplenia, congenital panhypopituitarism, chronic cyanosis with clubbing and secondary erythrocytosis, with refractory hemorrhoids who presented for surgical hemorrhoidectomy. Baseline arterial oxygen saturations were in mid 70s and hemoglobin was 23.1 mg/dl.

**Conclusion:** Anesthetic management in patients with HS requires understanding of the cardiovascular anatomy to determine hemodynamic goals, limb selection for line placement and optimal treatment.

https://doi.org/10.32873/unmc.dc.gmerj.3.1.026