



# Low Flow Anesthesia

**Jan A. Baum, Geoffrey Nunn**



## **Low Flow Anaesthesia:**

*Low Flow Anaesthesia* Jan A. Baum, Geoffrey Nunn, 1996 In recent years methods of anaesthesia with reduced fresh gas flows and closed rebreathing systems have been viewed with increasing interest However as a great many anaesthetists are not familiar with the techniques of Low Flow Minimal Flow and Closed System anaesthesia some concerns have been expressed about their use Although this alternative approach to anaesthesia may call for a reappraisal of current practice the advantage of economies in the use of gases tightened occupational safety regulations as well as environmental considerations provide compelling reasons for an exploration of these methods Low Flow Anaesthesia the Theory and Practice of Low Flow Minimal Flow and Closed System Anaesthesia is one of the few monographs providing a comprehensive overview of the subject After an initial discussion of theoretical fundamentals the author proceeds to a detailed appraisal of problems arising in clinical practice Different types of modern anaesthetic machines and monitoring systems are examined in detail and the text is rounded off by a look at future developments in the field Originally published in German this updated English edition has been revised in collaboration with a well respected UK consultant anaesthetist and should prove essential reading for all anaesthetists both in training and in practice

**Cost Analysis in Applying Low Flow Anesthesia Techniques** Brien Macon, 2021 In the world of health care we have continued to struggle to find a balance in cost and practical usage of resources Anesthetic gases serve as an integral part of the surgical procedure and are administered to multiple patient populations Of the anesthetic gases being utilized none is more currently prevalent than sevoflurane Sevoflurane is a more costly agent and is often administered at a fresh gas flow rate of two or greater to avoid the development of compound A toxicity Providers should be aware of the capability to prevent the development of the toxic agent while simultaneously providing care at a more cost effective level to both the patient and the medical institution through lower fresh gas flows given the proper equipment This project analyzes the financial comparison of applying low fresh gas flow LFGF to the widely used setting of high fresh gas flow standard fresh gas flow and showcases the economic benefits the former will bring to the health care system Data was collected from a level one medical institution that has the capability to run low fresh gas flow due to the absorbent Amsorb Plus A comparison between low fresh gas flow and traditional standard flow rates was conducted Two groups of anesthesia providers were formed one only using low fresh gas flow rates and the other using flow rates equal to or greater than two The results showcased an overall 49% decline in cost to the medical facility if low fresh gas flow rates were more commonly utilized Annually anesthesia providers on average cost the facility around 3 300 per person by using flow rates equal to or greater than two In the application of low flow rates providers on average annually cost the facility 1 850 Obtaining these results revealed the huge margin of savings that could be achieved in applying lower flow rates The medical facility would gain savings by implementing resources that already exist to deliver low flow anesthesia with Sevoflurane safely and cost effectively Abstract

**Low Flow Anesthesia Using U201cequilibrium Timeu201d and**

**Three Different Volatile Inhalational Agents- Desflurane, Sevoflurane and Isoflurane-a Randomized Prospective Clinical Study** Vashishth Patel, 2017 LOW FLOW ANAESTHESIA USING EQUILIBRATION TIME AND THREE DIFFERENT VOLATILE INHALATIONAL AGENTS DESFLURANE SEVOFLURANE AND ISOFLURANE A RANDOMIZED PROSPECTIVE CLINICAL STUDY

**Introduction** Low flow anaesthesia involves an initial period of high fresh gas flow FGF followed by low FGF The changeover from high to low flow is usually done at 10 minutes of high flow Presently a new method has come in which equilibration time where the ratio of expired  $F_e$  and inspired  $F_i$  inhalation agent concentration become 0.8 is used for change over instead of fix time

**Methods** After ethical committee permission study was conducted on 63 patients of 18-60 years and ASA I-II who were randomized using envelop method into three groups of 21 each Group D patients received Desflurane group S patients received Sevoflurane and group I patients received Isoflurane All the patients received initial high FGF 6 L/min till the equilibration time was achieved and then low FGF 1 L/min was started Parameters monitored were equilibration time vital parameters end tidal  $CO_2$  concentration end tidal  $N_2O$  concentration MAC and BIS value Recovery time was noted at end of surgery During postoperative period all patients were enquired about awareness

**Results** Equilibration time and recovery time was quite early in case of Desflurane followed by Sevoflurane and then by Isoflurane group None of the patient complained of awareness

**Conclusion** Desflurane and Sevoflurane are better agents for low flow anaesthesia compared to Isoflurane

**References** 1 Tanuja Malik et al JOACP 2012 volume 28 4 2 M R Nel et al Anaesthesia 1997 52

**Understanding Anesthetic Equipment & Procedures** Dwarkadas K Baheti, Vandana V Laheri, 2018-03-31 This new edition presents practising and trainee anaesthesiologists with the latest advances and guidelines in their field Beginning with an introduction to the history of anaesthesia basic physics and medical gases the following sections cover the anaesthesia machine airway and monitoring equipment and apparatus for central neuraxial and regional blocks The final chapters discuss interpretation of radiological images simulators in anaesthesia maintenance safety and cleaning and more The second edition has been fully revised to provide up to date information and a clear understanding of practices and techniques for anaesthesia The book features clinical photographs and diagrams and includes two interactive DVD ROMs demonstrating and explain day to day anaesthetic procedures Key points Fully revised new edition presenting latest techniques and information in anaesthesia Covers all different aspects of equipment in depth Includes DVD ROMs demonstrating anaesthetic procedures Previous edition 9789351521242 published in 2014

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*Cumulated Index Medicus*, 1985

*Anesthesiology* Kai Matthes, Richard Urman, Jesse Ehrenfeld, 2013-04-09 Anesthesiology A Comprehensive Review for the Written Boards and Recertification is a high yield streamlined study aid It contains more than 1000 updated realistic multiple choice questions tailored to the question content of recent American Board of Anesthesiology ABA exams To maximize reading efficiency key messages are repeated and highlighted in the bullets While focusing on most frequently tested keywords by the ABA this book also covers new emerging topics such as patient safety statistics and ethics Well chosen illustrations and graphs are used to enhance the learning experience Also novel is a high yield summary of the 60 most frequently tested topics and concepts to be reviewed just before taking the boards With this book as guidance readers will be able to efficiently prepare for the written primary certification or recertification anesthesiology board exam

[Miller's Anesthesia E-Book](#) Ronald D. Miller, Lars I. Eriksson, Lee A Fleisher, Jeanine P. Wiener-Kronish, Neal H Cohen, William L. Young, 2014-10-20 From fundamental principles to advanced subspecialty procedures Miller's Anesthesia covers the full scope of contemporary anesthesia practice This go to medical reference book offers masterful guidance on the technical scientific and clinical challenges you face each day in addition to providing the most up to date information available for effective board

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