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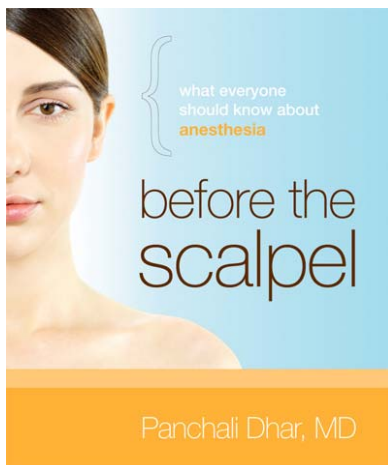


## THE BOOK CONNECTION...

...WHERE READERS AND WRITERS CONNECT.

Monday, February 16, 2009

### Anesthesia and Obesity: What You Need to Know by Dr. Panchali Dhar, MD



In [\*Before the Scalpel: What Everyone Should Know about Anesthesia\*](#), Dr. Dhar walks readers through the various steps that ensure a safe and pain-free experience during medical procedures that may require or benefit from anesthesia. [\*Before the Scalpel\*](#) is formatted and illustrated for quick and easy reference in an interactive manner. This is a take-along-book to the doctor's office, with outlines and room to make notations. Each chapter is a mini crash course for any person who is concerned about the anesthesia aspect of surgery.

In *Before the Scalpel: What Everyone Should Know about Anesthesia*, Dr. Dhar explores such real-life topics as:

- Pain-relief options during Labor and Delivery
- Facts to know before deciding on Plastic and Cosmetic Surgery
- Why children are not just “small adults” when it comes to anesthesia
- How [obesity](#) adds risk to surgery and anesthesia
- The common fear of awareness during anesthesia

**[Author](#) Panchali Dhar, MD, is an Assistant Professor of Clinical Anesthesiology and Anesthesiologist at New York-Presbyterian Hospital/Weill [Cornell Medical Center](#) and is board-certified in Internal Medicine and Anesthesiology. She has demystified the process and terms associated with anesthesia and arranged the information in an easy to understand topic-by-topic sourcebook. Dr. Dhar takes you into the complicated, fascinating, cutting-edge world of anesthesia.**

For today, I have asked Dr. Dhar to put together an article on the topic of how [obesity](#) adds risk to surgery and anesthesia. Here’s what she had to say:

*Obesity is a world wide epidemic. Obese patients have problems as a direct result of their obesity—such as knee pain and lower back pain, heart disease and diabetes. They also have a greater chance for going for various surgeries like hernia repairs. A number of new doors have opened in the world of anesthesia to help the obese patient.*

*Technical difficulties: The weight itself presents a challenge for the patient, doctors and nurses. Moving the patient on and off an operating table usually involves several strong people. Many health care workers have injured their own backs moving 300, 400, 500 pound persons. Special lifts have been created for moving such heavy patients. Sometimes, a wider operating table can be used to accommodate the patients. Then there is the problem of tucking the arms along the side of the patient so the surgeon can comfortably operate and reach over. Specially designed arm rests and layers of foam are used to pad the arms. Proper padding is the responsibility of an anesthesiologist.*


*It may take longer for the anesthesiologist to find a vein on the arm or hand because layers of fat obscure the "blue" color of veins. Not uncommonly do obese patients receive multiple needle sticks for blood draws and intravenous line insertions. Good thing anesthesiologists are the hospital experts at blood draws and intravenous line placements.*

*Medical advancement: Every piece of equipment is upsized for the obese patient. A routine device such as a blood pressure cuff that wraps around your upper arm is made larger and wider. Specially designed pillows or multiple pillows are used to help obese patients lay “flat”. Most patients with morbid obesity cannot lay flat because their abdominal organs push up on their lungs, and they have difficulty breathing. More pillows raise the head.*

*Anesthetic techniques can accommodate the obese patient. General anesthesia has certain inherent risks for the obese. A breathing tube has to be placed in the windpipe as soon as general anesthesia is started to maintain oxygen levels and continue the anesthesia. The anesthesiologist today has an array of tools, scopes and camera gear to put the breathing tube in quickly. This is where anesthetic skill comes into play.*

*A regional anesthetic (nerve blocks, spinal, and epidural) may be an option to avoid the breathing tube placement I just described. Nerve blocks [target](#) specific nerves in the area of surgery to numb the site and prevent movement. Such nerve blocks are now done with ultrasound guidance. This machine provides a picture on a screen for locating the target nerves. Many anesthesiologists are specially trained in regional anesthesia. In addition, extra long spinal and epidural needles have been created for the obese. Specially designed needle length helps the anesthesiologist to go through inches of fat before getting near the proper location.*

*Additional Issues: Obese patients may need to be on a ventilator for a short while after surgery because they may not have the strength to breath on their own after a long surgery. Plus, there is increasing evidence that obese patients have a higher incidence of infections at the site of surgery.*

Posted by Cheryl at [12:48 AM](#) 

Labels: [Before the Scalpel](#), [Dr. Panchali Dhar](#), [guest bloggers](#), [medical nonfiction](#), [nonfiction book](#), [obesity and anethia](#), [plastic surgery and anesthesia](#)

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This is a wonderful book and it is going to help a lot of people who do not know what questions to ask about anesthesia to understand the process and organize their thoughts. The book is written in plain language and there are many illustrations, photos and a glossary of terms.

Our family found that sadly, the time most people meet the anesthesia or "pain team" is when they are naked, under a hospital gown, being wheeled on a gurney to the surgery. This is not a time when one is thinking clearly of questions or about information to tell the anesthesiologist that can make their outcome optimum. For example, a friend of ours drank a bottle of wine the night before her surgery because she was anxious. No one asked and she didn't think to tell. Well, the alcohol made her dehydrated and, while SHE came through safely, it did take longer for her to "come back."

We thought was the most valuable was a recap of “Panch” lines at the end of each chapter and actual space for one to write in questions and concerns so the book could be taken along to he surgeon and anestheshiologist.

<http://thebookconnectionccm.blogspot.com/2009/02/anesthesia-and-obesity-what-you-need-to.html>

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