Basic Anaesthetic Guidelines.

sourced from MDUK Complex Care plans and Consensus based care guidelines

Risk is not defined by previous GA's or severity of disorder.

I am at risk of anaesthetic complications because of my Neuromuscular Condition – Myotonic Dystrophy. **(Please don't confuse with Muscular Dystrophy as DM has specific risks)**

I am at increased risk of Cardiac Dysrhythmia and Ventricular Impairment and should be on a continuous ECG after any General Anaesthetic, for a minimum of 24-48 hours – to catch any symptoms early.

I may be extremely sensitive to, or develop a reaction to certain anaesthetic agents, including malignant hyperthermia. **Suxamethonium/succinylcholine MUST BE AVOIDED in GA.**

During any GA, the room should be warmed, or warming blankets used. And fluids should be warmed to room temperature to avoid myotonia during the operation.

I should be allowed to wake naturally, and not have breathing equipment removed until I am fully awake.

I am at risk of delayed recovery after GA or sedation and will need a higher level of post-operative care.

It is imperative there is an HDU/ICU bed available for planned procedures.

I will need to be on a continuous SATS monitor to monitor my O2 levels, for a minimum of 24-48 hours as my condition has an increased risk of delayed issues – often presenting at the 24-hour point.

I should be on a continuous ECG for 24 hours to enable any changes to be found early. These can be delayed in Myotonic Dystrophy.

I may have a higher risk of Pneumonia because of Aspiration and weak respiratory muscles, specifically after a GA.

I may be more sensitive to the effects of opioid analgesics and sedatives as these may worsen my breathing function and consciousness. **AVOID Morphine and associated opioids after any GA.**

Please do not give me oxygen without monitoring my Carbon Dioxide Levels as I am at a high risk of CO_2 retention, even though my O_2 levels are stable. If a BIPAP is used in my normal care, Oxygen should be given through my Bipap machine.

Patients with DM have reduced Na^+/K^+ pump and are at risk of hyperkalaemia and are sensitive to excess potassium. Only give extra potassium if clinically required. It can also exacerbate myotonia and pain.

THIS IS A GUIDE. PLEASE READ ANAESTHETIC GUIDELINES FOR FULL INFORMATION.

Please contact the following people for advice:

NMCCC (Neuromuscular Complex Care Centre) – 0203 448 3794

Dr Ian Bowler – Consultant Anaesthetist and DM Specialist: 02920 716860

My Neuromuscular Care Advisor:

MY Consultant Neurologist:

Other specialists involved in my care: