

Clinical history

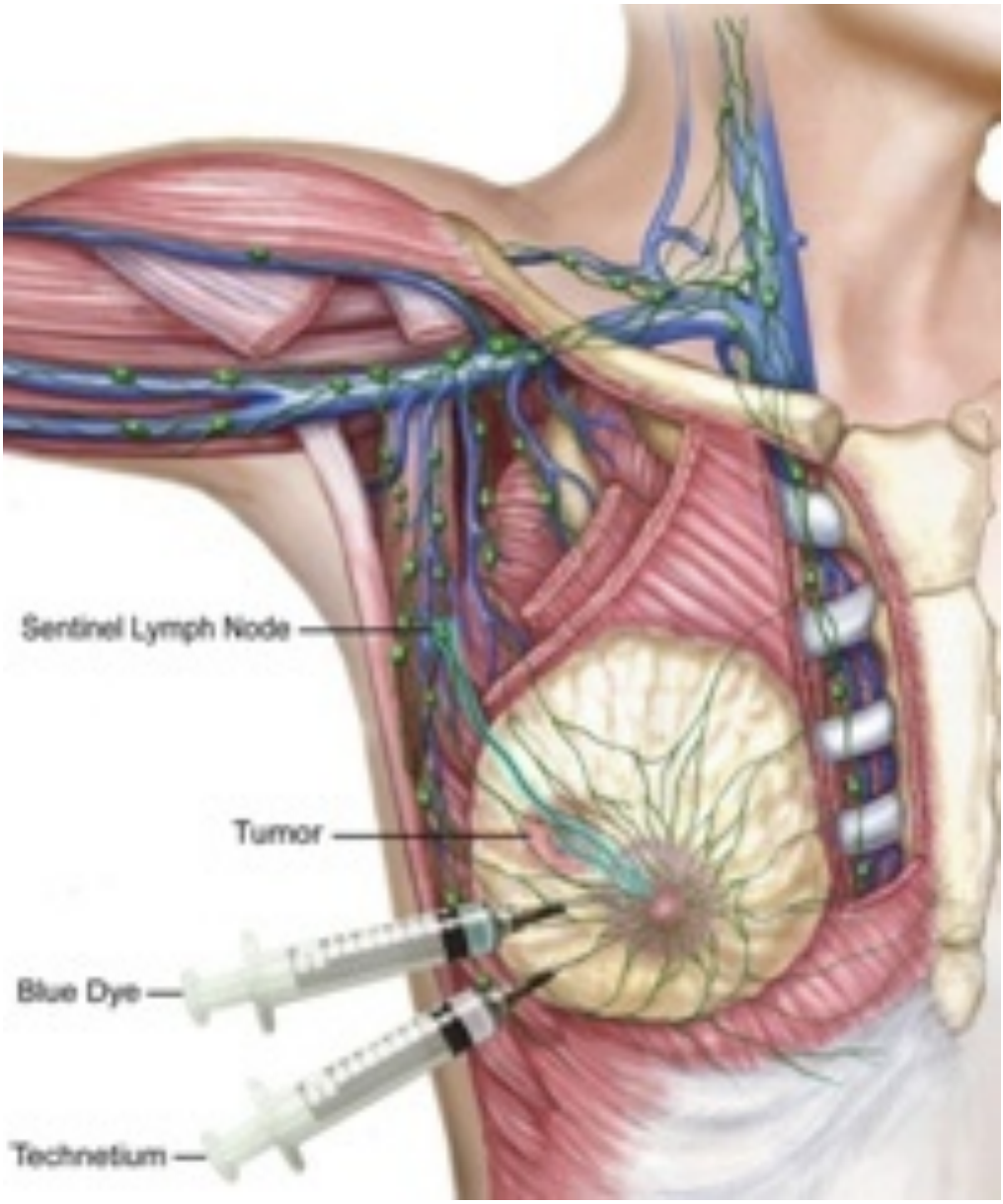
• 47 year old lady, elective breast list

• Right VLE + sentinel node biopsy

- History of fibromyalgia, chronic fatigue syndrome, recurrent sinusitis, diverticular disease, fatty liver, ?TIA, hysterectomy for pelvic pain

- Allergic to trimethoprim, angioedema to IV contrast (visipaque 270), Transpore plasters (rash)

- DHX: MST, ranitidine, omeprazole, furosemide, venlafaxine, aspirin, topiramate



Sentinel Lymph Node

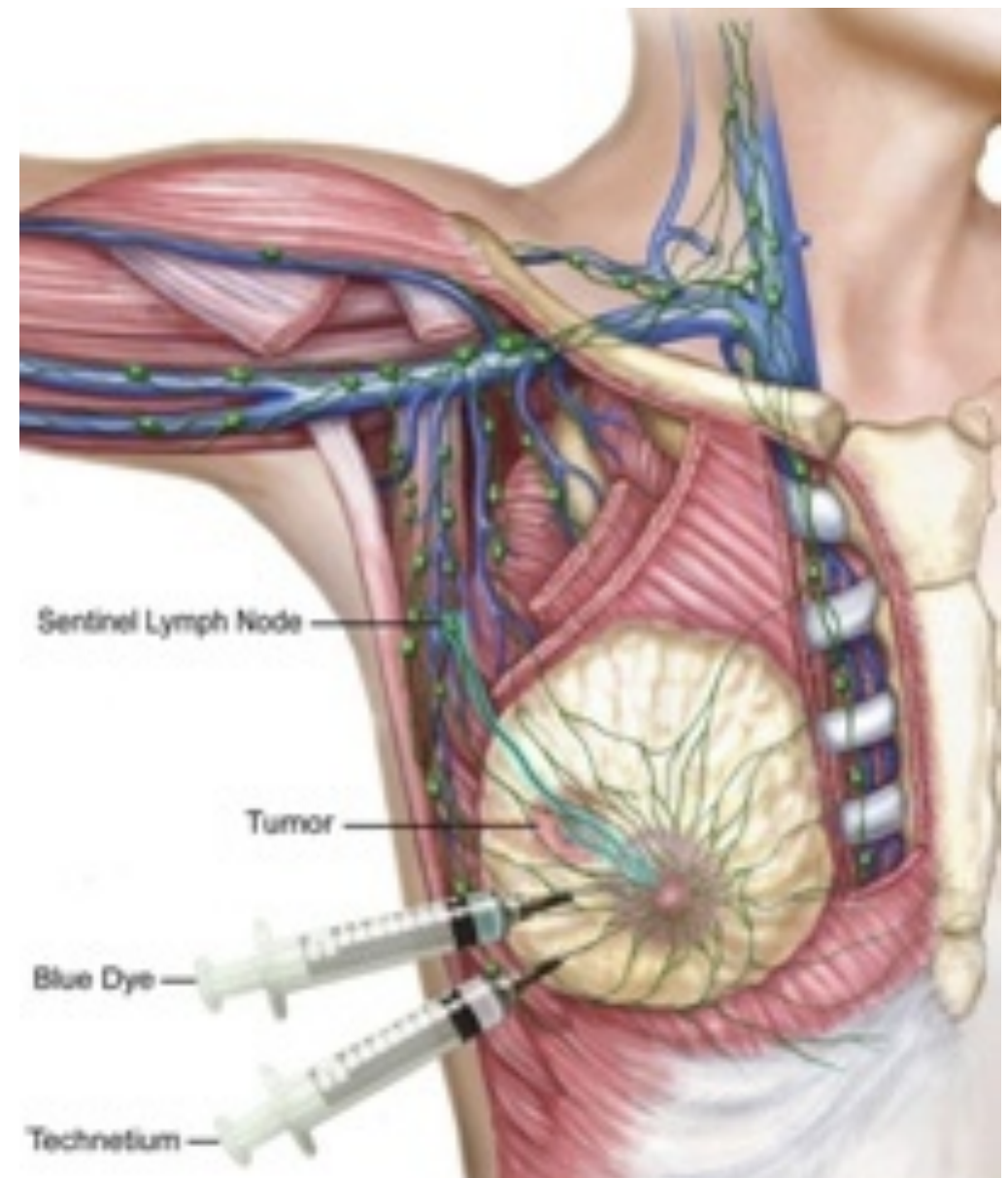
Tumor

Blue Dye

Technetium

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Peri-operative

- GA/LMA/SV
- fentanyl/propofol
- O2/air/sevoflurane
- dexamethasone/morphine/
paracetamol/ondansetron
- Patent blue dye 2.5ml 2%
- Radioisotope day before

DATE <u>8/11/17</u>		Procedure <u>(R) WLE + Sug</u>		Anaesthesia Record Athlone Area Hospital																																																																																																																																
Primary technique Inhalational / IV <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Local <input type="checkbox"/> Sedation <input type="checkbox"/>		TECHNIQUE Pre-oxygenation Smooth IV induction Atraumatic LMA insertion Eyes taped PPP		Airway <input type="checkbox"/> O N Laryngeal Mask <input checked="" type="checkbox"/> O N T Intubation <input type="checkbox"/> Size <u>4</u> No ETT/Airway <input type="checkbox"/> ET <input type="checkbox"/> Blind <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Awake <input type="checkbox"/> Rapid sequence <input type="checkbox"/> Easy / Mod / Diff <input type="checkbox"/> Bain <input type="checkbox"/> Circle <input checked="" type="checkbox"/> Humidifier <input type="checkbox"/> O2 supplement <input type="checkbox"/> RA JL x Tu4.50 Pwr <input type="checkbox"/> N Canula <input type="checkbox"/> <u>20G</u> Position <input type="checkbox"/> <u>OLM</u>																																																																																																																																
Monitors ECG <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> O2 analyser <input checked="" type="checkbox"/> Agent analyser <input checked="" type="checkbox"/> SpO2 pre / cos <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> NM blockade <input type="checkbox"/> Temp <input type="checkbox"/> CVP <input type="checkbox"/> An <input type="checkbox"/> PA catheter <input type="checkbox"/> urinary catheter <input type="checkbox"/> other <input type="checkbox"/> Warming blanket <input checked="" type="checkbox"/> Fluid warmer <input checked="" type="checkbox"/>		Fluids total <u>1L CS</u> Blood Loss <u> </u> Signed: <u>CR</u>		N Canula <input type="checkbox"/> <u>20G</u> Position <input type="checkbox"/> <u>OLM</u>																																																																																																																																
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