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There are situations in which the selection of one surgical technique over another may be significantly influenced by patient risk factors. Some procedures are not primarily high risk but may become so in unsuitable patients. Laparoscopic surgery, for example, has come of age as a preferred technique for patients predisposed to postoperative respiratory complications, but its effect on cardiac physiology means that the same may not apply to patients at risk of cardiac complications. The expanding demand and indications for minimal access surgery are now pushing the boundaries of intraoperative physiological tolerance. Robotic prostatectomy and some laparoscopic colorectal procedures require a pneumoperitoneum with steep Trendelenburg (head down) positioning for several hours (Figure 21.10). This can be associated with adverse cardiovascular and neurological complications, such as myocardial ischaemia and increased intracranial pressure in the high-risk group. This risk may be minimised by attention to patient selection.

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