Inhalation Anaesthetic Agents

by the end of this lecture you should be able to

 plan an appropriate inhalation anaesthetic protocol for any animal

What would you do?



14 year old dog
fibrosarcoma on jaw
recurred after surgery
in for radiotherapy

inhalation anaesthesia

control of

airway
ventilation
drugs going in and out

expensive machinery
equipment failure

administration

effects are dose dependant
understand how equipment works!
- 90% of anaesthetic equipment in practice in NZ has faults!!!

uptake & elimination

- physical factors

 saturated vapour pressure
 rubber solubility
 blood gas coefficient
 - blood brain coefficient



uptake & elimination

- physical factors

 saturated vapour pressure
 rubber solubility
 blood gas coefficient
 - blood brain coefficient



time

uptake & elimination

other factors
ventilation
cardiac output
lung disease
second gas effect



distribution

all are fat soluble
penetrate most tissues
fat reservoirs
cross placenta

MAC

minimum alveolar concentration

 the concentration in the alveolus at a steady state which will prevent purposeful movement in response to a supramaximal stimulus in 50% of animals

drugs

gases
halogenated hydrocarbons
ethers

gases

nitrous oxide
xenon
cyclopropane

oxides of nitrogen

NO

nitric oxide - vasodilator

N₂O

nitrous oxide - anaesthetic

- nitrogen dioxide - environmental pollutant

nitrous oxide

MAC = 110 - 250%
BG = 0.47
induction & maint - 66%

nitrous oxide

• pro - good analgesic - fast induction • con - diffusion into gas filled spaces - Fink effect - circle systems - folate metabolism

gases

- nitrous oxide
- xenon
 - good anaesthetic but too expensive to use
- cyclopropane
 - explosive
 - avoid!!!

hydrocarbons

halothane
chloroform
trichloroethylene

halothane

MAC = 0.9
BG = 2.4
svp = 33 kPa
induction - 2 - 5%
maintenance - 0.5 - 2%

halothane side effects

- respiratory depression
 reduced cardiac output
 vasodilatation
 sensitises heart to adrenaline
 (halothane hepatitis)
- (malignant hyperthermia)

halothane hepatitis

about 1:10,000 people

more likely if previously exposed

not confined to halothane

malignant hyperthermia

- mainly pigs
 rarely horses
- recorded in dogs

MH treatment

- turn off halothane
- provide 100% oxygen
- cool down
- give dantrolene

hydrocarbons

halothane
chloroform
trichloroethylene

ethers

 diethylether isoflurane enflurane methoxyflurane sevoflurane desflurane

isoflurane

MAC = 1.9%
BG = 1.4
svp = 32 kPa
induction - 2 - 3%
maintenance - 0.5 - 2.5%

sevoflurane

MAC = 2.5%
BG = 0.6
svp = 21 kPa
induction - 5 - 7%
maintenance - 0.5 - 3%

ether

mac = 3%
BG = 12
svp = 59 kPa
induction - as much as possible
maintenance - 3 - 10%
inflammable in air, explosive in oxygen

ethers

 diethylether isoflurane enflurane methoxyflurane sevoflurane desflurane



monitoring

end tidal vapour concentration
cardiovascular depression
blood pressure
respiratory depression
- ET CO₂

interactions

soda lime
trichloroethylene - phosgene
isoflurane
sevoflurane

inhalation induction

relatively slow

but depends on drug

long excitement phase
lots of gas used
potential for leaks

inhalation induction

nasty animals
animals with no veins
neonatal animals
(caesarian sections)







scavenging

use proper scavenging system
 – or ensure adequate ventilation

scavenging

vaporiser filling

use a well ventilated place
do not spill any!
fill at end of day

check machine for leaks
use low fresh gas flows

What would you do?



14 year old dog
fibrosarcoma on jaw
recurred after surgery
in for radiotherapy

inhalation anaesthetics

- used to maintain anaesthesia after induction with injectable drug
- relatively insoluble drugs produce a relatively fast induction and recovery
- halothane & isoflurane produce dose dependent respiratory and cardiovascular depression but not much analgesia
- drugs are eliminated by respiration in overdose, ventilate with 100% oxygen