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| Nota di contenuto | No Fiberoptic Intubation System: A Potential Problem -- Is the Patient Extubated? -- A Strange Computerized Electrocardiogram Interpretation -- Fractured Neck of Femur in an Elderly Patient -- Spinal Anesthetic That Wears Off Before Surgery Ends -- Just a Simple Monitored Anesthesia Care Case -- Smell of Burning in the Operating Room -- Inguinal Hernia Repair in a Diabetic Patient -- The Case of the "Hidden" IV -- Postoperative Painful Eye -- Awake Craniotomy with Language Mapping -- Gum Elastic Bougie: Tips for Its Use -- External Vaporizer Leak During Anesthesia -- Manual Ventilation by a Single Operator: With Patient Turned 180 Degrees Away from the Anesthesia Machine -- Life-Threatening Arrhythmia in an Infant -- Tongue Ring: Anesthetic Risks and Potential Complications -- Hasty C-Arm Positioning: A Recipe for Disaster -- Inability to Remove a Nasogastric Tube -- An Unusual Cause of Difficult Tracheal Intubation -- Pulmonary Edema After Abdominal Laparoscopy -- Difficult Laryngeal Mask Airway Placement: A Possible Solution -- Postoperative Airway Complication After Sinus Surgery -- An Unusual Capnograph Tracing -- A Respiratory Dilemma During a Transjugular Intrahepatic Portosystemic Shunt Procedure -- A Tracheostomy Is Urgently Needed, but You Have Never Done One -- General Anesthesia for a Patient with a Difficult Airway and a Full Stomach -- Jehovah's Witness and a |

Potentially Bloody Operation -- Intraoperative Insufflation of the Stomach -- Sudden Intraoperative Hypotension -- Overestimation of Blood Pressure from an Arterial Pressure Line -- Severe Decrease in Lung Compliance During a Code Blue -- Shortening Postanesthesia Recovery Time After an Epidural: Is It Possible? -- Difficult Airway in an Underequipped Setting -- Delayed Cutaneous Fluid Leak After Removal of an Epidural Catheter -- Traumatic Hemothorax and Same-Side Central Venous Access -- Single Abdominal Knife Wound? Easy Case? -- A Draw-Over Vaporizer with a Nonbreathing Circuit -- Unexpected Intraoperative "Oozing" -- Central Venous Access and the Obese Patient -- Taking Over for a Colleague: Always a Potential Concern -- Intraoperative Epidural Catheter Malfunction -- Breathing Difficulties After an Electroconvulsive Therapy -- White "Clumps" in the Blood Sample from an Arterial Line: Are You Concerned? -- Anesthesia for a Surgeon Who Has Previously Lost His Privileges -- Airway Obstruction in a Prone Patient -- A Question You Should Always Ask -- Postoperative Vocal Cord Paralysis -- A Serious Problem -- A Leaking Endotracheal Tube in a Prone Patient -- Lessons from the Field: Unusual Problems Require Unusual Solutions in Impossible Situations -- An "Old Trick" but a Potential Problem -- A Loud "Pop" Intraoperatively and Now You Cannot Ventilate -- Postoperative Median Nerve Injury -- A Patient in a Halo: Watch Out -- Now or Never: Developing Professional Judgment -- General Anesthesia in a Patient with Chronic Amphetamine Use -- What Is Wrong with This Picture? -- The One-Eyed Patient -- A Near Tragedy -- Robot-Assisted Surgery: A Word of Caution -- An Airway Emergency in an Out of Hospital Surgical Office -- Bonus Question: Is the Patient Paralyzed?.

Sommario/riassunto

Those familiar with the 1st edition of this book from 2008 will recognize the original 62 cases that have been modernized with updated references and enjoy the addition of 41 brand new cases. *Clinical Anesthesia: Near Misses and Lessons Learned*, 2nd edition is a collection of actual cases, compiled from the author's forty years of practice in major metropolitan hospitals in the United States, Norway and South Africa. It offers the reader succinct case presentations describing a problem on one page and a solution on the next, with a discussion, other potential solutions with satisfactory outcomes, and tips to help avoid problems altogether when possible. *Clinical Anesthesia: Near Misses and Lessons Learned*, 2nd edition serves as an easy and practical way for the reader to gain familiarity with potentially unexpected problems in clinical anesthesia. In addition, this can be an excellent study aid for the American Board of Anesthesiology oral exam. Since near misses are relatively rare, there really is no way to be prepared to successfully manage such crises other than reading about them, so residents, fellows, and practicing, certified registered nurse anesthetists will benefit from the learning of these actual near misses. Additionally, faculty will find the plethora of discussion topics for large or small group settings an ideal way to communicate anesthesia and clinical care problems to the audience.
