**Título:** HEMIPELVECTOMY - ANESTHETIC APPROACH TO A CASE

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**Área Terapêutica/Tema:** Transfusão e Hemostase (Transfusion and Haemostasis)

**Resumo:**

Introduction: Hemipelvectomy is a highly invasive procedure for treatment of orthopedic tumours. Pre-operative anemia, significant surgical trauma, considerable hemorrhage and fluid loss, transfusion coagulopathy and severe postoperative pain present anesthetic challenges(1,2).

Case Report: We present the case of a 34-year-old woman scheduled for hemipelvectomy due to synovial osteosarcoma of the left thigh. Comprehensive pre-operative assessment with optimization of anemia with transfusion of 3 RBC units, darbepoetin alfa and ferric carboxymaltose was performed. Pre-operatively, the patient also underwent embolization of the tumour to reduce blood loss. Our anesthetic approach focused on invasive hemodynamic monitoring and non-invasive cardiac output monitoring with Vigileo, management of blood products with thromboelastography and use of tranexamic acid to minimize blood loss. During surgery, the patient was transfused with 4 RBC units. Infusion of tranexamic acid and use of tromboelastography obviated the need for additional blood products. Also, monitorization of cardiac output with Vigileo minimized intraoperative administration of vasopressors. Patients submitted to hemipelvectomy experience severe postoperative pain. Effective pain control was achieved with epidural analgesia, as it has been shown to be superior to IV patient-controlled analgesia in treating pain following excision of orthopedic tumors(3).

Discussion: Minimizing blood loss and coagulopathy, as well as achieving optimal pain control represent the main concerns when submitting a patient to hemipelvectomy. Therefore, multidisciplinary planning for the perioperative period by the Orthopedics department, the Anesthesiology department and the Blood Transfusion Service is key in optimizing patient outcomes.

1. Anaesth Intensive Care. 2007;35(4):536–43.

2. World J Surg Oncol. 2016;14(1):1–7.

3. J Clin Anesth. 2010;22(7):565–72.