EMERGENCY Anesthesia / Surgery Alerts

ALERT Potential Risks with Ehlers-Danlos Syndromes (EDS), Mast Cell Activation Syndrome (MCAS)/multiple chemical sensitivities, dysautonomia

Unstable C spine, TMJD, joint dislocation/subluxation/ neurologic injury, occipitalatlantoaxial instability, fragile mucosa/skin, JC spine mobility, Joral opening, †lung injury/pneumothorax/shunt with PPV, †ocular injury, arterial/intestinal rupture, poor wound healing



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DOB:		

- 1. Consider elective fiberoptic or videolaryngoscopy (Increased risk Diff Intubation/difficult Mask Vent)
- 2. Consider smaller ETT & \cuff & airway pressures
- 3. Avoid hyperextension/hyperabduction/ocular pressure/pressure points.
- 4. Position change (esp under GA) can → joint dislocation/subluxation
- 5. Careful with positioning devices/adhesive tape/ ECG leads. Shear forces can→skin tearing
- 6. Inquire if altered local anesthetic sensitivity (slow onset, LA resistance, sensitivity all reported).
- 7. Increased fluids requirements (liberalize NPO

restrictions, pre/post hydrate) and use IVF warmer

- 8. Avoid Compazine/Reglan (extrapyramidal rx)
- 9. Noninvasive monitors preferred (vessel fragility)
- 10. Tourniquet risks/benefits (hematoma, compartment syn, diffuse bleeding after deflation)
- 11. Sutures may require extra layers, longer duration, less tension due to tissue fragility
- 12. Monitor carefully postop (†risk airway edema, bleeding, organ rupture, residual NMB, organ rupture, vascular dissection, pneumothorax)

To minimize mast cell activation:

- 1. Use opioid alternatives/adjuncts. Avoid morphine.
- 2. Consider pretreatment with steroid, H1/H2 antagonists and/or leukotriene antagonist
- 3. Treat mast cell flares (flushing, hives, urticaria, edema, abdominal pain, SOB, wheezing) with steroids, H1/H2, O2, nebs and/or epi
- 4. Diphenhydramine infusion may be needed for severe reactions.
- 5. Benzodiazepines helpful (stabilize mast cells)
- 6. Aggressively manage pain, as pain activates mast cells

For more details, visit https://www.wiips.org