

Anesthetic Considerations Of Gastro-Bronchial Fistula Repair

Abdelazeem Eldawlatly, M.D.
Khalid Alkattan, F.R.C.S.
Waseem Hajjar, F.R.C.S.
Mohamed Mahdy, M.D.

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Abstract

Gastro-bronchial fistula (GBF) represents an extremely rare complication after surgical procedures. Anesthetic management of such case is challenging to anesthesiologists. We are presenting a case of GBF following gastric bypass surgery for treating morbid obesity. A 25-year-old female patient was admitted in the thoracic surgical floor with cough of gastric contents following Roux-in-Y surgery. Barium meal revealed gastro-bronchial fistulous tract. She underwent left thoracotomy under general anesthesia and the fistula was closed.

Rapid sequence induction of anesthesia and proper isolation of the sound lung are important to minimize incidence of pulmonary aspiration and soiling of the non-operated lung at induction of anesthesia. All precautions of managing one lung ventilation during surgery are to be undertaken. As in any thoracotomy cases we prefer to use thoracic epidural analgesia for intra and postoperative analgesia. In conclusion, anesthesia for repair of GBF is challenging. To the best of our knowledge this is the first report in literature describing the anesthetic consideration of surgical correction of GBF.