Patients warned of anaphylaxis during surgery

People having surgery are warned to tell their anaesthetist if they have any of the risk factors for anaphylaxis, a potentially deadly allergic response that can be triggered by anaesthesia drugs, antibiotics, skin antiseptics or latex.

New clinical guidelines for medical teams managing such a crisis in theatre have been launched by the Australian and New Zealand College of Anaesthetists and the Australian and New Zealand Anaesthetic Allergy Group. The guidelines include flashcards, which are to be read out by one member of the emergency team who ensures that each crucial step is carried out at what is a very stressful time.

The new guidelines, which are based on research in crisis management, follow a rise in informal reports of anaphylaxis related to surgery, as well as the findings of a review of deaths under anaesthesia. The guidelines are featured in the June edition of the ANZCA Bulletin, out today. (Photos of the cards are available on request).

Former Australian Prime Minister John Howard, who had a severe reaction to an anaesthetic during dental surgery in 2009, is one of the most high-profile people to have suffered the condition, which is caused by the body’s immune system “overreacting” to a foreign substance. Symptoms can include breathing problems, a skin rash, very low blood pressure or even cardiac arrest.

Dr Helen Kolawole, who coordinated the development of the guidelines, warns that anaesthetists must be ready to manage unexpected life-threatening reactions at any time. They need to know if patients have ever had a previous reaction to any trigger and whether patients have a history of asthma.

Dr Kolawole herself developed an anaphylactic reaction to latex gloves and had to give up working as an anaesthetist for several years until alternative gloves became available. “So I know how important it is for patients to speak up and be listened to about allergies,” she says.

“We need to know what allergic reactions you’ve had before, including reactions to antibiotics, and whether you’ve had any problems after a previous anaesthetic, even if they weren’t followed up with a referral to an anaesthetic allergy clinic. We also want patients’ asthma to be treated and under control before elective surgery.”

Dr Kolawole says some reactions are due to antibiotics, which are often used as a preventive measure as part of preparation for surgery. “We are also seeing more patients having reactions to chlorhexidine, which is used as a skin antiseptic and coats some medical devices to reduce the risk of infection.

“Reactions due to anaesthesia drugs are most commonly triggered by a muscle relaxant needed during some types of surgery. The suspected incidence for surgery-related anaphylaxis ranges from 1 in 2,000 patients to one in 20,000 patients.”

More of the fatal reactions occur in older patients because the longer we live, the more likely we are to become exposed and sensitised to triggers. Older people are also more likely to have developed heart or lung disease, and are more likely to have medical procedures. Treatment involves an urgent dose of adrenaline and fluid replacement, and some patients might need to be admitted to intensive care.
For more information or to request interviews or photographs, please contact ANZCA Media Manager Karen Kissane on +61 408 259 369, +61 3 8517 5303 or kkissane@anzca.edu.au Follow us on Twitter @ANZCA.