



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO

DIPARTIMENTO
DELL'EMERGENZA E
DEI TRAPIANTI DI ORGANI

Sezione di Cliniche Veterinarie e Produzioni Animali

L'induzione e gli anestetici iniettabili

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Le Fasi dell'anestesia

Visita Preanestetica

Premedicazione

Induzione

Mantenimento

Risveglio

Cure Postoperatorie



Induzione



Rapido passaggio dallo stato di coscienza all'incoscienza

Assunzione RAPIDA della GIUSTA quantità di anestetico

Tra i momenti più CRITICI dell'anestesia

Può influenzare il prosieguo dell'anestesia



Induzione

Gassosa in maschera



Meno stressante

Dose modulabile

Effetto prevedibile

Ottimo con i farmaci a rapida azione

Assenza contaminazione



Iniettabile endovena



Maggior stress dell'animale

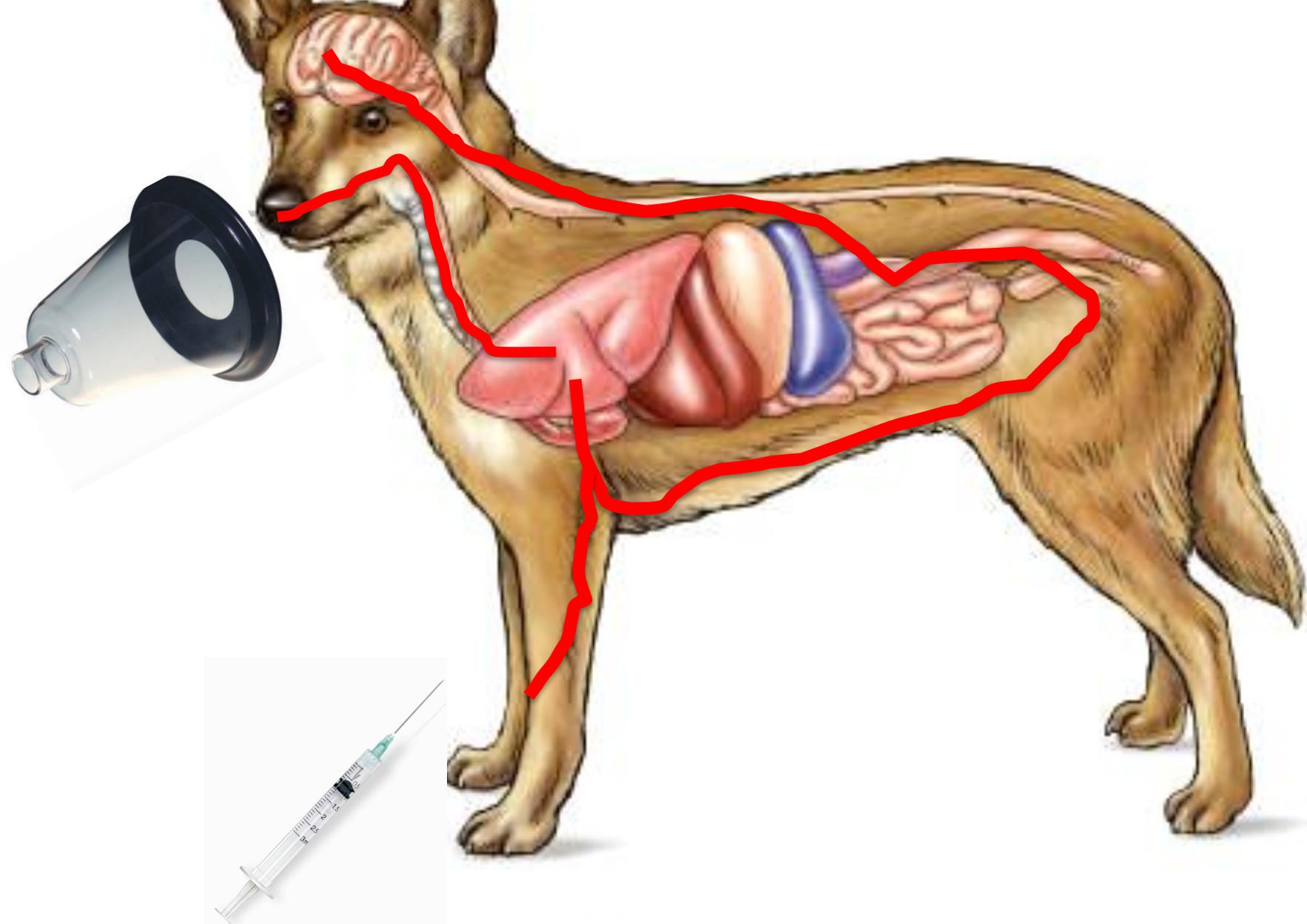
Richiede una buona sedazione

Maggiore contaminazione ambientale

Non si effettua di routine

Talvolta nei pazienti molto depressi

visualphotos.com



AGENTI ANESTETICI INIETTABILI

Agenti a rapido meccanismo d'azione

Tiopentale Sodico



Ketamina



Propofol



Alfaxolone



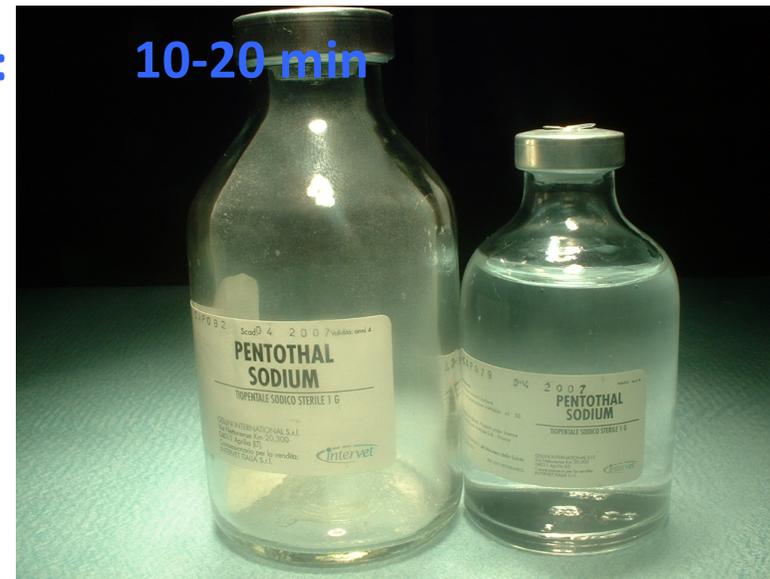
Tiopentale Sodico

Gabaergici

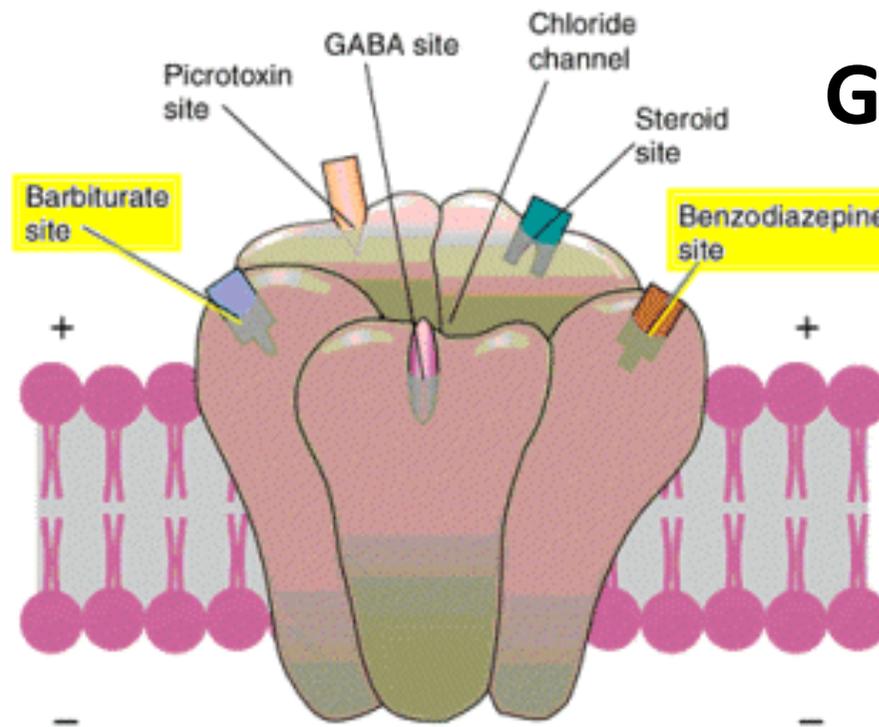
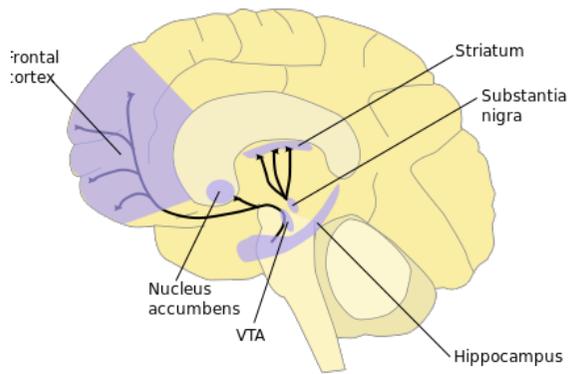
Durata d'azione	Lunga:	Induz.:	10-20 min.
		Risveglio:	6-12 ore
	Breve:	Induz.:	30-60 sec.
		Risveglio:	1-3 ore
	Ultrabreve:	Induz.:	30-60 sec
		Risveglio:	10-20 min



TIOPENTALE (1937)

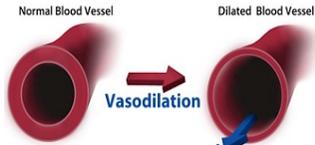


GABAERGICO

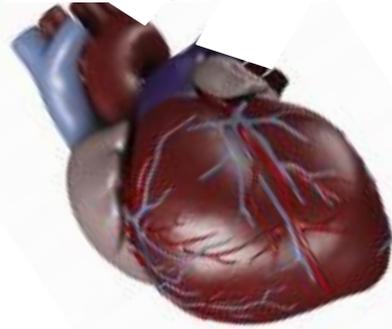


GABA_A Receptor, with Its Binding Sites

- ✓ Deprime il SNC con un grado differente in funzione della dose
- ✓ Anticonvulsivante
- ✓ No Analgesico
- ✓ Riduce pressione intracranica ed intraoculare

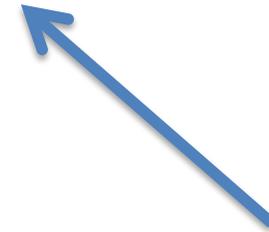


✓ Ipotensione per caduta delle resistenze periferiche



✓ Depressione miocardica per un'azione diretta

✓ Aritmogenco



Dose

✓ Depressione respiratoria

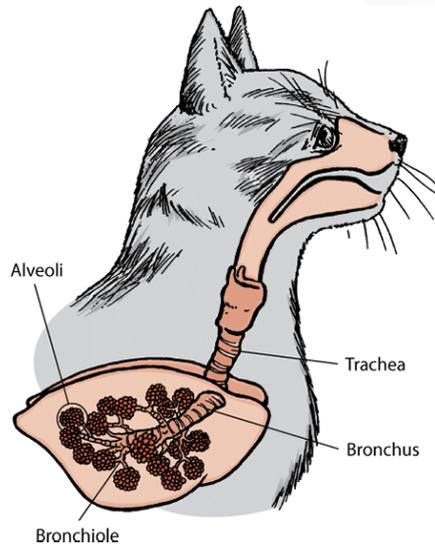


Velocità

Depressione centri respiratori

Riduzione sensibilità CO₂

Dose: 5 – 10 mg/kg



Eccitazione induzione/risveglio
Splenomegalia
Metabolismo Epatico

Altri effetti

Miorilassante

Attraversa la placenta

Fattori che possono alterare la risposta ai barbiturici

✓ **Peso corporeo:**

Magri → Risveglio

Grassi → Induzione

✓ **Disfunzioni epatiche**

✓ **Età**

Neonati

✓ **Ipotermia** ↑

Anziani

✓ **Uremia** ↑

✓ **Acido\Base**

Acidosi

↑ disponibilità

✓ **Pazienti eccitati o paurosi**

Alcalosi

↓ disponibilità

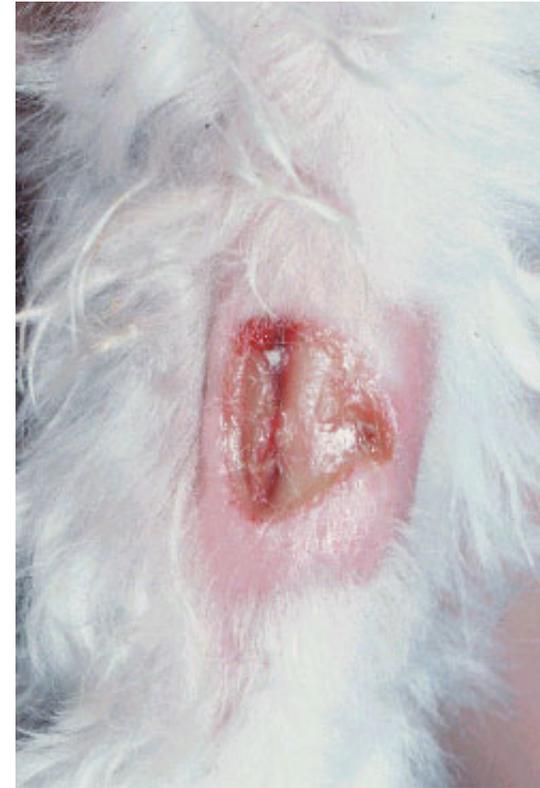
✓ **Effetto glucosio!** ↑

✓ **Proteine plasmatiche**

✓ **Effetto accumulo**

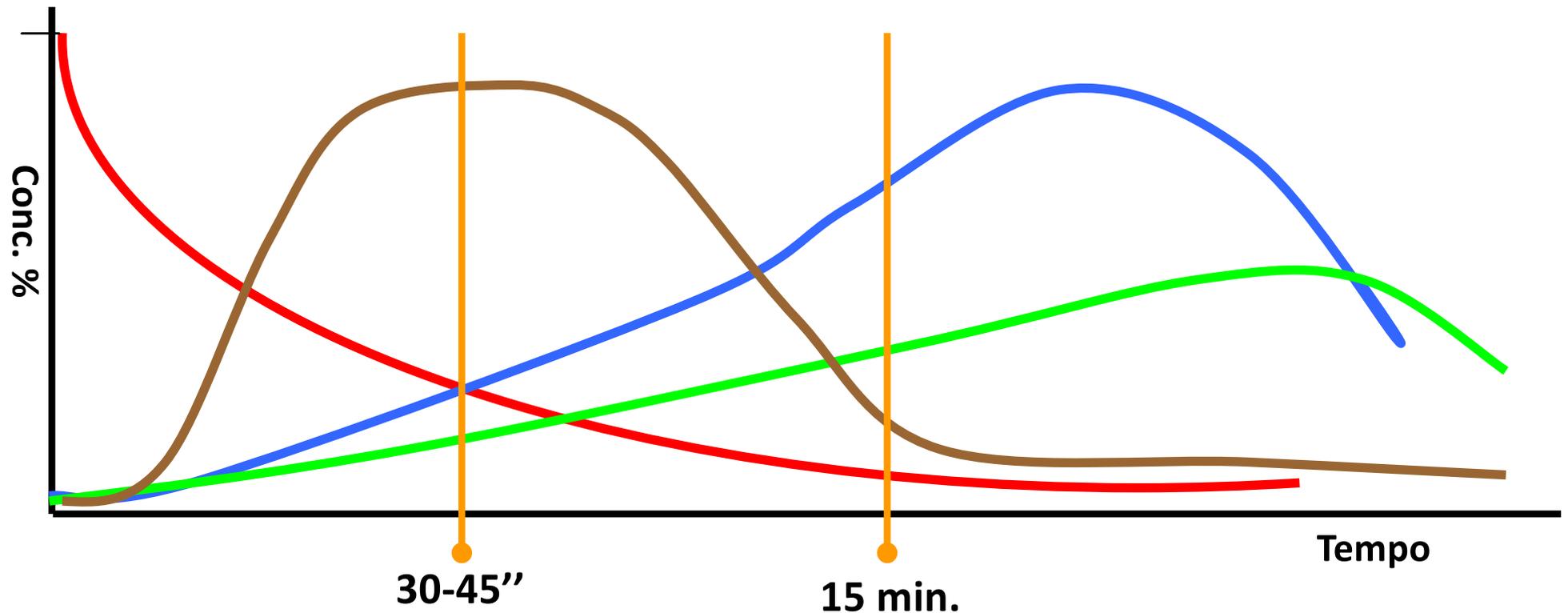
✓ **Shock\Ipovolemia**

Somministrazione perivascolare



Infiltrazione di soluzione fisiologica e lidocaina

Meccanismo di redistribuzione



Sangue (vasi)

Comp. ricchissimo di vasi: cervello, cuore, polmoni, fegato (75% G.C.)

Comp. ricco di vasi: Muscoli striati e cute (20%G.C.)

Comp. povero di vasi: tessuto adiposo (5% G.C.)

Comp. poverissimo di vasi: ossa, cartil. tendini.

Ketamina

Soluzione acquosa al 10% (100 mg/ml)

Passa rapidamente la barriera emato-encefalica

Miscela racemica

R(-) e S(+) 2 – 4 volte + potente e - psicoattiva

Somministrazione IM, SC, IV, transmucosale (brucia!!!)



ONSET: relativamente lento (1 – 2 minuti)

RISVEGLIO: dopo 1 dose redistribuzione e metabolismo

Dopo dosi ripetute da metabolismo ed eliminazione

METABOLISMO: Epatico (no nel gatto)

CANE = 2 – 5 mg/kg IV-IM-SC

Gatto = 2 – 10 mg/kg IV-IM-SC

Produzione di Norketamina (1/4 di attività)

Eliminata nelle urine

Nel gatto quasi completamente escreto nelle urine

Attenzione ai gatti con problemi urinari

+

Alfa 2 agonisti

Benzodiazepine

Opioidi

Ketamina

Anestesia dissociata:



Acep. 0,04 mg/kg
Keta. 5 mg/kg
Atr. 0,02 mg/kg

Anestesia leggera (incoscienza?)

Catatonìa/catalessia

Rigidità muscolare/Iper tono/movimenti spontanei

Modesta analgesia somatica

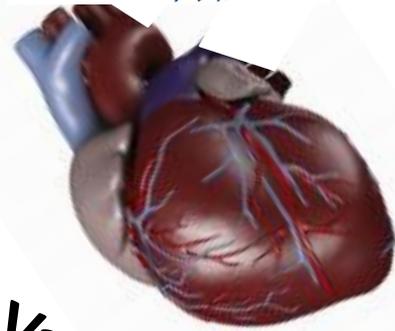
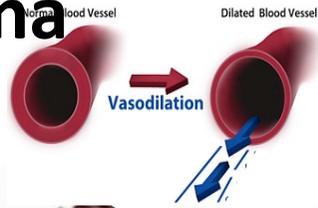
Ipersensibilità ai suoni

Riflessi dei nervi craniali mantenuti e aumentati

Nistagmo

Disconnessione dall'ambiente

Ketamina



Stimola il sistema nervoso simpatico

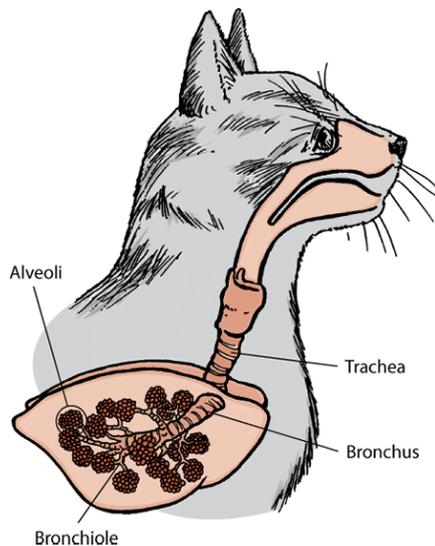
Aumento contrattilità miocardica

Aumento della Frequenza cardiaca

Vasocostrizione periferica

Aumento della pressione arteriosa

**Vasodilatatore e
miorilassante diretto!!!**



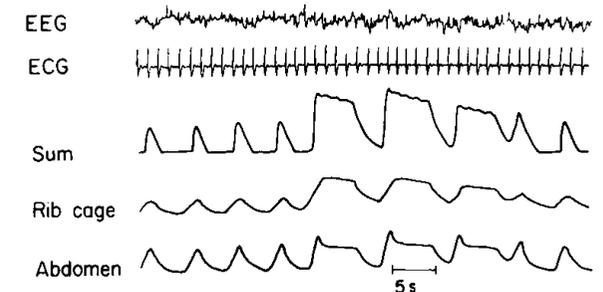
Depressione Respiratoria Minima/Assente

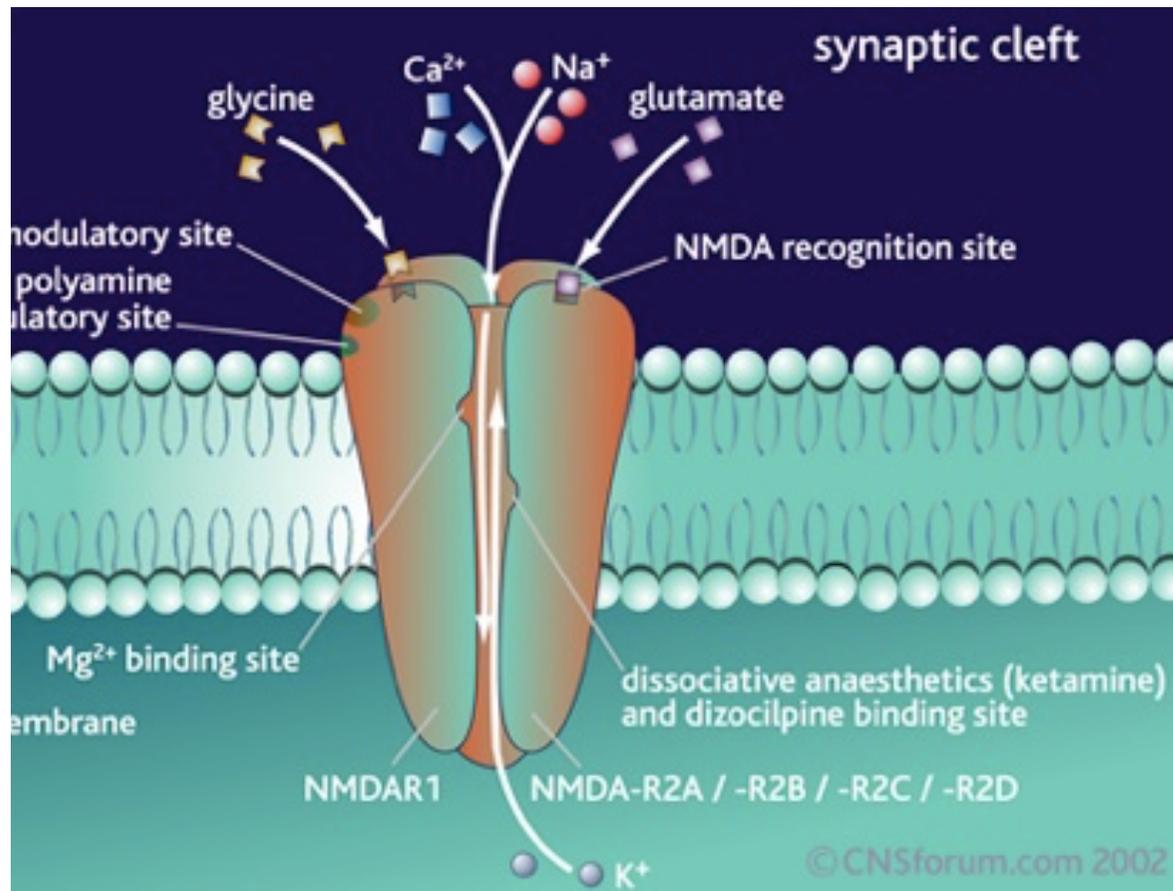
Respiro irregolare

Respiro apneustico

Mantiene la competenza delle vie aeree

Aumenta le secrezioni bronchiali



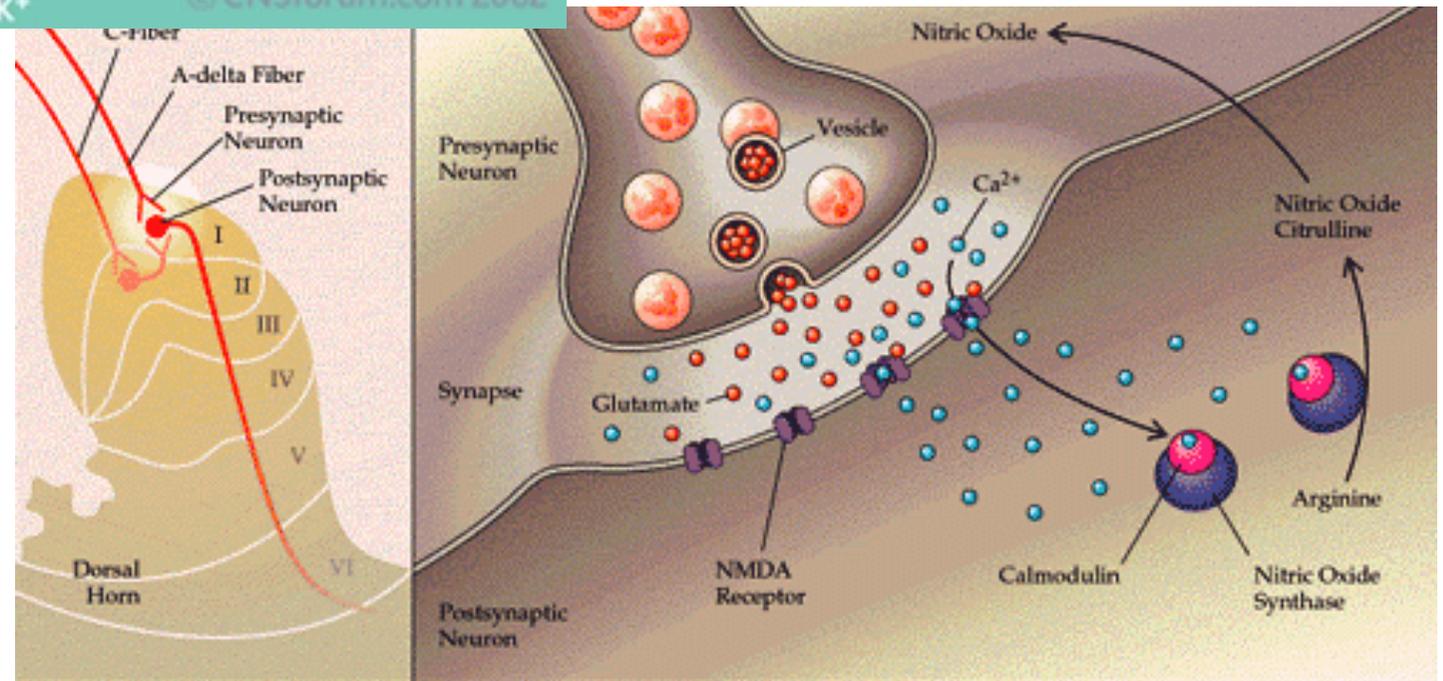


Antagonista Recettori NMDA

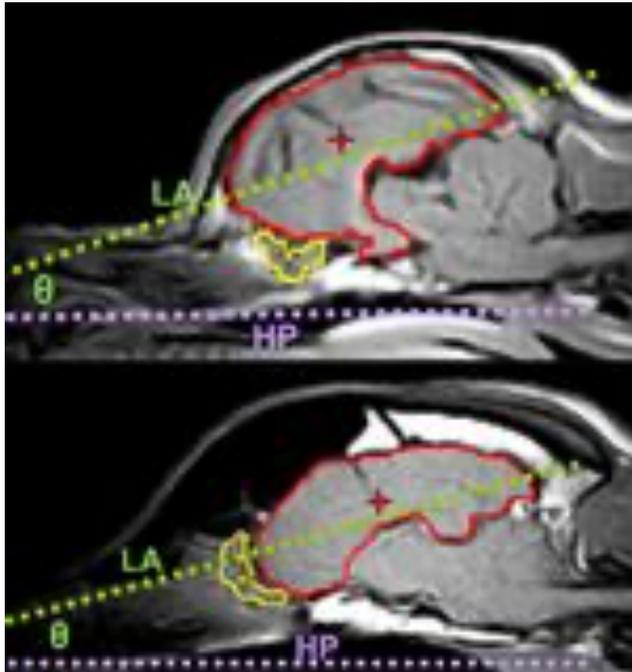
Dolore Somatico

Dolore Cronico

**Non è sufficiente
Come unico
analgesico!!!**



Ketamina



Aumenta la pressione intracranica

Aumenta la pressione intraoculare

Azione neuroprotettiva?

Anticonvulsivante?

Antagonista non-competitivo NMDA

Azione sui recettori GABA_A (anticonvulsivanti?)

Azione sui recettori colinergici nicotinici e muscarinici

Azione sui recettori monoaminergici

ZOLETIL



Associazione di Tiletamina e Zolazepam a concentrazioni fisse

6-13 mg/kg IM

20-40 min.

Dosi supplementari dimezzate

8-15 mg/kg IM

Attenzione accumulo



ATTENZIONE

✓ Crisi convulsive

✓ Trauma cranico

✓ Effetto accumulo

✓ Cardiopatici gravi

✓ Risveglio con allucinazioni, atassia, vocalizzazioni

ZBD/ZBDex

- Zoletil 100 (polvere)
- 2,5 ml Butorfanolo 10 mg/kg
- 2,5 ml Mede/Dexmede



ZD/ZDex

- Zoletil 100 (polvere)
- 2,5 ml Mede/Dexmede
- 2,5 ml acqua iniettabile

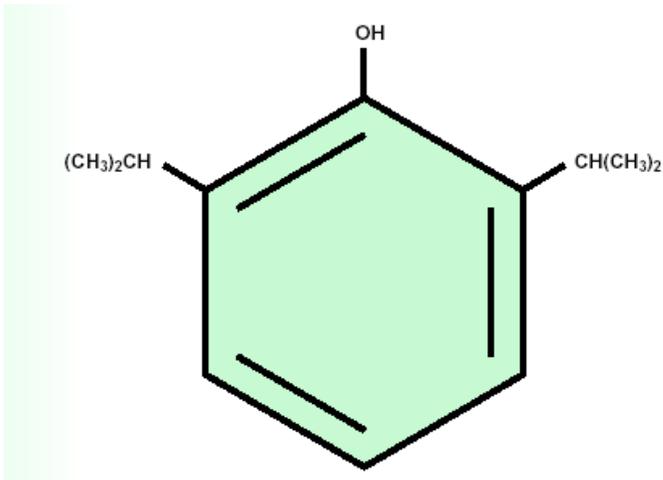


ZMD/ZMDex

- Zoletil 100 (polvere)
- 2,5 ml Metadone 10 mg/kg
- 2,5 ml Mede/Dexmede

Level of sedation required	TTDex or TTD (ml/kg IM)	TTDex or TTD (ml/kg IV)
Premedication (mild–moderate sedation)	0.01 ml/kg	0.005 ml/kg
Chemical restraint (profound sedation)	0.02 ml/kg	0.01 ml/kg
Surgical plane of anesthesia	0.03–0.035 ml/kg	0.0175 ml/kg
Surgical plane of anesthesia for more aggressive animals or more painful surgery	0.04 ml/kg	0.02 ml/kg

Propofol



2-6 di-isopropilfenolo

1983 Europa
1984 USA

+



Olio di soia, glicerolo e fosfatidi purificati di uova.

Diiso PPropylhenol Intra Venous Anaesthetic

DiPrIVAn

Propofol



Propofol 1%



Propofol 2%



Propofol

Conservabilità

Supporta la crescita batterica

Tecnica sterile

Eliminare le fiale aperte da + di 24 ore

Conservanti:
1996 EDTA
1999 sodium metabisulfi

CASE REPORT

Lethal septic shock after dental scaling in a healthy dog due to *Ochrobactrum anthropi*-contaminated propofol

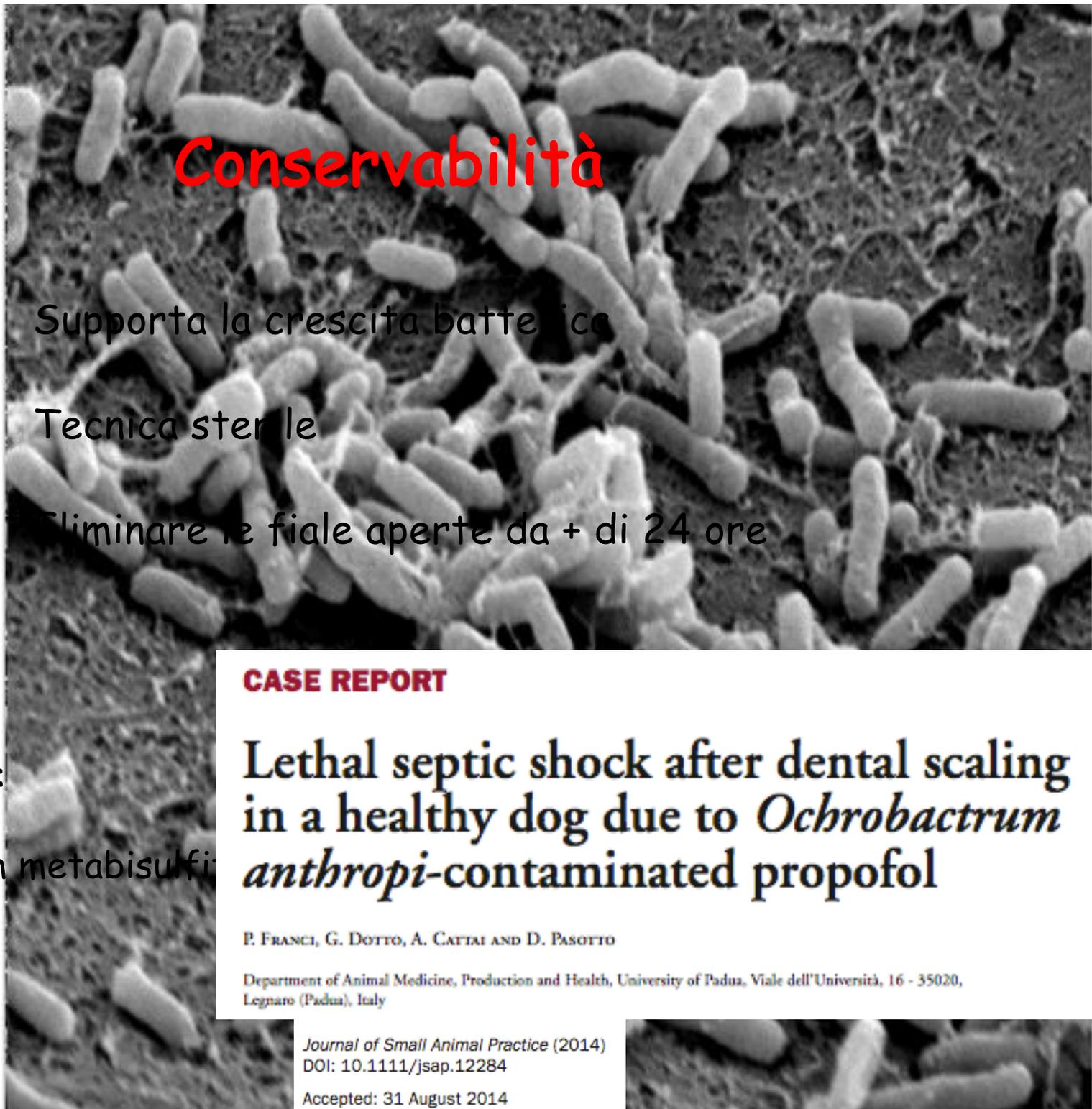
P. FRANCI, G. DOTTO, A. CATTAL AND D. PASOTTO

Department of Animal Medicine, Production and Health, University of Padua, Viale dell'Università, 16 - 35020, Legnaro (Padua), Italy

Journal of Small Animal Practice (2014)

DOI: 10.1111/jsap.12284

Accepted: 31 August 2014



Propofol

Metabolismo Gatti



- ◆ This journal has ceased publication.
- ◆ Articles are no longer accepted for this title.
- ◆ Succeeded by: Pharmacogenetics and Genomics (ISSN: 1744-6872)

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Molecular genetic basis for deficient acetaminophen glucuronidation by cats: UGT1A6 is a pseudogene, and evidence for reduced diversity of expressed hepatic UGT1A isoforms Volume 10(4), June 2000, pp 355-369

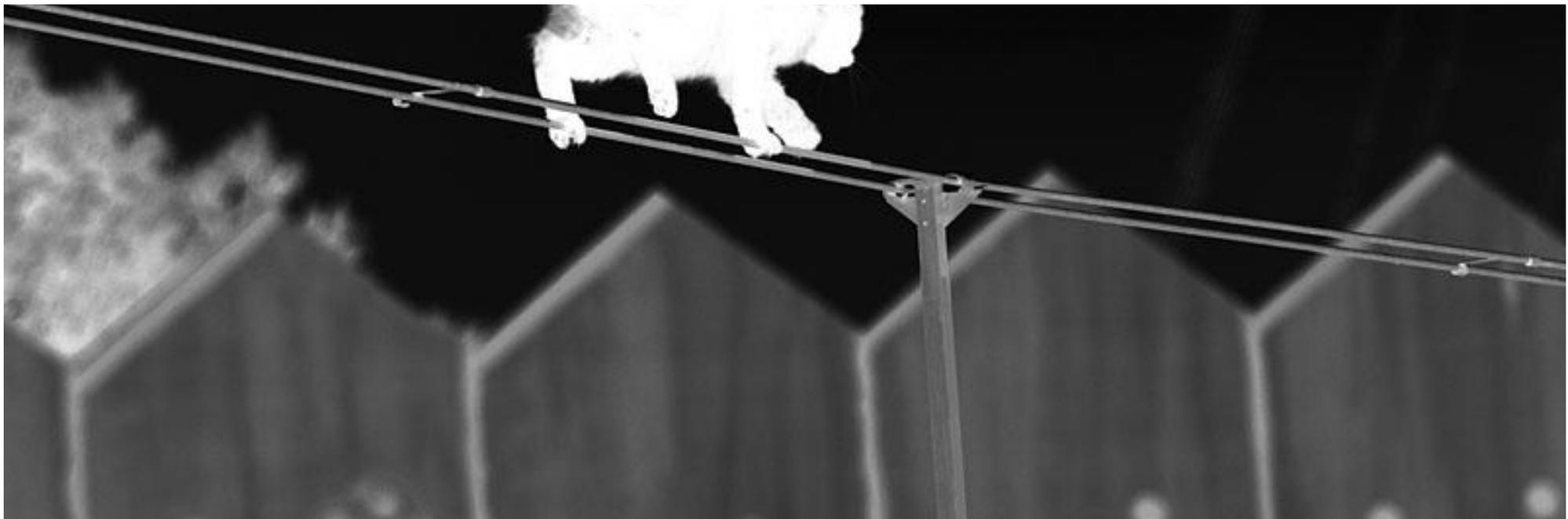
[Original Article]

Court, Michael H.^{a,b}; Greenblatt, David J.^a

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Received 18 September 1999; accepted 8 November 1999

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Propofol

Metabolismo Gatti

Vet Surg. 1995 May-Jun;24(3):277-82

The effects of consecutive day propofol anesthesia on feline red blood cells.

[Andress JL](#), [Day TK](#), [Day D](#).

Mississippi State University, College of Veterinary Medicine, Mississippi State 39762-9825, USA.

Propofol 6 mg/kg IV + 0,2-0,3 mg/kg/min x 30 min x 7 gg
In 2^a giornata >> tempi di risveglio
5/6 malessere generalizzato in 5^o-6^o e 7^o gg
In 3^a giornata >> Corpi di Heinz

Propofol 6 mg/kg iv x 3gg
10 cani e 10 gatti
No > sign tempi risveglio
No > clinicamente sign CH

JOURNAL of the American Animal Hospital Association

Repetitive Propofol Administration in Dogs and Cats

A bolus of propofol was administered to 10 dogs (6 mg/kg intravenously [IV]) and 10 cats (10 mg/kg IV) on three consecutive days. The occurrence of apnea, heart and respiratory rates, blood pressure, time to movement, and changes in a complete blood count and biochemical profile were recorded. Apnea was not seen in the dogs but was seen in three cats. Slight increases in the number of Heinz bodies were seen in six cats, but the increases were not considered clinically significant. No apparent cumulative adverse effects were seen from a bolus of bisulfite-containing propofol, administered on three consecutive days. J Am Anim Hosp Assoc 2004;40:255-260.

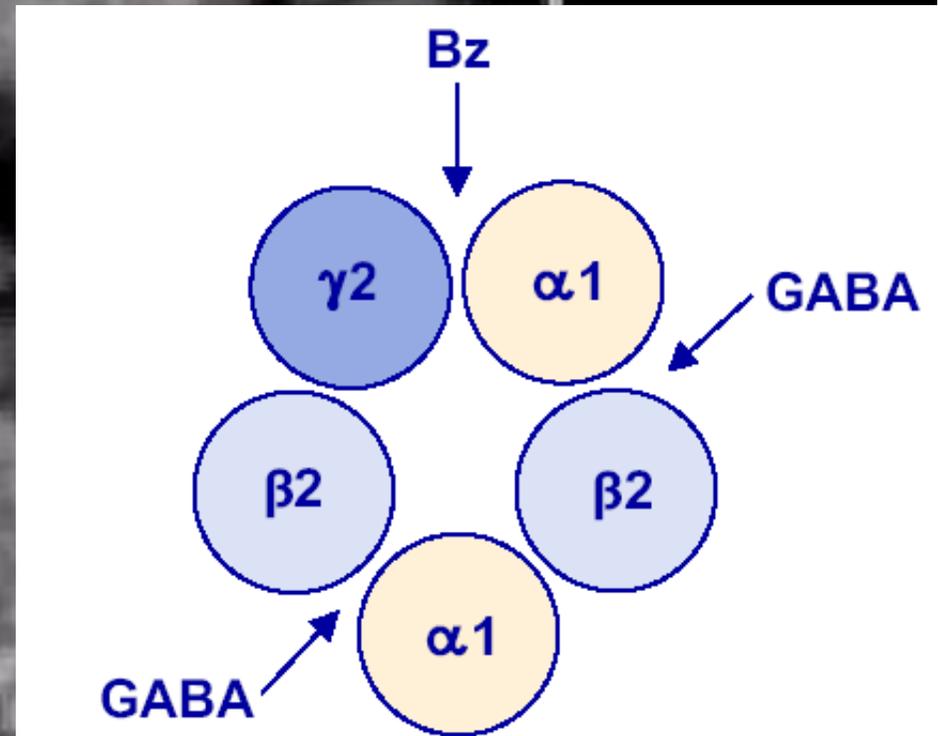
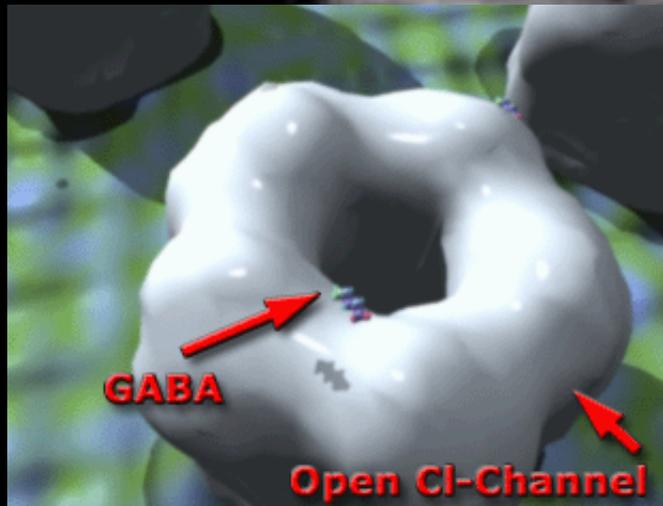
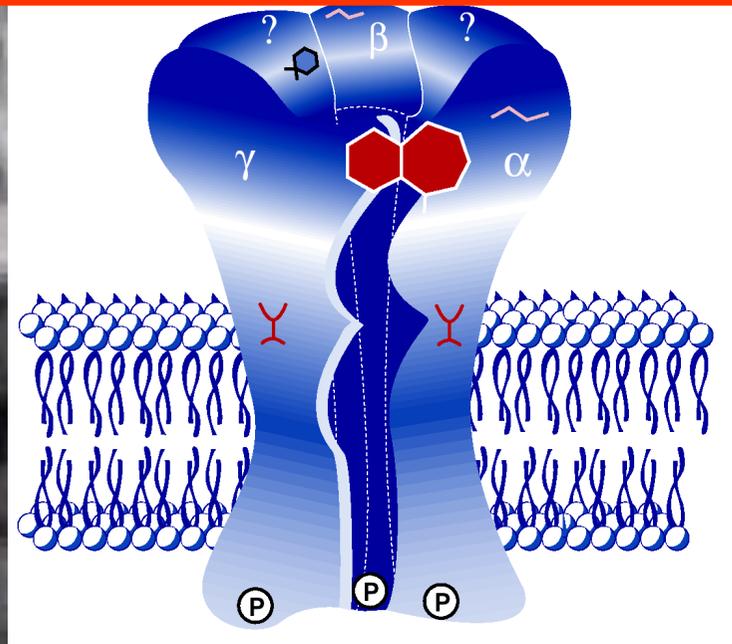
July/August 2004, Vol. 40

SNC

Azione Ipnotica

Azione Gabaergica
Sub β rec. $GABA_A$

Ippocampo
« Acetilcolina



Senso di benessere

↑
Dopamina

Anaesthesia, 1997, 52, pages 750–755

Dreams, images and emotions associated with propofol anaesthesia

B. Brandner,¹ M. Blagrove,² G. McCallum¹ and L. M. Bromley¹

1 Academic Department of Anaesthetics, University College London School of Medicine, Room 103, The Middlesex Hospital, Mortimer Street, London W1N 8AA, UK

2 Department of Psychology, Singleton Park, University of Wales, Swansea SA2 8PP, UK

In conclusion we found that patients anaesthetised with propofol had more dreams than those anaesthetised with thiopentone. The incidence of dreams where the content could be recalled was also higher with propofol. Patients who received propofol were less nauseated, less sick and were happier than those who were given thiopentone.

Sexual illusions and propofol sedation.

- [Kent EA](#),
- [Bacon DR](#),
- [Harrison P](#),
- [Lema MJ](#).

State University of New York, Buffalo.

SNC-convulsioni

Il propofol ha un'attività anticonvulsivante, dimostrata in studi clinici e sperimentali nell'uomo e negli animali

Trattamento dello stato epilettico nell'uomo e negli animali

Per l'anestesia generale in corso di chirurgia epilettica

Per l'anestesia generale in pazienti con problemi intracranici

Bassa incidenza di fenomeni eccitatori correlati all'uso del propofol nell'uomo e negli animali

Eziologia ancora non chiarita

Probabilmente per un'azione a livello subcorticale

J Am Anim Hosp Assoc. 1996 Jul-Aug;32(4):365-8.

Excitatory movements in a dog following propofol anesthesia.

Smedile LE, Duke T, Taylor SM.

Department of Veterinary Internal Medicine, Western College of Veterinary Medicine, Saskatoon, Saskatchewan, Canada.

A two-year-old, neutered male Labrador retriever was anesthetized with intravenous propofol for bronchoscopy to remove a bronchial foreign body. The dog previously had been diagnosed with idiopathic epilepsy. During anesthetic recovery, the dog exhibited excitatory movements characterized by forelimb extensor rigidity, opisthotonos, generalized tremors, paddling, horizontal nystagmus, and facial twitching. Intravenous administration of pentobarbital temporarily stopped the motor activity. The excitatory movements persisted for 20 hours. The dog went on to recover completely, although he remained an epileptic, having one brief, generalized grand mal seizure every three-to-four months.

App. Respiratorio

Depressione respiratoria - Apnea

Dose
Velocità di infusione
Farmaci concomitanti

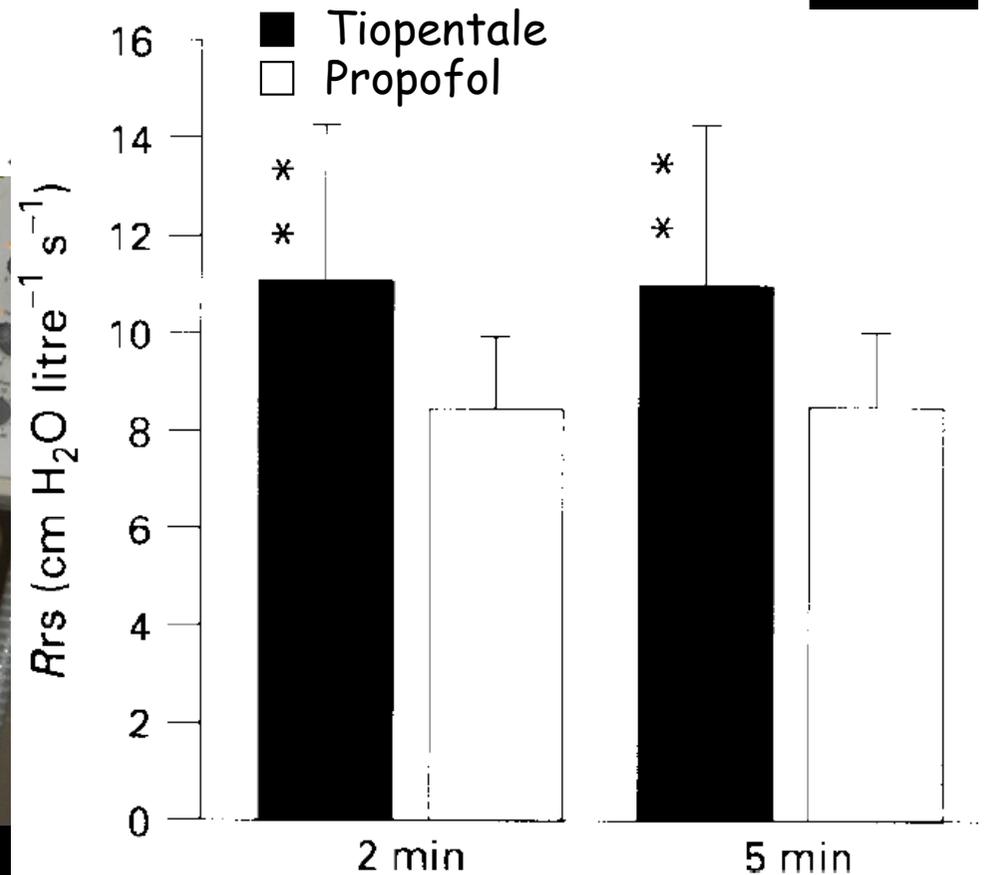
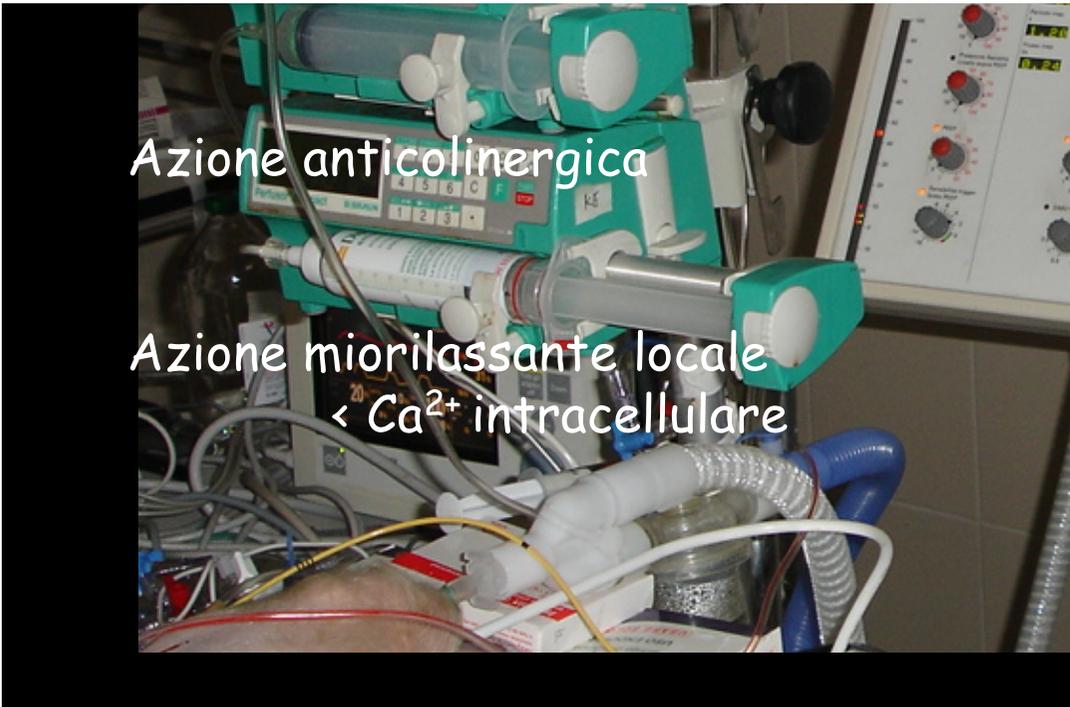
Potenzia la vasocostrizione ipossica polmonare



British Journal of Anaesthesia 1996; 77: 735–738

Comparative effects of thiopentone and propofol on respiratory resistance after tracheal intubation

R. S. C. WU, K. C. WU, D. C. W. SUM AND M.

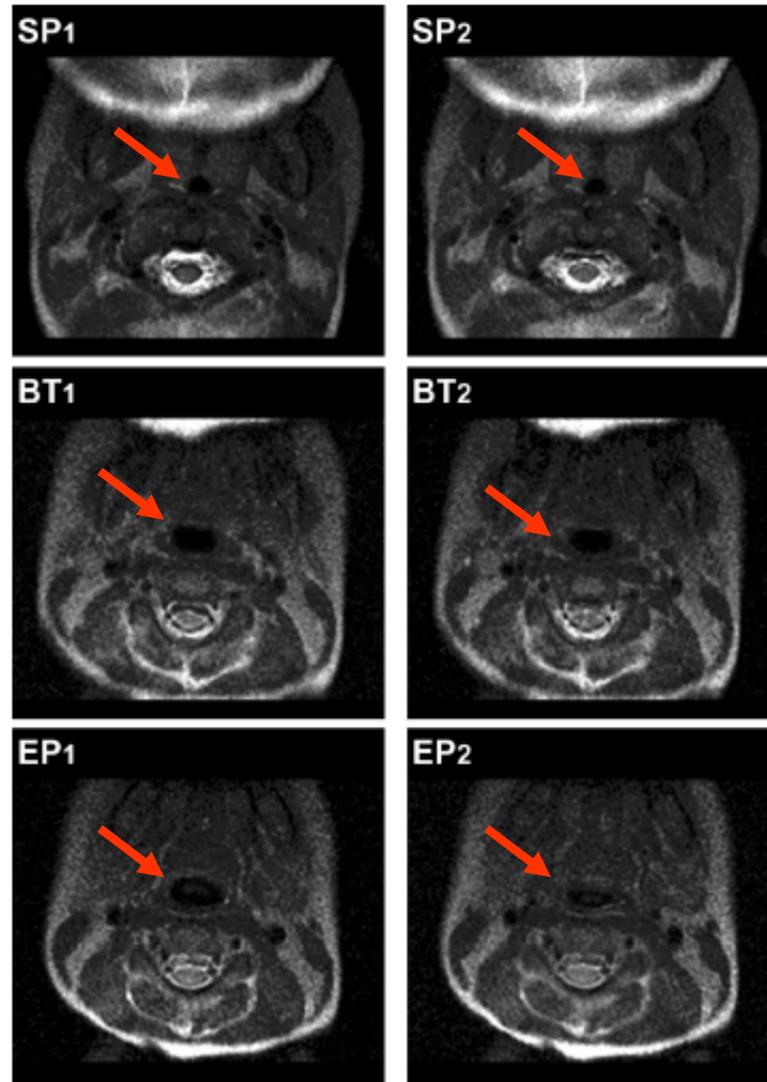


Anesthesiology 2003; 99:596-602

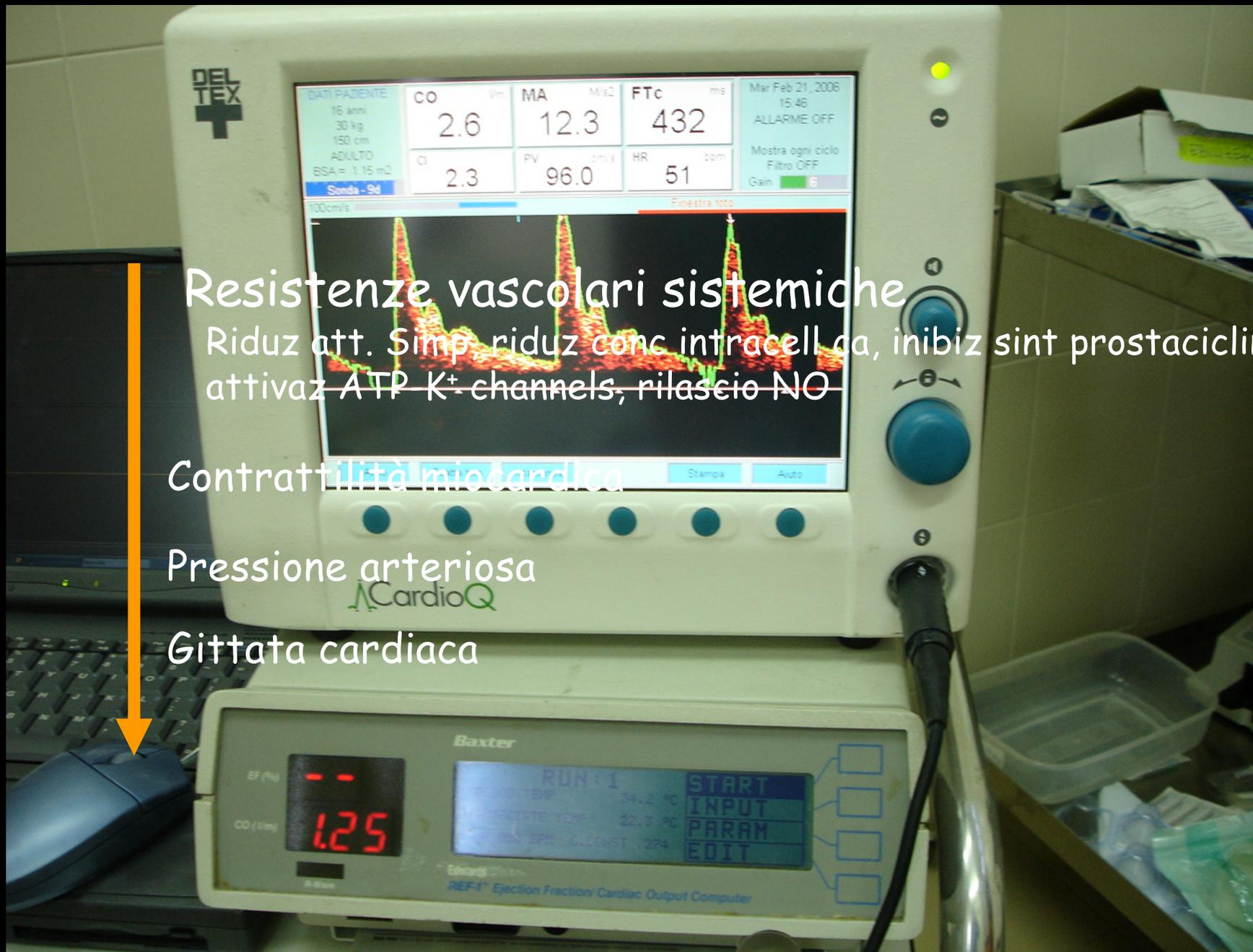
© 2003 American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.

Effect of Increasing Depth of Propofol Anesthesia on Upper Airway Configuration in Children

Russell G. Evans, M.B.B.S., F.R.C.A.,* Mark W. Crawford, M.B.B.S., F.R.C.P.C.,† Michael D. Noseworthy, Ph.D.,‡
Shi-Joon Yoo, M.D., F.R.C.P.C.§



App. Cardiocircolatorio



Alfaxolone



Steroide Neuroattivo

Attività gabaergica

Per l'induzione e per il mantenimento

Somministrazione IV e IM

Depressione cardiovascolare e respiratoria

Alti volumi per somm IM

**Non contiene sost. Preservative
antimicrobiche**

Da eliminare dopo 6 ore dall'apertura

Latenza 60 secondi

Durata 15 – 30 minuti

ALFAXAN Induction Dose Guidelines: CATS

Preanesthetic	Average ALFAXAN induction dose and range (mg/kg)	Number of cats
No preanesthetic	4.0 (2.2 – 9.7)	33
Opioid + phenothiazine	3.2 (1.1 – 10.8)	96
Benzodiazepine + phenothiazine	3.6 (1.5 – 7.1)	23
Benzodiazepine + opioid + phenothiazine	2.3 (1.2 – 5.0)	26
Alpha ₂ -adrenergic agonist with/without phenothiazine	3.6 (1.1 – 5.0)	15
Alpha ₂ -adrenergic agonist + phenothiazine with/without benzodiazepine or opioid	2.9 (1.0 – 3.9)	11

ALFAXAN Maintenance Dose Guidelines: CATS

Dose and Duration	Preanesthetized cats	Unpreanesthetized cats
Maintenance anesthesia doses	1.1 – 1.3 mg/kg	1.4 – 1.5 mg/kg
Mean duration of anesthesia	7 – 8 minutes	3 – 5 minutes

ALFAXAN Induction Dose Guidelines: DOGS

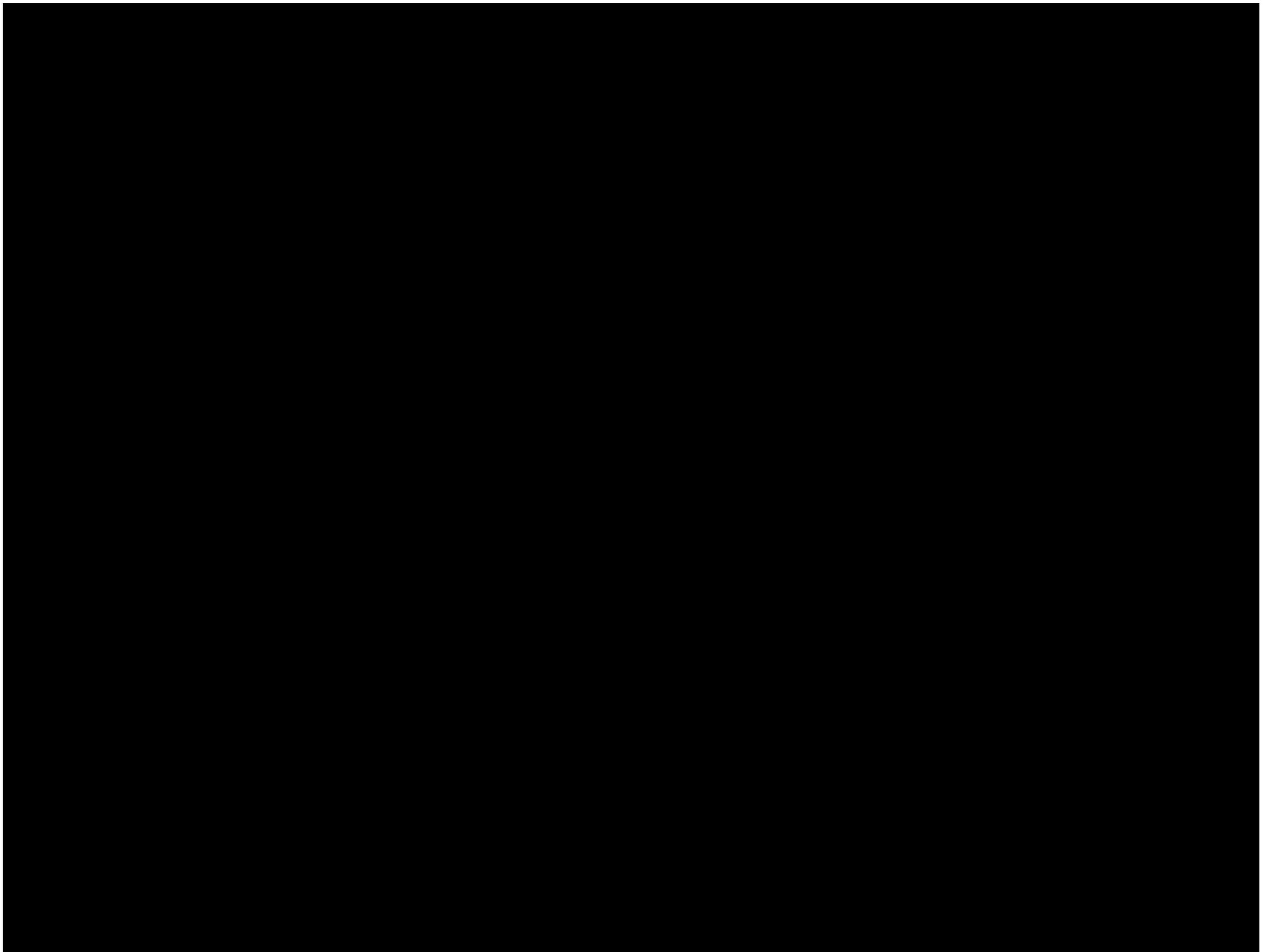
Preanesthetic	Average ALFAXAN induction dose and range (mg/kg)	Number of dogs
No preanesthetic	2.2 (1.5 - 4.5)	17
Benzodiazepine + opioid + acepromazine	1.7 (0.9 - 3.5)	39
Opioid + acepromazine	1.6 (0.6 - 3.5)	80
Alpha ₂ -agonist	1.1 (0.21 - 2.00)	9

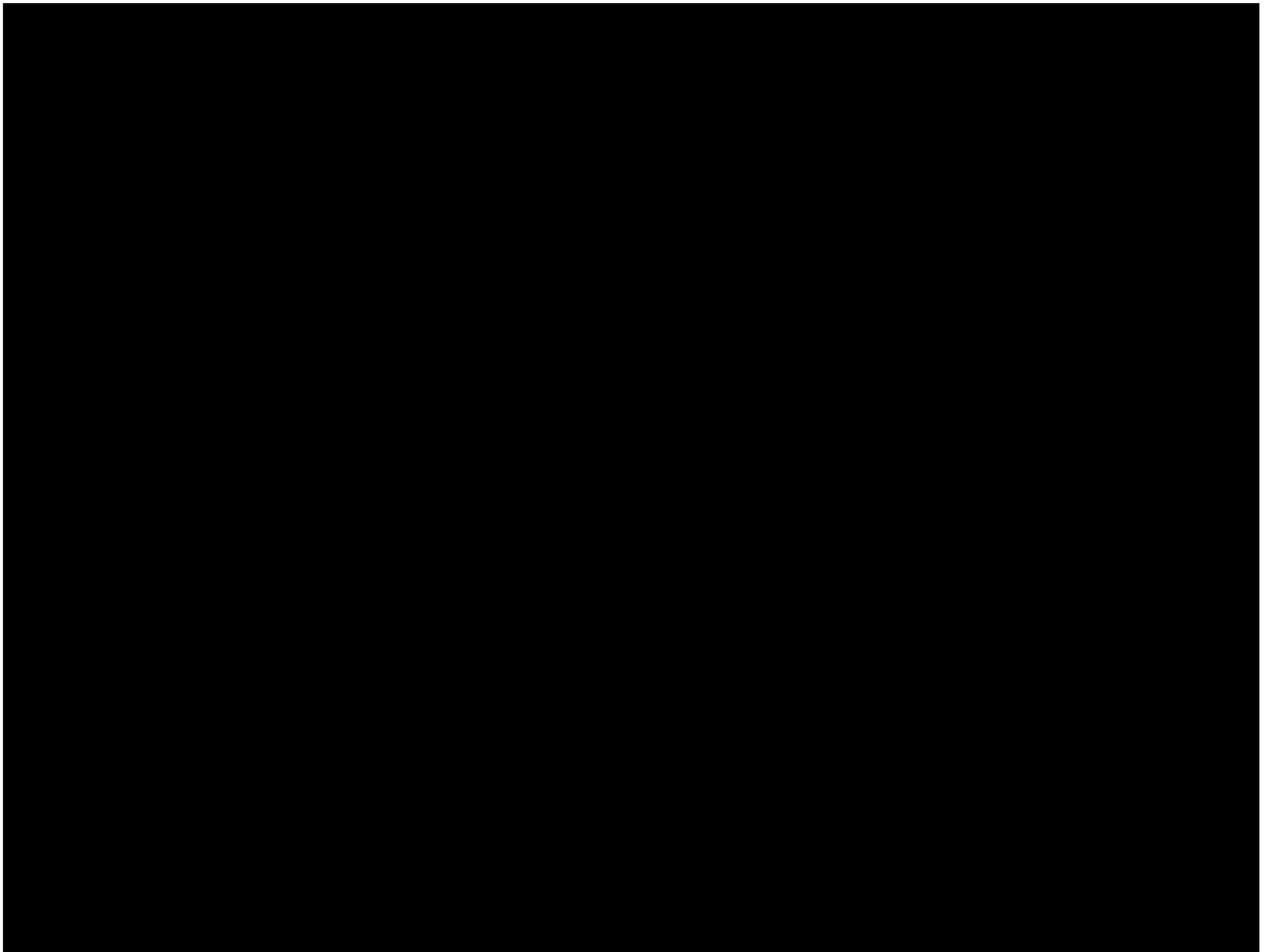
ALFAXAN Maintenance Dose Guidelines: DOGS

	Preanesthetized dogs	Unpreanesthetized dogs
Maintenance anesthesia doses	1.2 – 1.4 mg/kg	1.5 – 2.2 mg/kg
Mean duration of anesthesia	6 – 8 minutes	6 – 8 minutes



Metadone (0,35mg/kg) + Dexmedetomidina (1,7 μ g/kg) + Alfaxalone (1mg/kg)
Meta. 0,2ml (10mg/ml) + Dexmed. 0,1ml (0,1mg/ml) + Alfax. 0,6ml (10mg/ml)





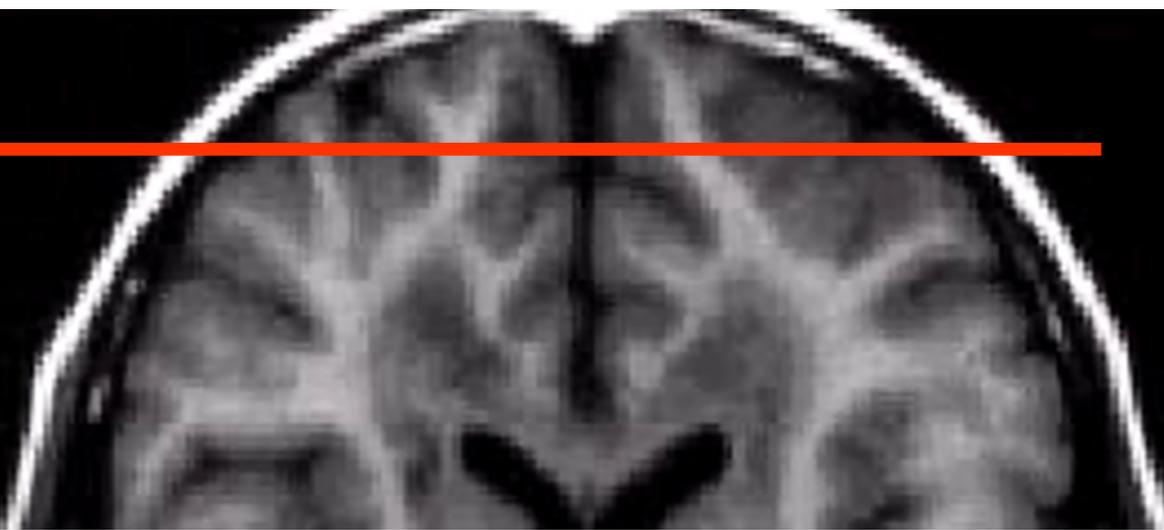
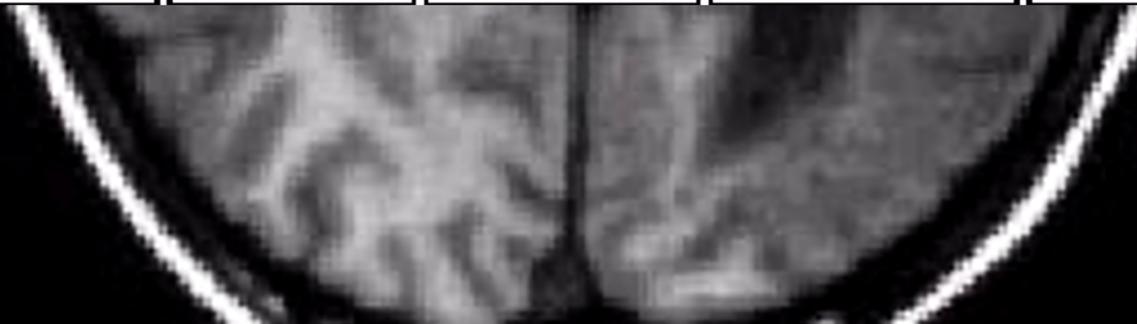


Table 1. Comparative Central Nervous Effects of Injectable Anesthetic Agents

	Blood-Brain Equilibration (minutes)	Cerebral Blood Flow	Cerebral Metabolism	Cerebral Perfusion Pressure	Intracranial Pressure	Seizure Threshold in Epileptic Patient
Thiopental	1	--*	--	0 to -	--	++
Etomidate	1	--	--	0	--	-†
Propofol	3	--	--	--	--	-†
Ketamine	1	++	+	+	+	-†



App. Respiratorio



Table 3. Comparative Respiratory Effects of Injectable Anesthetic Agents

	Respiratory Depression	Response to Carbon Dioxide	Hypoxic Pulmonary Vasoconstriction	Respiratory Tract Responses	Bronchomotor Tone	Ciliary Function
Thiopental	+++*	--	0	+	+	-
Etomidate	0	-	0	-	0	-
Propofol	++	--	+	--	-	0
Ketamine	+	-	0	+	-	-



App. Cardiocircolatorio



Table 2. Comparative Cardiovascular Effects of Injectable Anesthetic Agents in Healthy Dogs

	Cardiac output	Heart Rate	Arterial Blood Pressure	Systemic Vascular Resistance	Arrhythmic Threshold
Thiopental	0 to -*	+	0 to +	0	--
Etomidate	0	0	0	0	0
Propofol	0 to -	0 to -	0 to -	0 to -	-
Ketamine	0 to +	++	0 to +	0 to +	-

