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The risk of anaesthetic related death in veterinary practice in dogs and cats has been estimated at approximately 0.1 of patients\(^1\). This is much higher than that reported in human anaesthesia, where the risk of anaesthetic-related death is approximately 0.02% to 0.05%\(^7\). Hence the identification of major risk factors for anaesthetic death could improve patient management and reduce complications.

The Confidential Enquiry into Perioperative Small Animal Fatalities, (CEPSAF)

A case-control study nested in a prospective cohort of all cats anaesthetised and sedated at participating veterinary practices was undertaken between June 2002 and June 2004 (The Confidential Enquiry into Perioperative Small Animal Fatalities, CEPSAF)\(^10\). All anaesthetics and sedations undertaken in cats and patient outcomes at 48 hours (alive, dead, euthanased) were recorded. Anaesthetic and sedation-related death was defined as death where surgical or pre-existing medical causes did not solely cause death, such that anaesthesia or sedation could not be reasonably excluded as a contributory factor. Details of patient characteristics, preoperative evaluation and preparation, procedure, anaesthetic and sedative agents used, monitoring, postoperative management and personnel involved were recorded for all anaesthetic and sedation-related deaths (i.e. cases) and for randomly selected non-deaths (controls). A mixed effects logistic regression model of factors associated with anaesthetic and sedation-related death in cats was constructed\(^10\). Factors associated with increased odds of anaesthetic-related death were poor health status (ASA physical status classification), increasing age, extremes of weight, increasing procedural urgency and complexity, endotracheal intubation and fluid therapy. Pulse monitoring and pulse oximetry were associated with reduced odds\(^10\). The results should aid the preoperative identification of cats at greatest risk. Greater care with endotracheal intubation and fluid administration are recommended and pulse and pulse oximetry monitoring should be routinely implemented in cats.

References

2. Clarke KW, Hall LW. A survey of anaesthesia in small animal practice.


