



PIPAC ESSENTIALS

Anesthetic Technique and Precautions

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Disclosures

- I do not have any relevant financial relationships with any ineligible companies.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

The following CLC & IB components will be addressed in this presentation:

- The utilization and access of interpreters (tele interpreters and in person interpreters) as part of the informed consent process.
- The anesthetic plan is tailored to achieve the best outcomes considering the patient's comorbidities and this is explained to all patients prior to surgery.

Preparation

- Designate a department representative
 - Be an active member of a standardized PIPAC team
- Planning/"dry walkthrough" is strongly advised
- PPE (Personal Protective Equipment) is essential (liquid and/or aerosol contamination)
 - N-95 mask/PAPR, surgical chemo gown, protective eyewear, nitrile gloves
- Pregnant or breast-feeding women should not participate in the procedure
 - The anesthesia level of care is shared equally amongst the entire anesthesia faculty

Preoperative Considerations

- Patient population has advanced stage of disease (i.e. anemia, ascites, cachexia)
- Confounding comorbidities (i.e. CAD, HTN, DM, etc.)
- Ensure patient is medically optimized
 - The utilization and access of interpreters (tele interpreters and in person interpreters) as part of the informed consent process.
- Prepare for monitoring outside of the OR for 30 minutes
 - Long IV tubing, positioning monitors for observation, medications readily available, prepare for anaphylaxis

Intraoperative Considerations

- Manage as it is a laparoscopic procedure
 - Intubate, muscle relaxation, controlled ventilation, management of hypercarbia
- Invasive monitoring if the patient's comorbidities warrant
- Prior to leaving OR (since interruption of PIPAC should only occur if an emergent condition arises)
 - Double check inhalation agent, muscle relaxation, ventilator settings

Postoperative Considerations

- Pain management

- Chemical peritonitis can cause pain
- Consider multimodal analgesia (NSAIDs, acetaminophen, opioids)

- Postoperative nausea/vomiting management

- Block multiple receptors (i.e. dexamethasone, histamine, dopaminergic, 5-HT₃, cholinergic, NK-1)

Summary-Maximizing Safety

- Preparation
- Standardization
- Vigilance/Attention to detail