Distinguishing Anesthetic Fiction from Fact: A Discussion (Part 2)

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1. Anticholinergics should be included in all anesthetic protocols
2. Fiction
3. Several premedications can cause bradycardia and salivation
4. Anticholinergics treat bradycardia
5. Anticholinergics limit oral secretions
6. Cardiac output may still be preserved even in the face of bradycardia
7. May increase the work if the heart if preload is already increased (as in the case of alpha-2 agonists)
8. Animals should be able to go home “normal” after general anesthesia
9. Fiction
10. Patients should be able to maintain normal functions (i.e. using litter box or going outside, finding water and food bowls)
11. General anesthesia and heavy sedation is exhausting
12. Like a physiologic half-marathon
13. Good client communication is the key
14. Clients need to have realistic expectations
15. Opioids can cause dangerous respiratory depression
16. Fact and Fiction
17. Primates can have fatal respiratory depression
18. Routine veterinary patients do not have clinically significant respiratory depression in the absence of concurrent respiratory disease
19. Can have cumulative depressive effects in conjunction with other drugs used in anesthesia (induction, inhalants)
20. Good monitoring will prevent any issues with concurrent use of opioids and other anesthetics
21. There are no good options for opioids in cats
22. Fiction
23. Cats can have extrapyrimidal effects from opioids when they are not painful
24. When cats are painful, opioids cause noticeable relaxation
25. Using as few drugs a possible is best
26. Fiction
27. Multimodal analgesia and balanced anesthesia limits the side effects of individual drugs
28. Inhibiting the pain pathway in as many points as possible will have the most profound effect on pain perception
29. Butorphanol is a good analgesic for most procedures
30. Fiction
31. Limited duration of action
32. Ceiling effect
33. Agonist-antagonist
34. Has its place for short, mild pain procedures