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daVinci Robotic Surgery System
Anesthesia Care Suggestions
Updated June 29th, 2006

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Set Up	Rational
Standard monitors	
2 IVs with an extra extension. At least one blood set.	Both arms will be tucked and not accessible
A-line on right for cardiac cases; on left for abdominal cases	Arms not accessible for a-line or blood draw after patient is positioned. daVinci comes from the left for cardiac cases and between the legs for abdominal cases w/ the PA on patient's right.
Pink foam pillow over face	Instruments slide towards face
Padding for axilla, elbows, back and shoulders	Pt will be in maximum Trendellenberg position for hours.
Upper bair hugger & at least one fluid warmer. (On IV w/o vasoactive drips)	Long cases in cold room.
BIS	Long periods of minimal stimulation/pain
Consider neo drip for BP control	Long cases, request for little IVFs

Anesthesia Technique	
Once daVinci is docked, do NOT move the table. Bed will be unplugged	Patient injury due to compression and port movement.
Keep patient paralyzed until daVinci is un-docked.	Patient injury due to compression and port movement.
Procedures will initially take up to 6 or 7 hrs.	
Consider leak test before extubation or extubating in the PACU. (Talk w/ patient about PACU vent before procedure)	Face, neck, airway edema from prolonged Trendellenberg position.
For prostate surgery: Keep IVF as low as possible, (<600cc in 3-4 hrs) before ureteral anastomosis. ??? No issues w/ more fluid in the longer cases.	Urine obscures surgical field somewhat.
Consider converting from Iso/Sevo to Desflurane for last hour of the case.	Iso and Sevo come off very slow after 5-6 hours. Quicker wake up from Des.

Complications	
Vascular injury w/ prolong time to control	Slow to control bleeding and can't start CPR until daVinci de-docked.
Decreased Vt, incr PIP; decr MAP & CO	
CO_2 embolism; SQ emphysema	
CO_2 inflated testicle	
Nerve injury (brachial plexus, ulnar, radial, obturator, peroneal)	Due to stirrups and steep T-berg position