

Perioperative Fluid Therapy

Fluid replacement

fluid management during surgical procedures is called perioperative restrictive fluid therapy, also known as near-zero or zero-balance perioperative fluid

Fluid replacement or fluid resuscitation is the medical practice of replenishing bodily fluid lost through sweating, bleeding, fluid shifts or other pathologic processes. Fluids can be replaced with oral rehydration therapy (drinking), intravenous therapy, rectally such as with a Murphy drip, or by hypodermoclysis, the direct injection of fluid into the subcutaneous tissue. Fluids administered by the oral and hypodermic routes are absorbed more slowly than those given intravenously.

Intravenous therapy

Intravenous therapy (abbreviated as IV therapy) is a medical process that administers fluids, medications and nutrients directly into a person's vein.

Intravenous therapy (abbreviated as IV therapy) is a medical process that administers fluids, medications and nutrients directly into a person's vein. The intravenous route of administration is commonly used for rehydration or to provide nutrients for those who cannot, or will not—due to reduced mental states or otherwise—consume food or water by mouth. It may also be used to administer medications or other medical therapy such as blood products or electrolytes to correct electrolyte imbalances. Attempts at providing intravenous therapy have been recorded as early as the 1400s, but the practice did not become widespread until the 1900s after the development of techniques for safe, effective use.

The intravenous route is the fastest way to deliver medications and fluid replacement throughout...

Early goal-directed therapy

management of perioperative hemodynamics in patients with a high risk of morbidity and mortality. In cardiac surgery, goal-directed therapy has proved effective

Early goal-directed therapy (EGDT or EGD^T) was introduced by Emanuel P. Rivers in The New England Journal of Medicine in 2001 and is a technique used in critical care medicine involving intensive monitoring and aggressive management of perioperative hemodynamics in patients with a high risk of morbidity and mortality. In cardiac surgery, goal-directed therapy has proved effective when commenced after surgery. The combination of GDT and Point-of-Care Testing has demonstrated a marked decrease

in mortality for patients undergoing congenital heart surgery. Furthermore, a reduction in morbidity and mortality has been associated with GDT techniques when used in conjunction with an electronic medical record.

Early goal-directed therapy is a more specific form of therapy used for the treatment of...

Cold compression therapy

Cold compression therapy, also known as hilotherapy, combines two of the principles of rest, ice, compression, elevation to reduce pain and swelling from

Cold compression therapy, also known as hilotherapy, combines two of the principles of rest, ice, compression, elevation to reduce pain and swelling from a sports or activity injury to soft tissues and is recommended by orthopedic surgeons following surgery. The therapy is especially useful for sprains, strains, pulled muscles

and pulled ligaments.

Volume expander

is a type of intravenous therapy that has the function of providing volume for the circulatory system. It may be used for fluid replacement or during surgery

A volume expander is a type of intravenous therapy that has the function of providing volume for the circulatory system. It may be used for fluid replacement or during surgery to prevent nausea and vomiting after surgery.

Postoperative nausea and vomiting

music interventions in the perioperative period can effectively reduce postoperative vomiting, although the impact of music therapy and interventions on nausea

Postoperative nausea and vomiting (PONV) is the common complication of nausea, vomiting, or retching experienced by a

person within the first 24 hours following a surgical procedure. Untreated, PONV affects about 30% of people undergoing general anesthesia each year, with rates rising to 70–80% among those considered high-risk. Postoperative nausea and vomiting can be highly distressing for people undergoing surgery and may pose significant barriers towards recovery, cause surgical complications, and result in delayed discharge from the surgical center if not managed properly.

Peritoneal cavity

teachmeanatomy.info. Retrieved 2024-09-29. Yu, Wansik (2003-07-01). "Impact of perioperative intraperitoneal chemotherapy on the treatment of primary gastric cancer"

The peritoneal cavity is a potential space located between the two layers of the peritoneum—the parietal peritoneum, the serous membrane that lines the

abdominal wall, and visceral peritoneum, which surrounds the internal organs. While situated within the abdominal cavity, the term peritoneal cavity specifically refers to the potential space enclosed by these peritoneal membranes. The cavity contains a thin layer of lubricating serous fluid that enables the organs to move smoothly against each other, facilitating the movement and expansion of internal organs during digestion.

The parietal and visceral peritonea are named according to their location and function. The peritoneal cavity, derived from the coelomic cavity in the embryo, is one of several body cavities, including the pleural cavities...

Pneumonectomy

Sidney C.; Jacobs, Alice K. (2007-10-23). "ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery:

Executive

A pneumonectomy (or pneumectomy) is a surgical procedure to remove a lung. It was first successfully performed in 1933 by Dr. Evarts Graham. This is not to be confused with a lobectomy or segmentectomy, which only removes one part of the lung.

There are two types of pneumonectomy: simple and extrapleural. A simple pneumonectomy removes just the lung. An extrapleural pneumonectomy also takes away part of the diaphragm, the parietal pleura, and the pericardium on that side.

Acute kidney injury

*Groeneveld AB (June 2016).
“Targeting oliguria reversal
in perioperative restrictive fluid
management does not influence
the occurrence of renal
dysfunction:*

Acute kidney injury (AKI), previously called acute renal failure (ARF), is a sudden decrease in kidney function that develops within seven days, as shown by an increase in serum creatinine or a decrease in urine output, or both.

Causes of AKI are classified as either prerenal (due to decreased blood flow to the kidney), intrinsic renal (due to damage to the kidney itself), or postrenal (due to blockage of urine flow). Prerenal causes of AKI include sepsis, dehydration, excessive blood loss, cardiogenic shock, heart failure, cirrhosis, and certain medications like ACE inhibitors or NSAIDs. Intrinsic renal causes of AKI include glomerulonephritis, lupus nephritis, acute tubular necrosis, certain antibiotics, and chemotherapeutic agents. Postrenal causes of AKI include kidney stones, bladder cancer...

Transfusion-associated circulatory overload

mechanical ventilation, if needed). To remove the excess fluid, patients are given diuretic therapy and their urine output is closely monitored to quantitate

In transfusion medicine, transfusion-associated circulatory overload (aka TACO) is a transfusion reaction (an adverse effect of blood transfusion) resulting in signs or symptoms of excess fluid in the circulatory system (hypervolemia) within 12 hours after transfusion. The symptoms of TACO can include shortness of breath (dyspnea), low blood oxygen levels (hypoxemia), leg swelling (peripheral edema), high blood pressure (hypertension), and a high heart rate (tachycardia).

It can occur due to a rapid transfusion of a large volume of blood but can also occur during a single red blood cell transfusion (about 15% of cases). It is often confused with transfusion-related acute lung injury (TRALI), another

transfusion reaction. The difference between TACO and TRALI is that TRALI only results in symptoms...

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