ANESTHESIA & MG

BY: DR. ERIC MAY

Many people with myasthenia gravis may undergo a thymectomy as part of their treatment regimen. While the rationale for having a thymectomy is discussed carefully with the patient by his or her neurologist, the risks of having any surgical procedure are not always made clear. An anesthesiologist, in cooperation with a nurse anesthetist, will be the primary physician to manage and minimize the risk of any complications related to having surgery. A person with MG can have surgery safely as long as health care providers are aware of and can address the issues unique to their disease.

A health history screening done via phone call or office visit is required prior to the day of surgery. The screening will also provide instructions for the day of surgery, including what medications should be taken. For MG patients, allowable medications include prednisone, azathioprine (Imuran), cyclosporine, Cellcept, and pyridostigmine (Mestinon). Inhaled medications for lung diseases and some blood pressure and heartburn/reflux medications are also allowed. Many medications can worsen MG. The Myasthenia Gravis Association website has an excellent summary of medications to use with caution. Having a copy of this list to share with health care providers is a good idea. Many patient questions can be answered during the screening process.

The risk of complications following surgery is lower for patients whose symptoms are under good control. MG patients have increased sensitivity to sedative and muscle relaxant medications. The muscle weakness associated with MG can cause problems with a patient's breathing and swallowing after surgery. There is an increased risk of needing a ventilator to assist breathing after surgery for patients who have had MG for more than 6 years, take more than 750 mg of pyridostigmine (Mestinon), or who have chronic lung disease. The anesthesiologist will discuss the risk during their examination and assessment prior to surgery. During the surgery, strength will be monitored and return to baseline will be required before the patient awakens. A patient may remember being asked to open their eyes, lift their heads, and squeeze the hand of the anesthesiologist or anesthetist taking care of them before the breathing tube is removed. A patient may remember having something in their mouth or coughing as he or she is waking, but usually this memory is not alarming.

A thymectomy requires the patient to go to sleep for surgery and have breathing assisted by a ventilator. Some types of surgery can be done under regional anesthesia techniques that include spinals, epidurals, or nerve blocks. Regional anesthesia makes part of the body insensitive to pain and is often combined with mild sedation. This technique allows the patient to breath on their own without a breathing tube, thus minimizing the risk of breathing problems after surgery.

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