Epidermolysis Bullosa

The Anaesthetic Challenge

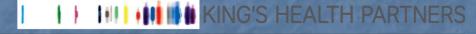
Dr Michael Duncan Anaesthetic lead for EB





Please do not film, record, or take photographs of the presentations. Photographing of an image of somebody without their consent is a GMC reportable offence.

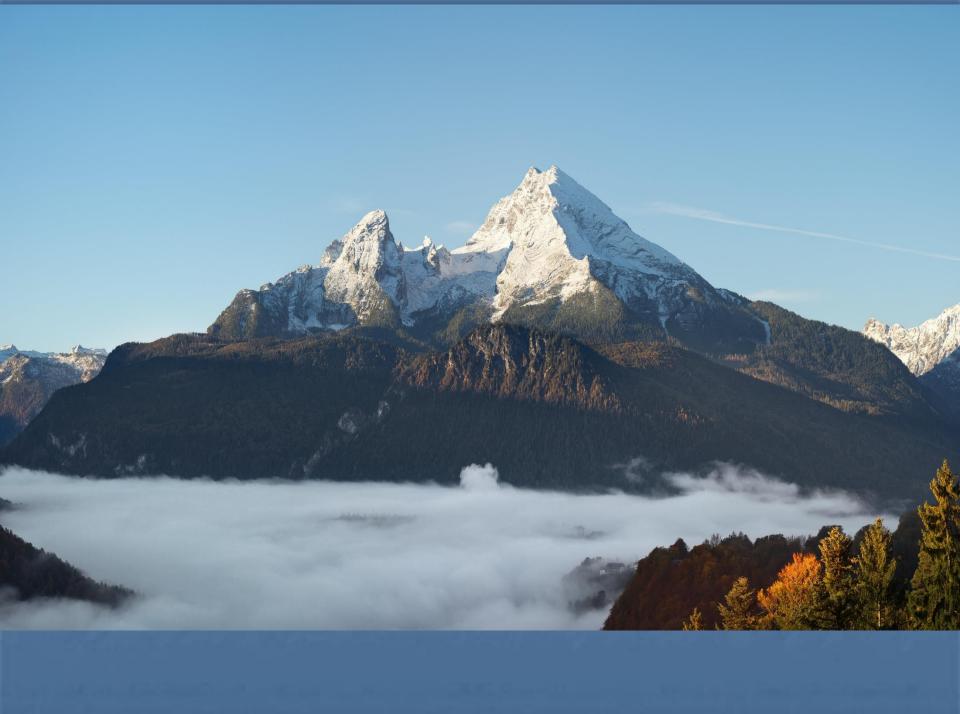




Pioneering better health for all

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Literature on Anaesthesia for EB

Griffin RP. *Anaesthesia*. 1993; **48**: 810 - 815

Bowen L. CEACCP. 2018;18:41-45 (BJA publication)

Ames WA. BJA. 1999; 82: 746 - 51

Mittal BM et al. Anesth Analg. 2022; 134:90 - 101

GSTT Anaesthesia for EB casemix

Oesophageal dilatation 45 per annum

Skin Malignancy SCC removal/skin graft ~ 5 pa

Division of Syndactyly (+ skin graft) ~1-2 pa

Dental extractions ~ 2pa

Percutaneous Feeding tube insertion/revision

Miscellaneous ~ 2-3

Anaesthetic aptitudes

Vocational

Enjoy Challenge (Satellite locations)

Confident

Flexible with patients AND with guidelines e.g NMB/BIS

Patients do evolve and change

Major Issues

Psychology
anxiety levels & catastrophising
prior adverse experience + +

Skin/mucosa trauma

Veinous access

Airway

Pre-assessment

Designated pre-assessment service in MDT

Previous anaesthetic records (~ 80 % info)

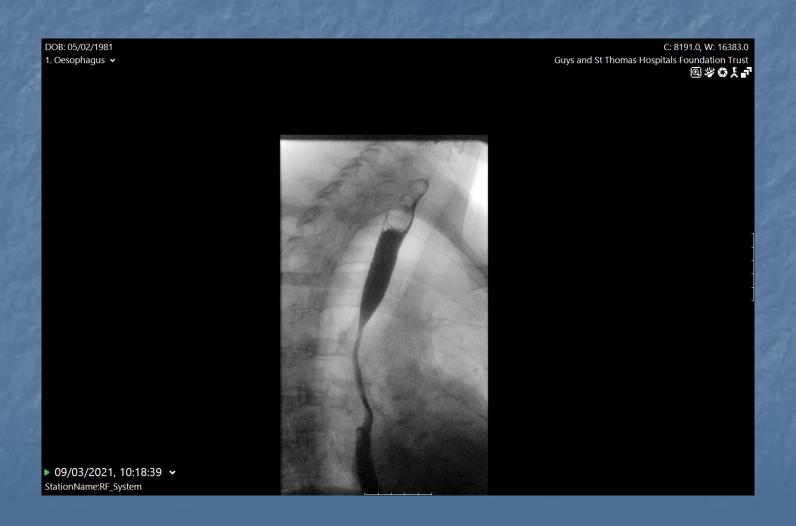
Airway assessment

iv access assessment

Psychological preparation

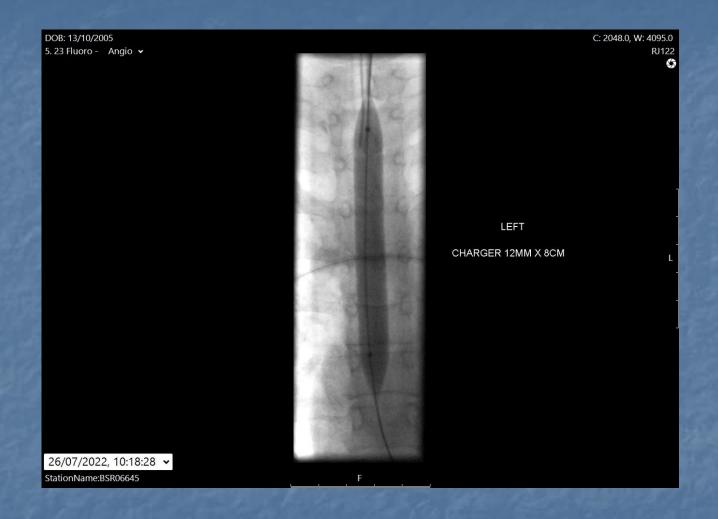


Barium swallow. RDEB Inversa. Solitary mid thoracic long stricture





The 'Waistline'





Airway assessment and Management



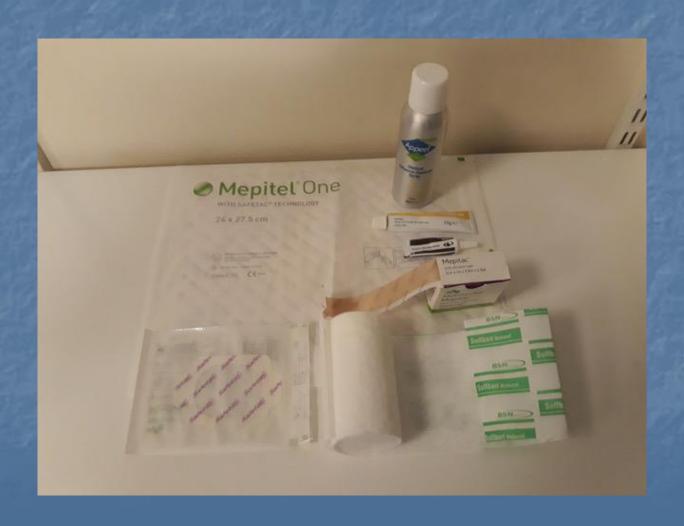




Skin precautions & manual handling



EQUIPMENT / MATERIALS







IV access

Often patient choice of location

Avoid ACF

Often PICC/microsheath

Central –(?paed C lin - needs non EB fixation

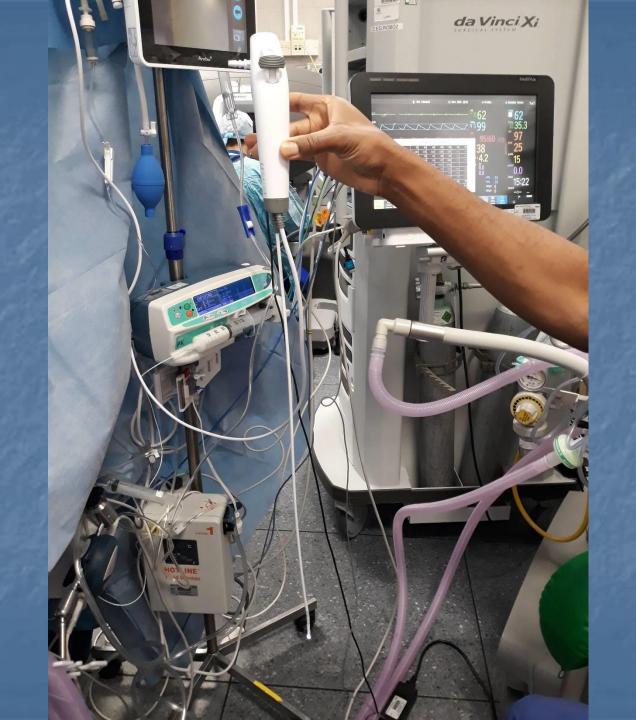
Ultrasound guidance very useful and atraumatic

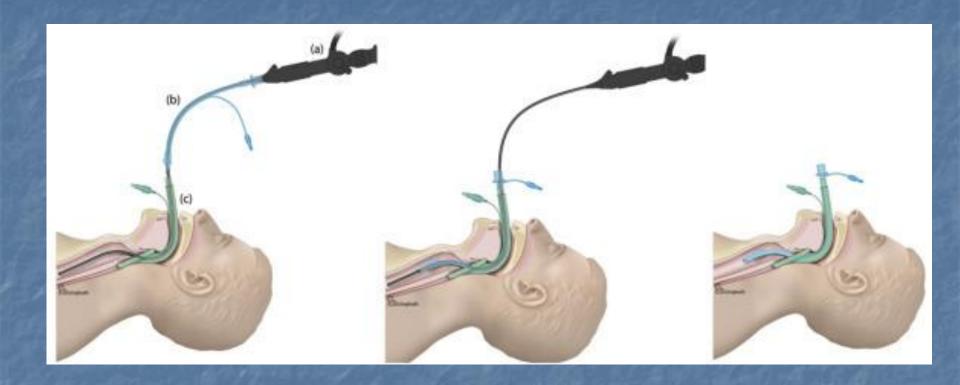


Skin Protection









Summary

Remember the Mountain

'Land Der Berge Land am Strome'

Michael.Duncan@gstt.nhs.uk