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Core Competencies: Not Just for the ACGME—But for Successful and Ethical Perioperative Management of a Young Respiratory Cripple

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Case Description: A 48-year-old respiratory cripple with multiple sclerosis (MS) presents for percutaneous nephrolithotripsy after another bout of urosepsis. She has suffered from MS for 20 years and in the last year has lost use of her right arm, leaving her quadriplegic. She is completely dependent but has no other comorbidities. Her most recent surgery was for pain pump insertion and took place 3 years back when she still had some useful muscle power in her arms. Recovery from this procedure with local anesthesia and sedation was uneventful. She has no bulbar dysfunction and is fed a regular diet.

On examination she is wheelchair-bound but has a positive affect. She visibly uses the sternocleidomastoids as muscles of respiration and is short of breath after a few sentences. She has no effective cough.

The anesthetic plan and the possibility of permanent postoperative ventilation were discussed with the patient, and she emphatically stated that intubation and ventilation were not acceptable. She would lose her only means of communication, and that would be untenable.

Conclusion: In this patient with an unmeasurable FEV1, a 75-minute superficial procedure becomes a life-threatening event. We discuss how we made our management decisions using all six ACGME core competencies. We were guided by the patient's wishes and needs and successfully discharged her home breathing on her own.