

## Guest editorial

### Anaesthetics

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In South Africa the majority of anaesthetics are provided by non-specialists. In most cases this involves anaesthesia for small, brief procedures. Many of these cases are anaesthesia for caesarean section. Unfortunately the reports on maternal death indicate that South Africa has a relatively high rate of deaths associated with anaesthesia for caesarean section.<sup>1</sup> This may be an indicator of all anaesthesia care. Many factors contribute to this situation, but the loss of experienced practitioners in rural areas, inadequate training, and high turnover of personnel are factors that are important.<sup>1-3</sup>

In this issue several topics are discussed that could inform and refresh non-specialists who may face difficult situations without much support. Spinal anaesthesia in the developed world is the safest option for caesarean section, but not so in South Africa. In the article on this topic guidelines are provided to ensure safety. Of note is the importance of *monitoring and care after* the initial relatively easy procedure, as well as *awareness and timely treatment of complications*.

More and more procedures are done under sedation, as a cost-effective option, but in many rural areas as the only possible option. However, sedation is not without danger. A list of considerations that must be clearly answered before one can embark on sedation outside the operating theatre is provided and sources for detailed information are supplied.

Acute incidents occur during anaesthesia, even in experienced hands. Our responsibility towards our patients is that we recognise and treat this timeously and appropriately. Detailed management of anaphylaxis, aspiration, laryngospasm and high spinal anaesthesia is provided.



The 'simple dental anaesthetic' is a term that belies the dangers associated with these, usually brief, procedures. Careful preparation, management and appropriate aftercare will reduce morbidity and the not infrequent mortality associated with these procedures.

Children with or without HIV infection present with pulmonary hypertension, often on the tonsillectomy list. It is important to recognise this condition, and if appropriate care is not available, to refer to centres with the appropriate expertise, as it may lead to fast intra-operative deterioration and death.

In briefer communications information is provided on the implication for the anaesthetist of the new Consumer Protection Act and toxic side-effects of local anaesthetics.

We trust that the contents of this edition will enhance your practice. We asked generalists what they needed when we chose the topics. On your part, never hesitate to ask more experienced colleagues (or phone academic departments) if you need assistance with your anaesthetic procedures.

1. Department of Health. Saving Mothers 1999 - 2001. Report of the Committee for the Confidential Enquiry into Maternal Deaths in South Africa. Pretoria: Department of Health, 2002.
2. Lamacraft G, Kenny PJ, Diedericks BJS, Joubert G. Obstetric anaesthesia: the source of the crisis. *S Afr Med J* 2008;98(2):123-124.
3. Lamacraft G, Kenny PJ, Diedericks BJS, Joubert G. Training and experience of doctors administering obstetric anaesthesia in the Free State level 1 and 2 hospitals. *South African Journal of Anaesthesia and Analgesia* 2008;14(2):13-17.