Anesthesia for Patients with Endocrinopathies

Condition	Hyperthyroidism	Hypothyroidism	Hyperadrenocorticism	Hypoadrenocorticism	Diabetes Mellitus
Premedication	Benzodiazepines Opioids – avoid large disease due to excitatory effect in cats	Opioids +/- benzodiazepines +/-anticholinergics	Opioids +/- benzodiazepines +/-anticholinergics	Opioids +/- benzodiazepines +/-anticholinergics	Opioids +/- benzodiazepines *Alpha-2 agonists can cause hypoglycemia, probably should not use*
Induction	Propofol Alfaxalone Etomidate NOT Ketamine	Propofol Alfaxalone Etomidate Ketamine	Propofol Alfaxalone Ketamine	Propofol Alfaxalone Ketamine NOT Etomidate (suppresses production of glucocorticoids for 2-6 h post-induction)	Propofol Alfaxalone Etomidate
Maintenance	Isoflurane Sevoflurane	Isoflurane Sevoflurane	Isoflurane Sevoflurane	Isoflurane Sevoflurane	Isoflurane Sevoflurane
Additional Info	Avoid giving ACEi on the day of the procedure Alpha-2 adrenergic agonists may be beneficial in patients w/ LVOT obstruction	If these patients are controlled, they may be able to be treated as normal without requiring a particular drug or technique	At risk of thromboembolic events, try to mobilize/walk dog quickly after the procedure Consider supplementing dexamethasone in adrenalectomized patients Consider physiologic or anti-inflammatory dose of prednisone or prednisolone if sx is minor/major in nature	These patients have an impaired stress response and anesthesia may exacerbate the stress response Perioperative stress can compromise these patients leading to hypotension Consider supplementing additional glucocorticoids on the day of the procedure	Preoperative insulin administration Schedule procedure early in the morning to reduce fasting period Give insulin the morning of surgery but at a lower dose depending on current BG levels Target BG during surgery: 150-200 mg/dL *Monitor every 30-60 min!s