63. PATIENTS' ATTITUDE REGARDING PREANESTHETIC INFORMATION

Oleineac Cristina

Academic adviser: **Baltaga Ruslan,** M.D., Associate Professor, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: The preoperative visit by the anesthesiologist is not only a way to obtain information about the patients' medical condition, but also a good opportunity to educate the patients about the impending anesthesia in order to allay fear, doubts and misinformation. The addressed topic is the current one, given that there is no consensus on the content, the form, and the time of pre-anesthetic information and implicitly of obtaining informed consent.

Purpose and Objectives: The study examined patients' opinion regarding pre-anesthetic information, namely by assessing the quality and the form of general information about anesthesia, the information on the risks and complications, revealing patients' preferences, and determining the quality of obtaining informed consent.

Materials and Methods: 100patients, ASA I-II, >18 years old and scheduled for elective surgery, participated in the study. In order to assess the patients'opinion, their preferences regarding general information about anesthesia and its risks and complications, two questionnaireswereused. Statistical analysis was done with SPSS software, the Kruskal–Wallis and Dunn tests, and crosstab methods were used. A $p<0.05$ was considered statistically significant.

Results: The assessment of quality of informing about anesthesia showed that 55% of patients were not informed about alternative methods of anesthesia, 65% /85% -about drugs and instruments being used, 40% /43% -about when theycould eat, and mobilize from their beds. Information related the ability to ambulate (95%) and to resume the oral intake (97%) were sought after. Most responders were wanted the methods of anesthesia (77%). Information about pain and its relief were deemed important by the patients (90%).Only 43-57% of patients were interested in the duration of anesthesia and the drugs being used. Concerning the possible complications,78% prefer to know about frequent complications, and only 36%/34% about moderate and rare complications. Although 94% have signed informed consent, only 22% know its contents. Also it was found that patients withhigher educationhad higher desire for information than those with primary education, ($p <0.05$).

Conclusions: Most of the patients do not obtain general information about anesthesia. There is a trend of greater interest to information regarding interference of anesthesia with daily life than to technical details. They also showed less interest about risks and complications of anesthesia. There is a qualitative and quantitative disproportion in obtaining informed consent. Patients with higher education degree had a greater desire for information than those with primary education.

Keywords: information about anesthesia, informed consent, complications of anesthesia

64. OCULAR COMPLICATIONS IN PATIENTS WITH MARFAN SYNDROME - CONSIDERATIONS ON TWO CLINICAL CASES

Pavlovschi Ecaterina, Lîsîi Irina

Academic adviser: **Ivanov Gheorghe,** doctor of medicine, assistant professor, State University of Medicine and Pharmacy "Nicolae Testemitanu",Chişinău, Republic of Moldova

Introduction: Marfan syndrome is an autosomal dominant connective tissue disorder due to mutations in the fibrillin 1 gene (15 q21.1). Ocular features are highly variable and may be complicated by blindness. Ectopia lentis (subluxation of lens) is a hallmark feature of Marfan syndrome (according to international Ghent criteria) and is present in approximately 60% to 80% of patients; in most cases it is found until the age of 10.

Materials and methods: The authors present two clinical cases of 2 children with predetermined Marfan syndrome with bilateral ectopia lentis, admitted to the Medical Center Ophthalmology "Ovisus".

Results: In the 1st case both eyes underwent extracapsular lens extraction by phacoaspiration

with a scleral fixated capsular tension ring (right eye) and a non-sutured capsular tension ring (left eye) and primary implantation of IOL (26,0D for RE and 27,0D for LE, AcrySof IQ) in the capsular bag. In the 2nd case, the bilateral lens dislocation was treated by lensectomy with primary implantation of scleral fixation IOL (18,0D for the right eye, 24,0 D for the left eye).

Discussion: Ophthalmologists play an important role in detecting Marfan syndrome. The diagnosis and management of the many associated ocular disorders is challenging. Patients should be instructed to seek immediate ophthalmological consultation if light flashes, floaters or any sudden decrease of vision occur. Timely diagnosis and treatment of refractive problems, retinal detachment and glaucoma can prevent amblyopia and help to preserve sight in patients with this syndrome.

Conclusions: Management of ocular complications in Marfan syndrome must be multidisciplinary and include a treatment plan tailored to each individual's manifestations. Due to zonular reliability and resulting capsular instability, the correction of the aphakia with intraocular lens implantation in lens subluxation is a challenge. In some cases, subluxation can be compensated by optical correction, but this does not prevent other complications. Surgery, though difficult, provides an improved, stable visual acuity, preventing amblyopia (in children). At the moment, one of the methods of choice is extraction of subluxated lens with capsular ring placement (with or without scleral fixation) and primary implantation of the IOL in the capsular bag. Eye control is performed annually and assesses intraocular pressure, peripheral retina, the optic nerve and refractive disorders.

Keywords: Marfan syndrome, ocular manifestations, lens subluxation, surgical treatment

65. ULTRASOUND INTEGRATED NEURONAVIGATION - STANDARD TOOL FOR PLANNING AND GUIDANCE IN THE NEUROSURGERY

Peciul A., Dogaru C.

Academic adviser: **Zapuhlîh Grigore**, Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemiţanu", Department of Neurosurgery, Institute of Neurology and Neurosurgery, Chişinău, Republic of Moldova

Introduction: Reliable intraoperative orientation in neurosurgery is essential. Anatomical topographic landmarks, frame based and frameless neuronavigation, iUS allow the neurosurgeon to localize the lesion and surrounding structures, to aid in optimizing the approach and achieve safe maximal resection. In recent years there has been a significant improvement in the quality of ultrasound imaging. Intraoperative ultrasound provides low cost real time imaging that is simple and rapid to use.

Objectives: Ultrasound integrated neuronavigation can be used to optimize the approach and achieving safe maximal resection, thereby improving outcomes for patients with different localization and histology of brain tumors, vascular patology and spontaneous intracerebral hemorrhage.

Material and methods: Since 2007 till 2010, in the Institute of Neurology and Neurosurgery, 130 operations with application of 2D iUS have been performed. Starting from March till May 2012, 17 patients went under surgical treatment using the intraoperative ultrasound integrated neuronavigation system.

Results: We applied ultrasound neuronavigation system in 17 cases on patients with diverse pathologies, including brain tumors (craniopharyngeoma, corpus callosum glioblastoma and high grade intracerebral glioma), vascular patology (arteriovenous malformations, aneurysms), spontaneous intracerebral hemorrhage. Application of ultrasound neuronavigation system aids in improving postoperative outcomes for these patients.

Conclusion: The integration of 3D US with neuronavigation technology created an efficient and inexpensive tool for intraoperative imaging in neurosurgery. The technology has been applied to optimize surgery of brain tumors, but it has also been found to be useful in other procedures such as operations for aneurysms or arteriovenous malformations. iUS is easy to use and has a rapid learning curve which makes it a useful tool to the neurosurgeons intraoperative armamentarium.

Keywords: Neuronavigation, neurosurgery, intraoperative ultrasound, 3D US