Thank you for attending this problem based discussion on obesity and regional anesthesia. Today you are confronted with a morbidly obese female scheduled for an ORIF of her left humerus. She is on home oxygen for an ischemic cardiomyopathy and is a proven difficult airway. During the fall which broke her arm, she sustained a myocardial infarction. Her LVEF is 15%. What is your plan?

Background

1. Why do we even care about regional anesthesia in the general population?
   
   Discussion: pain control, reduction in opioid side effects, facilitate discharge, aid physical therapy, patient satisfaction, possible reductions in serious complications related to cardiac and pulmonary systems.

2. What are some of the anesthetic issues related to obesity with respect to the airway?
   
   Discussion: risk factors for difficult mask ventilation and difficult intubation.

3. What are the pulmonary ramifications of obesity?
   
   Discussion: PFTs, increased metabolic rate, OSA, atelectasis, bronchospasm, secretions, postoperative pulmonary complications.

4. National Surgical Quality Improvement Program
   
   Discussion: this group’s findings.

5. Obesity and pregnancy
   
   Discussion: the situation is even worse than you thought.

6. What are the challenges to performing regional anesthesia on obese patients?
   
   Discussion: we will discuss data regarding outcomes with regional anesthesia and obesity.

7. Are there pharmacokinetic issues related to obesity.
   
   Discussion: liver dysfunction, renal dysfunction, volume of distribution, calculating correct doses.

8. Argument for regional anesthesia and clinical conclusion to case
   
   Discussion: regional anesthesia can offer distinct benefits.