



#### EDITORIAL

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#### Dear companions

I have been given the privilege to welcome you to this year's first issue, in which the 75 years of the founding of the "Sociedad de Anestesiólogos de México" (Society of Mexico Anesthesiologists), forerunner organization of our Association, are commemorated which turned 61 years ago into the "Sociedad Mexicana de Anestesiología A.C." (Mexican Society of Anesthesiologists A.C.), and 15 years ago into the "Colegio Mexicano de Anestesiología A.C." (Mexican College of Anesthesiology A.C.)

Revista Mexicana de Anestesiología (Mexican Anesthesiology Journal) born within our Association has been for over fifty years of uninterrupted publication the reflex of the current anesthetic practice and at the present time maintains its position as the scientific forum of excellence of Mexican anesthesia.

In this commemorative year is bound to reflect on the past and present of our specialty, and for this purpose nothing's better than to "cast a glance over" the works being published in this issue, in order to illustrate the current setting of anesthesiologist's work.

Securing the airway is one of the goals of the anesthetic activity in all circumstances, so that both its management and prevention of possible complications are reflected in the corresponding publications. The identification of a difficult airway has a direct impact on postoperative morbidity and mortality. Suffice it to say that about 30% of mortality attributed to anesthesia is caused by the inability to maintain an permeable airway, supporting the need to consider the use of predictive criteria in the evaluation of an permeable airway.

One topic that can support a historical review of nearly ten centuries is the creation of tools for managing the airway, which have had an exponential development in the last fifty years. The creation of supraglottic devices has enabled a lower invasiveness of the airway, currently being used safely and effectively in surgeries, which before were routinely managed with endotracheal intubation.

Muscle relaxation described as one of the classical components of anesthesia has become a state that can be monitored closely and accurately. The anesthesiologist's dynamism is also reflected in the search for tools to evaluate clinical conditions which permit the realization of routine maneuvers such as endotracheal intubation. Drugs not considered as ideal, but that their use report fewer side effects, are compared for this purpose.

New drugs and neurolocation techniques allow a regional safe and effective anesthesia, as the same time as this anesthesia evolves as other anesthetic techniques and stays current in our daily practice, not only providing ideal

conditions for the surgical management, but an excellent postoperative analgesia.

The technological advancement of anesthetics and other related specialties over the last century has allowed to interpret a new treasure trove of data, as well as enabled us to make more rational use of existing therapeutics. This situation can be observed in the clinical case presented in this issue, which deals with an event of postoperative bleeding through a little-used diagnostic resource such as is thromboelastography. The analysis of data from this technique conditioned a more rational use of blood therapy reducing complications from a massive transfusion.

The postoperative analgesia always has been a concern present in the daily anesthetic practice. Researches over the last 50 years have provided us information about peripheral transduction, central plasticity, cortical activation and its involvement in pain perception, which has modified and increased the wealth of the mechanisms involved in the genesis of pain. Thanks to these advances, it has been able to establish a link between the basic studies on the pathophysiological mechanisms of pain, patient's perception and algological treatment. The multimodal medication like a more integral approach for the treatment of the pain has allowed to explore one more effective therapeutic that takes into account the blockade of various trigger routes of the nociceptive stimulation.

The "super-specialization" of all the branches of the medicine does not do exception with the anaesthesiology, so every time we are confronted more frequently with literature on specific comorbid situations or pathologies requiring our attention. Patients suffering from coronary artery disease with stent placement scheduled both for cardiac and non-cardiac surgery exemplify this situation.

Presently, the specialty has the need to address our daily practice with a perioperative view. The interaction between the anesthesiologist, surgeon, interventionist, and intensivist inter alia must be compulsory, so it is desirable to have accurate information for diagnostic and therapeutic tools for decision making. The pulmonary thromboembolism in the perioperative setting is associated with high mortality, representing a therapeutic challenge. The frequency with which it has been reported fatal pulmonary thromboembolism in general surgery, and fractures or hip arthroplasty, makes possible the probability of facing this problem. The identification of populations at risk provides us a reference framework for installing the required and appropriate prophylaxis in these cases.

Pain medicine is part of the scope of a considerable group of anesthesiologists, who are involved in the management of major epidemiological problems. The back pain that can affect up to 70% of the population in developed countries is a typical example of this situation, where algologist's therapeutic intervention can impact significantly on the outcome of these cases.

After these notes eventually a forced question arises: What is the future of our specialty? If we think that the future depends on each of us, may be we'll be able to find the answer in the current attitude of the anesthesiologist, who believes and follows the medicine advances for the better care of the patients, his/her role is not limited to interpreter technology, but to produce an inherently-generated greater growth as shown in the publications that we present to you here.

Welcome then the advances, now comes the anesthesiologist's conscience!