

Responsibilities of Anaesthetists

Management of Adrenal Insufficiency Patients Undergoing Surgery



Doses for Intra-Operative and Post-Operative Steroid Cover in People with Adrenal Insufficiency and Receiving Prednisolone Equivalent $\geq 5\text{mg}$ for ≥ 4 weeks

Type of procedure	Peri-operative and operative needs	Post-operative needs
<p>Major surgery (General or Regional Anaesthesia) with long recovery time or postoperative ITU admission (e.g. open heart, major bowel, Urology, Hepatobiliary, Gynae, Maxillofacial etc.)</p> <p>Major surgery (General or Regional Anaesthesia) with rapid recovery (e.g. Joint replacement, Caesarean section, General, Urology etc.)</p>	<p>100mg hydrocortisone IV on induction of anaesthesia.</p> <p>Immediately followed by 50mg IM or IV 6 hourly or 200mg/24h by continuous IV infusion.</p>	<p>50mg IM or IV every 6 hours (or 200mg/24h by continuous IV infusion) or until able to eat & drink normally (or discharged from ITU). If well, then double oral dose for 48+ hours and for up to a week post major surgery.</p> <p>Then taper until return to normal dose.</p> <p>With rapid recovery – when eating and drinking, resume double oral dose for 24hours.</p>
Minor surgery (General or Regional Anaesthesia) (e.g. Cataract surgery, hernia repairs, laparoscopic procedures, Vasectomy etc.)	<p>100mg hydrocortisone IM or IV on induction of anaesthesia.</p> <p>Or take an extra oral dose 1 hour before surgery.</p>	<p>Double oral dose for 24 hours.</p> <p>Then return to normal dose.</p>
Minor procedure (e.g. Procedures with local anaesthetic infiltration like lipoma, skin mole removal, minor lid procedures, biopsy etc.)	<p>Take an extra oral dose 1 hour before the procedure.</p>	<p>An extra oral dose 1 hour after the procedure.</p> <p>Then return to normal oral dose.</p>
Labour and vaginal birth	<p>100mg hydrocortisone IV at onset of active labour.</p> <p>Immediately followed by 50mg IM or IV 6 hourly until delivery or 200mg/24h by continuous IV infusion.</p>	<p>Double oral dose for 48 hours after delivery.</p> <p>If well, then return to normal dose.</p>
Invasive bowel procedures requiring laxatives (e.g. colonoscopy, barium enema)	<p>Consider hospital admission overnight with IV fluids and 100mg hydrocortisone IM or IV during preparation.</p> <p>100mg hydrocortisone IM or IV at commencement.</p>	<p>Double dose oral medication for 24 hours.</p> <p>Then return to normal dose.</p>
Major dental surgery (e.g. dental extraction(s) with local or general anaesthetic)	<p>100mg hydrocortisone IM or IV on induction of anaesthesia.</p>	<p>Double dose oral medication for 24 hours.</p> <p>Then return to normal dose.</p>
Dental surgery (e.g. root canal work with local anaesthetic)	<p>Double oral dose (up to 20mg hydrocortisone) 1 hour before surgery.</p>	<p>Double dose oral medication for 24 hours.</p> <p>Then return to normal dose.</p>
Minor dental procedure (e.g. replace filling, scale and polish)	<p>Take an extra oral dose 1 hour before the procedure.</p>	<p>An extra dose where hypoadrenal symptoms occur afterwards.</p> <p>Then return to normal dose.</p>