

# Sitting Craniotomy in a Super Morbidly Obese Patient

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## Sitting craniotomy for resection of metastatic renal cell carcinoma

64 y/o male with metastatic renal cell carcinoma

PMH: Super morbid obesity (BMI 60), OSA (BiPAP), hypertension, hyperlipidemia, renal cell carcinoma

PSH: Right radical nephrectomy, herniorrhaphy

Airway: Mallampati II, TMD >6cm, neck circumference >40cm

GETA, rapid sequence induction with Glidescope

Basic ASA monitors, arterial line, transesophageal echocardiogram, precordial doppler

Multi-orificed single lumen internal jugular central line positioned in right atrium, 10F subclavian introducer

Induction: IV Maintenance: Isoflurane

Risks/Risk Factors: Air embolism, bleeding, OSA, morbid obesity, MI

### Preoperative Preparation

Interventional Radiology placed single lumen, multi-orificed central line, positioned with tip in superior vena cava

Type and Cross x 2 units pRBCs

