Abstract

Lowering of central venous pressure in hepatic surgery is nowadays widely recommended and used procedure. Low central venous pressure anesthesia is associated with decreased blood loss and improved clinical outcome. There are several approaches how to reach low central venous pressure. Till now none of them is recommended as superior in terms of patient safety and clinical outcome. Concurrently there is still debate if to use the low central venous pressure anesthesia principle or if it could be replaced with a principle of anesthesia with high stroke volume variation (or another dynamic preload parameter) with the use of a more sophisticated hemodynamic monitoring method. Results of our study didn´t show any significant difference between two approaches used for reduction of central venous pressure, but suggest that the principle of low central venous pressure anesthesia could be possibly replaced by the principle of high stroke volume variation anesthesia which presumes the use of advanced hemodynamic monitoring.

KEYWORDS

Hepatic resection, central venous pressure, Pringle maneuver, hemodynamics, hemodynamic monitoring, fluid therapy, anesthesia