Anaesthesia and opiate addiction

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Tailered to the patient's specific complex of problems. Although some opiate addicts may be managed with local or regional anaesthesia,associated psychological problems make general anaesthesia easier and frequently safer. An intravenous route must be secured prior to induction of anaesthesia. The preoperative use of adequate dose of methadone should eliminate hypotension due to withdrawal syndrome during general anaesthesia in narcotic addicts. For elective operations, surgery should be postponed until withdrawal of the addict
from narcotics is accomplished. A rehabilitated addict should not be premedicated with a narcotic. Pain relief during postoperative period should be appropriate for the degree of pain and terminated with the resolution of the acute surgical condition. Methadone maintenance can be instituted for more gradual withdrawal. The pregnant addict presents the anesthesiologist with a high incidence of maternal obstetrical complications and the problem of neonatal addiction.Treatment of neonatal narcotic withdrawal can be divided into prevention, general support measures, narcotic substitution and sedation