

## SUMMARY OF:

### REDUCING THE RISK OF ANAPHYLAXIS DURING ANESTHESIA:

#### 2011 UPDATED GUIDELINES FOR CLINICAL PRACTICE

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#### BACKGROUND

The guidelines outlined in the article reflect expert consensus in the field of immediate hypersensitivity in anesthesia based on knowledge and science research. These guidelines have been implemented in France. These guidelines cover clinical practices for the reduction of the risk of an anaphylactic event during anesthesia. This summary covers only the sections of the guidelines related to natural rubber latex (NRL) immediate hypersensitivity rather than the adverse events caused by other substances.

#### OVERVIEW

Latex accounts for 14% of immediate allergic reactions during anesthesia and it's the most common allergen in children, especially for those that have experienced multiple surgeries such as spina bifida. This is decreasing due to the increased use of non-latex products.

#### RESULTS

The risk factors for latex sensitivity are atopic conditions, occupational or repeated latex use, urinary abnormalities and multiple surgical procedures. Factors furthering a hypersensitivity reaction to latex include patients showing clinical signs of allergy upon latex contact, children that have had various previous surgeries and patients allergic to foods such as banana, kiwi and others that have showed cross-reactivity with latex.

The diagnostic protocols include the measure of IgE that are very sensitive, skin tests, which are recommended when investigating latex-triggered anaphylaxis and provocation testing which has limited usages in this context. Latex sensitized patients are at higher risk of suffering an allergic hypersensitivity and surgery should be scheduled at the first case of the day and only non-latex products should be used.

#### CONCLUSION

In an emergency situation, it is prudent to eliminate latex products. For regular surgeries, as a primary prevention, it is proposed that there is no exposure to latex as the creation of a non-latex environment is an effective primary prevention measure.

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**References** 1. PM Mertes et al. Reducing The Risk Of Anaphylaxis During Anesthesia: 2011 Updated Guidelines For Clinical Practice. J. Investig. Allergol. Clin. Immunol 2011:Vol. 21 (6):442-453

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