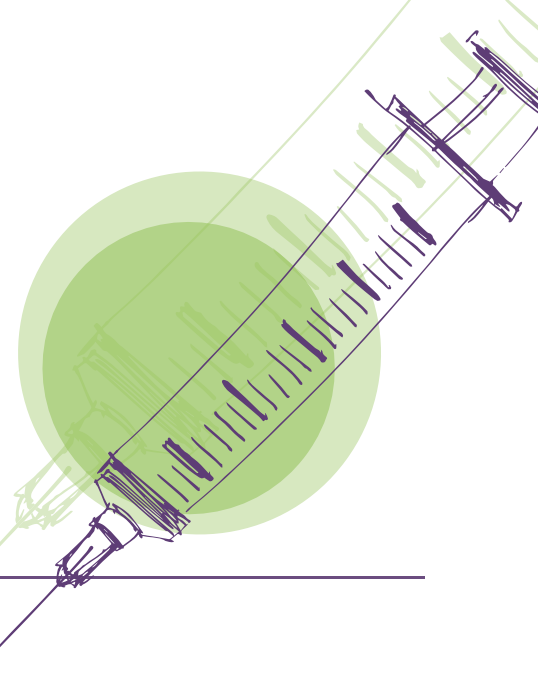


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Additional Issues to Consider

In this section we have included other issues that may be relevant to your thalidomide-affected patient.

Anaesthetic and Intubation Issues

Is my patient with Thalidomide Embryopathy more likely to have problems with anaesthetic and intubation?

With increasing age and from complications from dysplastic joints, thalidomide affected individuals are more likely to need surgery, and also with increasing age, may be more likely to present to the Emergency Department, with both thalidomide and non-thalidomide related conditions.

Dysplastic joints, phocomelia, unusual anatomy and vasculature can provide challenges to Emergency and Anaesthetic/ICU doctors for vascular access, blood pressure monitoring, anaesthetic and intubation.

In addition, thalidomide affected individuals may have significant anxiety around venepuncture and having anaesthetic due to traumatic previous experiences.

Anatomy

There are many arterial and vascular abnormalities together with abdominal organ malformation that can be present in Thalidomide Embryopathy in addition to the visible damage¹.

Thalidomide affected individuals may have altered facial anatomy².

Abnormalities of the spine³, including fusion of vertebrae, may lead to limitation of neck movement.

Special Considerations

When seeing a thalidomide affected individual, the following may need to be taken into account⁴:

- Venepuncture can be very challenging due to both shortened limbs and abnormal vasculature
- Intubation may be difficult as extension of the neck may be limited due to cervical spine abnormalities, in addition to skull dysplasia
- Spinal abnormalities can create potential challenges to spinal or epidural anaesthesia
- Where phocomelia is present, it may be difficult getting accurate blood pressure readings from the arms or legs and direct arterial measurement may need to be considered
- Moving and handling should be done with extra care given joint dysplasia, likelihood of pre-existing arthritis and the potential to cause further damage or injury
- Thalidomide affected individuals may have impaired temperature control, can sweat profusely and may require temperature monitoring

What can I do for my patient?

Referral

When referring patients to secondary care, we recommend highlighting the above issues in the referral letter or enclosing a copy of this section of the resource pack with the referral.

When referring patients to secondary care for a surgical procedure, it may be prudent to ask for an early preoperative assessment for the early identification of potential anaesthetic or vascular access issues.

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We would suggest that, due to reasons described, that thalidomide affected individuals are seen by experienced anaesthetists and where possible, refer to hospitals which have equipment and facilities to cope with unexpected complications.

How can the Thalidomide Trust help?

If a beneficiary needs referral to secondary care for assessment and you are facing prolonged NHS waiting lists and/or the need is urgent, the Thalidomide

Trust can assist in making a private referral which can generally be funded from an individual's Health Grant (specific funding allocated to each thalidomide affected individual to cover additional costs associated with their thalidomide disabilities).

Whether you would like general advice or would like to discuss a specific patient, you can speak to one of the **Thalidomide Trust's Medical Advisers** on **01480 474074**.

¹Weinrich J, Beyer R, Well L, Tahir E, Lindemann M, Wilke U et al. Assessment of Congenital Vascular and Organ Anomalies in Subjects With Thalidomide Embryopathy Using Non-Contrast Magnetic Resonance Angiography. *Circulation Journal*. 2018;82(9):2364-2371.

¹Vargesson N. Thalidomide-induced teratogenesis: History and mechanisms. *Birth Defects Research Part C: Embryo Today: Reviews*. 2015;105(2):140-156.

³Smithells R, Newman C. Recognition of thalidomide defects. *Journal of Medical Genetics*. 1992;29(10):716-723.

⁴Rollin AM. Anaesthesia and thalidomide-related abnormalities (2016) *accessed via Thalidomide Trust

Additional Issues to Consider

In this section we have included other issues that may be relevant to your thalidomide-affected patient.

Drug Doses

Does my patient with Thalidomide Embryopathy need a different dose of drug?

Thalidomide affected individuals may have missing limbs and be smaller in stature¹ therefore it may be appropriate to consider giving a reduced dose of medications, such as an antibiotics.

What can I do for my patient if I'm concerned about drug dosing?

Please speak to a pharmacist or one of the Trust's Medical Advisers if you would like further guidance.



Whether you would like general advice or would like to discuss a specific patient, you can speak to one of the **Thalidomide Trust's Medical Advisers** on **01480 474074**.

¹Vargesson N. Thalidomide-induced teratogenesis: History and mechanisms. *Birth Defects Research Part C: Embryo Today: Reviews*. 2015;105(2):140-156.