

## Information For Anaesthetists, Dentists etc

### SYNCOPE

Syncope is the result of the temporary cutting off of the supply of oxygenated blood to the brain. The mechanism of the syncope in susceptible individuals includes reflex cardiac standstill (always reversible) commonly following a surprising bump to the head or elsewhere. The term Reflex Anoxic Seizures (RAS), has been used to describe the convulsion which accompanies a particular type of syncope. Associated marked pallor of the skin has led to these attacks being called Pallid Syncope.

### REFLEX ANOXIC SEIZURES (RAS)

Reflex Anoxic Seizures occur mainly in young children but can occur at any age. Any unexpected stimulus, such as pain, shock, or fright, causes the heart and breathing to stop, the eyes to roll up into the head, the complexion to become deathly white/grey, often blue around the mouth and under the eyes, the jaw to clench and the body to stiffen; sometimes the arms and legs jerk.

After 30 seconds or so, the body relaxes, the heart and breathing resume. One or two minutes later the person may regain consciousness but, some individuals can remain unconscious for well over an hour. Upon recovery the person may be very emotional and then fall into a deep sleep for two to three hours and looks extremely pale. RAS attacks may occur several times per day/week/month. The attacks appear to come in batches.

Unfortunately, because of the symptoms, it is known that RAS is often mis-diagnosed as temper tantrums, breath holding or epilepsy.

### ANAESTHESIA

- Introduction of anaesthesia especially by endotracheal incubation causes rapid increase in vagal discharges
- It is common to find a precipitating cause for Syncope and Reflex Anoxic Seizures, as people are susceptible to them when anaesthesia is being induced
- This is often prevented by pre-medication with Atropine
- The anaesthetist (doctor who carries out the anaesthetic) should be informed in simple terms that the patient has Syncope or Reflex Anoxic Seizures, and that their heart can stop due to increase in the vagal tone for up to one minute
- This is NEVER a contra indication to giving an anaesthetic and with normal careful monitoring the anaesthetic should cause no problems as the heart will always restart spontaneously
- The only danger is giving an anaesthetic to a person in an upright posture when, during the period the individual's heart has stopped, the blood can pool in the legs causing problems when the heart normally restarts
- Thus ALL people with Syncope and Reflex Anoxic Seizures should be anaesthetised lying down rather than standing up and should usually have atropine for pre-medication

Approved by: STARS Medical Advisory Committee

### For further information contact STARS

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