

**Monitored Anaesthetic Care in Adult**

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Monitored Anaesthetic Care (MAC) is a specific anaesthetic service for diagnostic or therapeutic procedures performed under local or regional anaesthesia along with sedation and analgesia, titrated to a level that preserves spontaneous breathing and airway reflexes (Ref 1). MAC alone or with local anaesthetic accounts for a relatively high percentage of anaesthesia services in developed countries and is the first choice in 10% to 30% of all surgical procedures (Ref 2).

The standard of care for MAC is essentially the same as general or regional anaesthesia, and includes a proper pre-anaesthetic checkup, standard intraoperative monitoring and routine postoperative care. There is an obvious difference between conscious (moderate) sedation and MAC, in which MAC includes support of vital functions and management of possible intraoperative problems.

There is no single anaesthetic agent or technique that is superior to others. The choice of sedative or anaesthetic agents varies and depends on: nature of procedure, physical condition of the patient, location of procedure and experience of the anaesthesiologist.

Majority of diagnostic and therapeutic procedures in Hong Kong public hospitals are performed under conscious sedation provided by the proceduralists and/or team member. With the introduction of sedation guideline by Hong Kong Academy of Medicine in 2010, the standard and safety in relation to the sedation for these procedures has been made aware. There is an increasing number of procedures in which anaesthesiologists have been requested for help in some major hospitals into a regular OT list or on an ad hoc basis, especially for those high risk patients and/or certain high risk procedures. Due to limited resource in the public sector, MAC service would have to be prioritised to the right patients and for the right procedures.

## Reference

*American Society of Anesthesiologists. Position on monitored anaesthesia care. 2008.*

*Ghisi D. Fanelli A, et al. Monitored anaesthesia care. Minerva Anesthesiology 2005;71:533-8.*