

## Introduction

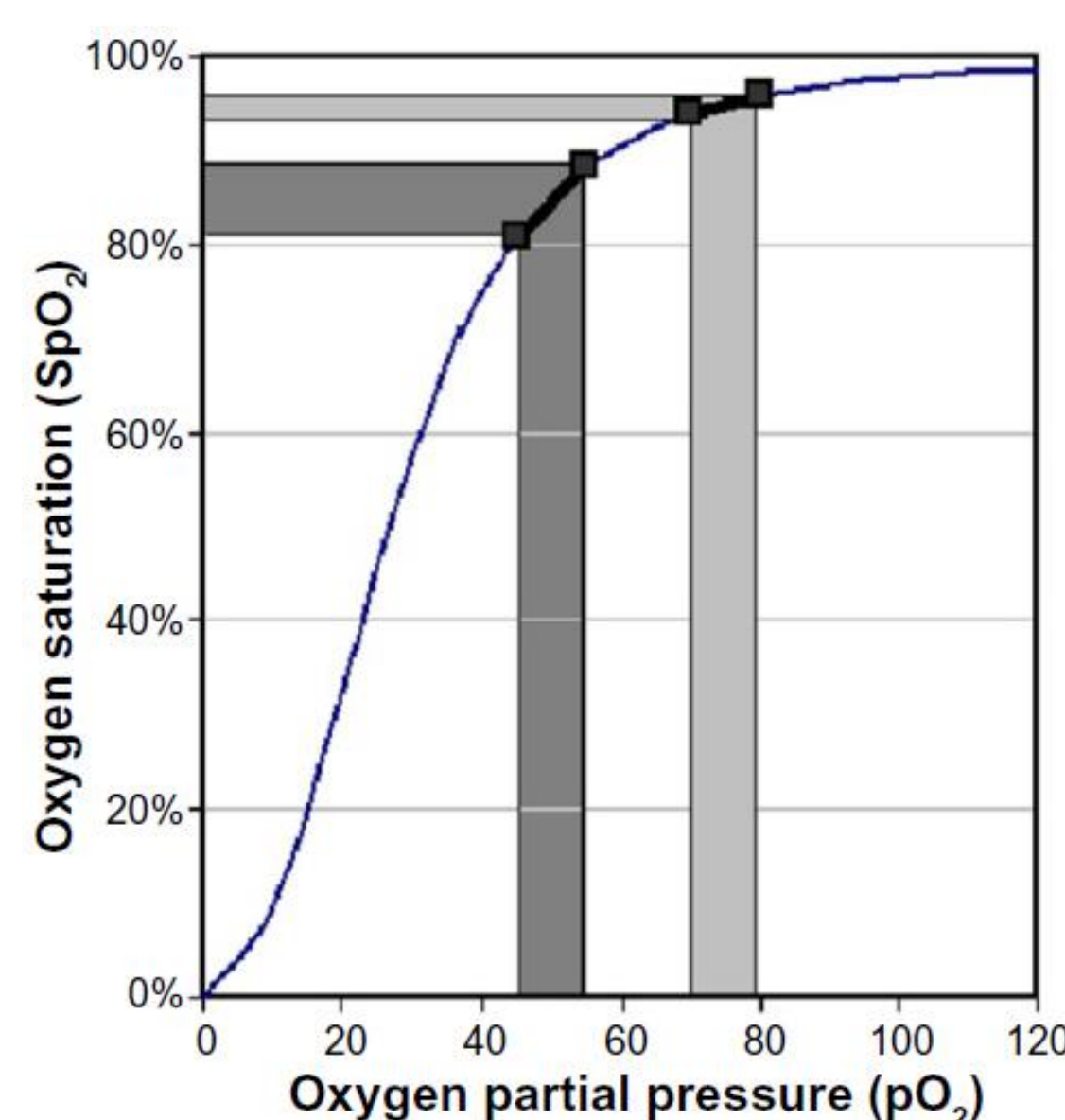
Nearly all patients undergoing general anesthesia will be administered oxygen and 83% of patients will be exposed to potentially preventable hyperoxemia (Suzuki et al., 2018).

*Physiological changes occur within the body when exposed to supranormal oxygen levels.*

Nurse Anesthetists must evaluate the potential risk and benefit of oxygen therapy.

A **systematic review of the literature** was completed to provide evidence-based practice guidance to Anesthesia Providers regarding the use of perioperative oxygen administration.

### Oxyhemoglobin Disassociation Curve



Note: Oxyhemoglobin disassociation curve for visual representation of PaO<sub>2</sub> change in relationship to SpO<sub>2</sub> change. From "Mieczkowski, B., & Ezzie, M. (2014). Update on obstructive sleep apnea and its relation to COPD. *International Journal of Chronic Obstructive Pulmonary Disease*, 9(1), p. 352. doi: 10.2147/COPD.S42394"

## Methodology

A systemic computerized search was completed using the following:

- University of New England Library Services website
- Google Scholar
- MEDLINE Pubmed
- Nursing & Allied Health Database
- ScienceDirect
- UpToDate

34 articles were included: 20 primary research

- 1 Cochrane review
- 2 meta-analyses
- 5 systematic reviews of the literature
- 6 review articles
- 8 studies included were published before 2015

## Benefits of Hyperoxia

### Surgical Site Infection

Tissue oxygenation was found to be **inversely related to surgical site infection rates** in a noninterventonal, prospective study conducted in 1997 by Hopf et al.

### Post Operative Nausea and Vomiting

Oxygen was found to reduce the incidence of PONV in patients receiving volatile anesthetics **WITHOUT** antiemetic therapy (Schwarte et al., 2019).

### Safety Margin

Preoxygenation with 100% FiO<sub>2</sub> replaces the nitrogen within the functional residual capacity with pure oxygen, providing **6 times more oxygen reserve compared to breathing room air** (Puig et al., 2017).

## Harms of Hyperoxia

### Reactive Oxygen Species (ROS)

- Hyperoxia **exhausts the antioxidant system** within the body creating an excess of ROS, resulting in oxidative stress (Ottolenghi et al., 2019).

*Oxidative stress causes damage to DNA, lipid peroxidation, and altered protein function creating dysfunction in the structural integrity of cells throughout the body.*

(Ottolenghi et al., 2019; Spoelstra-de Man et al., 2015)

### Pulmonary

- After two hours of exposure to FiO<sub>2</sub> of 0.60, lung tissues of mice showed that **significant pulmonary apoptosis in both type I and II cells** as a result of mitochondrial and nuclear DNA damage suggested to be a result of ROS (Kundumani-Sridharan et al., 2019).
- When exposed to hyperoxia, alveolar macrophages underwent apoptosis, reducing the availability of macrophages in the lungs and leading to a resultant inflammation (Bezerra et al., 2019).
- Hypoxic pulmonary vasoconstriction is abolished within minutes of exposure to supplemental oxygen (Horncastle & Lumb, 2019).
- High alveolar oxygen concentrations in areas with a low ventilation-perfusion ratio result in the rapid absorption of oxygen and **collapse of the alveoli**, or absorption atelectasis (Staehr-Rye et al., 2017).
- Supplemental oxygen administration in patients that have received opioids was noted to be associated with an **increased incidence of respiratory depression** and apneic events, including a higher end-tidal carbon dioxide level as well as a faster reduction in minute ventilation and respiratory rate (Niester et al., 2013).

### Cardiac

*Cardiac myocytes experience substantial damage when exposed to hyperoxia.*

(Hafner et al., 2017)

- A correlation was found between hyperoxia and the production of vascular endothelial growth factor, suggesting that hyperoxia, constant or intermittent exposure, can **stimulate vascular remodeling of the heart** resulting in an altered cell shape, suggesting a change in function (Hafner et al., 2017).
- Modification of the sarcoplasmic reticulum as a result of ROS within the cardiac myocyte may promote intracellular calcium overload, causing a direct negative inotropic effect leading to **cardiac contractile failure and cellular death** (Spoelstra-de Man et al., 2015).
- Hyperoxia was shown **to decrease epicardial coronary blood flow** and increase coronary vascular resistance (Stub et al., 2015).

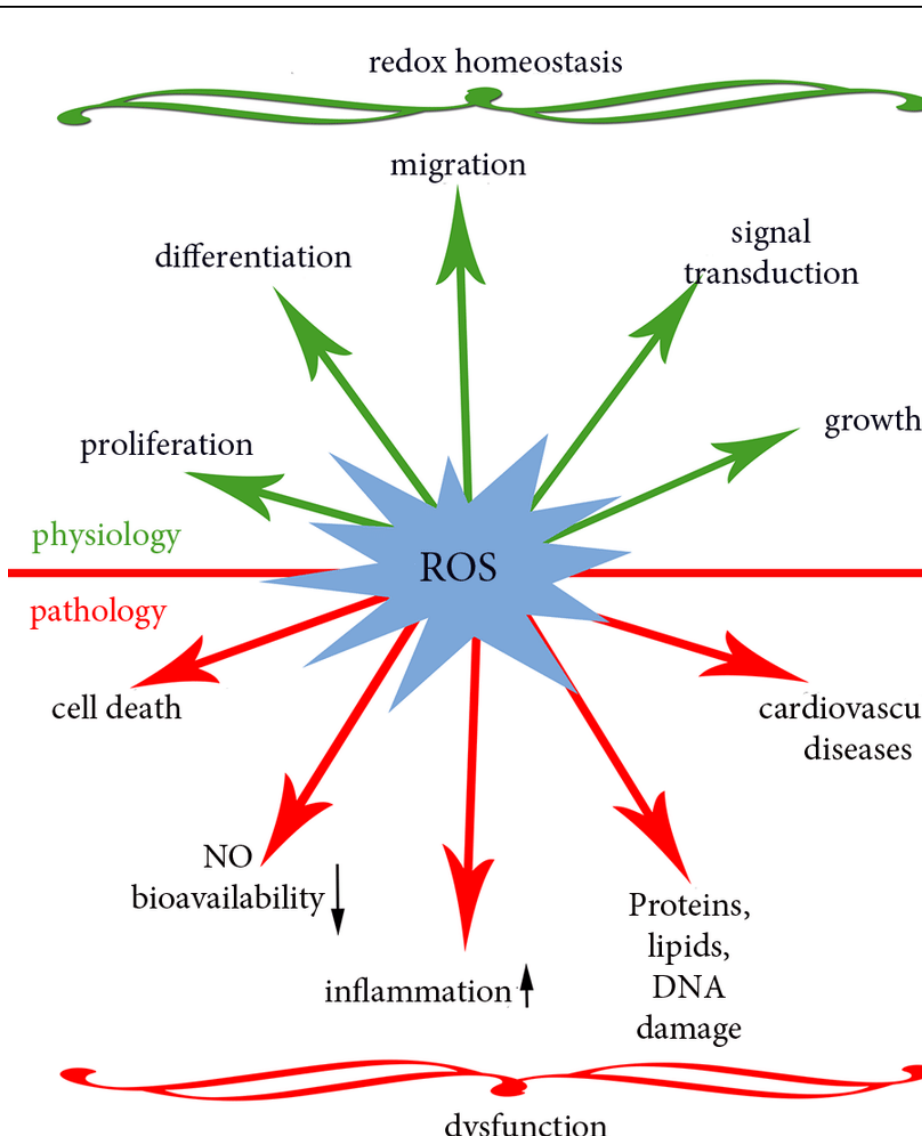
### Vascular Smooth Muscle

- Hyperoxia has a **direct vasoconstrictive effects** on the vascular smooth muscle by inducing closure of adenosine triphosphate dependent potassium channels, or by stimulating L-type calcium channels as a result of ROS (Spoelstra-de Man et al., 2015).
- Oxidative stress has also been found to **decrease the levels of nitric oxide synthesis**, decreasing the ability to promote vasodilation within the vasculature, worsening vasoconstriction; myocardial perfusion and oxygenation are directly impacted (Ottolenghi et al., 2019).

## Reactive Oxygen Species Physiology and Pathophysiology

Note: Visual diagram to demonstrate the various effects of reactive oxygen species within the body.

From "Dymkowska, D. (2016). Oxidative damage of the vascular endothelium in type 2 diabetes- the role of mitochondria and NAD(P)H oxidase. *Postepy Biochemii*, 62 (2), 116-125. <https://www.researchgate.net/publication/330848984>"



## Conclusion

**Oxygen is not harmless.**

In the perioperative setting, anesthetists must be vigilant in **titrating** oxygen to avoid hyperoxia as well as hypoxia. Individualizing patient care for specific patient needs, especially in the delivery of oxygen, is critical to reducing the detrimental effects of hyperoxia.

## Recommendations

**Titrate to a goal oxygen saturation of 94-98%.**

(Gerber et al., 2019; Karalapillai et al., 2020)

The use of 90-100% FiO<sub>2</sub> for **preoxygenation** during induction, for the benefit of safe apnea time, appears to outweigh the risk of 3-5 minutes of hyperoxia, especially in the obese and potentially difficult airway populations (Su et al., 2020).

**Providing deliberate individualized oxygen therapy, while weighing the risks and benefits, is a great start to a controversial and emotionally challenging topic.**

## Credits

Dr. Cheryl Nimmo, Program Director  
Dr. David Harris- Research Advisor and Program Faculty  
Dr. JoVanna Eisenbarth- Program Faculty and Research Professor  
Dr. Elisha Coppens- Program Faculty and Manuscript Reviewer

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