

Supplemental Table 1. Possible Anesthetic Complications in Adults with EB

Complication

Post-operative nausea/vomiting

Aspiration

Laryngospasm

Corneal abrasion/ulcer

Intra-oral bullae

Facial bullae

Truncal bullae

Dental damage

Abbreviation: EB, epidermolysis bullosa

Supplemental Table 2. Anesthetic Considerations for Adults with Epidermolysis Bullosa (EB)

Preoperative	Intraoperative	Postoperative
Identify EB subtype	Educate team about “no-touch” principle	Continue “no-touch” principle
Review prior anesthetic history	Avoid all adhesives	Minimize agitation
History and physical examination (cutaneous and extracutaneous manifestations of EB)	Avoid shear forces	Multi-modal pain control
Medication reconciliation (pain medication, antidepressants, steroids, investigational drugs)	Use EB-modified monitors	Early caregiver presence
Airway assessment	Prepare for difficult IV access	Assess for complications
Laboratory testing as indicated	Smooth IV induction	
Echocardiogram for high-risk subtypes	Anticipate difficult airway (fiberoptic intubation with small endotracheal tube, consider advanced techniques)	
Identify potential IV access sites	Carefully protect eyes	
Assess regional/neuraxial block landmarks	Examine patient prior to draping to ensure adequate padding	
Patient preference for dressings	Post-operative nausea/vomiting prophylaxis	
	Smooth emergence and extubation	
	Avoid rolling/sliding during transfer	

Abbreviations: EB, epidermolysis bullosa. IV, intravenous.