

Anesthesia for neurosurgery

Little, Brown - Pediatric Neurosurgical Anesthesia

Strategies	Level of evidence
Avoid general anesthesia and using regional anesthesia (awake versus general anesthesia in neurosurgery)	A1 ^[33,34]
Use of propofol instead of inhalational agents for induction and maintenance of anesthesia (found to be effective only in supratentorial surgeries)	A1 ^[35]
Avoidance of nitrous oxide	A1 ^[33,37]
Avoidance volatile anesthetics	A2 ^[33,37]
Minimal use of intraoperative and postoperative opioids	A2 and A1 ^[38,39,40]
Adequate hydration	A1 ^[33,31]

Description: -

- Usages of trade -- Yugoslavia.
 - Folk literature, Karelian -- Translations into Russian.
 - Nervous system -- Surgery.
 - Anesthesia, Anesthesia for neurosurgery
 - Anesthesia for neurosurgery
 - Notes: Includes bibliographies.
- This edition was published in 1966



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Tags: #Guidelines #for #the #Use #of #Electrophysiological #Monitoring #for #Surgery #of #the #Human #Spinal #Column #and #Spinal #Cord

Pediatric Neurosurgical Anesthesia

Anesthesia for Neurosurgery - Electrophysiologic Monitoring . Occasionally, some people have no change in the frequency of their seizures.

Anesthesia for Neurosurgery

I Using the postoperative neurological exam as the gold standard, multimodal IOM sensitivity and specificity were 100% and 84. Surgery was guided by conduction blocks detected by inserting needles into disc spaces. Clinical assessment: studies of reliability and validity of observations, including clinical examination, imaging results, and classifications.

Abbreviation for Anesthesia in Neurosurgery

On the other hand it is important to wake the patients quickly after anesthesia for neurological exam

Anaesthesia for neurosurgery

III SSEP monitoring was associated with fewer neurological complications. With the increasing popularity of awake craniotomies, there is even more emphasis on this skill.

Anesthesia for Neurosurgery (Part I)

In patients with decreased intracranial compliance any increase in CBV and ICP would be detrimental. Class II: comparative value of SSEPs and MEPs. They concluded that the expense of SSEP monitoring in 210 patients was less than the annual care costs associated with 1 iatrogenic paraplegic.

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