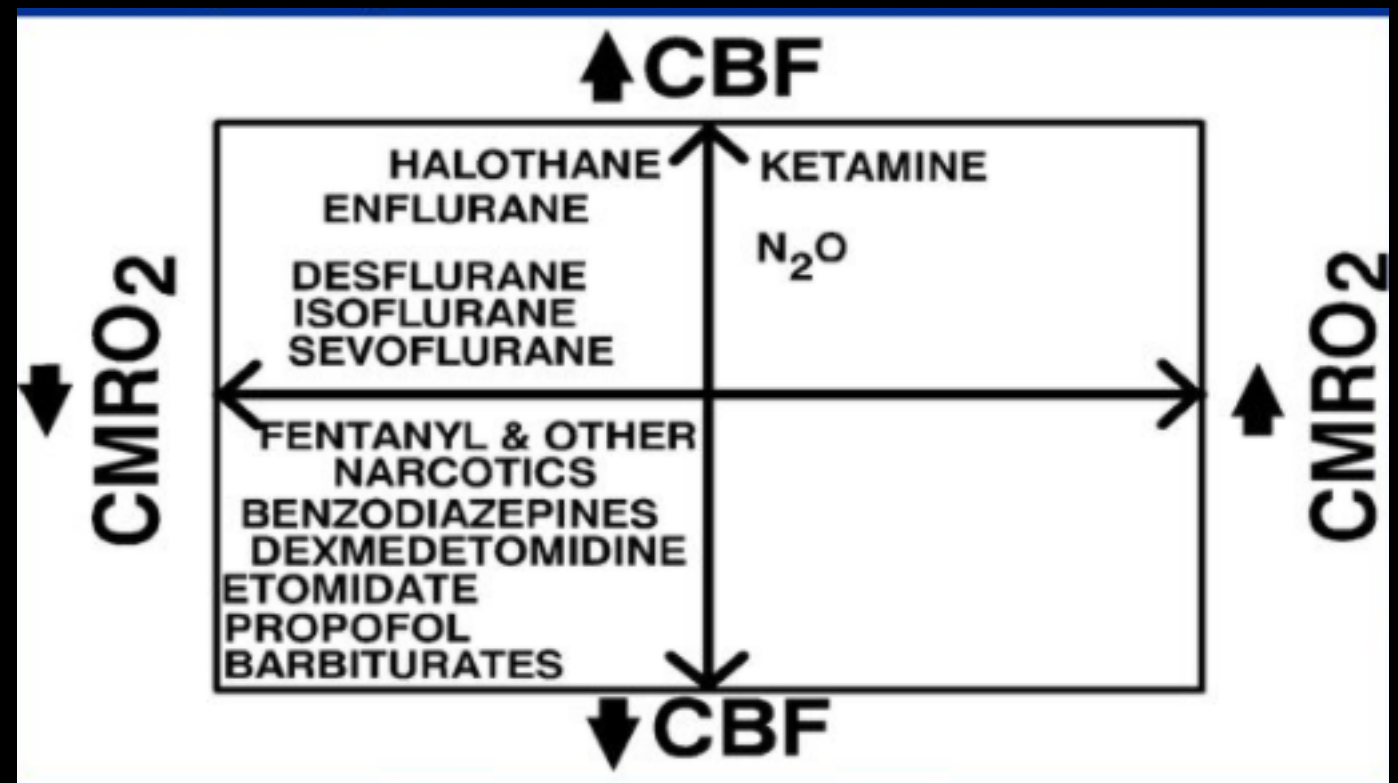


ANAESTHESIA FOR TRAUMA CRANIOTOMY

- Time critical surgical intervention - acute SDHs in severe TBI have 90% mortality if evacuated >4h after injury, vs 30% if <4h
- Goals: optimise CPP, prevent intracranial HTN, adequate anaesthesia and analgesia, prevent secondary insults
- Volatile agents - effects on CMRO₂, CBF and ICP are minimal below 1 MAC
- Avoid nitrous oxide
- IV agents reduce CBF and ICP but propofol can cause significant hypotension



EXTRACRANIAL SURGERY IN TBI PATIENTS

- Head injury +
 - associated life threatening extra-cranial injury (eg. ruptured spleen)
 - less serious, non life threatening extracranial injury (eg. long bone or max fax #)

—> timing of surgery for extra cranial injuries depends on severity and effect of injury on ability to maintain adequate cerebral oxygenation