



윤 병 남

인하대학교병원 신경과

Update in Neurology 2 - Intraoperative Neurophysiologic Monitoring

Byung-Nam, Yoon

Department of Neurology, InHa University Hospital, Incheon, Korea

The intraoperative neurophysiologic monitoring (INM) has been utilized in attempts to minimize neurological morbidity from operations. The goal of such monitoring is to identify changes in brain, spinal cord, and peripheral nerve function prior to irreversible damage. The INM also has been effective in localizing anatomical structures, including peripheral nerves and sensorimotor cortex, which helps guide the surgeon during dissection.

The first use of INM was in 1935 by EEG and 1947 by sensory evoked potential. Sequentially, brainstem evoked potentials, motor evoked potential and spotaneous/triggered electromyography had been enabled in the various operations. In recent years, INM has been widely performed in Korea. However, the effectiveness of INM has recently been challenged by empirical evaluations using retrospective case series and observational studies. Several of these focus on surgeries where the perceived risk of postoperative deficits is small, concluding that INM adds cost with no difference in clinical outcomes. These reports review the certainty of IOM effectiveness for various surgeries and introduce the recent updates of INM.

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Byung-Nam Yoon

Department of Neurology, Inha University hospital, Incheon, Korea

Tel: +82-32-890-3708 Fax: +82-32-890-3097

E-mail: nrybn1230@gmail.com