

Monitored anesthetic care of patients undergoing neurointervention



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Interventional neurovascular radiology is a rapidly developing field in the treatment of patients with acute ischemic stroke. Patients with acute stroke could be distressed and anxious or have an altered mental status. Furthermore, the heat sensation caused by injection of contrast material and dural pain stimulation from catheter manipulation may result in patient discomfort. Monitored anesthesia care with intravenous sedation can provide anxiolysis and analgesia and facilitate frequent neurologic assessment. However, one common potential problem in anesthesia care is oversedation, which can result in upper airway obstruction and compromised gas exchange. The acute phase of ischemic stroke could be a process in evolution, which makes it more difficult to determine whether a change in mental status is due to worsening of cerebral ischemia or iatrogenic causes.

There are currently two anesthetic options during neurointervention; general anesthesia and conscious sedation. The decision to use general anesthesia versus conscious sedation is the source of controversy, as it requires careful balance between patient pain, movement and airway protection minimizing time delay and hemodynamic fluctuations.

The decision to anesthetize patients undergoing neurointervention impacts multiple variables that may influence clinical outcomes after stroke. General anesthesia with endotracheal intubation provides an attractive means of keeping the patient comfortable and motionless during a procedure that could otherwise be lengthy and uncomfortable. However, several recent retrospective studies have shown an association between general anesthesia and poorer outcomes in comparison with conscious sedation for neurointervention of acute ischemic stroke, though prospective studies are lacking. In this session we will discuss anesthetic options during neurointervention.

Key Words: Anesthesia, Sedation, Neurointervention