

CHANGING PRACTICES IN PERIOPERATIVE ANALGESIA FOR CRANIOTOMY

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Introduction:

Neurosurgical anaesthetic practice has undergone radical changes in the last decade, due to the availability of newer analgesic agents and modified surgical techniques. We would like to report the results of our National survey, which was conducted to examine the changing practices in perioperative analgesia for patients undergoing craniotomy.

Methods:

A postal questionnaire was sent to all practicing consultant neuroanaesthetists in Great Britain and Ireland (n=175)

Results:

The response rate was 57.7%(n=101).

31.6% of neuroanesthetists have changed their choice of perioperative analgesia in recent years.

Remifentanyl has been considered the agent of choice for intraoperative analgesia by 86% of responders.

Morphine (IV bolus or PCA) was the most common analgesic agent (59.4%) used for immediate postoperative pain management.

45% of responders used I.V. Paracetamol in the immediate postoperative period.

We noted that 30.7% of responders used NSAIDS for perioperative analgesia for craniotomy surgeries.

Conclusion:

Neuroanaesthetic practice has undergone dramatic changes over the last decade particularly with the use of newer analgesic agents.

Remifentanyl is now considered as the drug of choice for intraoperative analgesia.

Due to its availability in recent years I.V. Paracetamol is now considered an important adjuvant for preoperative analgesia.

I .M. Codeine phosphate has been replaced by I.V. Morphine (PCA or bolus) for providing immediate postoperative pain relief following craniotomy.