



Two Important Intertwined Trends in Current Day Anesthesiology Trends and Trauma

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Editorial

Two things come to mind that need to be considered in modern trauma anesthesia as regards protocols of technique and treatment. An approach should favor algorithms or checklists based on evidence-based knowledge and favored by many authors. In an approach highlighted in the AANA Journal of October 2013, a 10-point checklist demonstrates how to prevent cervical, nerve plexus injuries, and post-operative vision loss, by anti-trendelenburg positioning, proper padding, foam headrests and the use of colloids. Corresponding checklist techniques by pilots are demonstrated in the airline industry. These checklists achieve goals for novices and experts without reliance on long-term memory [1,2]. The second point makes use of the modern trend of opioid sparing approaches to anesthetics and medication. Surgically induced hyper catabolism, hyper coagulability and inflammation, causing pain, nausea, vomiting, ileus and sleep disturbances. These can be ameliorated by the combination of non-opioid or opioid sparing techniques, the use of cox-2 agents, NSAIDs and the use of droperidol with narcotics to prevent nausea and vomiting. The use of epidurals also reduces pain and the time it takes to return a patient to mobility and reduce hospital stays and mortality and morbidity. The findings amongst other sources are highlighted in the British Journal of Anaesthetics [3]. It may be noted that the recent black box warnings of serious and fatal arrhythmias (Torsades de pointes) associated due to dosage in the presence of prolonged QT interval may be severely overstated and may not be any different than the usual effects of ondansetron a commonly used anti-nausea medicine used daily in anesthetics but significantly more expensive than droperidol which I had used in labor and delivery patients as well as sedation cases for many decades without any related effects. So, in summation, the combined use of effective algorithms and checklists to reduce reliance on long term memory and the use of opioid sparing techniques will have a beneficial effect on the outcomes of your surgical events including trauma surgery. Whether it is in relation to emergent injury of the spine or acute abdominal surgical events.

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