

Comment to: Awake anesthesia for craniotomy: case report



Comentário a: Anestesia para craniotomia em paciente acordado: relato de caso

Dear editor,

On this occasion, I would like to congratulate the authors of the article entitled "Awake anesthesia for craniotomy: case report" recently published in the Journal *Revista Brasileira de Anestesiologia*.¹ Reading the article in question, proposed as a case report, aroused some pertinent questions. The authors, when describing the anesthetic technique, reported the use of Schnider's model for propofol target-controlled infusion associated with remifentanyl target-controlled infusion using Minto's model; however, they did not report how the patient's airway was managed. The doses used in the case were elevated in order not to compromise ventilation; furthermore, the importance of maintaining the patient awake throughout the procedure was not clear. As they used brain mapping, which was the patient's participation in the procedure? In this case, it was also not specified which type of mapping was performed, as anesthetic drugs interfere significantly in certain monitoring. During the procedure, maintaining the patient in Ramsey sedation stage 2–3 compromises his

participation during the requested tests. It is recommended that the patient be awake, responsive to requests, and collaborative.² Taking into consideration the topic's importance, the learning opportunity with a case report and the basis for future anesthesia are of great importance to clarify these points.

References

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2. Volquind D, Dalmina D. Microcirurgia de tumor cerebral com paciente acordado utilizando a técnica "Asleep-Awake-Asleep". *Rev AMRIGS*. 2010;54:453–6. Available at: http://www.amrigs.com.br/revista/54-04/017-544_Microcirurgia%20de%20Tumor.pdf [accessed 11.12.13].

Daniel Volquind^{a,b}

^a *Sociedade Brasileira de Anestesiologia, Rio de Janeiro, RJ, Brazil*

^b *Universidade de Caxias do Sul, Caxias do Sul, RS, Brazil*
E-mail: danielvolquind@gmail.com

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