

JNA Editorial – April 2018

In addition to the publication of original investigations and narrative or systematic review articles, the Journal of Neurosurgical Anesthesiology has a long tradition of providing overviews of relevant research published in other journals. You will find two such offerings in this issue - the annual Neuroanesthesiology Update and regular Journal Club.

The Neuroanesthesiology Update is the most comprehensive synthesis of clinical and basic science research in neuroscience in anaesthesiology and critical care published during 2017.¹ It is an impressive and invaluable resource for JNA readers. I can only imagine the time and effort that has gone into preparing this magnum opus, and I thank Dr Jeff Pasternak and Dr Bill Lanier for, once again, providing so much relevant information in such an accessible format.

This issue's Journal Club, compiled as usual by Dr David McDonagh, highlights two important studies.² The first is a further contribution to the evidence that individualized approaches to intervention after acute ischemic stroke, in this study guided by advanced neuroimaging techniques, are associated with improved outcomes and might extend treatment windows. The results of this trial, in association with other recent studies, will undoubtedly lead to increased numbers of patients presenting for emergent acute stroke interventions. The second study reviewed by Dr McDonagh is a reminder to neuroanesthesiologists and neurointensivists of the risks of contrast-associated acute kidney injury (AKI). This is timely given the high risk of AKI in elderly stroke patients with multiple comorbidities who might now undergo prolonged neurointerventional procedures with attendant contrast loads.

These two studies, as well as sections of the Neuroanesthesiology Update, highlight the important role that neuroanesthesiologists and neurointensivists can, and should play, in the broader perioperative management of patients. Although their names differ - the perioperative surgical home in the USA and enhanced recovery after surgery in Europe – all perioperative medicine initiatives have the same aims, i.e. the delivery of care with better clinical outcomes and improved patient experience more efficiently.³ While components of individual perioperative medicine programs vary, all include coordination of the often fragmented systems of current perioperative care, the delivery of evidenced-based care with reduced variability, as well as more novel aspects such as preoperative optimization and prehabilitation.⁴ The concept of perioperative medicine was introduced only a few years ago but it has generated substantial and often heated debate. The understanding of perioperative medicine, and support for a role in it, by some anesthesiologists remains lukewarm at best.⁵ Despite this, the expanded role of anesthesiologists as perioperative physicians is gaining traction, not least because the nature of our training and practice makes us natural candidates to become key players in the multidisciplinary perioperative environment.³ Indeed, anesthesiologists lead perioperative medicine programmes in many countries. It is perhaps now time for neuroanesthesiologists to utilize their knowledge and skills further by seizing the opportunity to become leaders in clinical delivery and research in the whole of perioperative neuroscience. While I am aware that this is a challenge that will not be universally welcomed, it is one that cannot be ignored and also one that I hope we will debate in more detail in future issues of JNA.

References

1. Pasternak JL, Lanier WL. Neuroanesthesiology update. J Neurosurg Anesthesiol 2018; 30: XX –XX
2. McDonagh DL. JNA Journal Club. J Neurosurg Anesthesiol 2018; 30: XX-XX
3. Cannesson M, Ani F, Mythen MM, Kain Z. Anaesthesiology and perioperative medicine around the world: different names, same goals. Br J Anaesth 2015; 114: 8-9

4. Mariano ER, Vetter TR, Kain ZN. The perioperative surgical home is not just a name. *Anesth Analg* 2017; 125: 1443-5
5. Raphael DR, Tran PT, Kain ZN, Rinehart JB. Two-Year Follow-up Survey: Views of US anesthesiologists about health care costs and future practice roles. *Anesth Analg* 2018; 126: 611-4

Martin Smith

Editor-in-Chief

Department of Neuroanesthesia and Neurocritical Care, The National Hospital for Neurosurgery and Neurology, University College London Hospitals, London, UK

martin.smith@ucl.ac.uk

The author has no conflicts of interest to disclose.