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## **A new look for the Journal of Neurosurgical Anesthesiology**

*There is nothing permanent except change.*

Heraclitus, 500 BCE

This issue of the *Journal of Neurosurgical Anesthesiology* (JNA) launches a new cover design and ‘tag-line.’ The historical background and recent changes that led to the decision to give JNA this new look are summarized in this Editorial.

In the first issue of JNA, published in March 1989, the case for a journal dedicated to the subspecialty of neurosurgical anesthesiology was outlined by Dr James E. Cottrell and Dr John Hartung, the inaugural Editor-in-Chief and Associate Editor, respectively.<sup>1</sup> While being sceptical of the proliferation of over-specialized journals during the 1980s, Drs Cottrell and Hartung argued that when the lives and quality of lives of patients depended on advances in a burgeoning subspecialty area of medicine, a dedicated source of information for that subspecialty was warranted. Their identification of neurosurgical anesthesiology as a subspecialty that impacted patient outcomes was prescient, and their decision to make JNA the dedicated source of information for the subspecialty timely. Now in its 34<sup>th</sup> year, JNA continues to publish high-quality original articles and reviews in our subspecialty area of anesthesiology and critical care.

Clinical neuroscience has undergone transformational changes since JNA was first published in 1989. Similarly, the role that neuroanesthesiologists play in the management of patients with neurological disease has changed substantially. While continuing to manage patients during cranial and spinal neurosurgery, the clinical practice of neuroanesthesiologist is no longer confined to the operating room. Neuroanesthesiologists have traditionally been involved in the delivery of

neurocritical care, but their remit has more recently broadened to include the management of diverse patient cohorts at most points of the journey from pre-admission through to hospital discharge and beyond. While we often view this expanded role for neuroanesthesiologists as a new concept, it is noteworthy that '*preoperative assessment and preparation, administration of anesthesia and intraoperative management, and postoperative management and critical care*' were all identified as relevant content matter for JNA in 1989.<sup>1</sup> Thus, much of what we today recognize as perioperative neuroscience was foreseen by Drs Cottrell and Hartung more than 30 years ago.

The concept of perioperative neuroscience delivered by a multi-professional team is gaining traction as a clinical entity to improve patient outcomes and also as a prime area for research.<sup>3</sup> Neuroanesthesiologists are well-placed to contribute to both given the key roles that they play at multiple points in the perioperative neuroscience pathway. Following my appointment as the second Editor-in-Chief of JNA in 2018, and to align with this evolution in clinical practice, the scope of JNA was extended to encompass the whole of perioperative neuroscience and related basic science.<sup>4</sup> Specifically, the journal seeks to attract submissions in areas related to clinical neuroanesthesiology and neurocritical care, foundational neuroscience of anesthesiology and brain and spinal cord injury, and neurologic and cognitive outcomes after non-neurologic surgery and critical illness. While the first two areas were well-established interests of the journal, the latter was less so. The expanded scope of JNA has resulted in publication of articles dealing with all aspects of perioperative neuroscience, including neurologic and cognitive outcomes. The eMODIPOD randomized controlled trial which investigated the effect of electroencephalography spectral edge frequency and patient state index-guided propofol-remifentanyl anesthesia on delirium after laparoscopic surgery was recently published in JNA.<sup>5</sup> In this issue of the journal, a scoping review by Dr Wooding and colleagues synthesizes current recommendations for perioperative brain health and identifies areas of consistency between clinical guidelines pertaining to perioperative stroke, postoperative delirium and postoperative cognitive dysfunction following noncardiac, non-neurologic surgery that should be prioritized for incorporation into clinical practice.<sup>6</sup> The authors also highlight key areas for future

research in perioperative brain health and the need for multi professional involvement in such research, including the importance of involvement of neuroanesthesiologists and neurointensivists. Other new areas of interest for JNA include quality improvement and health service delivery as it relates to perioperative neuroscience.<sup>7</sup>

In 1991, a fruitful and enduring partnership began when JNA became the official journal of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC). Importantly, the recent expansion of JNA content has not occurred in isolation but alongside changes in SNACC as the society adapted and evolved to reflect the changes in the clinical practice and research interests of its members. The relationship between JNA and SNACC represents a unique partnership for the international perioperative neuroscience community; the evolution of this partnership is the subject of the subsequent editorial by Dr Jeffrey Pasternak, one of the Associate Editors of JNA and a previous SNACC President.<sup>8</sup>

The recent changes in the content of JNA aim not only to provide a broader perspective for our established readers but also to extend the target readership of the journal to the whole perioperative neuroscience community. Similarly, the redesign of the journal cover is intended to reflect the broad perioperative neuroscience perspective of JNA. Despite these changes, the original vision for JNA established by Drs Cottrell and Hartung in 1989 has not changed; JNA continues to bring together high-quality content relevant to all those working in perioperative and basic neuroscience within a single journal.

Martin Smith

Editor-in-Chief

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