



ARTICLES OF THE MONTH

Anesthetic Management of Endovascular Treatment of Acute Ischemic Stroke During COVID-19 Pandemic: Consensus Statement from Society for Neuroscience in Anesthesiology and Critical Care (SNACC)

Deepak Sharma, MD, DM, Mads Rasmussen, MD, PhD, Ruquan Han, MD, PhD, Matthew Whalin, MD, PhD, Melinda Davis, BMed, FANZCA, Andrew Kofke, MD, MBA, FCCM, FNCS, Lakshmikumar Venkatraghvan, MD, Radoslav Raychev, MD, FAHA, Justin F. Fraser, MD, FAANS, FAHA

Neuroanesthesia Practice During the COVID-19 Pandemic: Recommendations from Society for Neuroscience in Anesthesiology and Critical Care (SNACC)

Alana M. Flexman, MD, FRCPC, Arnoley Abcejo, MD Rafi Avitsian, MD, FASA, Veerle De Sloovere, MD, David Highton, MBChB, FRCA, FFICM, FANZCA, PhD, Niels Juul, MD, Shu Li, MD, Lingzhong Meng, MD, Chanannait Paisansathan, MD, Girija Prasad Rath, MD, DM, Irene Rozet, MD, DEAA

In this installment of the May Articles of the Month we want to highlight the two SNACC consensus statements on the care of COVID cases undergoing neurosurgical procedures: Anesthetic Management of Endovascular Treatment of Acute Ischemic Stroke During COVID-19 Pandemic: Consensus Statement from Society for Neuroscience in Anesthesiology and Critical Care (SNACC) and Neuroanesthesia Practice During the COVID-19 Pandemic: Recommendations from Society for Neuroscience in Anesthesiology and Critical Care (SNACC).

Commentary provided by Dr. Amie Hoefnagel who is a member of the SNACC Education Committee and AOTM group as well as a member of the Scientific Affairs Committee. Amie is an Associate Professor of Anesthesiology at the University of Florida in Jacksonville, Florida.

We would also like to say a special thank you to the authors and SNACC members listed above for taking the time to publish these incredibly important and timely statements, even when many of us are facing an increase in patient care responsibility. Thank you to the SNACC executive committee for continued updates and information being made available. Finally, we want to express our solidarity to all of you that are in the hot spots. Thank you!

As always, we encourage our readers' input on this topic on the SNACC [Twitter](#) feed, or on [Facebook](#). Stay safe and sane!

- Amie Hoefnagel, MD, Oana Maties, MD, Shilpa Rao, MD, and Nina Schloemerkerper, MD.

Commentary

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Our world has changed in ways none of us would have anticipated in the recent months. On December 31, 2019 the Wuhan Municipal Health Commission reported a cluster of cases of pneumonia that were eventually attributed to a novel coronavirus. Since that time a virus, SARS-CoV-2, has been identified. As I write this there are 3.16 million confirmed cases of COVID19 in the world. Virtually every country in the world has reported cases of this new disease. Two hundred twenty thousand people have died due to complications of the disease. Nine hundred fifty seven thousand patients have survived and recovered. These numbers are only of those we know have tested positive for the virus, and will be outdated by this evening, but I am hoping that the recovered number is the one that grows the most.

On a personal level we have all made sacrifices and changes in our daily lives: staying at home more, not gathering with friends, wearing masks in public, and the one that's hardest for me, not going out to eat at restaurants. In our professional lives we have also made changes and sacrifices ranging from the cancellation of elective surgical cases to adapting patient care techniques for both patients and ourselves ranging from wearing an N95 mask continuously (if you are lucky enough to have one), to using intubation boxes. We are facing shortages of PPE and are constantly adapting to new challenges. And then there is the ever-present concern of how to carry out our work as medical professionals, exposing ourselves to this virus, and then coming home to our families. The emotional burden of COVID is heavy and pervasive.

Both of these articles provide the most up to date, evidenced based practice recommendations to help us adapt our practices in the time of the COVID pandemic. In Anesthetic Management of Endovascular Treatment of Acute Ischemic Stroke During COVID-19 Pandemic: Consensus Statement from Society for Neuroscience in Anesthesiology and Critical Care (SNACC) you will find recommendations for the treatment of patients with acute ischemic stroke (AIS). The authors recommend continuation of institutional practices (GA vs MAC) but with added airborne precautions for all patients. There are current reports of an increase in AIS in young asymptomatic COVID19 positive patients, as the COVID19 virus seemingly increases the likelihood of thrombotic events¹, therefore it seems rationale to have a high level of suspicion for virus presence in this patient population.

Neuroanesthesia Practice During the COVID-19 Pandemic Recommendations from Society for Neuroscience in Anesthesiology and Critical Care (SNACC) provides an overview of the disease process, as it is relevant to the practice of neuroanesthesia. Advice for modifications of clinical practice for neurosurgical patients, including those undergoing emergent surgery, interventional procedures other than AIS, transnasal surgery, craniotomy, and electroconvulsive therapy (ECT) are included. There is also a section dedicated to provider wellness, a very important consideration in this time of increased stress.

1. F.A. Klok, et al., Thrombosis Research, <https://doi.org/10.1016/j.thromres.2020.04.013>