

Protocolo 3

From: Diego Vega (vegalaun@yahoo.com)

To: vegalaun@yahoo.com

Date: Friday, August 19, 2022 at 10:43 PM GMT-3

Checklist for IONM alerts in patients with a stable spine

Gain control of the room

- Intraoperative pause: stop case and announce alert to the room
- Eliminate extraneous stimuli (e.g. conversations)
- Anticipate the need for additional intraoperative or perioperative imaging if not already available

Anaesthesiologist

- Verify that no change in anaesthetic administration has occurred (e.g. neuromuscular block)
- Assess depth of anaesthesia
- Optimise mean arterial pressure (e.g. goal of 90-100 mm Hg)
- Check and optimize haemoglobin
- Check and optimize blood pH and PCO_2
- Check and optimize temperature

Neurophysiologist

- Repeat trial of IONM to rule out potential false positive
- Check all leads and connections
- Assess pattern of changes (e.g. asymmetric vs symmetric changes)

Surgeon

- Stop current manipulation
- Discuss events and actions just before to signal loss
- Assess field for structural cord compression, examine osteotomy and laminotomy sites
- Consider reversing actions (e.g. remove traction, rods, screws or corrective forces)

Ongoing considerations if no interval improvement

- Revisit anaesthetic and systemic considerations and ensure they are optimized
- Consult experienced colleagues
- Consider steroid administration (e.g. methylprednisolone 30 mg kg^{-1} i.v.,)
- Consider wake-up test
- Discuss continuing with surgical procedure vs staging the procedure

Diego Vega Laiun
Doctor en medicina
Especialista en neurofisiología clínica