Jannetta Pearls!

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Introduction
We here describe ideal anesthetic goals for a patient presenting for microvascular decompression of trigeminal nerve (Jannetta procedure) with brainstem auditory evoked potential (BAEP) monitoring.

Case Description
A 62-year-old, 70 kg female on pharmacotherapy for intractable trigeminal neuralgia presented for posterior fossa craniotomy for Jannetta procedure with BAEP monitoring. Anesthetic challenges included positioning of the patient in a lateral position on Mayfield pins, management of trigeminal-cardiac reflex (TCR), retromastoid surgical exposure closer to sigmoid and transverse sinus, adequate brain relaxation, and maintenance of mean arterial pressure (MAP) > 70 mmHg (the lower limit of dynamic cerebral autoregulation). We used Intravenous anesthesia technique with continuous infusion of propofol, dexmedetomidine and remifentanil with ≤ 0.5 minimum alveolar concentration (MAC) of sevoflurane. Perioperative course was uneventful.

CONCLUSION
We achieved optimum brain relaxation by maintaining normocarbia and using TIVA as our primary anesthetic technique. We limited sevoflurane concentration to ≤0.5 MAC per current, evidence-based neuroanesthesia practice.1,2 We limited hemodynamic changes by using remifentanil bolus for intubation and during insertion of Mayfield pins, and used remifentanil infusion to limit hemodynamic perturbations. We closely monitored hemodynamic changes with ABP monitoring and encountered no TCR.