

Assessment and management of perioperative pain in neurosurgical patients

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PREPOSITIONS

1. Less than half of Indian anesthesiologists use structured protocol for pain assessment and very few use opioids for postoperative pain management after neurosurgery. (this thesis)
2. Every two in three patients report pain at some time point during the initial three days after neurosurgery for brain pathologies. (this thesis)
3. Analgesia nociception index, an objective monitor of parasympathetic (low nociceptive stress) and sympathetic (high nociceptive stress) balance, has a negative linear correlation with systemic hemodynamics during noxious stimuli of laryngoscopy and tracheal intubation. (this thesis)
4. In a pilot study, dexmedetomidine (non-opioid) appears to be non-inferior to fentanyl (opioid) for perioperative analgesia during craniotomies. Stress response to surgery as assessed by surgical pleth index and blood markers is similar with two techniques of intraoperative analgesia. (this thesis)
5. Intraoperative use of opioids and non-opioid analgesics result in similar postoperative pain relief in patients undergoing craniotomies. (this thesis)
6. Postoperative pain outcomes were better with intraoperative non-opioid usage compared to opioids in spine surgeries. (this thesis)
7. Pain is inevitable, suffering is optional
8. असतो मा सद्गमय। तमसो मा ज्योतिर्गमय। मृत्योर्मा मृतं गमय ॥ ॐ शान्ति शान्ति शान्तिः ॥
[From ignorance, lead me to truth; From darkness, lead me to light; From death, lead me to immortality. Om peace, peace, peace] – Sanskrit Prayer

9. सर्वे भवन्तु सुखिनः । सर्वे सन्तु निरामयाः । सर्वे भद्राणि पश्यन्तु । मा कश्चित् दुःख भाग्भवेत् ॥

[May all be happy, May all be free from illness, May all see what is auspicious,

May no one suffer] – Sanskrit Shloka

10. If you want to leave your footprints on the sands of time, do not drag your

feet. - Dr A.P.J. Abdul Kalam, Wings of Fire