

Awake Craniotomy for Microvascular Decompression: Pushing the Envelope

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Introduction

Despite tremendous improvement in neurosurgical technologies in last 4 decades,, the immediate post operative pain relief after MVD has remained at around 80%.Among the plethora of literature on MVD, there have been hardly any studies specifically addressing the pain persistence in those 20% of population.One of the main reasons has been the absence of any intra-operative neurophysiological marker to ascertain the immediate success or failure of MVD.

The use and implications of awake anesthesia has never been explored for MVD. To the best of our knowledge there has been no published literature describing the usefulness of awake MVD hence the term “pushing the envelope”.

Aim: Through this paper we describe our initial experience of awake MVD and analyze its safety and efficacy as an adjunct to MVD. We also attempt to understand its usefulness as an intra-operative prognostic marker of immediate response and use it to tailor the need and extent of selective rhizotomy in addition to MVD, especially in patients without any obvious vascular compression and thereby avoiding immediate re-intervention.

Methods

Materials and Methods: This is an analysis of our initial experience of ongoing prospective study starting from June 2016 till now. Out of the 7 MVD in this period, 5 patients consented for awake surgery.

Results

Awake surgery is a safe and acceptable adjunct to MVD and is a useful intraoperative prognostic marker of immediate pain relief or neurodeficit. It greatly reduces the burden of re-intervention and increase the overall effectiveness.Thus awake MVD has the potential to address the pain management in those unfortunate 20%.

Conclusions

Awake surgery is a safe and acceptable adjunct to MVD and is a useful intraoperative prognostic marker of immediate pain relief or neurodeficit. It greatly reduces the burden of re-intervention and increase the overall effectiveness.Thus awake MVD has the potential to address the pain management in those unfortunate 20%.

Learning Objectives

To enhance the therapeutic effectiveness of MVD by doing it in awake anaesthesia so as to improve the immediate post operative pain control rate and thereby reduce the burden of MVD refractory cranial nerve neuralgia.

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