

CURARES,
ANTAGONISTES ET
MONITORING
NEUROMUSCULAIRE



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CEMTL

31 octobre 2024

Intro

Éléments clés

Nouveau contexte

Chirurgical

—◇—
Pharmacologique

Pratique quotidienne



Intro

Éléments clés

- Facilite intubation, protège les cordes vocales, améliore les conditions chirurgicales et facilite la ventilation mécanique
- Action sur l'unité alpha
- Effet des relaxants doit être mesuré
- L'évaluation subjective crée un potentiel de curarisation résiduelle
- Le site de mesure a de l'importance
- But du monitoring et de la renverse
- Compétition versus antagonisme



Trajectoire

Prise en charge périopératoire

Considérations

- Métaboliques/ Physiologiques
 - Durée vs atteinte; rénale hépatique
- Voies aériennes
 - Protection: sequence rapide
 - Difficiles: renverse
 - Site chirurgical: renverse
- Positionnement
 - Transducteurs Piezo, accéléro
 - Site de lecture, fixation au site

Trajectoire

Prise en charge périopératoire

Considérations

- Durée du cas

Perfusion

- Approche chirurgicale

LSC vs tomie

Profondeur de bloc

- Moment de la renverse

DL, LSC, sortie de salle

- Extubation

cible visée



Nouveautés

- Complications post opératoires
- Rocu post sugammadex
- Adamgammadex



ANESTHESIOLOGY

Sugammadex *versus* Neostigmine for Reversal of Neuromuscular Blockade and Postoperative Pulmonary Complications (STRONGER)

A Multicenter Matched Cohort Analysis

Sachin Kheterpal, M.D., M.B.A., Michelle T. Vaughn, M.P.H.,
Timur Z. Dubovoy, M.D., Nirav J. Shah, M.D.,
Lori D. Bash, Ph.D., M.P.H., Douglas A. Colquhoun, M.B.Ch.B.,
Amy M. Shanks, Ph.D., Michael R. Mathis, M.D.,
Roy G. Soto, M.D., Amit Bardia, M.D.,
Karsten Bartels, M.D., Ph.D., Patrick J. McCormick, M.D., M.Eng.,
Robert B. Schonberger, M.D., M.H.S., Leif Saager, M.D., M.M.M.

ANESTHESIOLOGY 2020; 132:1371–81

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Kaarthik Chandrasekhar; Brandon M. Togioka; Jeremiah L. Jeffers.

[Author Information and Affiliations](#)

Last Update: May 29, 2023.



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A few options for reinitiating neuromuscular blockade after administering sugammadex include redosing rocuronium or vecuronium, succinylcholine, or administering a neuromuscular blocking drug from the benzylisoquinoline class. The company that manufactures sugammadex recommends a minimum waiting period of 5 minutes before administering a 1.2 mg/kg dose of rocuronium and a minimum waiting period of 4 hours before administering a 0.6 mg/kg dose of rocuronium or a 0.1 mg/kg dose of vecuronium. The product insert for sugammadex warns that patients receiving a 1.2 mg/kg dose of rocuronium within 30 minutes of reversal are likely to experience delayed onset and shortened duration of neuromuscular blockade. For patients that receive a 16 mg/kg dose of sugammadex, a minimum wait time of 24 hours is likely needed.

Sugammadex does not bind to succinylcholine or benzylisoquinoline neuromuscular blocking drugs such as mivacurium, atracurium, and cisatracurium. [9] The succinylcholine-induced neuromuscular blockade is delayed when administered after sugammadex. Conversely, the cisatracurium-induced neuromuscular blockade has been shown to have a faster onset and results in a deeper level of a block when administered after sugammadex. [9]

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vomiting, pain, nausea,
hypotension, and
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Chen et al. *Systematic Reviews* (2024) 13:240
<https://doi.org/10.1186/s13643-024-02663-5>

Systematic Reviews

LETTER

Open Access



Optimal dosage of adamgammadex for reversal of rocuronium-induced neuromuscular block: a preliminary meta-analysis

I-Wen Chen¹, Ting-Sian Yu² and Kuo-Chuan Hung^{3*} 

