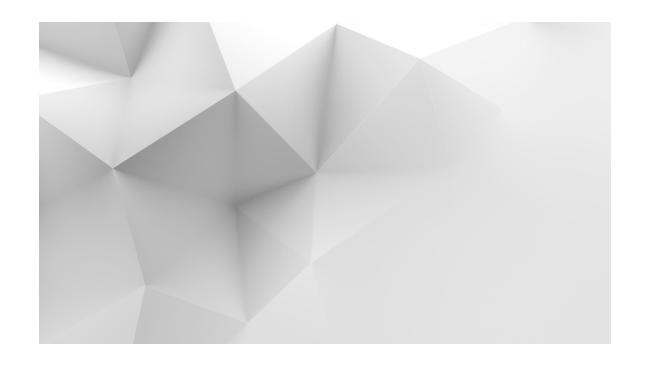
CURARES, ANTAGONISTES ET MONITORING NEUROMUSCULAIRE

Louis-Philippe Fortier
CEMTL
31 octobre 2024

Intro

Éléments clés
Nouveau contexte
Chirurgical
Pharmacologique
Pratique quotidienne

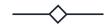




Intro

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

- Complications post opératoires
- Rocu post sugammadex
- Adamgammadex

ANESTHESIOLOGY

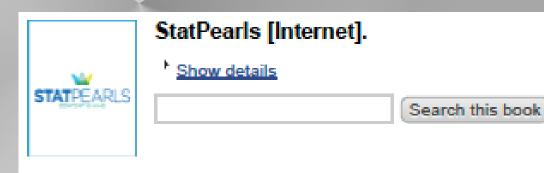
Sugammadex *versus*Neostigmine for Reversal of Neuromuscular Blockade and Postoperative Pulmonary Complications (STRONGER)

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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Sugammadex

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

Author Information and Affiliations

Last Update: May 29, 2023.

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Nouveautés

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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 warms 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]

Nouveautés

- Complications post opératoires
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vomiting, pain, nausea, hypotension, and headache.

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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*}

- Complications post opératoires
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- Adamgammadex