

CODE: N14
 Question: Neuro Type: Elective Author: Dr. Sischek

Opening Scenario:

45 y.o. female for redo craniotomy for meningioma. Otherwise well. Clinical evidence of mild raised ICP (slight headache, mild papilledema) on Decadron and Mannitol preoperatively. Discuss considerations.

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

Surgery has progressed to opening of cranial vault. Bleeding has been moderate. Note a rapid fall in BP, increase in HR (patient has had an air embolus - provide information as requested/appropriate - fall in ETCO₂, precordial Doppler sounds, air in CVP, etc).

Major decision points (major decision points or options which must be recognized by the candidate)

Differential diagnosis of hypotension/tachycardia. Once other causes are ruled out, aggressive therapy of venous air embolus.

Any followup information required to lead to the end of the question

This case can be taken to a full arrest, requiring resuscitation depending on how the candidate handles it.

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely* unacceptable

Must be prepared for major blood loss, long case potential air embolus. *Must* address the raised ICP issue with induction.
Must appropriately resuscitate after venous air embolus.

Ref: RCEXAMAT.FORM June, 95

USED:

Last revision: 95/10