

# Management of traumatic brain injury in the non- neurosurgical centre

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Anaesthesia

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## Special supplement on the brain, January 2022



**Arrow K. et al.**  
**Implications of nocebo in anaesthesia care**

The opportunity for anaesthetists to embrace the evidence around nocebo will allow for phrases such as 'bee sting' and 'sharp scratch' to be thought of as clumsy verbal relics of the past.



**Stubbs D.J. et al.**  
**Chronic subdural haematoma: the role of peri-operative medicine in a common form of reversible brain injury**

Cases of chronic brain haemorrhage (subdural haematoma) have increased up to six-fold and those requiring surgical treatment are predicted to rise by 50%



**Evered L. et al.**  
**Acute peri-operative neurocognitive disorders: a narrative review**

Delirium after surgery is associated with increased morbidity and mortality, decreased independence and an increased risk of dementia and has been estimated to cost approximately £32,234 (\$43,924; €37,996) per patient, per year.



**Kayambankadzanja R.K. et al.**  
**Pragmatic sedation strategies to prevent secondary brain injury in low-resource settings**

The World Health Organization estimates that 90% of global deaths caused by injuries occur in low- and middle-income countries, with traumatic brain injury contributing up to half of these trauma-related deaths.



**White L. et al.**  
**Delirium and COVID-19: a narrative review of emerging evidence**

The incidence of delirium in hospitalised patients with COVID-19 is approximately 24% but in patients in ICU the incidence is > 50%.



**Dinsmore J. E. et al.**  
**Anaesthesia for mechanical thrombectomy: a narrative review**

Over 113,000 patients in the UK suffer a stroke each year, and there are 1.2 million stroke survivors with a socio-economic burden of £25.6 billion. The number of strokes is projected to increase by 60% between 2015 and 2035, with societal costs almost triple those of current costs.



**Dinsmore M. et al.**  
**Clinical applications of point-of-care ultrasound in brain injury: a narrative review**

Point-of-care ultrasound of the brain is an effective, non-invasive, safe and readily available technique for the rapid assessment of cerebral anatomy and cerebral haemodynamics in patients with acute brain injuries.



**Migdady I. et al.**  
**Management of status epilepticus: a narrative review**

Prolonged seizures are associated with irreversible neuronal injury resulting in increased morbidity and mortality. Early seizure control, particularly in the first 1-2 h of convulsive status epilepticus improves outcomes.



**Swarbrick C. J. et al.**  
**Evidence-based strategies to reduce the incidence of postoperative delirium: a narrative review**

Delirium is defined as a state of acute confusion that is commonly reversible and preventable in approximately 40% of cases.



**Wiles M. D.**  
**Management of traumatic brain injury: a narrative review of current evidence**

Globally, approximately 70 million people sustain traumatic brain injury each year and this can have significant physical, psychosocial and economic consequences for patients, their families and society.



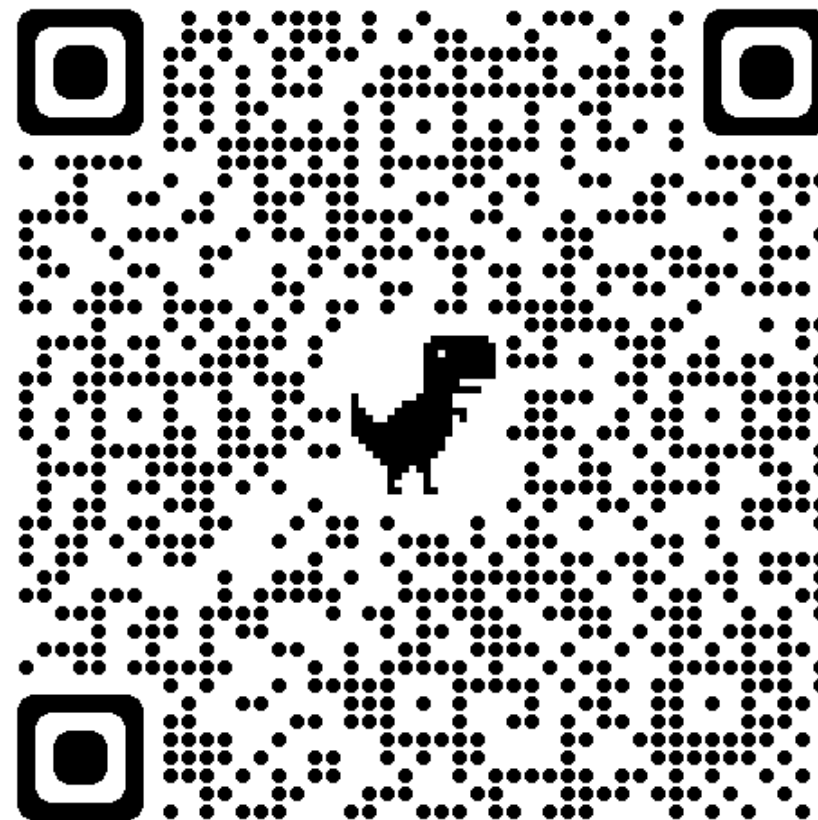
**Chung C. K. E. et al.**  
**Peri-operative neurological monitoring with electroencephalography and cerebral oximetry: a narrative review**

Monitoring cerebral oxygenation and EEG may best serve as key components of a management bundle to identify vulnerable patients and to optimise intra-operative variables.




**Yim R. L. H. et al.**  
**Peri-operative management of patients with Parkinson's disease**

Parkinson's disease is a neurodegenerative disorder with multisystem manifestations affecting > 6.1 million people worldwide and its prevalence has more than doubled between 1990 and 2016.



Review Article

## Management of traumatic brain injury in the non-neurosurgical intensive care unit: a narrative review of current evidence

M. D. Wiles,<sup>1,2</sup>  M. Braganza,<sup>3</sup> H. Edwards,<sup>4</sup> E. Krause,<sup>5</sup> J. Jackson<sup>6</sup> and F. Tait<sup>7</sup>

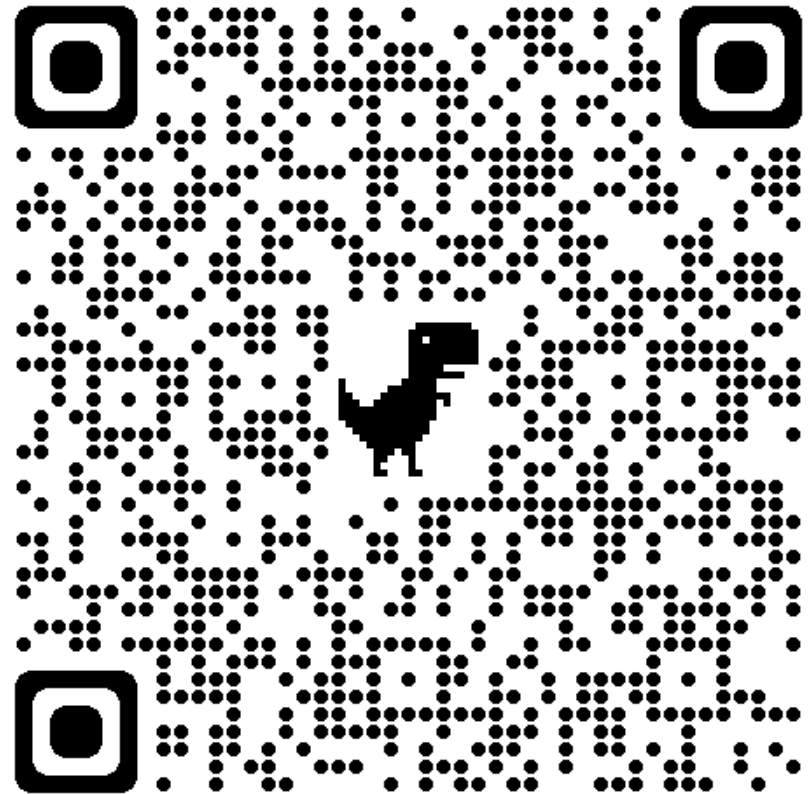
1 Consultant, Department of Critical Care, 4 Clinical Specialist Occupational Therapist, Department of Neurosciences, 6 Clinical Specialist Occupational Therapist, Major Trauma and Head Injuries, Sheffield Teaching Hospital NHS Foundation Trust, Sheffield, UK

2 Honorary Clinical Lecturer, University of Sheffield Medical School, Sheffield, UK

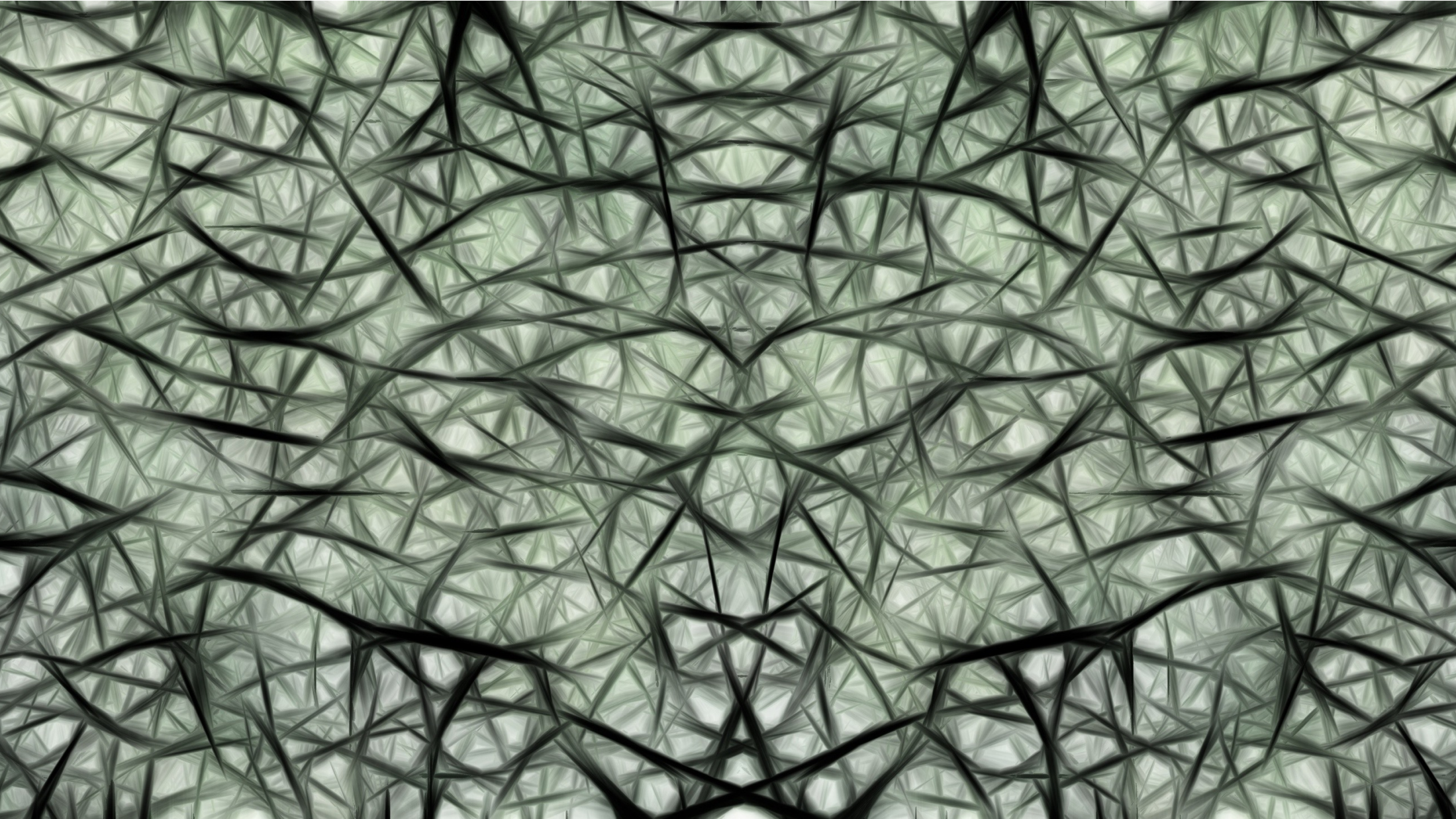
3 Consultant, Department of Intensive Care, Chesterfield Royal Hospital NHS Foundation Trust, Chesterfield, UK

5 Specialist Occupational Therapist, Neurology and Stroke, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Doncaster, UK

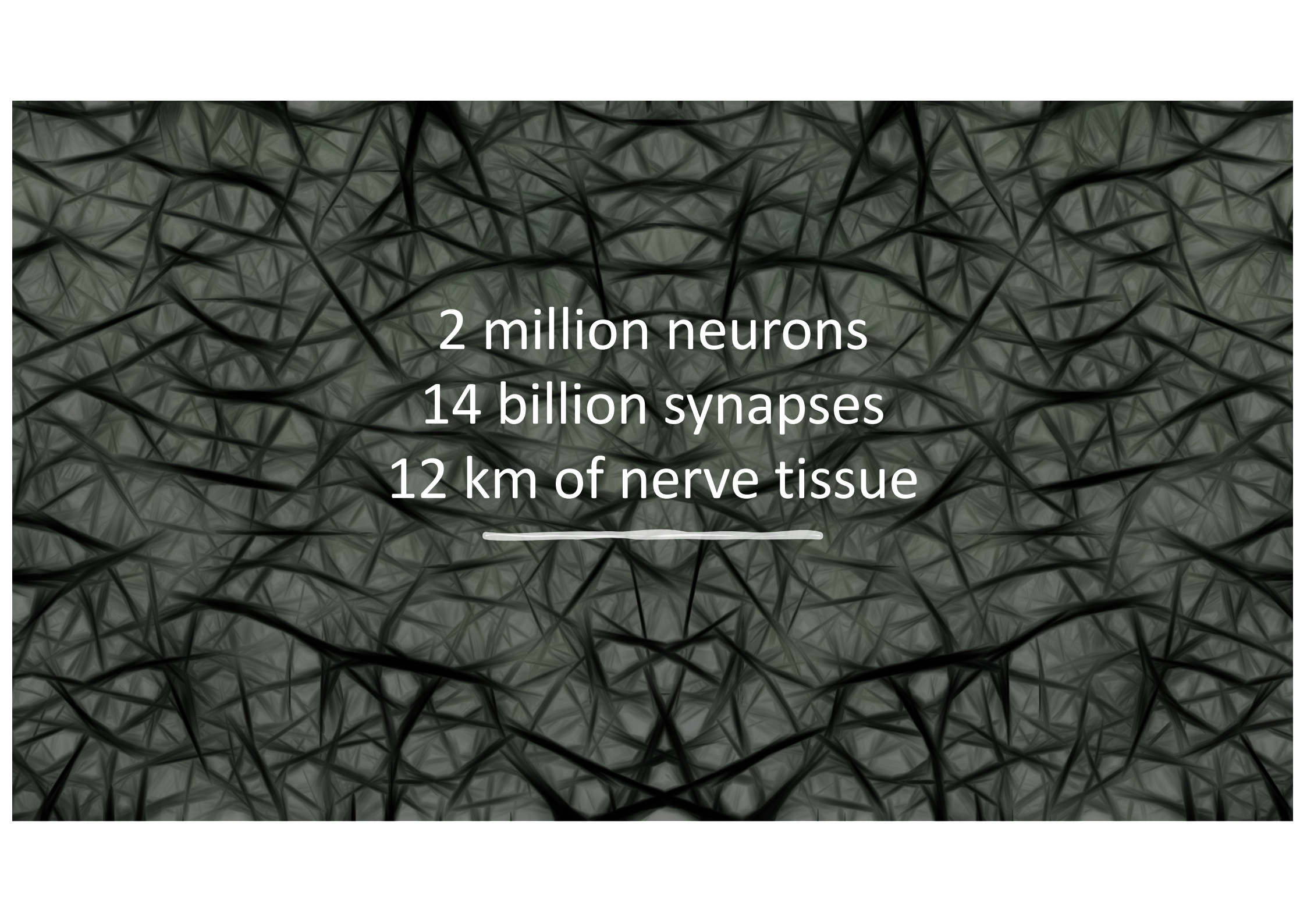
7 Specialist Registrar, Department of Anaesthesia, Northampton General Hospital NHS Trust, Northampton, UK











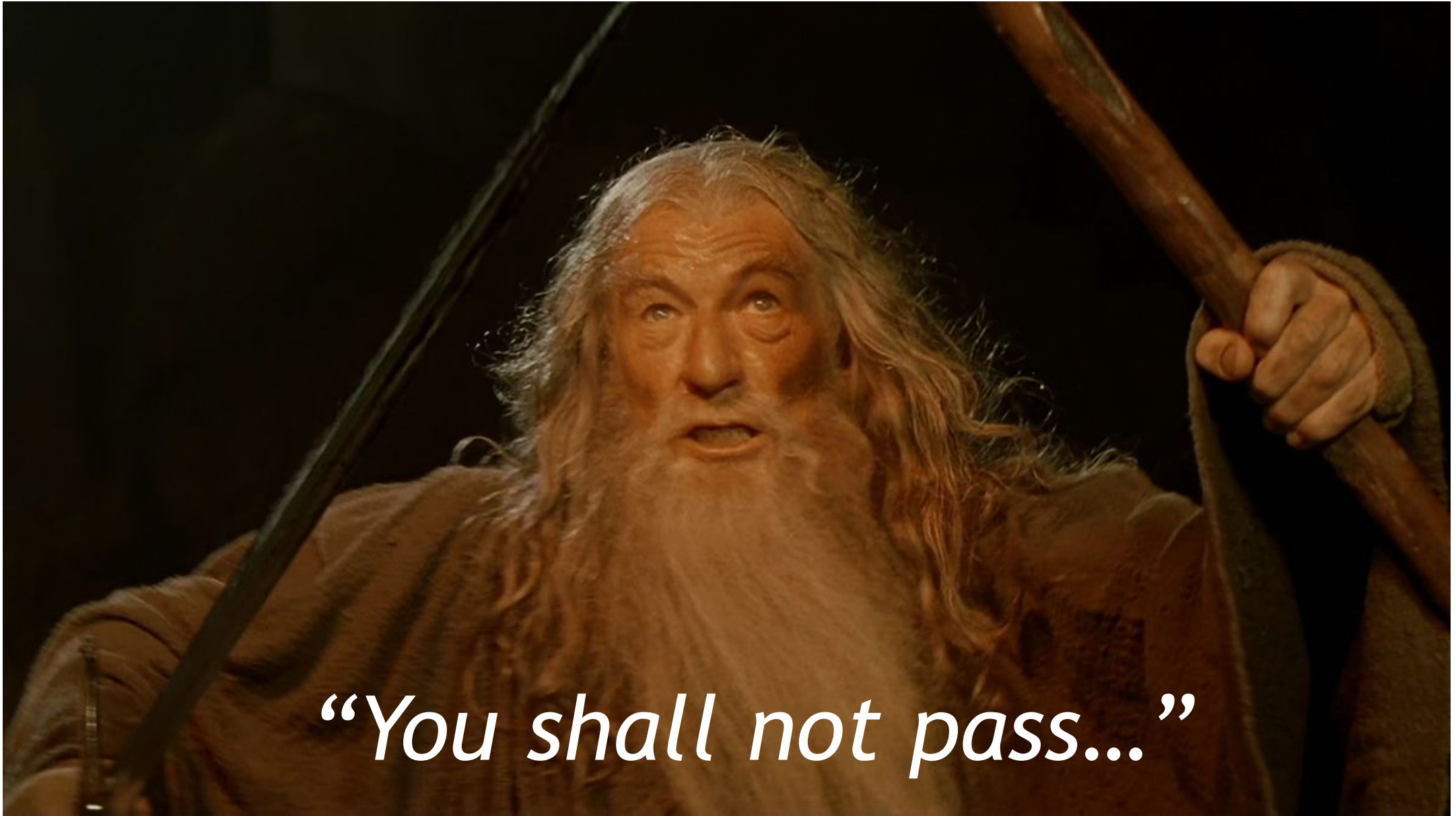
2 million neurons  
14 billion synapses  
12 km of nerve tissue

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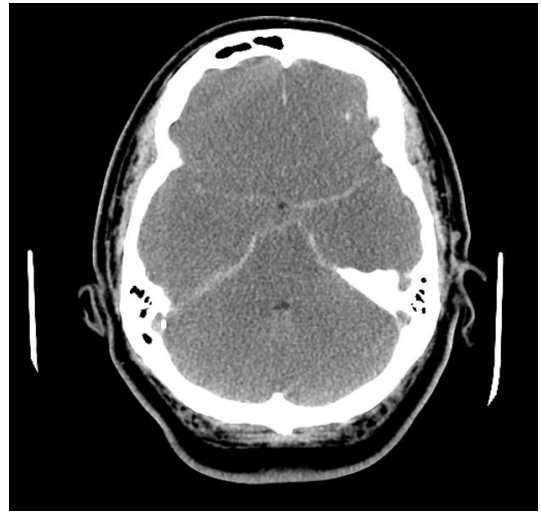
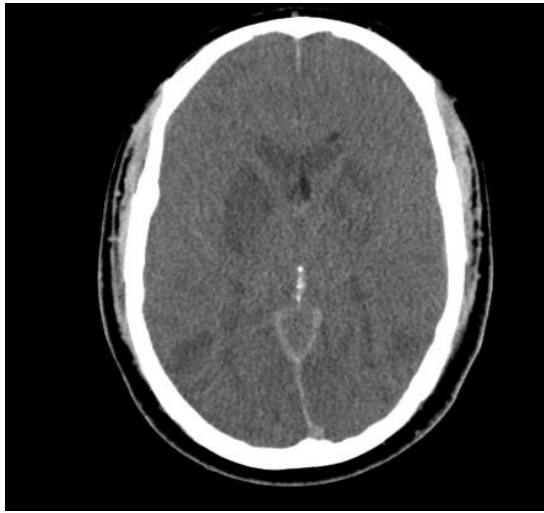
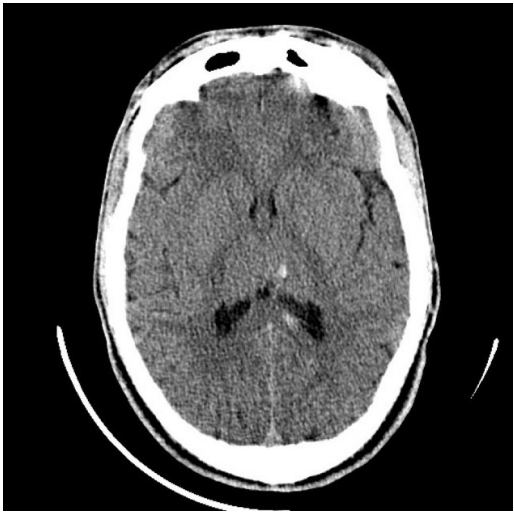
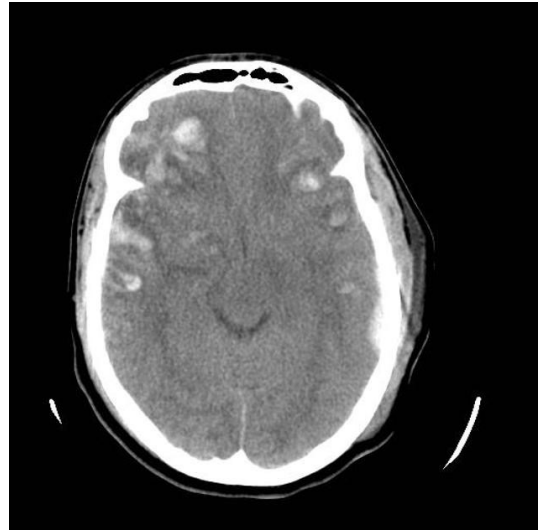
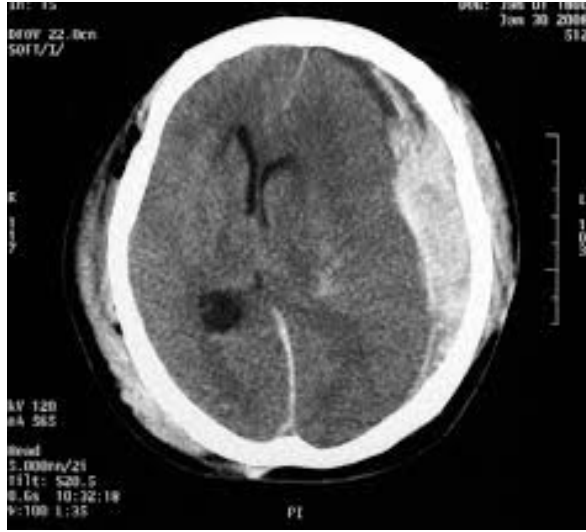








*“You shall not pass...”*



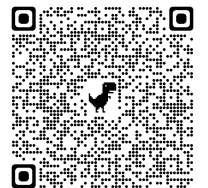




# MANAGEMENT OF PERCEIVED DEVASTATING BRAIN INJURY AFTER HOSPITAL ADMISSION

A Consensus Statement

The Faculty of  
**Intensive Care Medicine**



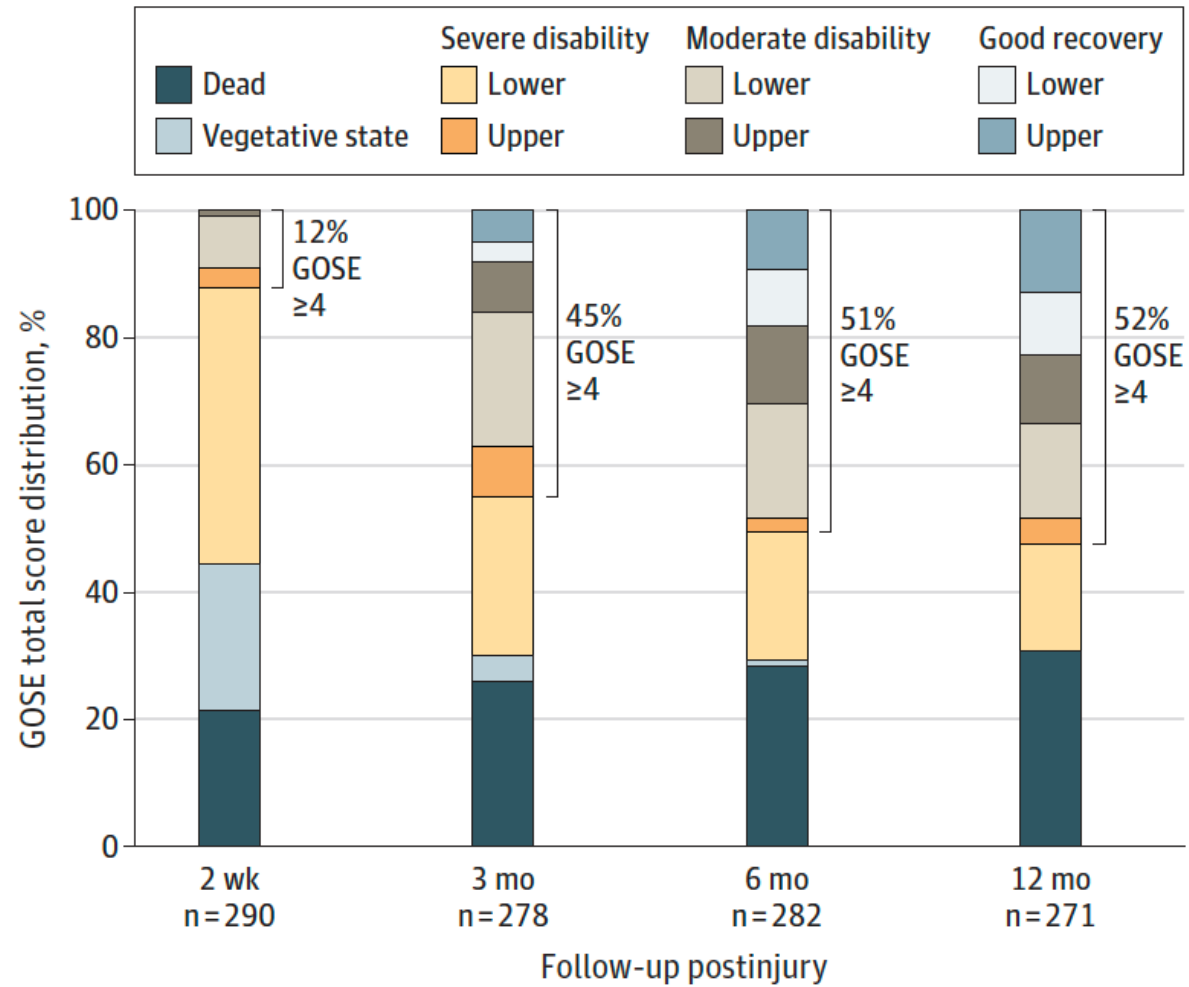




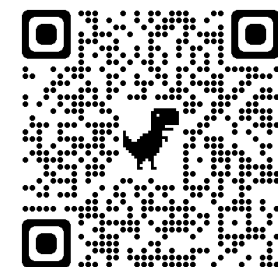
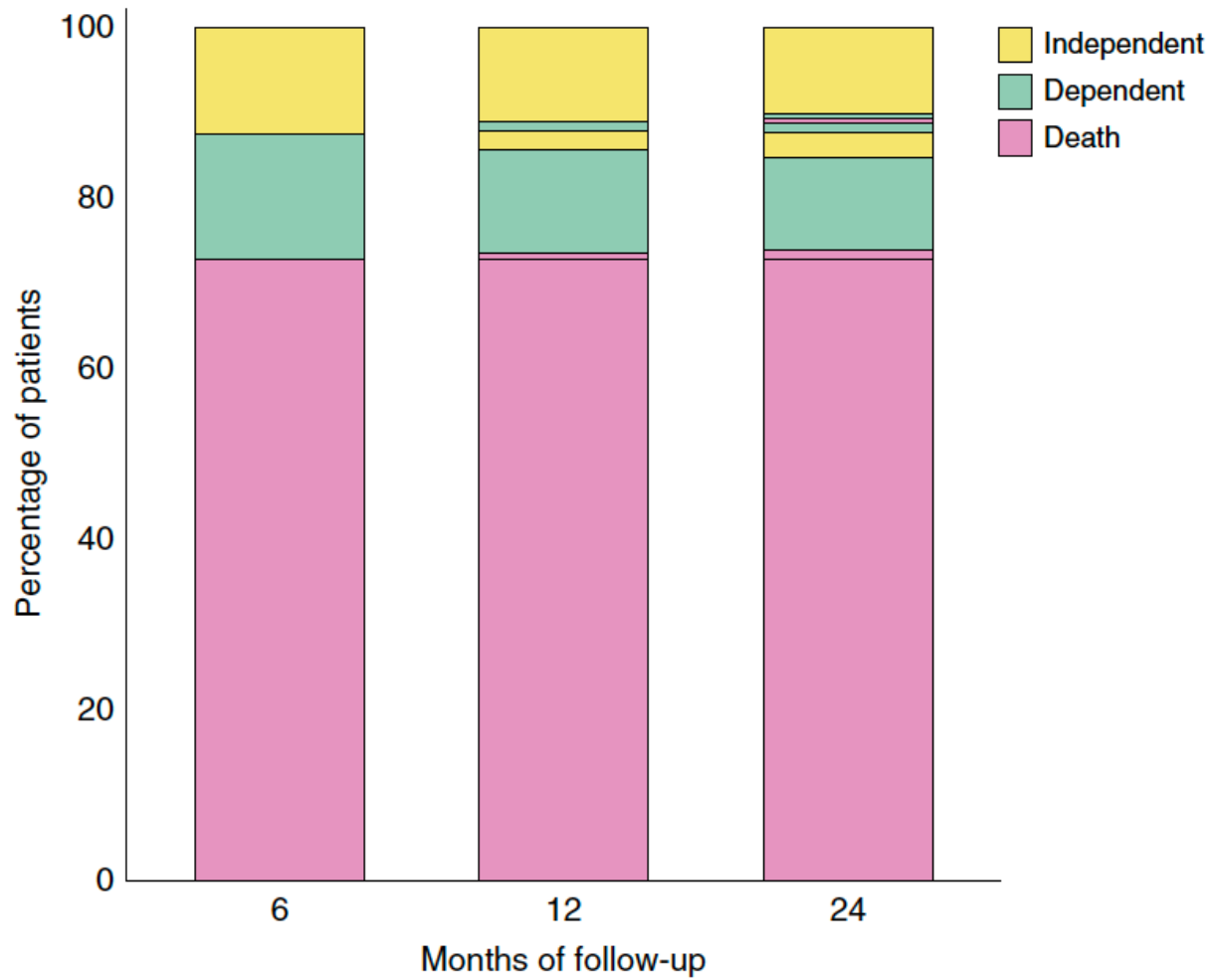
The more I see, the  
less I know for sure.

John Lennon

 quote&fancy









**Brain  
Trauma**  
FOUNDATION







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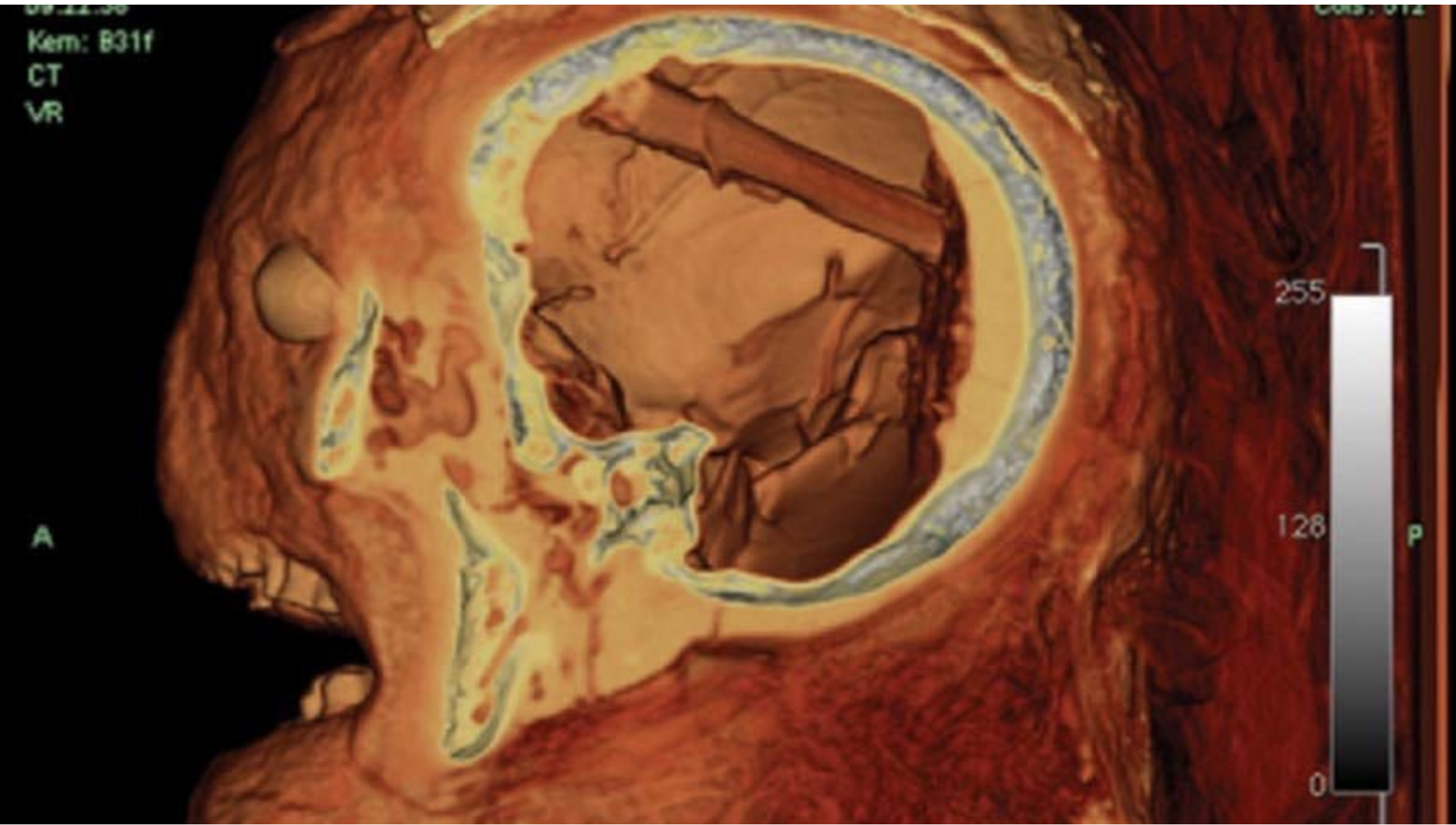
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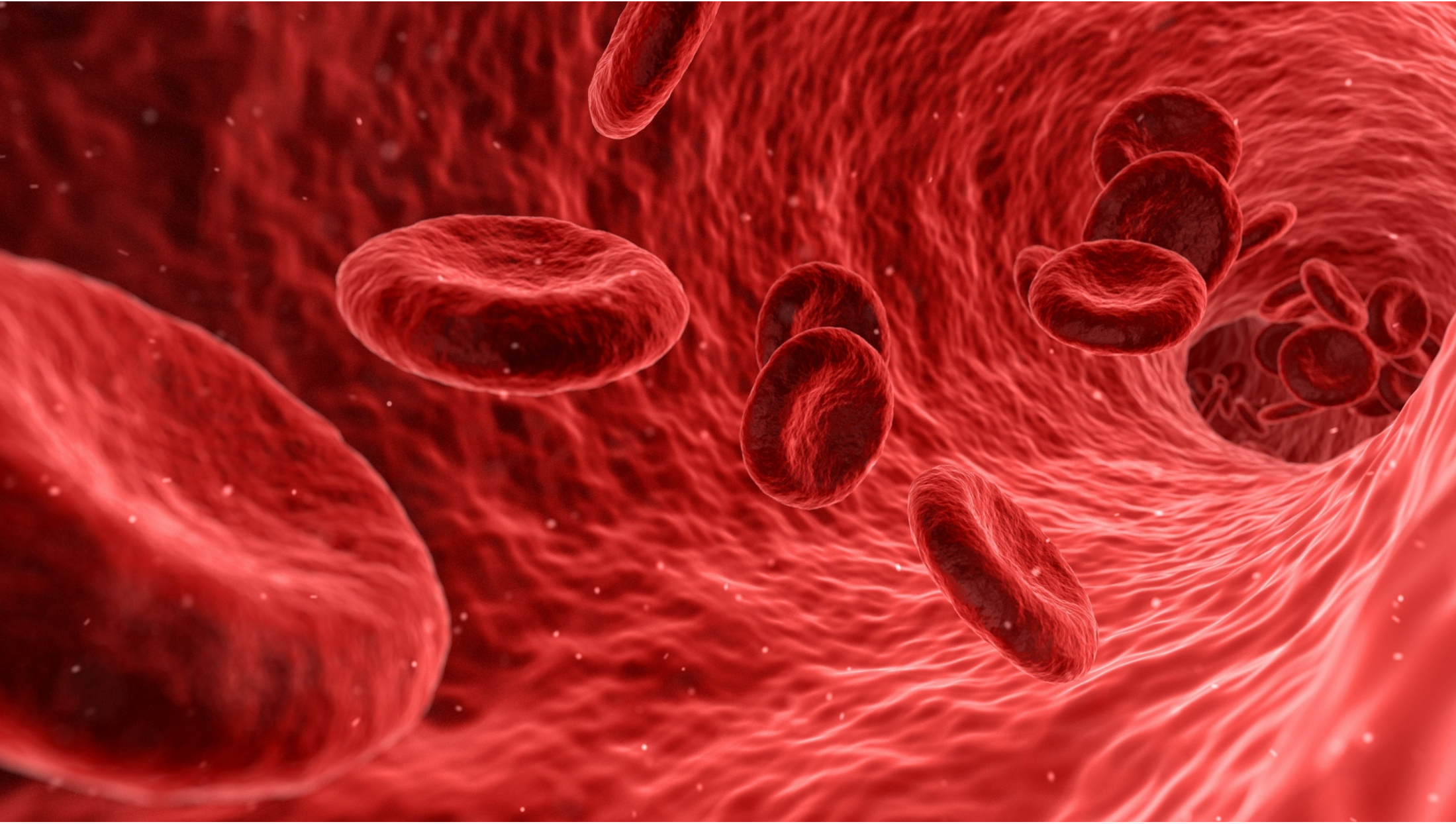
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