

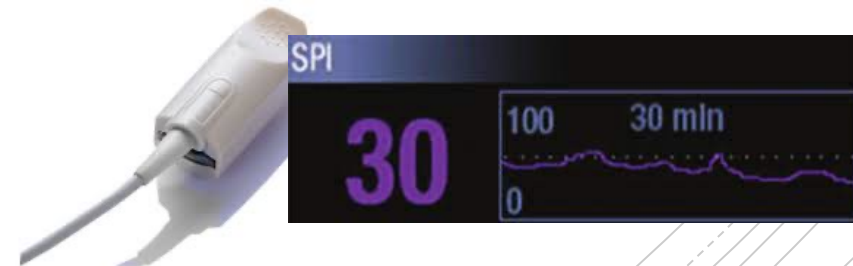
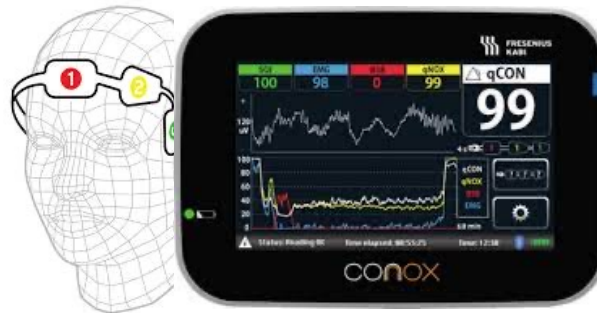
Usefulness of nociception monitors to titrate remifentanyl with a stable low noxious stimulation response index (NSRI)

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Anesthesia

- Hypnosis
- Immobility
- Control of Autonomous Nervous System a.k.a. anti-nociception



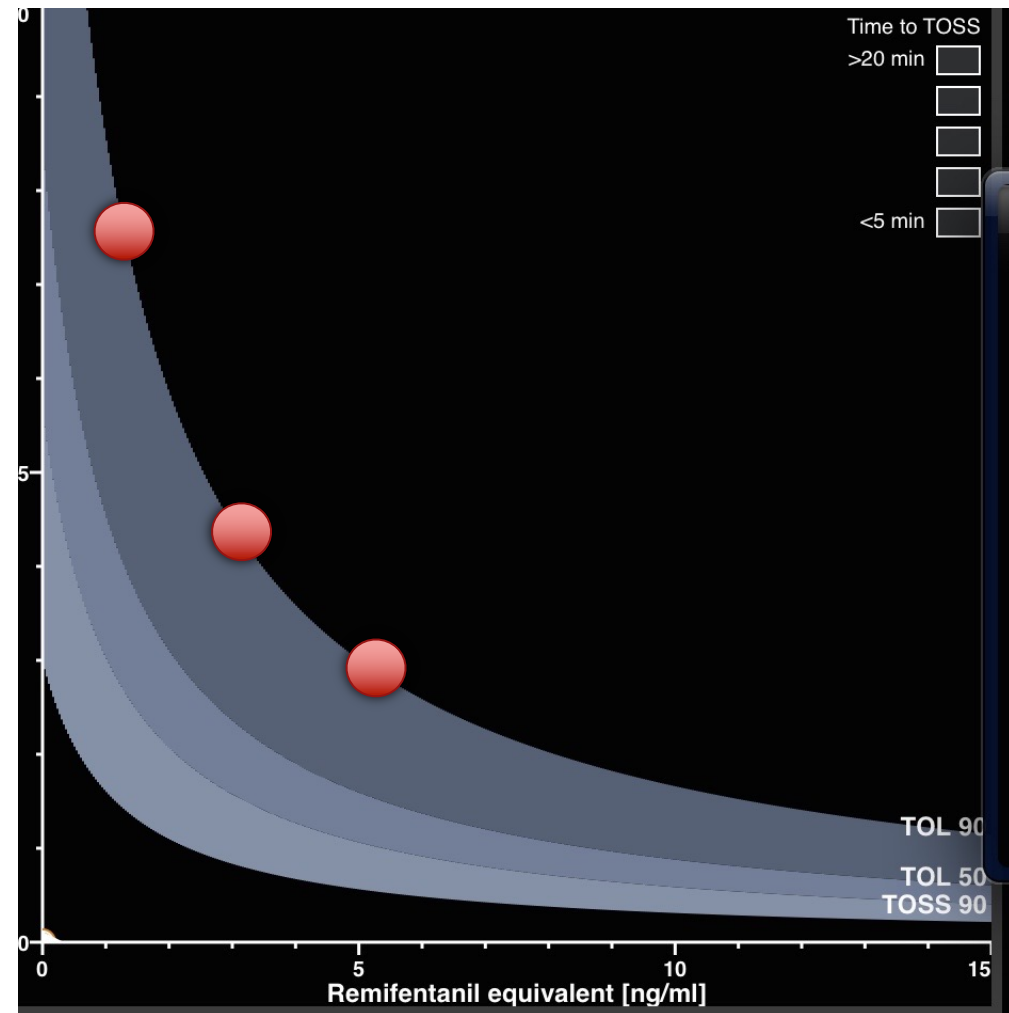
Study design

- 24 patients (ASA class 1-2)
- Robotic assisted radical prostatectomy
- Dissection phase (stable surgical stimulation)

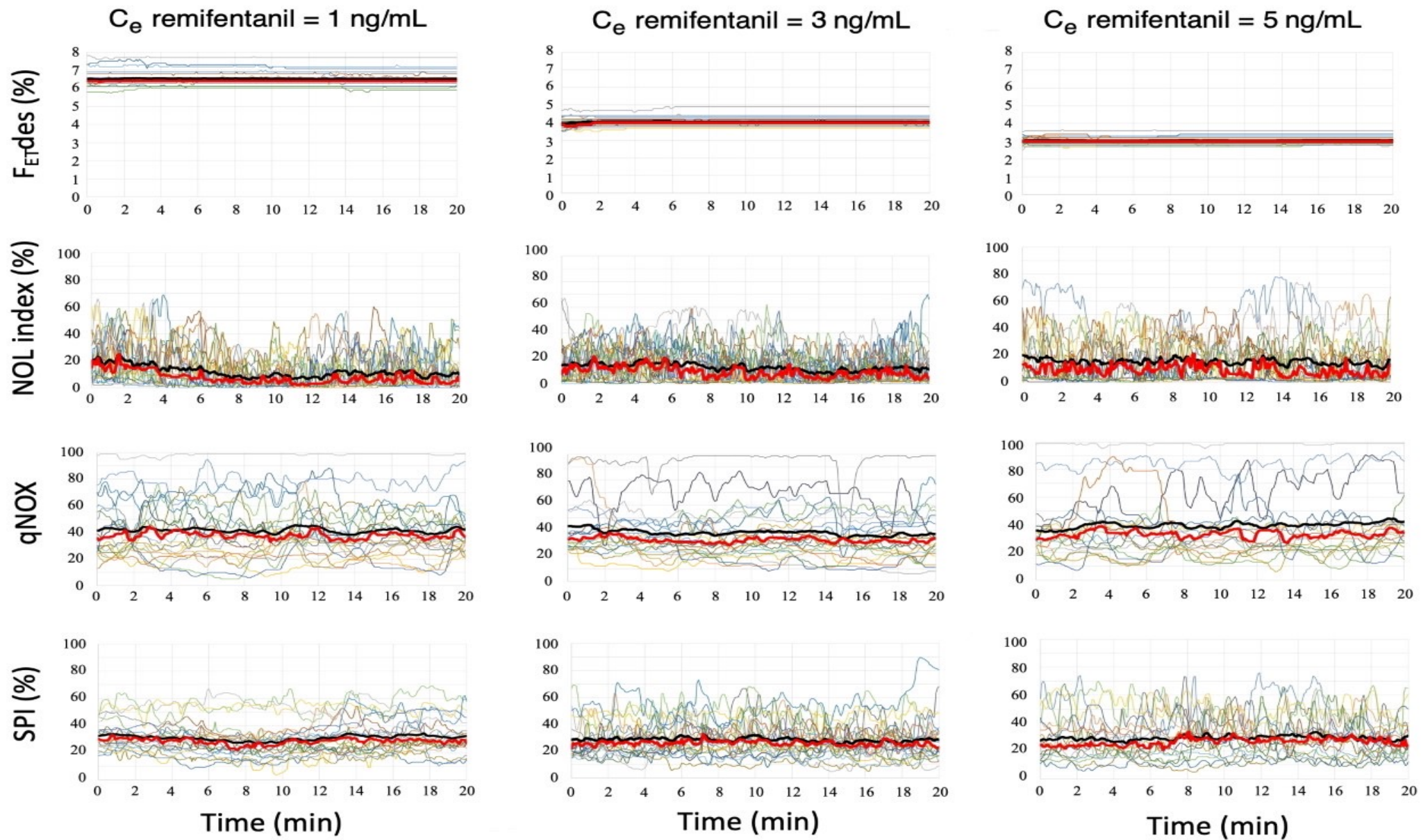
- 20 min measurement intervals
- Remifentanil Ce 1 – 3 – 5 ng/mL (Minto) in randomized order
- End-expired desflurane (F_{ETdes}) targeted to keep NSRI 5

Surfing the NSRI 5 isobole

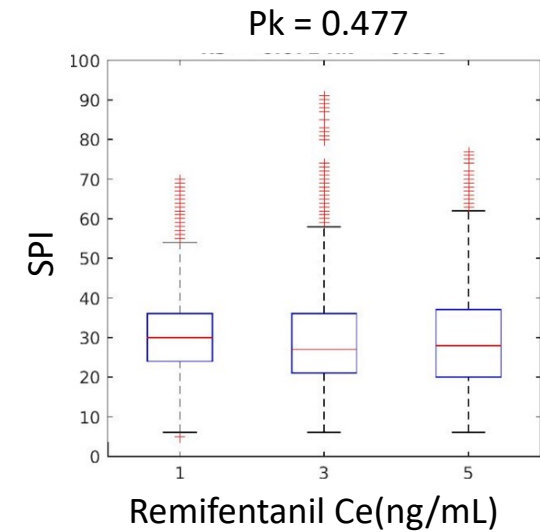
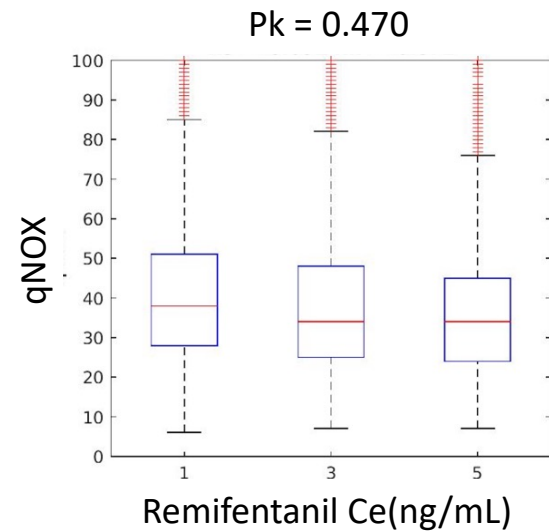
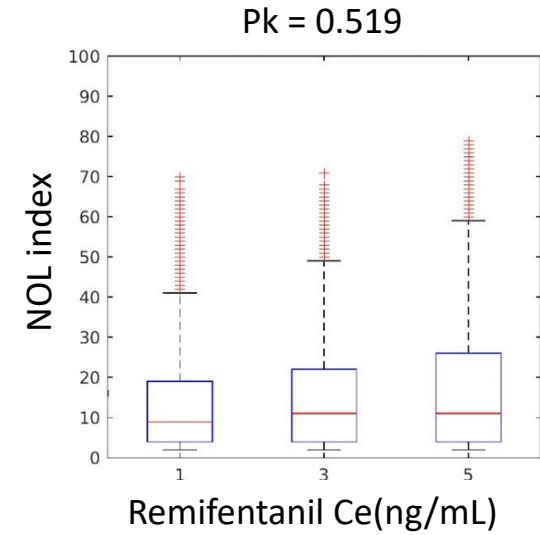
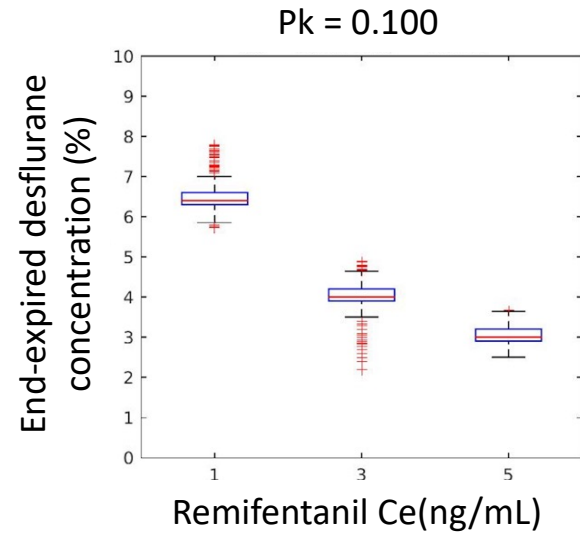
Do nociception monitors help us to find the 'sweet spot' on the isobole?



Results



Prediction probability



Discussion

- NSRI 5 too low? ↔ 0,6 MAC in Remi Ce 5 ng/mL group
- Do nociception-monitors reflect the level of (anti)nociception rather than Ce opioid?
- Further studies required at higher NSRI