Editorial

Editorial Note on Anesthesia and Its Role in Daily Life

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The core element of the specialty is the study and use of anaesthesia to safely support a patient's vital functions through the perioperative period. Since the 19th century, anaesthesia has developed from an experimental area with non-specialist practitioners using novel, untested drugs and techniques into what is now a highly refined, safe and effective field of medicine. In some countries anesthesiologists comprise the largest single cohort of doctors in

hospitals, and their role extend far beyond the traditional role of anesthesia care in the operating room, including fields such as providing pre-hospital emergency medicine, running intensive care units, transporting critically ill patients between facilities, and rehabilitation programs to optimize patients for surgery.

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EDITORIAL

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Anesthesia or anaesthesia is a state of controlled, temporary loss of sensation or awareness that is induced for medical purposes. It may include some or all of analgesia (relief from or prevention of pain), paralysis (muscle relaxation), amnesia (loss of memory), and unconsciousness. A patient under the effects of anesthetic drugs is referred to as being anesthetized.

In preparing for a medical procedure, the clinician chooses one or more drugs to achieve the types and degree of anesthesia characteristics appropriate for the type of procedure and the particular patient. The types of drugs used include general anesthetics, local anesthetics, hypnotics, dissociates, sedatives, adjuncts, neuromuscular-blocking drugs, narcotics, and analgesics.

The risks of complications during or after anesthesia are often difficult to separate from those of the procedure for which anesthesia is being given, but in the main they are related to three factors: the health of the patient, the

complexity (and stress) of the procedure itself, and the anesthetic technique. Of these factors, the health of the patient has the greatest impact. Major Perioperative risks can include death, heart attack, and pulmonary embolism whereas minor risks can include postoperative nausea and vomiting and hospital readmission. Some conditions, like local anesthetic toxicity, airway trauma or malignant hyperthermia, can be more directly attributed to specific anesthetic drugs and techniques.

On behalf of the Board of the Anesthesiology Case Reports and my coeditors, I am glad to present the Volume 3, Issue 5 of the journal. The journal established in the year 2018 has now published 6 issues; 2 issues in a year. Average download per article is increasing and on an average there are 25 downloads per paper. All these are promising signs. We could reach this stage through the constant support of Board Members and intellectual generosity of the readers and contributors (authors and reviewers).

We also feel that a need exists for additional facilities for the publication of the results in anesthesia and anesthesiology research, especially in their relation to medical and clinical sciences.

Therefore, it has been resolved that papers on these topics will be welcome in our Journal; and in order to accentuate the importance we attribute to the cultivation of Anesthesia and Analgesia. Anesthesiology Case Reports is a peer-reviewed journal in which helps in uplifting the different case reports, research studies in the field of anesthesia. Our journal contributes various case reports, case studies, research work throughout the global wise. Our journal is the perfect platform to showcase the different types of case reports all over the world as we encourage every doctor, eminent authors, students, graduates etc., from any part of the world.

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