



Mechanical Thrombectomy in Stroke: Are There New Lessons to Learn?

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Abstract:

Statement of the Problem: Endovascular mechanical thrombectomy (EMT), along with administration of intravenous (IV) tissue plasminogen activator (tPA), are standard of care for treatment for patients presenting with acute ischemic stroke (AIS). With the rapid advancements in both stroke intervention techniques, and patient selection, it is important determine if there are differences in clinical outcome between the use of general anesthesia (GA) and conscious sedation (SED). It remains unclear if GA by itself is a risk factor for poorer clinical outcomes in patients undergoing mechanical thrombectomy.

Biography:

Dr. Amie Hoefnagel is an Associate Professor at the University of Florida in Jacksonville Florida. In addition to her love of teaching residents and other medical trainees the intricacies of neuroanesthesia, she has many administrative roles including serving as the associate chair for clinical operations and the director of quality improvement in the department of Anesthesiology. She is an active member of the Society of Neuroscience in Anesthesia and Critical Care (SNACC) and encourages others to become members of this amazing group.

Recent Publications:

1. Improving intraoperative temperature management



in elective repeat cesarean deliveries: a retrospective observational cohort study, 2020

2. Acute recurrent bradycardia with evoked potential loss during transforaminal lumbar interbody fusion, 2020
3. Efficacy Outcome Measures for Pediatric Procedural Sedation Clinical Trials: An ACTION Systematic Review, 2017
4. Perioperative Management of Adult Patients With External Ventricular and Lumbar Drains: Guidelines From the Society for Neuroscience in Anesthesiology and Critical Care, 2017
5. Anesthetic-Complications-in-Pregnancy 2016 Critical-Care-Clinics, 2016

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