



3rd European Symposium on Ambulatory Anesthesia and Analgesia

In full cooperation with surgery

AAA2023
27-29 April
Zurich

24 CP SSAPM
(Swiss Society for
Anesthesiology &
Perioperative Medicine)

Hosting the 28th ESCTAIC annual meeting



22 European CME credits
(ECMEC®s)
by (EACCME®)



PROGRAMME BOOKLET

Renaissance Tower Hotel, Zurich, Switzerland

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Ambulatory Anesthesia in 2023: the need to adapt to a new reality

Are you aware that we currently head deep into the third decade of the new millennium? If so, there is a question, which needs to be answered: in which direction is our specialty developing these days?

Among many other things, the answer includes the fact that up to 70% of surgical procedures are fit to be performed outside the hospital in an ambulatory setup. It does not matter how you call it: minimally invasive surgery, outpatient surgery or same-day surgery. The length of the surgical procedure is not important anymore, operations up to three or four hours can be performed in an ambulatory setting.

The common denominator is the new reality of the patient, who spends less than 24 hours in a surgical facility, being discharged at home in a stable condition with no risks for complications.

This new reality created the need for discussions about how to deal with the daily aspects of such a special medical facility.

A few of years ago we initiated the first European Symposium on Ambulatory Anesthesia and Analgesia, which we called it AAA2017. Two years later we organized the second one, the AAA2019.

Those scientific events had a clear impact on how we understand today what has to be done in order to make surgery possible and successful in an ambulatory setup.

During the first two symposiums we discussed the various organizational aspects of ambulatory anesthesia and emphasized the fact that its requirements are as complex as for in-hospital procedures: up to date equipment, various anesthesia techniques, well equipped recovery rooms, as well as clear guidelines for discharging the patient home.

We also reached the conclusion that even very old patients, or those who suffer from chronic but stable diseases, are still fit candidates for ambulatory surgery and anesthesia.

But we also very well understood the need for team work in the operating rooms, an absolute necessity for assuring the patient safety and a favorable outcome of surgery.

This is the reason why the third symposium, the 3rd AAA in 2022 would have a special feature. This time we will include through discussions in collaboration with our perennial colleagues, the surgeons.

Every panel will include the presence of a surgeon who would bring his/her own view on the way things are to be done in order to assure the wellbeing of the patient and a successful treatment.

We do expect controversies and different ideas, but this is at the core of teamwork in general. We expect that at the end, common conclusions would be reached and new directions for collaboration would be the results of the discussions.

Initially planned for 2021, we postponed the 3rd symposium until April 2023 due to the Covid pandemic. For the latest instalment, we will extend the symposium to include a day dedicated to discussions about what we can learn from these 2 years of global pandemic.

We invite you, the participants, to take part at the discussions on the various topics selected for this third AAA Symposium.

We are glad to inform you that this event, as the previous one, is organized in conjunction with the American Society for Ambulatory Anesthesia (SAMBA) and we will be happy to host some of its prominent speakers in our scientific program. The meeting is also planned to be endorsed by European Society of Anaesthesiology and Intensive Care. The three-day program includes panels, workshops and plenary lectures.

We are confident that at the end of the third AAA, the audience will be able to better understand the particularities of ambulatory surgery and anesthesia, and once back home, each of us will feel that the congress positively contributed to the success of our daily activity in the ambulatory surgery setup.

We wish everybody a fruitful congress and a pleasant stay in Zurich.

Gabriel M. Gurman, MD
Chairman, Scientific Committee

Thursday 27 April 2023

Ambulatory Anesthesia – AAA: pain therapies / ESCTAIC session

7.00-9.00 Registration/Opening Welcome desk

ROOM HELVETIA: LECTURES AAA: pain therapies

9.00-9.15 Opening of the symposium by **D. Sessler (USA)**
(**T. Nicolescu (USA)**, **M. Lottan (IL)**, **A. Predescu (CH)**, **GM Gurman (IL)**)

1st panel

Chronic pain in ambulatory surgery

Chairperson: **Gabriel Gurman (IL)**


9.15-9.35 **Michael Lottan (IL)**: The role and influence of pain in life

9.35-10.00 **Marian Michael Bercu (USA)**: Understanding neural connectivity in pain syndromes – one step further towards neuromodulation?

10.00-10.25 **Ruth Gur (IL)**: Difficult interventions that can be done in an ambulatory setting

10.25-10.50 **Lior Ungar (IL)**: Painless pen – a clinical study from Israel

10.50-11.10 Discussion

11.10-11.25 Coffee break 

2nd panel

Pain treatments: medical & technological aspects (1/2)

Chairperson: **Michael Lottan (IL)**

11.25-11.50 **Yehuda Melamed (IL)**: When physics & physiology meet oxygen – the contribution to medicine

11.50-12.15 **Marian Michael Bercu (USA)**: Novel surgical treatment modalities for chronic pain

12.15-12.40 **Holger Himmighoffen (CH)**: Electroconvulsive therapy in current psychiatry and specifics of anesthesia in ECT

12.40-12.55 Discussion

12.55-14.00 Lunch break /Lunch symposium (Industry Session)
(Lunch is served between **12:30-13:45**)



Pain treatments: medical & technological aspects (2/2)

Chairperson: **Kumar Belani (USA)**

14.00-14.25 **Lior Ungar (IL)**: Futuristic pain medicine: from focus ultrasound to genetic editing

- 14.25-14.50 **Daiana Voiculescu (USA):** Particulate or nonparticulate corticosteroid formula for epidural injections: is there a right answer?
- 14.50-15.15 **Michael Lottan (IL):** Cannabis
- 15.15-15.30 Discussion

15.30-15.45 Coffee break



3rd panel

Political, economic, legal & other medical aspects of the SARS-COVID 19 pandemic

Chairperson: **Michael Lottan (IL)**

- 15.45-16.10 **Teodora Nicolescu (USA):** 1918/2020. Lessons learned or not. What next? Second COVID aftershocks; the political, economic, and social consequences of the 2020 pandemic.
- 16.10-16.35 **Ron Mitchell (USA):** Economic aspects influencing our daily activity during epidemics and the day after
- 16.35-17.00 **Peter Szmuk (USA):** COVID and pediatric ambulatory anesthesia
- 17.00-17.25 **Chemi Ben Noon (IL):** Decision making related to COVID - cognitive biases
- 17.25-17.50 **Yehuda Melamed (IL):** Long COVID & hyperbaric medicine
- 17.50-18.10 Discussion

End cca 18.10

ROOM WELLER-FÜRSTENBERG: ESCTAIC session

Technological advancements and consequences of the pandemic driving the process of preoperative evaluation.

- 8:00-8:15 **Teodora Nicolescu (USA):** Introduction and welcome
- 8:15-8:45 **Teodora Nicolescu (USA):** Advances in medication safety-block chain technology
- 8:45-9:15 **Holly Ende (USA):** Leveraging informatics solutions to improve quality and safety in obstetric anesthesia
- 9:15-9:45 **Aurel Neamtu (USA):** What is new in chronic pain?
- 9:45-10:00 Q&A
- 10:00-10:15 Coffee Break
- 10:15-10:45 **Kofi Vandyck (USA):** Use of vascular probes and TTE imaging in preoperative evaluation on walk in clinic patients
- 10:45 -11:15 **Nilesh Vasan (USA):** Is video laryngoscopy the answer to life, the universe, and everything?
- 11:15-11:45 **Christine Vo (USA):** Residents and technological advancements-how to adapt and inculcate a safety culture in trainees
- 11:45-12:00 Q&A
- 12:00-13:00 Lunch Break (Lunch is served between **12:30-13:45**)



Friday 28 April 2023

Ambulatory Anesthesia – in full cooperation with surgery

7.00-8.00 Registration/Opening Welcome Desk

ROOM HELVETIA:

8.15-9.00 Plenary lecture: Daniel Sessler: Anesthesia's legacy - Carpe Diem

9.00-9.15 Coffee break



1st panel

B1 Orthopedics

Chairperson: **Gabriel Gurman (IL)**

9.15-9.40 **José Aguirre (CH):** Short acting SPA for ambulatory surgery

9.40-10.05 **Erik Litonius (FI):** Patient selection for day case surgery - the anesthesiologist's perspective

10.05-10.30 **SURGEON: Benjamin Wilke (USA):** Developments in ambulatory orthopedics: A surgeon's perspective

10.30-10.45 Discussion

10.45-11.00 Coffee break



2nd panel

B2 Gynaecology/Obstetrics

Chairperson: **Michael Lottan (IL)**

11.00-11.25 **Virgil Manica (RO/USA):** Considerations for obstetric ambulatory procedures: external versions, cervical cerclage and post-partum tubal ligation

11.25-11.50 **Max Antonio Thomasius (CH):** Anesthesia considerations for ambulatory interventions in gynecology and obstetrics

11.50-12.15 **SURGEON: Lisa Landrum (USA):** Challenges on robotics gynecologic procedures in ambulatory surgery

12.15-12.30 Discussion

12.30-13.30 Lunch /Lunch symposium (Industry Session)



3rd panel

S1 Robot-assisted surgery

Chairperson: **Teodora Nicolescu (USA)**

13.30-13.55 **Teodora Nicolescu (USA):** Robotic surgery in surgery centers- anesthetic considerations and trends

13.55-14.20 **SURGEON: Nilesh Vasan (USA):** Limitations of using the da Vinci in the ambulatory settings for ENT surgery

14.20-14.30 Discussion

14.30-14.45 Coffee break



4th panel

B3 Ophthalmology

Chairperson: **Bazil Ateleanu (UK)**

14.45-15.10 **Bazil Ateleanu (UK):** Eye blocks: past, present, and future

15.10-15.35 **SURGEON: Tatjana Josifova (CH):** News in Ophthalmology

15.35-16.00 **SURGEON: Tatjana Josifova (CH):** Blocks or general anesthesia in the eye surgery – why should the anesthesiologist and the eye surgeon speak the same language?

16.00-16.15 Discussion

16.15-16.30 Coffee break



5th panel

B4 Endoscopy

Chairperson: **Peter Szmuk (USA)**

16.30-16.55 **Arnaldo Valedon (USA):** Perioperative COVID-19 Positive Conversion: Considerations for Patients Undergoing Endoscopy

16.55-17.20 **Richard Urman (USA):** Safety in the endoscopy suite

17.20-17.45 **Gabriel Gurman (IL):** Recovery from sedation, or how to avoid an unpleasant outcome

17.45-18.10 **SURGEON: David Scheiner (CH):** Surgical considerations for ambulatory interventions in gynecology

18.10-18.25 Discussion

End cca 18.25

Saturday 29 April 2023

Ambulatory Anesthesia – in full cooperation with surgery

8.00-9.00 Registration/Opening Welcome Desk

ROOM HELVETIA:

1st panel

B5 Perioperative management (1/2)

Chairperson: **Daiana Voiculescu (USA)**

9.00-9.25 **Steve Clendenen (USA):** New modalities of analgesia after ambulatory orthopedic surgery - A team approach

9.25-9.50 **Harish Ramakrishna (USA):** Pulmonary Hypertension in Non-Cardiac Surgery: Risk Assessment and Preoperative Evaluation

9.50-10.15 **Daniel Sessler (USA):** Perioperative thermoregulation

10.15-10.30 Discussion

10.30-10.45 Coffee break



B5 Perioperative management (2/2)

- 10.45-11.10 **Daiana Voiculescu (USA):** Perioperative management of buprenorphine therapy
- 11.10-11.35 **Dusko Micevic (SRB):** Hyperbaric Oxygen Therapy- soft tissue infections 30 years of my experience
- 11.35-12.00 Discussion
- 12.00-13.15 Lunch /Lunch symposium (Industry Session)



2nd panel

B6 Pediatrics

- Chairperson: **Alina Predescu (CH)**
- 13.15-13.40 **Kumar Belani (USA):** PEDIATRIC NORA and common challenges in pediatric ambulatory anesthesia
- 13.40-14.05 **Peter Szmuk (USA):** Anesthesia for ambulatory tonsillectomy – the surgeon and anesthesiologist perspective
- 14.05-14.30 **SURGEON: Ron Mitchell (USA):** ENT: Considerations for ambulatory tonsillectomy in children – The US perspective
- 14.30-14.55 **SURGEON: Marian Bercu (USA):** Emerging treatment for pediatric epilepsy
- 14.55-15.15 Discussion
- 15.15-15.30 Coffee break



3rd panel

B7 Surgery or not?

- Chairperson: **Arnaldo Valedon (USA)**
- 15.30-15.55 **Gabriel Gurman (IL):** Geriatric anesthesia in the 3rd millennium
- 15.55-16.20 **Fred Shapiro (USA):** Safe anesthesia for outpatient cosmetic surgery
- 16.20-16.45 **Daniel Sessler (USA):** Anesthesia & cancer recurrence
- 16.45-17.10 **Arnaldo Valedon (USA):** My worst nightmares in ambulatory surgery: Hypertensive crisis after cervical surgery
- 17.10-17.35 **Ruth Gur (IL):** Invasive interventions which can spare operations
- 17.35-17.55 Discussion

End cca. 18.00 Conclusions: **GM Gurman (IL), T. Nicolescu (USA),
M. Lottan (IL), A. Predescu (CH)**

WS I: Ultrasound-guided regional anesthesia in ambulatory anesthesia: Upper & lower extremities, trunc blocks (chest & abdomen)

This 2-hour regional anesthesia workshop focuses on supervised hands-on ultrasound scanning of relevant structures. It capitalises on a low participant: instructor ratio (max 6:1) and real time performance feedback.

Workstations include live model ultrasound scanning of peripheral nerves and fascial planes at the level of limbs and trunc.

At the end of this workshop, participants would have acquired knowledge of imaging for select regional anesthesia procedures relevant to their practice.

WS II: Ophthalmology – Peribulbar or sub-Tenon blocks – how to perform them safely

This practical course in ophthalmic anesthesia will teach first and foremost how safe sub-Tenon's blocks are performed on animal eyes.

A short presentation beforehand will talk about the anatomy of human eyes and theoretical overview on sub-Tenon's blocks.

Participants will learn about the double-layer of bulbar conjunctive and Tenon's fascia they need to engage to safely place a cannula in the space between sclera and Tenon's fascia. Split pig heads (as available) will be used as training models for lateral canthotomy.

At „hand's on“, participants will be instructed on an individual base how to go about with special curved needle and forceps.

During the surgical procedure will be explained how to avoid the possible complications and achieve a safety performance of the sub- Tenon blocks.

Perforation of the sclera, alterations of the intraocular pressure, intraorbital bleeding and ophthalmic compartment syndrome as possible complications will be discussed during the performance of the peribulbar blocks.

There will be an overview on the regional anesthesia combined with sedation and its advantages.

During the workshop you are going to have the possibility, complementary to discuss the issue with two experts in different fields (ophthalmology and anesthesiology) and get the latest know- how on this topic.

The goal of this workshop is not only to learn how to perform safely the sub -Tenon blocks, but also to have the self-confidence of applying your knowledge in a daily work.

Getting the contact data from our experts in the next 6 months you will have the possibility to exchange your experience and get the support from our experts.

At the end of the workshop, you are going to achieve the certificate of attendance with the CME credits.

WS III: PPOCUS (point of care ultrasound): Lung, gastric, ivc, and abdomen

Identify ultrasound machine controls and probe selection for optimal image acquisition

Demonstrate normal lung, abdominal, and vascular exams

Interpret normal POCUS images

Understand the indications for and limitations of POCUS

WS IV: PPOCUS (point of care ultrasound): TTE (Transthoracic Echocardiogram) ultrasound for vascular and cardiac preoperative rapid assessment

Proficiencies to be derived from attending TTE/TEE workshop:

Identify and obtain modified TTE views needed for FoCUS exams.

Examine the feasibility of using FoCUS TTE exams as part of the preoperative exams.

Know what pathologies can be detected during preoperative examinations with FoCUS TTE.

WS V: Carotid surgery regional anesthesia - ambulatory anesthesia becomes the certainty: cervical nerve blocks, airway blocks (transtracheal)

Part 1: Cervical nerves/plexus blocks

Proficiencies

1. Upon completion of this learning activity, participants should be able to integrate the gross anatomy with the ultrasound anatomy in correlation with cervical plexus blocks.
2. Upon completion of this learning activity, participants should be able to describe different techniques of ultrasound guided cervical plexus /nerves blocks and their advantages and disadvantages.
3. Upon completion of this learning activity, participants should be able to prioritize the anesthetic concerns in patients scheduled for ambulatory carotid endarterectomy.

Part 2: Airway blocks - Transtracheal

Proficiencies

1. Upon completion of this learning activity, participants should be able to correlate the gross anatomy and innervation of upper airways with the relevant ultrasound anatomy.
2. Upon completion of this learning activity, participants should be able to emphasize the role of ultrasound in practical approach of upper airway anesthesia.
3. Upon completion of this learning activity, participants should be able to review several techniques for safe anesthetic

WS I: Ultrasound-guided regional anesthesia in ambulatory anesthesia: Upper & lower extremities, trunc blocks (chest & abdomen)

Tutors: Jose Aguirre, Adela Hilda Onutu, Heinz Bruppacher, Simone Valentin

120 minutes

Friday 28 April – 14:00-16:00

Saturday 29 April – 9:30-11:30

Room: Stadt Zurich

WS II: Ophthalmology – Peribulbar or sub-Tenon blocks – how to perform them safely

Tutors: Tatjana Josifova, Bazil Ateleanu

90 minutes

Friday 28 April – 16:45-18:15

Saturday 29 April – 13:30-15:00

Room: Fürstenberg

WS III: PPOCUS (point of care ultrasound): Lung, gastric, ivc, and abdomen

Tutors: Christine Vo

60minutes

Thursday April 27 - 15:30-16:30

Room: Stadt Zurich

WS IV: PPOCUS (point of care ultrasound): TTE (Transthoracic Echocardiogram) ultrasound for vascular and cardiac preoperative rapid assessment

Tutors: Kofi Vandyck

60 minutes

Thursday April 27 - 14:30-15:30

Room: Stadt Zurich

WS V: Carotid surgery regional anesthesia - ambulatory anesthesia becomes the certainty: cervical nerve blocks, airway blocks (transtracheal)

Part 1: Cervical nerves/plexus blocks

Part 2: Airway blocks - Transtracheal

Tutors: Aurel Neamtu

60 minutes

Thursday April 27 - 13:30-14:30

Room: Stadt Zurich

Thursday 27 April 2023

HELVETIA

AAA Lectures

7.00 - 9.00
Registration

9.00-9.15. - Introduction & Welcome

9.15-11.10
1st panel
Chronic pain

11.10-11.25 - Coffee Break

11.25-12.55
2nd panel (1/2)
Pain treatments

12.55 - 14.00
Lunch break
Lunchsymposium (Industry
sponsored session)

14.00-15.30
2nd panel (2/2)
Pain treatments

15.30-15.45 - Coffee Break

15.45-18.10
3rd panel
Aspects of SARS-COVID 19
pandemic

WELLER-FÜRSTENBERG

ESCTAIC Session

7.00 - 8.00
Registration

8.00-8.15. - Introduction & Welcome

8.15-8.45
Part 1

10.00-10.15 - Coffee Break

10.15-12.00
Part 2

12.00-13.00 Lunch break

Lunch is served
between 12:30-13:45

STADT ZURICH

Workshops

13.30-14.30
WS V: Cervical & Airway blocks

14.30-15.30
WS IV: PPOCUS: TTE

15.30-16.30
WS III: PPOCUS: lung, gastric, ivc,
abdomen

Friday 28 April 2023

HELVETIA

AAA Lectures

7.00-8.00 - Registration

**8.15-9.00
Plenary lecture**

9.00-9.15 Coffee break

9.15 - 10.45

**1st panel
Orthopedics**

10.45-11.00 - Coffee break

11.00-12.30

**2nd panel
Gynaecology/Obstetrics**

12.30-13.30

**Lunch, Lunchsymposium
(Industry sponsored session)**

13.30-14.30

**3rd panel
Robot-assisted surgery**

14.30-14.45 - Coffee break

14.45-16.15

**4th panel
Ophthalmology**

16.15-16.30 - Coffee break

16.30-18.25

**5th panel
Endoscopy**

FÜRSTENBERG

Workshops

16.45-18.15

Peribulbar or sub-Tenon blocks

STADT ZURICH

Workshops

14.00-16.00

**WS I: Ultrasound-guided
regional anesthesia**

Saturday 29 April 2023

HELVETIA

AAA Lectures

8.00-9.00 - Registration

9.00-10.30

1st panel

Perioperative management (1/2)

10.30-10.45 - Coffee break

10.45-12.00

1st panel

Perioperative management (2/2)

12.00-13.15

**Lunch, Lunchsymposium
(Industry sponsored session)**

13.15-15.15

2nd panel

Pediatrics

15.15-15.30 - Coffee break

15.30-17.55

3rd panel

Surgery or Not?

16:50 - 17.05 Closing ceremony

FÜRSTENBERG

Workshops

13.30-15.00

Peribulbar or sub-Tenon blocks

STADT ZURICH

Workshops

9.30-11.30

**WS I: Ultrasound-guided
regional anesthesia**

Industry Sponsored Sessions:

Lectures:

Lunch symposia:

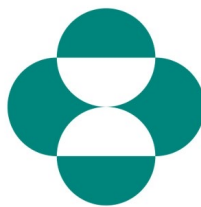
- Thursday 27th April: 12.55-14.00: Dr Dusko Micevic (Oxyhelp)
 1. “Hyperbaric Oxygen Therapy for the Pain”
 2. “Hyperbaric Oxygen Therapy in Neurology and crush injury”

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with



- Friday 28th April: 12.30-13.30: Max Antonio Thomasius: “Patient Safety in outpatient setting: Insights and benefits from the new ESAIC Guidelines” (MSD Merck)



MSD
INVENTING FOR LIFE

- Saturday 29th April: 12.15-13.15: Prof Sessler: “NOL”

Demo:

New airway device - new technology in airway (Tinovamed)

Tutors: Nilesh Vasan

60-100minutes - Thursday April 27

Time: 13:30

Room: Bavaria (Exhibitor Hall)

tinovamed
Emergencies. Our Mission.

Location map

First Floor: Lectures: Helvetia A/B,
Exhibition & Catering: Foyer, Bavaria A/B



Second Floor: Workshops

Stadt Zurich:

I: Ultrasound-guided regional anesthesia

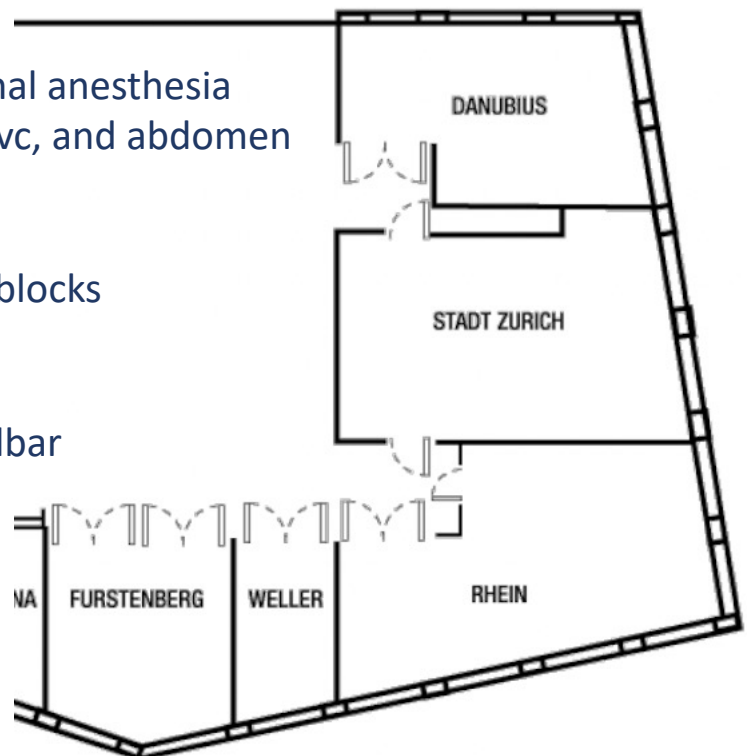
III: PPOCUS: Lung, gastric, ivc, and abdomen

IV: PPOCUS: TTE

V: Cervical nerve & airway blocks

Fürstenberg:

II: Ophthalmology – Peribulbar
or sub-Tenon blocks



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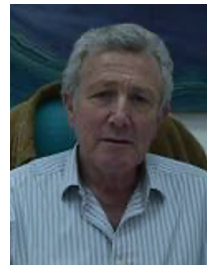
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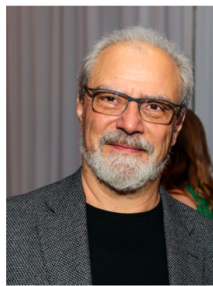
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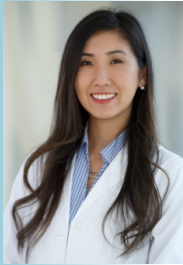
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Apero - Happy Hour Drinks

April 27 - 20:00
Room: Danubius

Meet up for drinks after the first
day!



Vernissage & Exhibition

April 27 - Vernissage - 20:00

April 28-29 - Exhibition - all day

Room: Danubius

Take a break from lectures and enjoy
this wonderful exhibition

Art exhibition By Dr. Alina Predescu- Melzer

At the AAA Symposium
27-29 April 2023



Born in Romania as the daughter of two medical lecturers, Dr. Alina Predescu-Melzer emigrated to Germany at the age of 13, was educated in a convent school, studied Medicine and at the Academy of Fine Arts in Vienna in parallel. Now she lives in Switzerland, at the Lake Zurich. Alina is a powerful, dynamic and kind woman. As a freelance anaesthetist, she skilfully balances work, family, motherhood and art. Each bronze sculpture is unique and limited to 7 castings. We are happy to invite you to attend the exhibition taking place at the AAA Symposium 2023 in Zurich, Switzerland.

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info@bronzeskulpturen.ch

www.aaa-symposium.com

AAA Symposium, Täferstrasse 16, 5405 Baden, Switzerland

April 27-29/2023

Join us for the Networking Gala Dinner

April 28 - 19:30
Hotel Tower Renaissance

Sign Up @ Reception

Dine & build new relationships in a relaxed atmosphere



Day trip to the Swiss Alps

April 30 - all day

Sign Up @ Reception

**Join us for a full day and get to
know Switzerland's beautiful
scenic views
after the symposium!**



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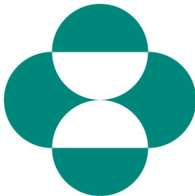
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It is your choice how your patients return.

Bridion® allows you to bring back patients effectively and quickly.¹



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sugammadex



Bridion® can:

- Improve patient comfort and safety by providing predictable, complete and rapid reversal of moderate and deep NMB¹
- Be appropriate for use in a wide variety of surgical procedures and patient populations²
- Improve intra- and postoperative experience for the operating room team resulting in OR efficiency³

1. Jones RK et al. Reversal of profound rocuronium-induced blockade with sugammadex: a randomized comparison with neostigmine. *Anesthesiology*. 2008 Nov; 109(5):816-24. 2. Bridion® prescribing information, www.swissmedicinfo.ch. 3. Brueckmann B et al. Effects of sugammadex on incidence of postoperative residual neuromuscular blockade: a randomized, controlled study. *Br J Anaesth*. 2015 Nov; 115(5):743-51.

Short prescribing information BRIDION® (sugammadex): BRIDION®, C Sugammadex, B Reversal of rocuronium- or vecuronium-induced neuromuscular block (NMB). **D:** Use only by or under the supervision of an anesthetist. Use appropriate neuromuscular monitoring techniques. Recommended dose depends on degree of NMB, not anesthesia procedure. **Adults:** Routine reversal of NMB: dose 4.0mg/kg body weight at 1-2 Post-Tetanic Counts (PTC); dose of 2.0mg/kg if spontaneous recovery until recovery of two stimulus responses (T2); immediate NMB reversal dose: 16.0mg/kg. Immediate reversal of NMB after vecuronium-induced blockade not recommended. Dosage on recurrence of NMB: initial 2mg/kg or 4mg/kg, then re-application of 4mg/kg recommended. Possible need for artificial respiration. After 2nd sugammadex dose, closely monitor patient. **Renal failure:** Not recommended for severely impaired renal function including dialysis (CrCl < 30ml/min). **Adverse patients:** Base sugammadex dose on actual body weight. **Use caution:** Use with great caution in severe liver failure or in liver failure with coagulopathy. **Correct route of administration:** administer iv, rapidly (10 sec), preferably once-only bolus in existing iv route. For further indications and the corresponding dosing, please refer to the full prescribing information. **Cb:** Hypersensitivity to active substances/ingredients. **Pr:** Artificial respirators required until sufficient spontaneous respiration obtained. Even after sufficient recovery from NMB, artificial respiration may be required due to other medications. If recurrence occurs after education, provide adequate artificial respiration. **Recurrence of NMB:** Lower doses than recommended may increase the risk of recurrence of NMB after initial reversal and should not be used. **Not for reversal of block by non-steroidal neuromuscular blockers** (e.g. succinylcholine or benzylisoquinoline-like substances). **Not to reverse NMB by other steroidal neuromuscular blockers** than rocuronium or vecuronium. **Anesthesia complications:** If NMB is reversed under continued anesthesia, additional doses of the anesthetic and/or opioid are required. **Close monitoring of hemodynamic parameters** during and after administration (bradycardia). In clinically significant bradycardia, immediately take appropriate emergency actions and administer an anticholinergic. **Effects on hemostasis:** Use cautiously in patients with anemiasis or therapeutic anticoagulation. **Hypersensitivity reactions:** Prepare and take necessary precautions for hypersensitivity reactions (including anaphylactic reactions). **DDI:** Displacement of fentanyl and lactic acid, complex formation with hormonal contraceptives (additionally use barrier-forming contraceptives). In vitro-influencing serum progesterone levels, pharmacodynamic interactions (prolongation of aPTT and PT) with vitamin K antagonists, unfractionated heparin, low molecular weight heparinoids, rivaroxaban, dabigatran. **PVU:** Use during pregnancy unless absolutely necessary. **Not recommended during lactation.** **UBE:** Common: cough, nausea, vomiting, attenuated therapeutic effect. **P:** Solution for injection in vials: 2.00mg/20ml, 500mg/50ml. **C:** S. **MAH:** MSD Merck Sharp & Dohme AG, Werthestrasse 4, 6005 Lucerne, Switzerland. (VH-0), CH-XBR-00226. Before prescribing, please consult the full prescribing information published on the homepage of Swissmedic (www.swissmedicinfo.ch).
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