

Global Wound Care Congress

September 12-13, 2016 San Antonio, USA

PERIOPERATIVE STROKE

Alex Bekker*

*Rutgers New Jersey Medical School, USA

After attending this presentation, the participants will be able to discuss the incidence, etiology, mechanisms and diagnosis of perioperative stroke; understand preventive strategies which may reduce occurrence of perioperative stroke and identify treatment strategies that are available during perioperative period. Perioperative stroke is defined as an episode of focal or global loss of cerebral function with symptoms lasting more than 24 hours. General surgical procedures are associated with a 0.08-0.7% risk of stroke. Potential stroke etiology includes hypoperfusion, thromboembolism and hemorrhage. The preoperative patient related risk factors for perioperative stroke are: Advanced age, previous cerebrovascular diseases, peripheral vascular disease, chronic obstructive pulmonary disease (COPD), atrial fibrillation, hypertension, cardiac valvular disease, diabetes mellitus, HTN, atherosclerosis, and renal disease. General anesthesia, dehydration, bed rest, stasis in the postoperative period, and perioperative withholding of antiplatelet or anticoagulation agents can aggravate surgery-induced hypercoagulability and increase the risk of perioperative thrombotic events. Elective surgery should be delayed for at least 1 month after a documented ischemic stroke. Another consideration in the preoperative period is patients who require chronic anticoagulation. Bridging oral anticoagulant therapy (warfarin) with heparin or low molecular weight heparin should be considered for the majority of patients who require temporary interruption of warfarin therapy. Postoperative risk factors for a stroke include heart failure, myocardial infarction, arrhythmias (atrial fibrillation), dehydration (blood loss) and hyperglycemia. Preoperative administration of statins, ASA, a continuation of anticoagulation therapy (when indicated), as well as appropriate timing of surgery do appear to reduce the incidence of stroke after CABG and vascular surgery and may show similar results in the general surgery population as well.

Biography

Alex Bekker is Professor and Chairman of Anesthesiology at Rutgers New Jersey Medical School. He obtained his Doctoral Degree in Engineering from the New Jersey Institute of Technology and received his Medical Degree from the Rutgers – New Jersey Medical School. He completed his Anesthesia training at Columbia Presbyterian Medical Center in New York. He has joined the Department of Anesthesiology at the NYU Medical Center in 1995 and was appointed a Vice-Chair for Research in 2005. He is internationally recognized expert in neuroanesthesia and is frequently invited to speak at Grand Rounds and Scientific Panels. He has been active in research for many years. He is an author of 65 peer reviewed publications, 6 US patents, 33 educational reviews and more than 100 abstracts. His work has focused on perioperative brain protection, neuroinflammation, postoperative pain control and clinical pharmacology. He was a PI of numerous clinical trials, including studies sponsored by the National Institute of Aging. He serves on the Editorial Board of the *Journal of Neurosurgical Anesthesiology* and is ad hoc reviewer for 15 peer-reviewed journals, including *NEJM*, *Anesthesiology*, *Neurosurgery*, *PLoS One* and *Anesthesia and Analgesia*.

alex.bekker@rutgers.edu

Notes: