Bowel Preparation in Awake Craniotomy: An Overlooked Entity

To JNA Readers:

The success of surgeries such as awake craniotomy depends much on the education status and the cooperation of the patient. All efforts should be made to relieve the anxiety of the patients during the perioperative period. Inadequate bowel preparation inciting the urge to defecate once the patient is inside the operating room can be a distressing factor both for the patient and the medical staff. Moreover, the urge to defecate during the intraoperative period can make the patient restless and all efforts of tedious preoperative counselling for awake craniotomy can end up in vain.

We had faced similar situation with 2 of our patients posted for awake craniotomy where one of them wished to defecate after we had already placed peripheral intravenous cannulae and arterial access under local anesthesia including administration of low dose intravenous midazolam as premedicant. He had to be escorted to the lavatory by 2 additional staffs to avoid any undue complication in view of mild sedation. The other patient, however, wished to defecate when we were yet to administer premedicants. Both the patients later admitted of incomplete evacuation during preoperative course.

After encountering such situations, we have developed a protocol of prescribing laxative the night before surgery to all the patients and enema on the morning of the surgery in those complaining of incomplete evacuation. This in turn abridged patient anxiety and improved patient cooperation during awake neurosurgery. In addition, the delay in starting the surgery as clearly evident in the above 2 patients was also curtailed. Another advantage of administering enema was the unnecessary need of straining during evacuation either during morning hours of the preoperative period or in the early postoperative period. This will avoid potentially increasing the intracranial pressure in the background of a patient’s intracranial pathology.

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