

Referenzen
Références

Neue ESAIC-Leitlinie zum perioperativen Management der neuromuskulären Blockade in der klinischen Praxis
Nouvelles directives de l'ESAIC sur la gestion péri-opératoire du bloc neuromusculaire dans la pratique clinique

1. Fuchs-Buder, T., Romero, C.S., Lewald, H., et al. Peri-operative management of neuromuscular blockade: A guideline from the European Society of Anaesthesiology and Intensive Care. *Eur J Anaesthesiol*, (2023); 40(2), 82-94.
2. Lundstrom, L.H., Moller, A.M., Rosenstock, C., et al. Avoidance of neuromuscular blocking agents may increase the risk of difficult tracheal intubation: a cohort study of 103,812 consecutive adult patients recorded in the Danish Anaesthesia Database. *Br J Anaesth*, (2009); 103(2), 283-290.
3. Mencke, T., Echternach, M., Kleinschmidt, S., et al. Laryngeal morbidity and quality of tracheal intubation: a randomized controlled trial. *Anesthesiology*, (2003); 98(5), 1049-56.
4. Tran, D. T., Newton, E. K., Mount, V. H., et al. Rocuronium vs. succinylcholine for rapid sequence intubation: a Cochrane systematic review. *Anaesthesia*, (2017); 72(6), 765-777.
5. Sorensen, M.K., Bretlau, C., Gatke, M.R., et al. Rapid sequence induction and intubation with rocuronium-sugammadex compared with succinylcholine: a randomized trial. *Br J Anaesth*, (2012); 108(4), 682–689.
6. Fuchs-Buder, T., Schmartz, D., Baumann, C., et al. Deep neuromuscular blockade improves surgical conditions during gastric bypass surgery for morbid obesity: a randomised controlled trial. *Eur J Anaesthesiol*, (2019); 36(7), 486–493.
7. Brintjes, M.H.D., Krijtenburg, P., Martini, C.H., et al. Efficacy of profound versus moderate neuromuscular blockade in enhancing postoperative recovery after laparoscopic donor nephrectomy: a randomised controlled trial. *Eur J Anaesthesiol*, (2019); 36(7), 494–501.
8. Fortier, L.P., McKeen, D., Turner, K., et al. The RECITE Study: A Canadian Prospective, Multicenter Study of the Incidence and Severity of Residual Neuromuscular Blockade. *Anesth Analg*, (2015); 121(2), 366–372.
9. Murphy, G.S., & Brull, S.J. Residual neuromuscular block: lessons unlearned. Part I: definitions, incidence, and adverse physiologic effects of residual neuromuscular block. *Anesth Analg*, (2010); 111(1), 120–128.
10. Khuri, S.F., Henderson, W.G., DePalma, R.G., et al. Participants in the VA National Surgical Quality Improvement Program. Determinants of long-term survival after major surgery and the adverse effect of postoperative complications. *Ann Surg*, (2005); 242(3), 326–41.
11. Han, J., Ryu, J.-H., Koo, B.-W., et al. Effects of Sugammadex on Post-Operative Pulmonary Complications in Laparoscopic Gastrectomy: A Retrospective Cohort Study. *Journal of Clinical Medicine*, (2020); 9(4), 1232.
12. Hristovska, A.M., Duch, P., Allingstrup, M., Afshari, A. The comparative efficacy and safety of sugammadex and neostigmine in reversing neuromuscular blockade in adults. A Cochrane systematic review with meta-analysis and trial sequential analysis. *Anaesthesia*, (2018); 73(5), 631–641.

13. Kheterpal, S., Vaughn, M.T., Dubovoy, T.Z., et al. Sugammadex versus neostigmine for reversal of neuromuscular blockade and postoperative pulmonary complications (STRONGER): a multicenter matched cohort analysis. *Anesthesiology*, (2020); 132(6), 1371–1381.
14. Carvalho, H., Verdonck, M., Cools, W., et al. Forty years of neuromuscular monitoring and postoperative residual curarisation: a meta-analysis and evaluation of confidence in network meta-analysis. *Br J Anaesth*, (2020); 125(4), 466–482.
15. Fortier, L.P., McKeen, D., Turner, K., et al. A Canadian prospective, multicenter study of the incidence and severity of residual neuromuscular blockade. *Anesth Analg*, (2015); 121, 366–372.
16. Murphy, G.S., Szokol, J.W., Marymont, J.H., et al. Residual neuromuscular blockade and critical respiratory events in the postanesthesia care unit. *Anesth Analg*, (2008); 107(1), 130–137.
17. Butterly, A., Bittner, E.A., George, E., et al. Postoperative residual curarization from intermediate-acting neuromuscular blocking agents delays recovery room discharge. *Br J Anaesth*, (2010); 105(3), 304–309.

Nachdrucke der zitierten Literatur können unter www.msd.ch angefordert werden.

Les réimpressions de la littérature citée peuvent être demandées à l'adresse www.msd.ch.