

Dexmedetomidine for awake craniotomy

A safe and acceptable analgesic/amnestic state for these procedures can be provided by the use of [dexmedetomidine](#), with or without the addition of remifentanyl ¹⁾.

[Dexmedetomidine](#) is beginning to be used more commonly outside of Europe. Personal experience, careful planning, and attention to detail are the basis for obtaining good awake craniotomy ²⁾.

Dexmedetomidine can be used singly for sedation in awake craniotomy requiring ECoG. Individual dose ranges vary, but a bolus of 0.3 mcg kg⁻¹ with an infusion of 0.2 mcg kg⁻¹ min⁻¹ is a good starting point, allowing accurate mapping of epileptic foci and subsequent resection ³⁾.

Dexmedetomidine, with concurrent scalp block, is an effective and safe anesthetic approach for [awake craniotomy](#). Dexmedetomidine facilitates the extension procedure complexity and duration in patients who might traditionally not be considered to be candidates for this procedure ⁴⁾.

Either dexmedetomidine (DEX) or propofol (PRO) can be effectively and safely used for conscious sedation in awake craniotomy. Comparing the two, DEX produced a shorter arousal time and a higher degree of surgeon satisfaction ⁵⁾.

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