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Tracheal stimulation

By preventing hypoxia and hypercapnia, advanced airway management can save lives among patients with traumatic brain injury. During endotracheal intubation (ETI), tracheal stimulation causes an increase in intracranial pressure (ICP), which may impair brain perfusion. It has been suggested that intravenous lidocaine might attenuate this ICP response. Maissan et al. hypothesized that adding lidocaine to the standard induction medication for general anesthesia might reduce the ICP response to ETI. They measured the optic nerve sheath diameter (ONSD) as a correlate of ICP and evaluated the effect of intravenous lidocaine on ONSD during and after ETI in patients undergoing anesthesia.

This double-blinded, randomized placebo-controlled study included 60 patients with American Society of Anesthesiologists I or II physical status that were scheduled for elective surgery under general anesthesia. In addition to the standard anesthesia medication, 30 subjects received 1.5 mg/kg 1% lidocaine (0.15 ml/kg, ONSDlidocaine) and 30 received 0.15 ml/kg 0.9% NaCl (ONSDplacebo). ONSDs were measured with ultrasound on the left eye, before (T0), during (T1), and 4 times after ETI (T2-5 at 5-min intervals).

Compared to placebo, lidocaine did not significantly affect the baseline ONSD after anesthesia induction measured at T0. During ETI, the ONSDIdocaine was significantly smaller (β =-0.24 mm P=0.022) than the ONSDplacebo. At T4 and T5, the ONSDplacebo increased steadily, up to 20 min after ETI, but the ONSDIdocaine tended to return to baseline levels.

Maissan et al. found that the optic nerve sheath diameter was distended during and after endotracheal intubation (ETI) in anesthetized patients, and intravenous lidocaine attenuated this effect ¹⁾.

1)

Maissan IM, Hollestelle RV, Rijs K, Jaspers S, Hoeks S, Haitsma IK, den Hartog D, Stolker RJ. Intravenous lidocaine attenuates distention of the optical nerve sheath, a correlate of intracranial pressure, during endotracheal intubation. Minerva Anestesiol. 2022 Oct 26. doi: 10.23736/S0375-9393.22.16574-0. Epub ahead of print. PMID: 36287389.

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