

In any medical [procedure](#), regardless of the patient's [position](#), appropriate precautions should be taken to minimize the risk of [venous air embolism](#). These precautions may include careful [monitoring](#), the use of air filters and traps in the surgical field, ensuring proper sealing of the surgical site, and maintaining vigilant communication and coordination among the surgical team to promptly address any potential signs or symptoms of VAE.

In case of VAE while performing the [supracerebellar approach](#) in sitting or [semisitting position](#), if air entrapment continues even after all manipulations, then the degree of the back section of the [operating table](#) should be decreased temporarily. It may be very difficult for the [neurosurgeon](#) to continue the operation. In such a situation in [dynamic lateral semisitting position](#), the surgeon can continue the operation comfortably and close the air entrance area, even if the back section of the [operating table](#) is kept parallel to the ground.

Although the risk of VAE is lower in other positions than sitting or semisitting positions, it still represents a threat. VAE can occur whenever the venous pressure reduces below the atmospheric pressure.

In addition, the prone position, which is offered as an alternative to the sitting or semisitting positions to prevent VAE, has its own potential risks. It also lacks the benefits of the semisitting position such as gravitational drainage of blood and CSF, avoidance of cerebellar retraction, and surgeon's comfort

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Last update: **2024/06/07 02:56**

