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INTRODUCTION
- Venous Air Embolism (VAE) is a dreaded complication during neurosurgical procedures in the sitting position.
- The reported incidence of VAE varies between 15-45% with an average rate of 35 % for posterior fossa surgery and 12 % for cervical procedures 1.
- The presence of patent foramen ovale (PFO) significantly increases the risk of paradoxical air embolism (PAE) potentially amplifying the untoward effects of VAE.
- The prevalence of PFO in the normal population is about 25 % 2.

RESULTS
- We received 73 responses, < 15% yield.
- 63% of physicians/institutions did five or fewer craniotomies in the sitting position.
- Fewer than 18 % respondents had the PFO closed prior to surgery.
- There was no consensus on whether the presence of a PFO was considered a contraindication to surgery in sitting position or surgery should be postponed in the absence of screening.

DISCUSSION
- Intraoperative VAE is a well established complication during neurosurgical procedures in the sitting position.
- The presence of PFO increases risk of complications of stroke, organ ischemia and even death.
- Fathi et al conducted a systematic review of air embolism during neurosurgery and PFO closure.
- On the basis of the review they recommended screening for PFO and considering closure in which sitting position is the preferred surgical approach.
- However the complications associated with PFO closure itself, although low will have to be considered.

HYPOTHESIS
- A survey of practicing anesthesiologists would shed some light into preoperative screening and management of patients with PFO undergoing neurosurgical procedures in the sitting position.
- The results could help develop guidelines for our practice and other similar practices.

METHODS
- After IRB approval we conducted a REDCAP (Research Electronic Data Capture) survey of anesthesiologists from a registry of SNACC members.
- The survey was administered via REDCAP in an anonymous fashion.
- The survey queries had 11 questions such as number of cases done in sitting position, methods used routinely for detection of PFO and whether closure would be advised before surgery etc.

REFERENCES