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Stellingen

behorend bij het proefschrift

Intravenous drug dose optimization and drug effect monitoring in anaesthesia

Marko Sahinovic

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- 1 Measuring the achieved drug effect is an integral part of any rational drug dosing scheme.
- 2 The presence of a frontal brain tumour does not affect the BIS monitor values at moments of transitions between the states of responsiveness.
- 3 The presence of a frontal brain tumour is associated with differences in the pharmacokinetics but not the pharmacodynamics of propofol.
- 4 Not all pharmacokinetic models for propofol are equally effective in accurately describing the pharmacokinetics in patients with brain tumours.
- 5 Inadequately suppressed noxious stimulation can be detected by the EEG.
- 6 There is no nociception – anti nociception balance without a noxious stimulus.
- 7 The EEG derived analgesia indices, “cortical input” (CI) and “composite variability index” (CVI), are superior in detecting inadequately suppressed nociception to the haemodynamic variables “heart rate” and “blood pressure”.
- 8 The EEG derived analgesia indices better predict the patient response to inadequately suppressed nociception compared to the pharmacodynamic variables “effect site concentration of propofol” (C_e propofol) and “effect site concentration of remifentanyl” (C_e remi).
- 9 Combining EEG derived hypnotic and anti-nociception measures enables a better balanced anaesthesia.
- 10 True knowledge is knowing that you know nothing (*Socrates*).