# Guidelines from a society for neuroscience in anaesthesiology and critical care for neuroanesthesia treatment during the COVID-19 pandemic (SNACC).

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## Introduction

The purpose of this document is to give a concise summary of COVID-19. This consensus statement includes information about COVID-19's neurological issues, as well as clinical guidance for neuroanesthesia during emergency neurosurgeon and cardiology. Association for Neuroscience in Anesthesiology and Critical Care has released separate guidelines for the anaesthetic administration of endovascular therapy for acute ischemic stroke during the COVID-19 pandemic (SNACC). To protect the safety of patients and clinicians, the guidelines can be tailored to regional and institutional resources and requirements, taking into account existing practise standards and resource availability. The coronavirus disease pandemic of 2019 (COVID-19) has such a number of implications for neuroanesthesiologists, including neurological manifestations of the disease, the impact of anaesthesia provision for specific neurosurgical procedures and electroconvulsive therapy, and health care provider wellness. purpose of this document is to give a concise summary of COVID-19. This consensus statement includes information about COVID-19's neurological issues, as well as clinical guidance for neuroanesthesia during emergency neurosurgeon and cardiology [1].

### *Covid-19's neurological manifestations*

COVID-19's neurologic symptoms have only lately were described. COVID-19-positive patients are at an elevated risk of acute ischemic stroke, according to preliminary unpublished research. Patients infected with the SARS-CoV-2 virus have also had encephalopathy and changed mental function. Other corona viruses that look a lot like SARS-CoV-2 have already been found to infect the central nervous system. SARS-CoV and also the Coronavirus of the Middle East Respiratory Syndrome [2].

### *Procedures in trans nasal neurosurgery*

Transnasal endoscopic neurosurgery allows for easier access to the sellar area. It is most commonly used for pituitary tumour transsphenoidal hypophysectomy. The SARS-CoV-2 virus is thought to shed a large amount of disease from the nasal mucosa. Even after those issues, individuals with acute visual loss, acute pituitary apoplexy, or a decreasing level of consciousness may require urgent or emergent transsphenoidal hypophysectomy. In patients infected with SARS-CoV-2, recent guideline has highlighted the significant risk of nasal surgery, recommending deferring non-urgent surgical procedure, evaluating for SARS-CoV-2 using symptoms, radiologic imaging, and two COVID RT-PCR tests separated by 24 hours, and using adequate Protection [3].

### *Awake craniotomy*

Although the patient can be awake, sedated, or under general anaesthesia before and after periods of intraoperative testing, an awake craniotomy requires the patient to be fully cognizant in order to engage in neurocognitive testing during operation. A microphone can help with operational communication while wearing PPE and keep the client and surgery room staff separated to reduce the risk of cross – contamination [4].

### *Procedures in neuro interventional radiology*

Nowadays many neurointerventional radiology treatments conducted during the pandemic will also be classified urgent rather than emergent, with the exception of endovascular therapy for acute ischemic stroke. Most neurointerventional radiology treatments completed during the pandemic would be classified urgent rather than emergent, with the exception of endovascular therapy for acute ischemic stroke.

## Conclusion

The COVID-19 pandemic has spread over the world since the unique SARS-CoV-2 virus first surfaced in late 2019 in China, causing enormous disturbances in health care. There are numerous unique issues for anaesthesia for urgent neurosurgical and neurointerventional procedures, as well as ECT, that neuroanesthesiologists must be mindful of. As the pandemic progresses, these guidelines will change, especially as we learn more about the aetiology, clinical course, and treatment possibilities for COVID-19.

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