Current aspects in postoperative cognitive dysfunctions, including otolaryngological procedures

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ABSTRACT

Area disorders typically affect executive function, memory, attention, and verbal processing. Factors known to influence postoperative cognitive impairment are: age, preoperative cognitive functioning, and type of anesthesia. Current research into POCD is focused on cardiac and gastric surgery. A rapidly developing surgical technique is endoscopic surgery; specifically, endoscopic transnasal surgery, where a "dry" operating field is required. To date there is little research assessing the impact of this type of surgery on the development. POCD. In the current study we determine the possibility of occurrence of POCD, and investigate its prevention, in the aforementioned surgical situation. General ways to show existing research on POCD in the context of skull base surgery. Hypothetically, less tissue injury is associated with less inflammatory reaction and thus with the reduction of cognitive dysfunctions. Analysis of operating methods (such as derating RR and HR) and their potential impact on POCD. POCD is a temporary postoperative disorder and correlates with poor recovery after surgery. The causes of POCD are multifactorial; however, the immune response following surgery may be the initial factor to initiate the damage-causing ischemic response. Careful anesthesiological and surgical procedures lower the likelihood of POCD.

Key words: Cognitive disorders, memory disorders, endoscopy, anesthesiology, postoperative complications