Supplementary List. ERSIAS Surgical-Anesthesia Management Checklist.

EDAS Surgical-Anesthesia Briefing

To be performed by the operative surgeon and the anesthesia team before the patient is asleep. The following strict requirements will be agreed upon and voiced during the briefing:

1. Confirmation of eligibility by the protocol for cardiac evaluation described in section 2.2.2
2. Confirmation that the patient has received aspirin 325 mg the date of the surgery and that the patient has been taking aspirin for at least 3 days before the procedure.
3. Blood pressure goal. The blood pressure goal will be established in terms of systolic blood pressure (SBP). The baseline SBP will have been determined in the clinic prior to surgery and is defined as the average of 3 SBP measures at which they do not have symptoms. The minimum SBP goal during the surgical procedure is set at a value that corresponds to the baseline SBP at which the patient was symptom free.

   Minimum Operative SBP = Baseline (asymptomatic) SBP = ☐

   The maximum SBP goal is set at 200 mmHg.

4. CO_2 Goal. During the EDAS surgeries, hyperventilation will be avoided. The end tidal CO_2 when the patient has been intubated will be kept between 35 and 45 mmHg.
5. Confirmation of antiseizure medication use with slow administration (over 60 min).
6. Discussion with intraoperative patient care team emphasizing that per protocol Mannitol should not be administered during the procedure.
7. Discussion with intraoperative patient care team emphasizing that per protocol steroids should not be administered during the procedure with the exception of Decadron, which will only be used as needed for postoperative nausea management.
8. Discussion with intraoperative patient care team emphasizing that per protocol target hematocrit is greater than or equal to 30% and less than or equal to 50%.
9. All study patients should have an arterial catheter placed prior to induction of anesthesia. A central venous catheter will also be placed in the femoral vein by the surgical team and central venous pressure will be monitored throughout the procedure.
10. Discussion with intraoperative patient care team regarding intraoperative fluid management targeting euvolemia to modest hypervolemia, as assessed by standard calculations of intraoperative fluid requirements, urine output, arterial line and central venous pressure monitoring. The patient should receive before the initiation of the surgery IV fluids to replace the calculated preoperative fluid balance deficit.
11. Systemic hypothermia and/or barbiturates are not routinely used for neuroprotection as no temporary occlusion of intracranial arteries is done. Discussion will emphasize that target temperature is normothermia as measured by esophageal, rectal or bladder catheter. Desired body temperature will be between 35.5° and 36.5° C intraoperatively.