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Is Goldilocks anesthesia the optimal paradigm for ambulatory outpatient & office-based anesthesia

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Outpatient, especially office-based, patients pose a unique challenge to anesthesiologists. Patients are expected to return home after surgery essentially pain & PONV-free after their surgery. Traditional, hospital based techniques like propofol-opioid or inhalational anesthesia regimens still fall short of the aforementioned goals. Goldilocks anesthesia is a short hand reference to patient brain response titrated propofol ketamine sedation; i.e. not too much or too little but always just the right amount.

The basis of Goldilocks Anesthesia is Friedberg'sTriad: 1) Measure the brain (BIS/EMG), 2) Preempt the pain (50 mg ketamine 3 minutes prior to injection/incision), 3) Emetic drugs abstain (no opioids or inhalational vapors).

BIS/EMG propofol monitoring provides numerical reproducibility across the wide spectrum of propofol metabolism/cerebral effect, thus eliminating outliers & providing more cost-effective anesthesia care. BIS/EMG propofol monitoring also provides a numerical basis for side effect free use of ketamine for preemptive, non-opioid analgesia. Avoidance of emetic drugs provides the basis for anti-emetic free essentially zero PONV.

Biography

Friedberg is a Stanford trained, board certified anesthesiologist practicing for the past 35 years, the most recent 20 in office-based anesthesia. He pioneered propofol ketamine (PK) MAC in 1992 & made it numerically reproducible in 1997. He is a US Congressional award recipient and *author of Anesthesia in Cosmetic Surgery* (for the profession) and *Getting Over Going Under, 5 things you MUST know before anesthesia* (for the general public). His work has been subsequently cited in over 60 papers & textbooks, including Apfel's PONV chapter in the most recent edition of *Miller's Anesthesia*.

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