NEOSTIGMINE ADMINISTRATION TO IMPROVE SUGAMMADEX-MEDIATED NEUROMUSCULAR BLOCKADE REVERSAL IN MYASTHENIA GRAVIS

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SYMPTOMS:
- Extremity weakness
- Fatigue
- Blurred vision

PYRIDOSTIGMINE THERAPY:
- 150mg PO QID
- 180mg PO nightly

ANTERIOR MEDIASTINAL MASS:
- Likely thymoma

TRANSTERNAL THYMECTOMY

PLASMApheresis
Ach receptor autoantibody against Ach receptor

**SUCCINYLCHOLINE:**  
- Ineffective

**NON-DEPOLARIZING NMB AGENTS:**  
- Enhanced efficacy

**SUGAMMADEX:**  
- Safe  
- Effective  
- More predictable

**TRADITIONAL REVERSAL:**  
- Unpredictable
SURGERY START

TOF 85%

ROCURONIUM ADMINISTRATION

1 hr 45 min

SUGAMMADEX: TOF 70%

SINGLE TWITCH

NEOSTIGMINE ADMINISTRATION

1 hr 45 min
SURGERY START
- TOF 85%
- ROCURONIUM ADMINISTRATION

SUGAMMADEX:
- TOF 70%

SURGERY END:
- TOF 45%

SINGLE TWITCH

2 hr 15 min

SUGAMMADEX:
- TOF 65%

NEOSTIGMINE ADMINISTRATION
Ach receptor autoantibody against Ach receptor, rocuronium, sugammadex.
MYASTHENIC CRISIS:
acute deterioration necessitating intubation
or
delaying post-operative extubation
6% - 34% of patients undergoing transternal thymectomy
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SURGERY END: TOF 45%

SUGAMMADEX: TOF 70%

SUGAMMADEX: TOF 65%

NEOSTIGMINE ADMINISTRATION

TOF 98%
Sugammadex is **safe** and **effective** in myasthenia gravis

**Myasthenic crisis** can cause prolonged weakness despite appropriate reversal with sugammadex

**Neostigmine** reduces weakness caused by myasthenic crisis
