

Cerebral Blood Flow Measured by Diffuse Correlation Spectroscopy for Monitoring Depth of Anesthesia in Piglets

Mert Deniz Polat¹, Kurtulus Izzetoglu¹, Randolph Sinahon¹, Meltem Izzetoglu², Shadi Malaeb³

¹School of Biomedical Engineering, Science and Health Systems, Drexel University

²Department of Electrical and Computer Engineering, Villanova University

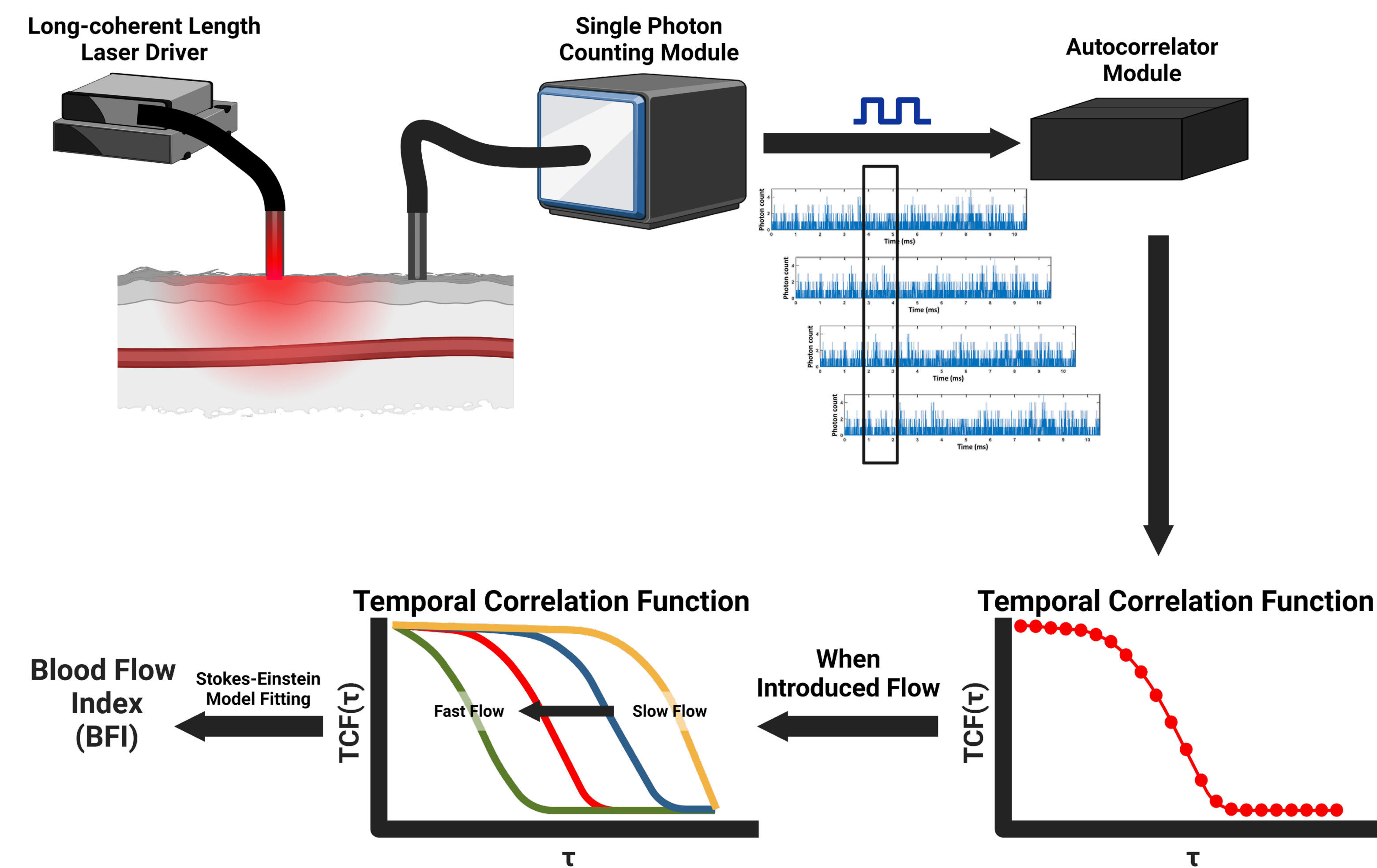
³Department of Pediatrics, St. Christopher's Hospital for Children, Drexel University College of Medicine

Introduction

- Monitoring depth of anesthesia during surgery is critical with **risks of under-dose and over-sedation** as well as **unintended emergence**.
- Cerebral blood volume (CBV)** and **cerebral blood flow (CBF)** are associated with **changes in anesthesia states** [1].
- Diffuse Correlation Spectroscopy (DCS)** is an optical **cerebral blood flow (CBF)** measurement technique [2].

Methods: Optical Imaging Modalities

- Diffuse Correlation Spectroscopy (DCS)** quantifies **cerebral blood flow** by analyzing temporal fluctuations in backscattered photons from the tissue.
 - Near-infrared light is delivered to tissue via a continuous **785 nm wavelength laser**.
 - Intensities of **scattered light**, caused by the tissue (static scatter) and red blood cells (dynamic scatter), are collected by a photon counter.
 - Temporal intensity fluctuations are analyzed using **autocorrelation**
 - Blood Flow Index (BFI)** is a relative biomarker that is calculated by fitting on a correlation diffusion model.



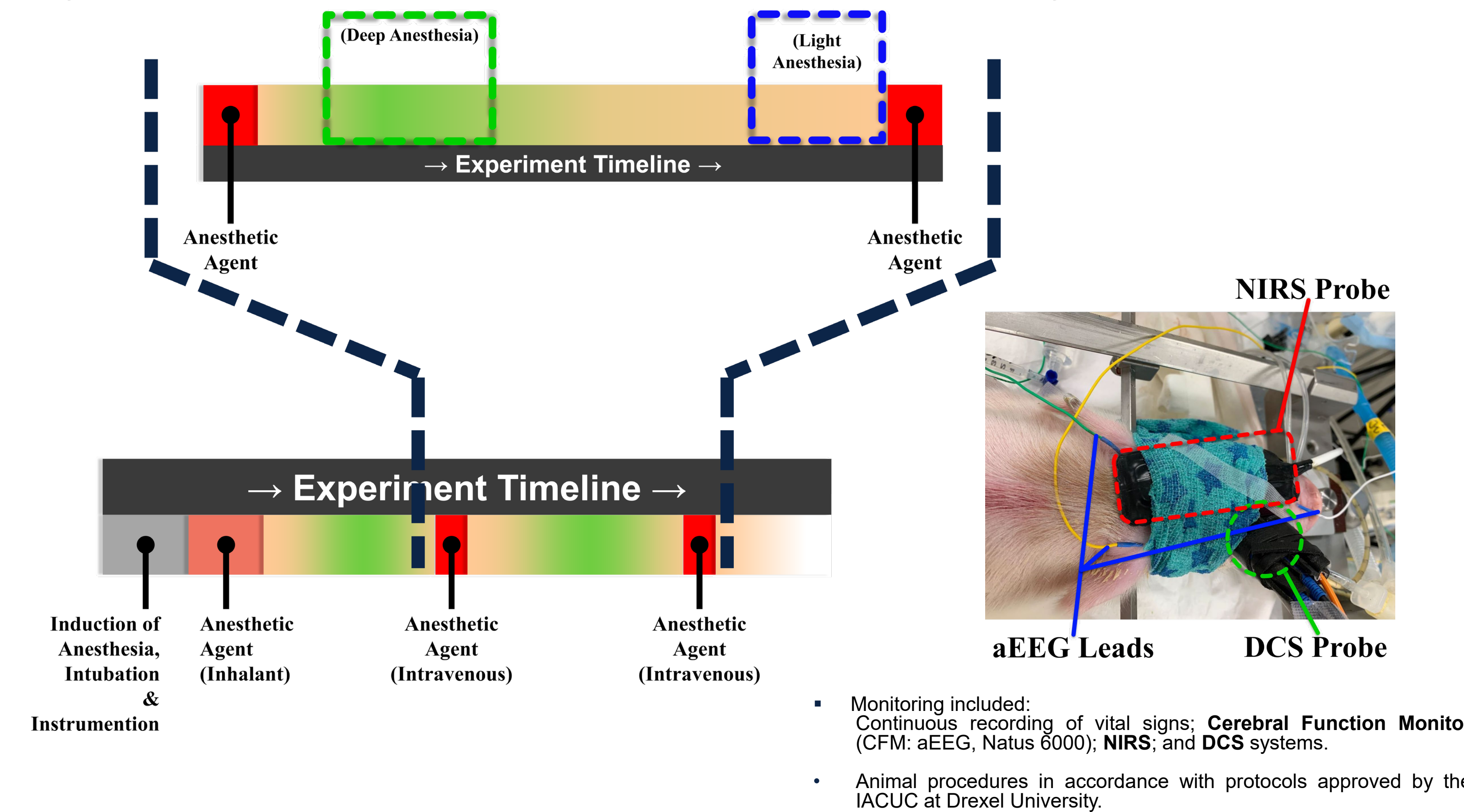
- Near Infrared Spectroscopy (NIRS)** reports chromophore concentrations (HbO, HbR) by processing absorption.
[Cerebral blood volume (CBV)] = [HbO] + [HbR]
- NIRS is used as verification for CBF measures from DCS.

Objective

- To test the ability of **DCS** monitoring to **assess** emergence from **deep to light anesthesia**, with CBF by DCS verified with CBV measures by NIRS.

Methods: Experimental Protocol

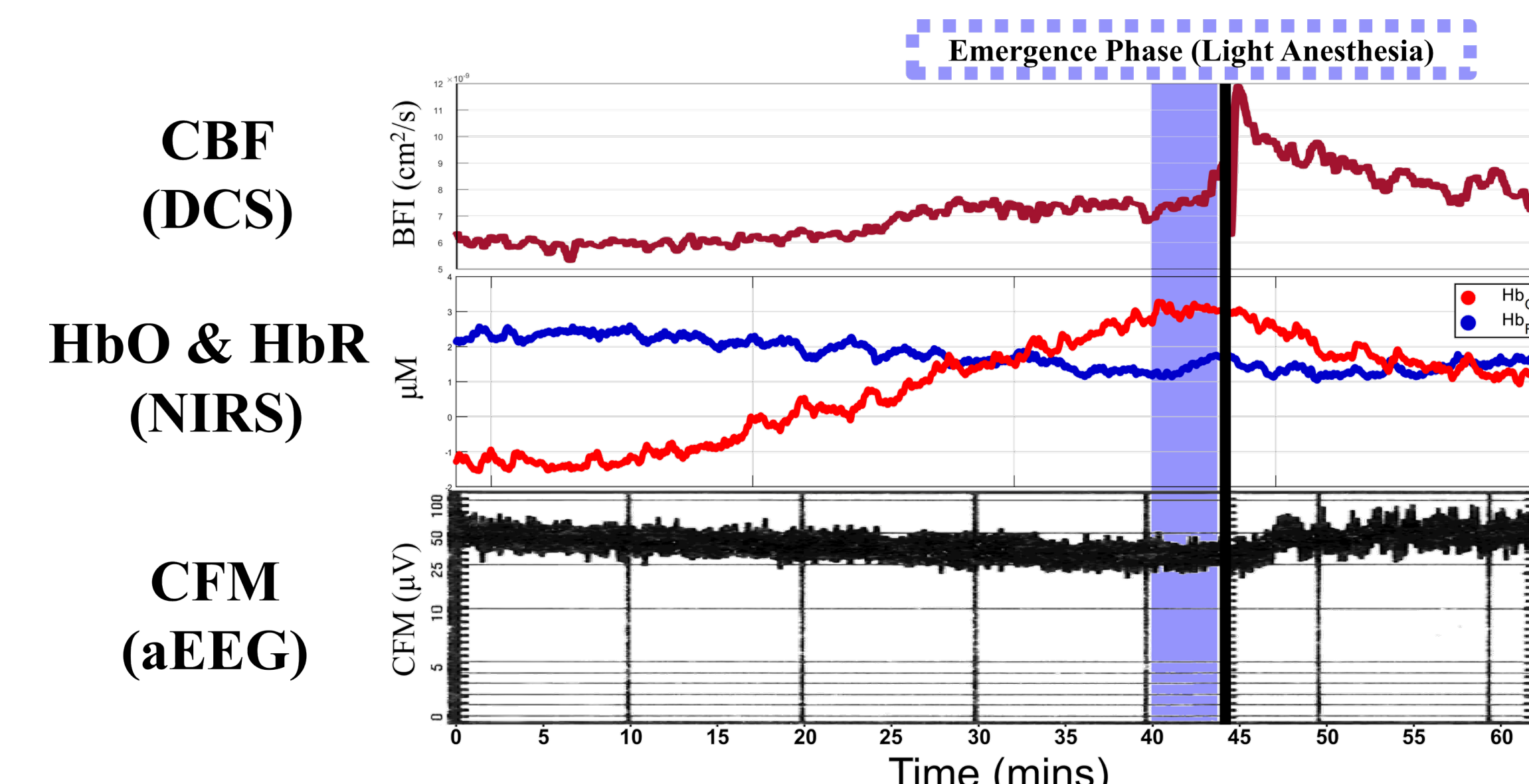
- Piglets (n=2)** were ventilated at normal oxygen and administered inhalational agents **Isoflurane, Nitrous Oxide**, and an intravenous agent **Ketamine**.



- Monitoring included: Continuous recording of vital signs; **Cerebral Function Monitor (CFM: aEEG, Natus 6000)**; **NIRS**; and **DCS** systems.
- Animal procedures in accordance with protocols approved by the IACUC at Drexel University.

Results

- CBF, HbO** simultaneously **increase** towards lighter state of anesthesia.
- CFM, collected from aEEG is following this trend with a delay.

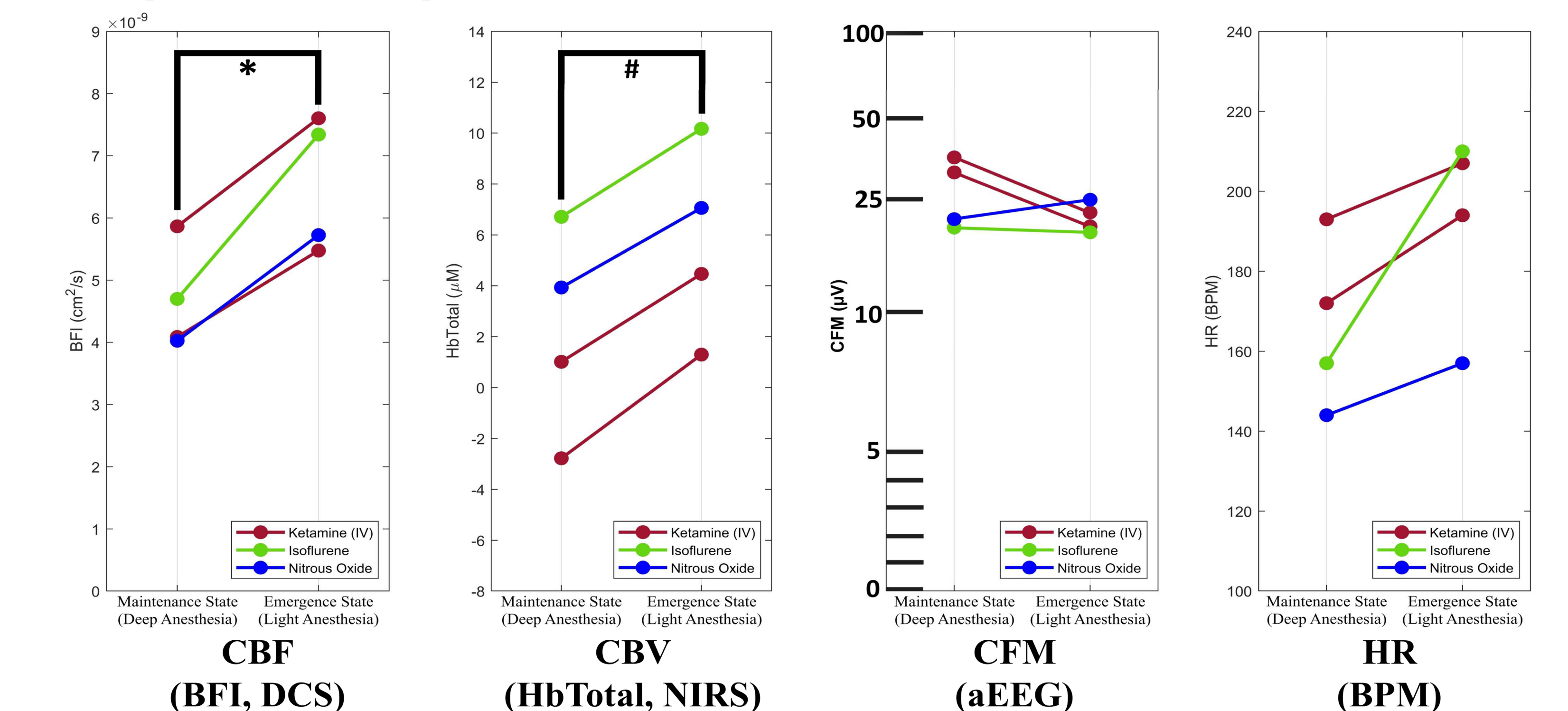


- Example** anesthesia session from intravenous **Ketamine** from one animal.
- Animal is past the induction phase of the drug and is at the **maintenance phase**.

Results

- This pilot study reports **four sessions** of **emergence** from deep anesthesia to light anesthesia from two piglets.

*: $p < 0.01$, $t(3) = -6.91$, #: $p < 0.01$, $t(3) = -17.81$, (Paired t-test)



- The results show a significant **increase in CBF and CBV (HbO + HbR)** during **the emergence** from deep to light anesthesia considering all drugs administered.

Discussion & Conclusion

- This proof-of-concept study shows **consistency in CBF and CBV** measures quantified by **DCS and NIRS** across **all anesthetic agents** administered.
- Ongoing experiments to further investigate **anesthetic agent specific monitoring** and **individualized dosing**.
- We conclude that, DCS can be a monitoring tool to **prevent unintended emergence** from deep anesthesia especially with nonverbal subjects such as infants, or patients under paralytic agents.

References

- [1] D. Diaz et al., "Pressure injury prediction using diffusely scattered light," J Biomed Opt, vol. 22, no. 2, p. 25003, Feb. 2017, doi: 10.1117/1.JBO.22.2.025003.
- [2] G. Hernandez-Meza, M. Izzetoglu, M. Osbakken, M. Green, H. Abubakar, and K. Izzetoglu, "Investigation of optical neuro-monitoring technique for detection of maintenance and emergence states during general anesthesia," J Clin Monit Comput, vol. 32, no. 1, pp. 147-163, Feb. 2018, doi: 10.1007/s10877-017-9998-x.

Acknowledgements

The project was funded, in part, under a Commonwealth Universal Research Enhancement (CURE) grant from the Pennsylvania Department of Health. This work was supported, in part, by The Office of the Assistant Secretary of Defense for Health Affairs through the Combat Readiness - Medical Research Program, under award number W81XWH-20-1-0899. Opinions, interpretations, conclusions, and recommendations are those of the authors and are not necessarily endorsed by the Department of Defense or the U.S. Government. The authors would like to thank to Danielle Shoshany, Juan Du and Dr. Sinan Tuzer for their invaluable support in data collection and experimental assistance.