

Special Issue

Clinical Updates on Anesthesia and Perioperative Medicine

Message from the Guest Editors

Up to 50% of perioperative harm is preventable. Residual neuromuscular block (rNMB) and postoperative pulmonary complications (PPCs) remain critical risks. Despite evidence, quantitative neuromuscular monitoring is not used universally—only 10% of ICU handoffs include neuromuscular function status, and the incidence of residual neuromuscular block remains between 10–40%. To improve patient care and safeguard safety, validated quality indicators must be embedded in national frameworks, safety audits, and international standards.

However, clinician skepticism, inconsistent guidelines, lack of standardization and unwillingness to enforce best-practice recommendations, and clinician resistance to change remain key barriers. Previous recommendations included: mandating the use of quantitative neuromuscular monitoring and integrating it into standard monitors; designating departmental leads (local champions) and using checklists.

In this series of articles, an attempt will be made to fill gaps in our current evidence base regarding the salutary effects of adherence to national and international guidelines for quantitative perioperative/periprocedural management of neuromuscular block.

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