Beyond Emergence: Understanding Postoperative Cognitive Dysfunction (POCD)

The cause of POCD is unclear but it has some POCD has historically been consistent associations: limited to scientific observation and research whereas the Age spectrum of mild cognitive Preexisting impairment (MCI) and dementia WCI in the general (non-surgical) population has evolved into well-defined clinical, functional and prognostic constructs¹. Fewer years of education Modnesthetic has proven either causative POCD may be related to an all significants of the process to a significant of NO Chieficial or causative inflammatory process POCD occurs even with regional Susceptible patients are Susception and core with anesthesia techniques dementia and cerebro. Wis uncled the to diesthesia matters

exposure to destruction of matters POCD is most often NOT

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Possociated with hypotension

associated with hypotension Incidence of POCD after non-cardiac surgery: or hypoxemia The incidence of POCD is similar for cardiac surgery, total joint surgery and coronary angiography

A multidisciplinary international working group established in 2015 recommends incorporating the nomenclature for cognitive decline as used in other disciplines into the perioperative period. They recommend the term **perioperative neurocognitive disorder**.