

Propofol may decrease delay in neurocognitive recovery

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significantly lower incidence of delayed neurocognitive recovery at one week (14.8 versus 23.2 percent; odds ratio, 0.577). The two groups did not differ in terms of safety outcomes.

"Compared with sevoflurane-based general anesthesia, propofol-based general anesthesia reduced the incidence of delayed neurocognitive recovery in elderly patients at one week after major [cancer surgery](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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(HealthDay)—For older cancer patients undergoing major cancer surgery, propofol-based general anesthesia may reduce the incidence of delayed neurocognitive recovery versus sevoflurane-based general anesthesia, according to a study published in the September issue of the *British Journal of Anesthesia*.

Y. Zhang, from the Peking University First Hospital in China, and colleagues randomized 392 older adults who were scheduled to undergo major cancer surgery to receive propofol- or sevoflurane-based general [anesthesia](#). Cognitive function was assessed with a battery of neuropsychological tests before and one week after surgery (379 [patients](#) completed one-week neuropsychological testing). A total of 59 age-and education-matched non-surgical controls were recruited and underwent cognitive function testing at comparable time intervals.

The researchers found that, compared with the sevoflurane group, the propofol group had

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