

Type of procedure	Acute mastoiditis – mastoid drilling
Airway	Oral intubation
Anesthesia model	General anesthesia
Epi / Spinal	–
Premedication	Paracetamol ± Ondansetron
Notes	Often infectious and urgent. Risk of sepsis, intracranial complications. Ensure antibiotics started preoperatively.
Recommended vascular access	Peripheral IV x2 (18–20G). Arterial line if septic or hemodynamically unstable.