

Type of procedure	Monobloc craniofacial surgery (\pm canthopexy, springs, Le Fort III)
Airway	Endotracheal or nasotracheal intubation. Consider tracheostomy.
Anesthesia model	General anesthesia: TIVA preferred (Propofol/Remifentanil).
Premedication	Ondansetron \pm Betamethasone \pm Paracetamol.
Postoperative analgesia	Multimodal analgesia. IV opioids required.
Notes	Extensive craniofacial surgery with very high bleeding risk. Risk of increased intracranial pressure and airway edema. Postoperative ventilation and ICU care often required. Close coordination with surgical team essential.
Recommended vascular access	Peripheral IV \times 2–3 (18G). Arterial line mandatory. CVK recommended.