

Type of procedure	1) Remifentanil + Sevoflurane for patients with regional block and/or long-lasting pain issues.
Airway	2) Fentanyl + Sevoflurane for non-blocked patients and pain-free procedures.
Block	Depends on procedure According to procedure
Anesthesia maintenance	Sevoflurane with Remifentanil or Fentanyl
Epi / Spinal	–
Ketamine infusion	–
Tips for the anesthesiologist	High bleeding risk; possible need for inotropes/vasopressors. Postoperative analgesia and VTE prophylaxis are important.
Recommended vascular access	Peripheral IV x2 ($\geq 18G$) + arterial line. Central venous catheter if instability or major bleeding.