



New Paradigms in Anesthesia and Intensive Care

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Message from the Guest Editors

At present, new paradigms have emerged in modern anesthesiology and critical care that revolutionized the way of clinical work in hospitals from empiricism to evidence-based medicine. Protective mechanical ventilation applications have been very important in open surgery, laparoscopic/thoracoscopic surgery, and the new robotic surgery. Opioid-free anesthesia and new locoregional blocks have been the subject of study and discussion.

The incorporation of new airway management methods adapted to the patients has been fundamental to improving clinical safety. The risk of disease transmission to healthcare professionals and the critical condition led to the post-pandemic use of video laryngoscopes, which are more frequently selected as the device of the first choice for the intubation of standard patients undergoing any surgical procedure.

On the other hand, knowledge of the etiopathogenic mechanisms related to the appearance of chronic pain, advanced monitoring methods, and biomarkers as prognostic predictors and/or guides for therapy has been very important and led to the promotion of more personalized prevention and treatment of perioperative pain.





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Message from the Editor-in-Chief

Journal of Personalized Medicine is one of the few journals that covers the diverse areas involved in the field, including research at basic, translational, and clinical levels. It focuses on “omics”-level studies that seek to define the basis of interindividual variation in susceptibility for a disease, its prognosis or definition of clinical subsets, and response to therapy (pharmacogenomics). We are also interested in systems biology as it relates to interindividual variation, and research on new methodologies, informatics, and biostatistics, in the aforementioned areas.

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