

## Background

- Depth of anesthesia can be monitored with electroencephalography (EEG). While anesthesiologists often use distinct EEG patterns to monitor a patient's depth of anesthesia, the question remains whether the phenomenon of vivid dreams during surgical anesthesia can too be characterized by distinct EEG patterns.

## Objectives

- To identify specific EEG signatures using a 4-lead frontal SedLine monitor in patients experiencing anesthetic dreaming under 3 different pre-emergence protocols

## Methods

- Sample: 869 patients undergoing anesthesia induction
- Setting: Stanford Medical Center
- Time: July 2020 – July 2024
- We followed an institution-based anesthetic (Total IntraVenous Anesthesia) protocol for two of three propofol-based emergence protocols: intra-operative infusion of propofol-only or propofol-remifentanyl. The third propofol-based protocol included propofol-sevoflurane.
- Each patient's EEG was recorded using a 4-lead frontal SedLine monitor.
- We attempted to achieve and maintain pre-emergent anesthetic state using TIVA-based anesthetic titration for at least 5 minutes with EEG guidance.
- Method: Identified specific EEG signatures indicative of transition from unconsciousness to wakefulness

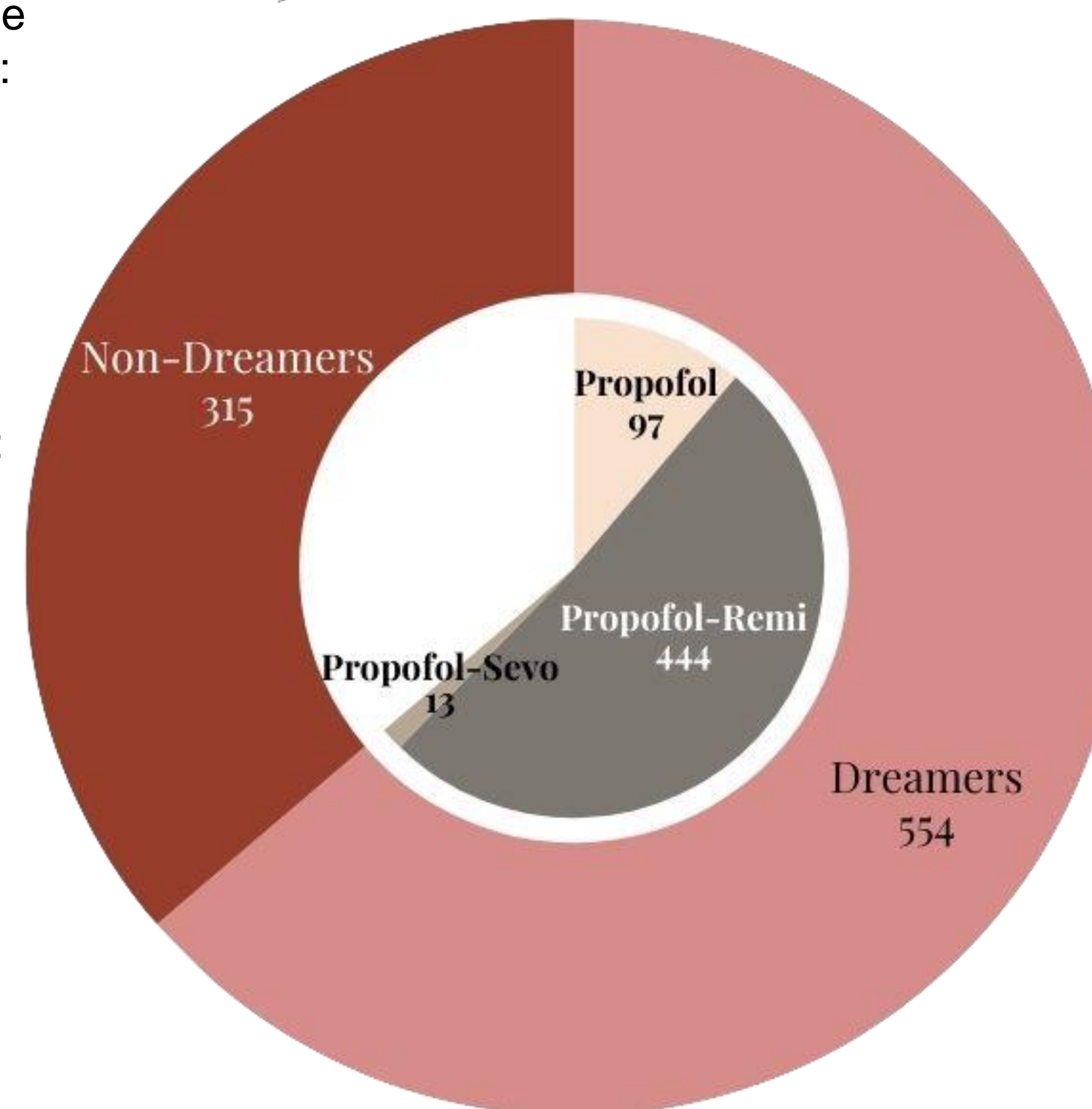
## Results

- Of the 869 patients undergoing anesthesia induction, 554 reported dreaming with one of the following pre-emergence protocols:
  - Propofol-only
  - Propofol-remifentanyl (pre-dominant)
  - Propofol-sevoflurane (sevo)
- Of the 154 propofol-only patients:
  - 97 reported dreaming
  - 78 were able to recall their dreams
- Of the 694 propofol-remifentanyl patients:
  - 444 reported dreaming
  - 397 were able to recall their dreams
- Of the 21 propofol-sevoflurane patients:
  - 13 reported dreaming
  - 7 were able to recall their dreams



Prop-Remi: Pre-emergent state (clinically associated with patient dreaming), PSI > 50, small, narrow, fast, stable EEG (5 minutes). Alpha (red) band fading with delta (red) band remaining on spectrogram. Beta (blue) band emergence.

### 869 Patients Under Anesthesia



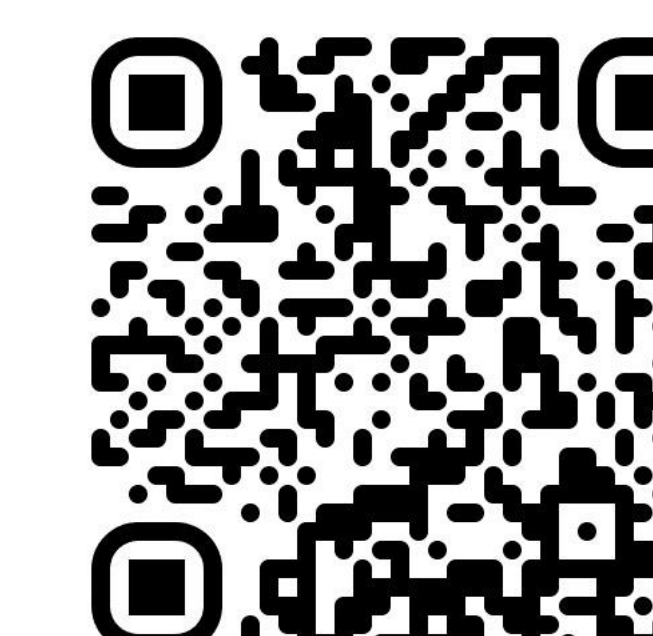
- Across all three anesthesia protocols, we commonly observed consistent EEG patterns at the pre-emergence state characterized by:
  - Delta Band Fade**
    - Gradual reduction of low-frequency delta waves *preceding* alpha band fade
  - Alpha Band Fade**
    - Gradual reduction in alpha band activity *following* delta band fade
  - Beta Band Emergence**
    - Subsequent* increase in beta band activity and distinct beta band on spectrogram
- These findings were consistently noted in pre-emergence anesthesia spectrograms of patients induced with all three protocols.
- No significant marker existed that differentiated one induction method from the others.

## Conclusions

- Our findings suggest that there exist target EEG signatures associated with the pre-emergent induction of anesthesia dreams – specifically the decrease in delta band power, and the alpha band fade followed by beta band emergence – common across different anesthetic protocols involving Propofol.
- Consistency in EEG patterns could serve as a reliable biomarker for monitoring anesthesia-induced dream states.

## Implications

- This study suggests that there may be a common neural mechanism underlying the induction of anesthesia dreams across multiple anesthetic combination and irrespective of surgical procedure performed.
- Further clinical research and experience should be encouraged to explore the implications of these findings to enhance the study of anesthesia dreams and patient care.
- An identifiable and reproducible anesthesia dream biomarker may be used to identify clinical therapeutic and research applications involving human consciousness and psychiatric disorders such as post-traumatic stress disorder (PTSD).



Patient stories  
*Two Mothers from Palo Alto*  
For dream illustrations:  
@drpuppychow  
@TheBorisLab