INTRODUCTION

Critical care

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CRITICAL care is a key aspect of neurosurgical training and practice. Few specialties within medicine require such broad technical and medical expertise and such a high level of comfort in caring for the profoundly ill. This is a source of pride for our profession and a great responsibility that we must never abandon. Though critical care is inherently supportive, improvements in the quality of critical care have led to dramatic improvements in patient outcomes in recent decades.¹ This is particularly remarkable when we consider that we remain without treatments directly targeting central nervous system injuries. The November 2017 issue of *Neurosurgical Focus* celebrates this important aspect of our profession.

Contained herein are a number of manuscripts that provide up-to-date reviews on important topics in critical care pertaining to neurosurgical patients as well as novel research that promises to advance the neurocritical care field. This unique edition broadly discusses key topics including intracranial pressure monitoring, multimodality neuromonitoring, thrombosis and hemostasis, and other topics important in the critical care management of our patients. Brain and spinal cord injuries are discussed, as is aneurysmal subarachnoid hemorrhage.

The neurocritical care field is rapidly evolving. New specialties are contributing to patient care; we are facing an increasingly aged patient population and many new anticoagulant drugs are being introduced.³ Despite the rapid evolution of neurocritical care, the field remains well behind other aspects of neurosurgery. Major deficits in quality and quantity of research leave many basic patient care practices insufficiently studied. An inability to pro-

duce evidence-based guidelines on key topics was a major limitation of the recently published fourth edition of the Brain Trauma Foundation's Guidelines for the Management of Severe Traumatic Brain Injury.² This is not a fault of the guidelines—rather, it is a fault of our profession. It is therefore our hope that this issue will not only educate and advance care but that it will also inspire neurosurgeons to recommit themselves to the critical care aspects of neurosurgery and much needed advancement in this area. It is certainly remarkable to us that humans walked upon the moon a half-century ago, yet we remain uncertain as to the best hyperosmolar therapy and means of administration.² Hopefully, a new generation of academic neurosurgeons will make it their mission to advance the clinical, translational, and basic science aspects of neurocritical care.

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Disclosures

The authors report no conflict of interest.