

Fernando Suarez Sipmann

List of Publications by Year in descending order

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Version: 2024-02-01

105
papers

5,353
citations

147786

31
h-index

85537

71
g-index

114
all docs

114
docs citations

114
times ranked

3612
citing authors

#	ARTICLE	IF	CITATIONS
1	Monitoring dead space during recruitment and PEEP titration in an experimental model. Intensive Care Medicine, 2006, 32, 1863-1871.	8.2	611
2	Imbalances in Regional Lung Ventilation. American Journal of Respiratory and Critical Care Medicine, 2004, 169, 791-800.	5.6	555
3	Bedside estimation of recruitable alveolar collapse and hyperdistension by electrical impedance tomography. Intensive Care Medicine, 2009, 35, 1132-1137.	8.2	341
4	Clinical features, ventilatory management, and outcome of ARDS caused by COVID-19 are similar to other causes of ARDS. Intensive Care Medicine, 2020, 46, 2200-2211.	8.2	295
5	An Early PEEP/FiO ₂ Trial Identifies Different Degrees of Lung Injury in Patients with Acute Respiratory Distress Syndrome. American Journal of Respiratory and Critical Care Medicine, 2007, 176, 795-804.	5.6	261
6	Use of dynamic compliance for open lung positive end-expiratory pressure titration in an experimental study. Critical Care Medicine, 2007, 35, 214-221.	0.9	240
7	Open Lung Approach for the Acute Respiratory Distress Syndrome. Critical Care Medicine, 2016, 44, 32-42.	0.9	215
8	Rationale of Dead Space Measurement by Volumetric Capnography. Anesthesia and Analgesia, 2012, 114, 866-874.	2.2	204
9	Lung Recruitment Improves the Efficiency of Ventilation and Gas Exchange During One-Lung Ventilation Anesthesia. Anesthesia and Analgesia, 2004, 98, 1604-1609.	2.2	155
10	Individualised perioperative open-lung approach versus standard protective ventilation in abdominal surgery (iPROVE): a randomised controlled trial. Lancet Respiratory Medicine, the, 2018, 6, 193-203.	10.7	155
11	Effects of hydroxyethyl starch administration on renal function in critically ill patients. British Journal of Anaesthesia, 2007, 98, 216-224.	3.4	144
12	Regional lung perfusion estimated by electrical impedance tomography in a piglet model of lung collapse. Journal of Applied Physiology, 2012, 112, 225-236.	2.5	134
13	Alveolar recruitment improves ventilation during thoracic surgery: a randomized controlled trial. British Journal of Anaesthesia, 2012, 108, 517-524.	3.4	105
14	Alveolar recruitment improves ventilatory efficiency of the lungs during anesthesia. Canadian Journal of Anaesthesia, 2004, 51, 723-727.	1.6	102
15	Assessment of PaO ₂ /FiO ₂ for stratification of patients with moderate and severe acute respiratory distress syndrome. BMJ Open, 2015, 5, e006812-e006812.	1.9	98
16	Volumetric capnography. Current Opinion in Critical Care, 2014, 20, 333-339.	3.2	93
17	A Quantile Analysis of Plateau and Driving Pressures: Effects on Mortality in Patients With Acute Respiratory Distress Syndrome Receiving Lung-Protective Ventilation*. Critical Care Medicine, 2017, 45, 843-850.	0.9	88
18	Validation of Bohr dead space measured by volumetric capnography. Intensive Care Medicine, 2011, 37, 870-874.	8.2	71

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19	Veno-venous extracorporeal CO ₂ removal for the treatment of severe respiratory acidosis: pathophysiological and technical considerations. <i>Critical Care</i> , 2014, 18, R124.	5.8	69
20	Noninvasive Monitoring of Lung Recruitment Maneuvers in Morbidly Obese Patients. <i>Anesthesia and Analgesia</i> , 2014, 118, 137-144.	2.2	58
21	Model fitting of volumetric capnograms improves calculations of airway dead space and slope of phase III. <i>Journal of Clinical Monitoring and Computing</i> , 2009, 23, 197-206.	1.6	56
22	Early Inflammation Mainly Affects Normally and Poorly Aerated Lung in Experimental Ventilator-Induced Lung Injury*. <i>Critical Care Medicine</i> , 2014, 42, e279-e287.	0.9	56
23	Capnography reflects ventilation/perfusion distribution in a model of acute lung injury. <i>Acta Anaesthesiologica Scandinavica</i> , 2011, 55, 597-606.	1.6	53
24	Non-invasive monitoring of central blood pressure by electrical impedance tomography: first experimental evidence. <i>Medical and Biological Engineering and Computing</i> , 2011, 49, 409-415.	2.8	49
25	Advanced Uses of Pulse Oximetry for Monitoring Mechanically Ventilated Patients. <i>Anesthesia and Analgesia</i> , 2017, 124, 62-71.	2.2	49
26	Open lung approach versus standard protective strategies: Effects on driving pressure and ventilatory efficiency during anesthesia - A pilot, randomized controlled trial. <i>PLoS ONE</i> , 2017, 12, e0177399.	2.5	45
27	Effect of pulmonary perfusion on the slopes of single-breath test of CO ₂ . <i>Journal of Applied Physiology</i> , 2005, 99, 650-655.	2.5	43
28	Lung Recruitment and Positive End-Expiratory Pressure Have Different Effects on CO ₂ Elimination in Healthy and Sick Lungs. <i>Anesthesia and Analgesia</i> , 2010, 111, 968-977.	2.2	41
29	The accuracy of postoperative, non-invasive Air-Test to diagnose atelectasis in healthy patients after surgery: a prospective, diagnostic pilot study. <i>BMJ Open</i> , 2017, 7, e015560.	1.9	35
30	Efficacy of dexamethasone treatment for patients with the acute respiratory distress syndrome caused by COVID-19: study protocol for a randomized controlled superiority trial. <i>Trials</i> , 2020, 21, 717.	1.6	35
31	Reference values for volumetric capnography-derived non-invasive parameters in healthy individuals. <i>Journal of Clinical Monitoring and Computing</i> , 2013, 27, 281-288.	1.6	31
32	Lung Inflammation Persists After 27 Hours of Protective Acute Respiratory Distress Syndrome Network Strategy and Is Concentrated in the Nondependent Lung. <i>Critical Care Medicine</i> , 2015, 43, e123-e132.	0.9	30
33	The Sensitivity and Specificity of Pulmonary Carbon Dioxide Elimination for Noninvasive Assessment of Fluid Responsiveness. <i>Anesthesia and Analgesia</i> , 2016, 122, 1404-1411.	2.2	30
34	Photoplethysmographic characterization of vascular tone mediated changes in arterial pressure: an observational study. <i>Journal of Clinical Monitoring and Computing</i> , 2019, 33, 815-824.	1.6	29
35	Effects of oxygen on post-surgical infections during an individualised perioperative open-lung ventilatory strategy: a randomised controlled trial. <i>British Journal of Anaesthesia</i> , 2020, 124, 110-120.	3.4	28
36	Pulmonary blood flow generates cardiogenic oscillations. <i>Respiratory Physiology and Neurobiology</i> , 2009, 167, 247-254.	1.6	23

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37	Real-time images of tidal recruitment using lung ultrasound. <i>The Ultrasound Journal</i> , 2015, 7, 19.	2.0	23
38	Corrections of Enghoff's dead space formula for shunt effects still overestimate Bohr's dead space. <i>Respiratory Physiology and Neurobiology</i> , 2013, 189, 99-105.	1.6	22
39	Individualized lung recruitment maneuver guided by pulse oximetry in anesthetized patients undergoing laparoscopy: a feasibility study. <i>Acta Anaesthesiologica Scandinavica</i> , 2018, 62, 608-619.	1.6	22
40	States of low pulmonary blood flow can be detected non-invasively at the bedside measuring alveolar dead space. <i>Journal of Clinical Monitoring and Computing</i> , 2012, 26, 183-190.	1.6	21
41	Pressure safety range of barotrauma with lung recruitment manoeuvres. <i>European Journal of Anaesthesiology</i> , 2013, 30, 567-574.	1.7	21
42	Programming Pressure Support Ventilation in Pediatric Patients in Ambulatory Surgery with a Laryngeal Mask Airway. <i>Anesthesia and Analgesia</i> , 2007, 105, 1585-1591.	2.2	20
43	Adjusting tidal volume to stress index in an open lung condition optimizes ventilation and prevents overdistension in an experimental model of lung injury and reduced chest wall compliance. <i>Critical Care</i> , 2015, 19, 9.	5.8	20
44	High respiratory rate is associated with early reduction of lung edema clearance in an experimental model of <scp>ARDS</scp>. <i>Acta Anaesthesiologica Scandinavica</i> , 2016, 60, 79-92.	1.6	20
45	Heart-lung interactions in acute respiratory distress syndrome: pathophysiology, detection and management strategies. <i>Annals of Translational Medicine</i> , 2018, 6, 27-27.	1.7	20
46	Rationale and Study Design for an Individualized Perioperative Open Lung Ventilatory Strategy in Patients on One-Lung Ventilation (iPROVE-OLV). <i>Journal of Cardiothoracic and Vascular Anesthesia</i> , 2019, 33, 2492-2502.	1.3	20
47	Altering the mechanical scenario to decrease the driving pressure. <i>Critical Care</i> , 2015, 19, 342.	5.8	19
48	Should the ART trial change our practice?. <i>Journal of Thoracic Disease</i> , 2017, 9, 4871-4877.	1.4	18
49	A novel continuous capnodynamic method for cardiac output assessment in a porcine model of lung lavage. <i>Acta Anaesthesiologica Scandinavica</i> , 2015, 59, 1022-1031.	1.6	17
50	Lung recruitment improves right ventricular performance after cardiopulmonary bypass. <i>European Journal of Anaesthesiology</i> , 2017, 34, 66-74.	1.7	17
51	Recruit the lung before titrating the right positive end-expiratory pressure to protect it. <i>Critical Care</i> , 2009, 13, 134.	5.8	16
52	Capnodynamic assessment of effective lung volume during cardiac output manipulations in a porcine model. <i>Journal of Clinical Monitoring and Computing</i> , 2016, 30, 761-769.	1.6	16
53	Postural lung recruitment assessed by lung ultrasound in mechanically ventilated children. <i>The Ultrasound Journal</i> , 2017, 9, 22.	2.0	16
54	Dead space analysis at different levels of positive end-expiratory pressure in acute respiratory distress syndrome patients. <i>Journal of Critical Care</i> , 2018, 45, 231-238.	2.2	16

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55	Feasibility of (68)Ga-labeled Siglec-9 peptide for the imaging of acute lung inflammation: a pilot study in a porcine model of acute respiratory distress syndrome. <i>American Journal of Nuclear Medicine and Molecular Imaging</i> , 2016, 6, 18-31.	1.0	16
56	A modified breathing pattern improves the performance of a continuous capnodynamic method for estimation of effective pulmonary blood flow. <i>Journal of Clinical Monitoring and Computing</i> , 2017, 31, 717-725.	1.6	15
57	Performance of a capnodynamic method estimating effective pulmonary blood flow during transient and sustained hypercapnia. <i>Journal of Clinical Monitoring and Computing</i> , 2018, 32, 311-319.	1.6	14
58	Sequential lateral positioning as a new lung recruitment maneuver: an exploratory study in early mechanically ventilated Covid-19 ARDS patients. <i>Annals of Intensive Care</i> , 2022, 12, 13.	4.6	14
59	Dead space during one-lung ventilation. <i>Current Opinion in Anaesthesiology</i> , 2015, 28, 10-17.	2.0	13
60	Suctioning through a double-lumen endotracheal tube helps to prevent alveolar collapse and to preserve ventilation. <i>Intensive Care Medicine</i> , 2005, 31, 431-440.	8.2	12
61	Alveolar recruitment during mechanical ventilation "Where are we in 2013?". <i>Trends in Anaesthesia and Critical Care</i> , 2013, 3, 238-245.	0.9	12
62	Alveolar Recruitment Maneuvers for One-Lung Ventilation During Thoracic Anesthesia. <i>Current Anesthesiology Reports</i> , 2014, 4, 160-169.	2.0	12
63	Open lung approach ventilation abolishes the negative effects of respiratory rate in experimental lung injury. <i>Acta Anaesthesiologica Scandinavica</i> , 2016, 60, 1131-1141.	1.6	12
64	Unsuccessful and Successful Clinical Trials in Acute Respiratory Distress Syndrome: Addressing Physiology-Based Gaps. <i>Frontiers in Physiology</i> , 2021, 12, 774025.	2.8	12
65	Clinical and experimental validation of a capnodynamic method for end-expiratory lung volume assessment. <i>Acta Anaesthesiologica Scandinavica</i> , 2020, 64, 670-676.	1.6	11
66	Prevention of atelectasis by continuous positive airway pressure in anaesthetised children. <i>European Journal of Anaesthesiology</i> , 2021, 38, 41-48.	1.7	10
67	Methodology of a Large Multicenter Observational Study of Patients with COVID-19 in Spanish Intensive Care Units. <i>Archivos De Bronconeumologia</i> , 2022, 58, 22-31.	0.8	10
68	Standardized Unloading of Respiratory Muscles during Neurally Adjusted Ventilatory Assist. <i>Anesthesiology</i> , 2018, 129, 769-777.	2.5	9
69	Monitoring Expired CO2 Kinetics to Individualize Lung-Protective Ventilation in Patients With the Acute Respiratory Distress Syndrome. <i>Frontiers in Physiology</i> , 2021, 12, 785014.	2.8	9
70	Pulmonary artery pulsatility is the main cause of cardiogenic oscillations. <i>Journal of Clinical Monitoring and Computing</i> , 2013, 27, 47-53.	1.6	8
71	The Open Lung Approach Improves Pulmonary Vascular Mechanics in an Experimental Model of Acute Respiratory Distress Syndrome. <i>Critical Care Medicine</i> , 2017, 45, e298-e305.	0.9	8
72	A noninvasive postoperative clinical score to identify patients at risk for postoperative pulmonary complications: the Air-Test Score. <i>Minerva Anestesiologica</i> , 2020, 86, 404-415.	1.0	8

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73	Nuevos modos de ventilaci3n asistida. Medicina Intensiva, 2014, 38, 249-260.	0.7	7
74	Doppler images of intra-pulmonary shunt within atelectasis in anesthetized children. The Ultrasound Journal, 2016, 8, 19.	2.0	7
75	Rationale and study design for an individualised perioperative open-lung ventilatory strategy with a high versus conventional inspiratory oxygen fraction (iPROVE-O2) and its effects on surgical site infection: study protocol for a randomised controlled trial. BMJ Open, 2017, 7, e016765.	1.9	7
76	Performance of a capnodynamic method estimating cardiac output during respiratory failure - before and after lung recruitment. Journal of Clinical Monitoring and Computing, 2020, 34, 1199-1207.	1.6	7
77	Comparison between capnodynamic and thermodilution method for cardiac output monitoring during major abdominal surgery. European Journal of Anaesthesiology, 2021, Publish Ahead of Print, 1242-1252.	1.7	7
78	Intraoperative open lung condition and postoperative pulmonary complications. A secondary analysis of iPROVE and iPROVEaO2 trials. Acta Anaesthesiologica Scandinavica, 2022, 66, 30-39.	1.6	7
79	Neurally adjusted ventilatory assist in patients with acute respiratory failure: study protocol for a randomized controlled trial. Trials, 2016, 17, 500.	1.6	6
80	Multimodal non-invasive monitoring to apply an open lung approach strategy in morbidly obese patients during bariatric surgery. Journal of Clinical Monitoring and Computing, 2020, 34, 1015-1024.	1.6	6
81	PERIOPERATIVE CONTINUOUS NON-INVASIVE CARDIAC OUTPUT MONITORING IN CARDIAC SURGERY PATIENTS BY A NOVEL CAPNODYNAMIC METHOD. Journal of Cardiothoracic and Vascular Anesthesia, 2022, , .	1.3	6
82	New modes of assisted mechanical ventilation. Medicina Intensiva (English Edition), 2014, 38, 249-260.	0.2	5
83	Physiological Markers for Acute Respiratory Distress Syndrome: Letâ€™s Get More Efficient!. American Journal of Respiratory and Critical Care Medicine, 2019, 199, 260-261.	5.6	5
84	Positive end-expiratory pressure individualization guided by continuous end-expiratory lung volume monitoring during laparoscopic surgery. Journal of Clinical Monitoring and Computing, 2022, 36, 1557-1567.	1.6	5
85	THAM reduces CO2-associated increase in pulmonary vascular resistance â€“ an experimental study in lung-injured piglets. Critical Care, 2015, 19, 331.	5.8	4
86	Effects on Pulmonary Vascular Mechanics of Two Different Lung-Protective Ventilation Strategies in an Experimental Model of Acute Respiratory Distress Syndrome. Critical Care Medicine, 2017, 45, e1157-e1164.	0.9	4
87	PEEP titration guided by transpulmonary pressure: lessons from a negative trial. Journal of Thoracic Disease, 2019, 11, S1957-S1962.	1.4	3
88	Continuous monitoring of intrinsic PEEP based on expired CO2 kinetics: an experimental validation study. Critical Care, 2019, 23, 192.	5.8	3
89	Bedside estimation of recruitable alveolar collapse and hyperdistension by electrical impedance tomography. , 2012, , 165-170.		3
90	Clinical perspectives of "the open lung concept". Minerva Anestesiologica, 1999, 65, 310-2.	1.0	3

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91	How We Stretch the Lung Matters*. Critical Care Medicine, 2013, 41, 1153-1155.	0.9	2
92	Intraoperative Ventilation Strategies to Reduce Pulmonary Complications in Obese Patients. JAMA - Journal of the American Medical Association, 2019, 322, 1828.	7.4	2
93	Continuous Non-invasive Monitoring of Cardiac Output and Lung Volume Based on CO2 Kinetics. Annual Update in Intensive Care and Emergency Medicine, 2019, , 215-229.	0.2	2
94	Volumetric Capnography for Monitoring Lung Function During Mechanical Ventilation. Yearbook of Intensive Care and Emergency Medicine, 2006, , 458-467.	0.1	1
95	Validation of Bohr dead space measured by volumetric capnography: reply to Graf. Intensive Care Medicine, 2011, 37, 1397-1398.	8.2	1
96	Reply to Hellige and Hahn and Hellige. Journal of Applied Physiology, 2012, 112, 2128-2128.	2.5	1
97	0985. Open lung ventilation improves conditions for right ventricle performance by decreasing pulmonary vascular wave reflections in an experimental model of ARDS. Intensive Care Medicine Experimental, 2014, 2, .	1.9	1
98	Protective Ventilation during Anesthesia: Too Soon for Final Recommendations. Anesthesiology, 2015, 123, 1478-1479.	2.5	1
99	Validation of Bohr dead space measured by volumetric capnography. , 2012, , 195-199.		1
100	201. Critical Care Medicine, 2013, 41, A45.	0.9	0
101	202. Critical Care Medicine, 2013, 41, A45.	0.9	0
102	329. Critical Care Medicine, 2013, 41, A77.	0.9	0
103	Position-dependent distribution of lung ventilation " A feasibility study. , 2015, , .		0
104	In Response. Anesthesia and Analgesia, 2016, 123, 1332-1333.	2.2	0
105	Reply to. European Journal of Anaesthesiology, 2018, 35, 62-63.	1.7	0