Fernando Suarez Sipmann

List of Publications by Year in Descending Order

101 papers	3,960 citations	27 h-index	62 g-index
114 ext. papers	4,753 ext. citations	4.4 avg, IF	4.99 L-index

#	Paper	IF	Citations
101	Sequential lateral positioning as a new lung recruitment maneuver: an exploratory study in early mechanically ventilated Covid-19 ARDS patients.. *Annals of Intensive Care*, **2022**, 12, 13	8.9	0
100	Prevention of atelectasis by continuous positive airway pressure in anaesthetised children: A randomised controlled study. *European Journal of Anaesthesiology*, **2021**, 38, 41-48	2.3	3
99	Unsuccessful and Successful Clinical Trials in Acute Respiratory Distress Syndrome: Addressing Physiology-Based Gaps.. *Frontiers in Physiology*, **2021**, 12, 774025	4.6	2
98	Comparison between capnodynamic and thermodilution method for cardiac output monitoring during major abdominal surgery: An observational study. *European Journal of Anaesthesiology*, **2021**, 38, 1242-1252	2.3	1
97	Intraoperative open lung condition and postoperative pulmonary complications. A secondary analysis of iPROVE and iPROVE-O2 trials. *Acta Anaesthesiologica Scandinavica*, **2021**,	1.9	3
96	Positive end-expiratory pressure individualization guided by continuous end-expiratory lung volume monitoring during laparoscopic surgery.. *Journal of Clinical Monitoring and Computing*, **2021**, 1	2	0
95	Monitoring Expired CO Kinetics to Individualize Lung-Protective Ventilation in Patients With the Acute Respiratory Distress Syndrome.. *Frontiers in Physiology*, **2021**, 12, 785014	4.6	2
94	Clinical and experimental validation of a capnodynamic method for end-expiratory lung volume assessment. *Acta Anaesthesiologica Scandinavica*, **2020**, 64, 670-676	1.9	2
93	A noninvasive postoperative clinical score to identify patients at risk for postoperative pulmonary complications: the Air-Test Score. *Minerva Anestesiologica*, **2020**, 86, 404-415	1.9	4
92	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	2	4
91	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	2	5
90	Effects of oxygen on post-surgical infections during an individualised perioperative open-lung ventilatory strategy: a randomised controlled trial. *British Journal of Anaesthesia*, **2020**, 124, 110-120	5.4	13
89	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	14.5	166
88	Efficacy of dexamethasone treatment for patients with the acute respiratory distress syndrome caused by COVID-19: study protocol for a randomized controlled superiority trial. *Trials*, **2020**, 21, 717	2.8	20
87	Continuous monitoring of intrinsic PEEP based on expired CO kinetics: an experimental validation study. *Critical Care*, **2019**, 23, 192	10.8	1
86	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	1
85	Intraoperative Ventilation Strategies to Reduce Pulmonary Complications in Obese Patients. *JAMA - Journal of the American Medical Association*, **2019**, 322, 1828	27.4	2

84	Rationale and Study Design for an Individualized Perioperative Open Lung Ventilatory Strategy in Patients on One-Lung Ventilation (iPROVE-OLV). *Journal of Cardiothoracic and Vascular Anesthesia*, **2019**, 33, 2492-2502	2.1	11
83	Photoplethysmographic characterization of vascular tone mediated changes in arterial pressure: an observational study. *Journal of Clinical Monitoring and Computing*, **2019**, 33, 815-824	2	12
82	Individualized lung recruitment maneuver guided by pulse-oximetry in anesthetized patients undergoing laparoscopy: a feasibility study. *Acta Anaesthesiologica Scandinavica*, **2018**, 62, 608-619	1.9	15
81	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	35.1	89
80	Performance of a capnodynamic method estimating effective pulmonary blood flow during transient and sustained hypercapnia. *Journal of Clinical Monitoring and Computing*, **2018**, 32, 311-319	2	11
79	Dead space analysis at different levels of positive end-expiratory pressure in acute respiratory distress syndrome patients. *Journal of Critical Care*, **2018**, 45, 231-238	4	10
78	Reply to: alveolar recruitment manoeuvres after cardiac surgery. *European Journal of Anaesthesiology*, **2018**, 35, 62-63	2.3	
77	Heart-lung interactions in acute respiratory distress syndrome: pathophysiology, detection and management strategies. *Annals of Translational Medicine*, **2018**, 6, 27	3.2	9
76	Standardized Unloading of Respiratory Muscles during Neurally Adjusted Ventilatory Assist: A Randomized Crossover Pilot Study. *Anesthesiology*, **2018**, 129, 769-777	4.3	4
75	A modified breathing pattern improves the performance of a continuous capnodynamic method for estimation of effective pulmonary blood flow. *Journal of Clinical Monitoring and Computing*, **2017**, 31, 717-725	2	11
74	Advanced Uses of Pulse Oximetry for Monitoring Mechanically Ventilated Patients. *Anesthesia and Analgesia*, **2017**, 124, 62-71	3.9	29
73	The Open Lung Approach Improves Pulmonary Vascular Mechanics in an Experimental Model of Acute Respiratory Distress Syndrome. *Critical Care Medicine*, **2017**, 45, e298-e305	1.4	7
72	Lung recruitment improves right ventricular performance after cardiopulmonary bypass: A randomised controlled trial. *European Journal of Anaesthesiology*, **2017**, 34, 66-74	2.3	12
71	The accuracy of postoperative, non-invasive Air-Test to diagnose atelectasis in healthy patients after surgery: a prospective, diagnostic pilot study. *BMJ Open*, **2017**, 7, e015560	3	21
70	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	1.4	56
69	Open lung approach versus standard protective strategies: Effects on driving pressure and ventilatory efficiency during anesthesia - A pilot, randomized controlled trial. *PLoS ONE*, **2017**, 12, e0177399	2.7	27
68	Postural lung recruitment assessed by lung ultrasound in mechanically ventilated children. *The Ultrasound Journal*, **2017**, 9, 22		9
67	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	1.4	2

66	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	3	3
65	Capnodynamic assessment of effective lung volume during cardiac output manipulations in a porcine model. *Journal of Clinical Monitoring and Computing*, **2016**, 30, 761-769	2	11
64	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. *American Journal of Nuclear Medicine and Molecular Imaging*, **2016**, 6, 18-31	2.2	15
63	In Response. *Anesthesia and Analgesia*, **2016**, 123, 1332-1333	3.9	
62	Open Lung Approach for the Acute Respiratory Distress Syndrome: A Pilot, Randomized Controlled Trial. *Critical Care Medicine*, **2016**, 44, 32-42	1.4	159
61	Open lung approach ventilation abolishes the negative effects of respiratory rate in experimental lung injury. *Acta Anaesthesiologica Scandinavica*, **2016**, 60, 1131-41	1.9	6
60	The Sensitivity and Specificity of Pulmonary Carbon Dioxide Elimination for Noninvasive Assessment of Fluid Responsiveness. *Anesthesia and Analgesia*, **2016**, 122, 1404-11	3.9	24
59	Doppler images of intra-pulmonary shunt within atelectasis in anesthetized children. *The Ultrasound Journal*, **2016**, 8, 19		1
58	Neurally adjusted ventilatory assist in patients with acute respiratory failure: study protocol for a randomized controlled trial. *Trials*, **2016**, 17, 500	2.8	6
57	High respiratory rate is associated with early reduction of lung edema clearance in an experimental model of ARDS. *Acta Anaesthesiologica Scandinavica*, **2016**, 60, 79-92	1.9	14
56	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. *Critical Care*, **2015**, 19, 9	10.8	12
55	Assessment of PaO/FiO for stratification of patients with moderate and severe acute respiratory distress syndrome. *BMJ Open*, **2015**, 5, e006812	3	65
54	Lung inflammation persists after 27 hours of protective Acute Respiratory Distress Syndrome Network Strategy and is concentrated in the nondependent lung. *Critical Care Medicine*, **2015**, 43, e123-32	7.4	25
53	Dead space during one-lung ventilation. *Current Opinion in Anaesthesiology*, **2015**, 28, 10-7	2.9	12
52	Altering the mechanical scenario to decrease the driving pressure. *Critical Care*, **2015**, 19, 342	10.8	11
51	THAM reduces CO2-associated increase in pulmonary vascular resistance - an experimental study in lung-injured piglets. *Critical Care*, **2015**, 19, 331	10.8	3
50	A novel continuous capnodynamic method for cardiac output assessment in a porcine model of lung lavage. *Acta Anaesthesiologica Scandinavica*, **2015**, 59, 1022-31	1.9	14
49	Protective Ventilation during Anesthesia: Too Soon for Final Recommendations. *Anesthesiology*, **2015**, 123, 1478-9	4.3	

48	Real-time images of tidal recruitment using lung ultrasound. *The Ultrasound Journal*, **2015**, 7, 19		12
47	Alveolar Recruitment Maneuvers for One-Lung Ventilation During Thoracic Anesthesia. *Current Anesthesiology Reports*, **2014**, 4, 160-169	1	7
46	New modes of assisted mechanical ventilation. *Medicina Intensiva (English Edition)*, **2014**, 38, 249-260	0.2	3
45	New modes of assisted mechanical ventilation. *Medicina Intensiva*, **2014**, 38, 249-60	1.2	2
44	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,	3.7	1
43	Early inflammation mainly affects normally and poorly aerated lung in experimental ventilator-induced lung injury*. *Critical Care Medicine*, **2014**, 42, e279-87	1.4	43
42	Veno-venous extracorporeal CO2 removal for the treatment of severe respiratory acidosis: pathophysiological and technical considerations. *Critical Care*, **2014**, 18, R124	10.8	52
41	Volumetric capnography: the time has come. *Current Opinion in Critical Care*, **2014**, 20, 333-9	3.5	62
40	Noninvasive monitoring of lung recruitment maneuvers in morbidly obese patients: the role of pulse oximetry and volumetric capnography. *Anesthesia and Analgesia*, **2014**, 118, 137-44	3.9	44
39	Reference values for volumetric capnography-derived non-invasive parameters in healthy individuals. *Journal of Clinical Monitoring and Computing*, **2013**, 27, 281-8	2	23
38	Pulmonary artery pulsatility is the main cause of cardiogenic oscillations. *Journal of Clinical Monitoring and Computing*, **2013**, 27, 47-53	2	6
37	Corrections of Enghoff's dead space formula for shunt effects still overestimate Bohr's dead space. *Respiratory Physiology and Neurobiology*, **2013**, 189, 99-105	2.8	16
36	Alveolar recruitment during mechanical ventilation Where are we in 2013?. *Trends in Anaesthesia and Critical Care*, **2013**, 3, 238-245	0.4	11
35	Pressure safety range of barotrauma with lung recruitment manoeuvres: a randomised experimental study in a healthy animal model. *European Journal of Anaesthesiology*, **2013**, 30, 567-74	2.3	16
34	201. *Critical Care Medicine*, **2013**, 41, A45	1.4	
33	202. *Critical Care Medicine*, **2013**, 41, A45	1.4	
32	329. *Critical Care Medicine*, **2013**, 41, A77	1.4	
31	Alveolar recruitment improves ventilation during thoracic surgery: a randomized controlled trial. *British Journal of Anaesthesia*, **2012**, 108, 517-24	5.4	81

30	Regional lung perfusion estimated by electrical impedance tomography in a piglet model of lung collapse. *Journal of Applied Physiology*, **2012**, 112, 225-36	3.7	100
29	Reply to Hellige and Hahn and Hellige. *Journal of Applied Physiology*, **2012**, 112, 2128-2128	3.7	1
28	States of low pulmonary blood flow can be detected non-invasively at the bedside measuring alveolar dead space. *Journal of Clinical Monitoring and Computing*, **2012**, 26, 183-90	2	17
27	Rationale of dead space measurement by volumetric capnography. *Anesthesia and Analgesia*, **2012**, 114, 866-74	3.9	167
26	Bedside estimation of recruitable alveolar collapse and hyperdistension by electrical impedance tomography **2012**, 165-170		1
25	Validation of Bohr dead space measured by volumetric capnography **2012**, 195-199		1
24	Capnography reflects ventilation/perfusion distribution in a model of acute lung injury. *Acta Anaesthesiologica Scandinavica*, **2011**, 55, 597-606	1.9	40
23	Validation of Bohr dead space measured by volumetric capnography. *Intensive Care Medicine*, **2011**, 37, 870-4	14.5	51
22	Validation of Bohr dead space measured by volumetric capnography: reply to Graf. *Intensive Care Medicine*, **2011**, 37, 1397-1398	14.5	1
21	Non-invasive monitoring of central blood pressure by electrical impedance tomography: first experimental evidence. *Medical and Biological Engineering and Computing*, **2011**, 49, 409-15	3.1	39
20	Lung recruitment and positive end-expiratory pressure have different effects on CO2 elimination in healthy and sick lungs. *Anesthesia and Analgesia*, **2010**, 111, 968-77	3.9	33
19	Pulmonary blood flow generates cardiogenic oscillations. *Respiratory Physiology and Neurobiology*, **2009**, 167, 247-54	2.8	20
18	Model fitting of volumetric capnograms improves calculations of airway dead space and slope of phase III. *Journal of Clinical Monitoring and Computing*, **2009**, 23, 197-206	2	39
17	Bedside estimation of recruitable alveolar collapse and hyperdistension by electrical impedance tomography. *Intensive Care Medicine*, **2009**, 35, 1132-7	14.5	246
16	Recruit the lung before titrating the right positive end-expiratory pressure to protect it. *Critical Care*, **2009**, 13, 134	10.8	14
15	An early PEEP/FIO2 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	10.2	215
14	Effects of hydroxyethyl starch administration on renal function in critically ill patients. *British Journal of Anaesthesia*, **2007**, 98, 216-24	5.4	124
13	Programming pressure support ventilation in pediatric patients in ambulatory surgery with a laryngeal mask airway. *Anesthesia and Analgesia*, **2007**, 105, 1585-91, table of contents	3.9	16

12	Use of dynamic compliance for open lung positive end-expiratory pressure titration in an experimental study. *Critical Care Medicine*, **2007**, 35, 214-21	1.4	191
11	Volumetric Capnography for Monitoring Lung Function During Mechanical Ventilation. *Yearbook of Intensive Care and Emergency Medicine*, **2006**, 458-467		1
10	Monitoring dead space during recruitment and PEEP titration in an experimental model. *Intensive Care Medicine*, **2006**, 32, 1863-71	14.5	577
9	Volumetric Capnography for Monitoring Lung Function during Mechanical Ventilation **2006**, 458-467		
8	Suctioning through a double-lumen endotracheal tube helps to prevent alveolar collapse and to preserve ventilation. *Intensive Care Medicine*, **2005**, 31, 431-40	14.5	11
7	Effect of pulmonary perfusion on the slopes of single-breath test of CO2. *Journal of Applied Physiology*, **2005**, 99, 650-5	3.7	35
6	Imbalances in regional lung ventilation: a validation study on electrical impedance tomography. *American Journal of Respiratory and Critical Care Medicine*, **2004**, 169, 791-800	10.2	433
5	Alveolar recruitment improves ventilatory efficiency of the lungs during anesthesia. *Canadian Journal of Anaesthesia*, **2004**, 51, 723-7	3	87
4	Lung recruitment improves the efficiency of ventilation and gas exchange during one-lung ventilation anesthesia. *Anesthesia and Analgesia*, **2004**, 98, 1604-1609	3.9	117
3	Clinical perspectives of "the open lung concept". *Minerva Anestesiologica*, **1999**, 65, 310-2	1.9	3
2	Awake Prone Positioning Does Not Reduce the Risk of Intubation in COVID-19 Treated with High-Flow Nasal Oxygen Therapy. A Multicenter, Adjusted Cohort Study		4
1	Awake prone positioning does not reduce the risk of intubation in COVID-19 treated with High-Flow Nasal Oxygen therapy. A multicenter, adjusted cohort study		3