UP 2024

icacon

12-15 September 2024 | Lucknow



5th International & 15th National Conference of Indian College of Anaesthesiologists

Organized by: Department of Anaesthesia & Critical Care, King George's Medical University

Theme: Outcome Enhancement in Anesthesia

Souvenir Book

www.icacon2024.in

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Message from Co-Patron

It is a matter of great pride that 5th International & 15th National Conference of Indian College of Anaesthesiologists (ICACON) is being organized by the Deptt of Anesthesiology and Critical Care, KGMU at Lucknow. Keeping with a background theme of 'Outcome enhancement in anaesthesia', a CME and hands on workshop for paramedics is also being organized for the first time with ultimate objective of outcome enhancement.

The conference will, I am sure, provide a unique opportunity to every delegate to exchange their views, vision and experience thus contributing towards enhancement of knowledge and skill in the field of Anaesthesiology.

We must continue to explore the field of anesthesiology in the broadest sense and be sure that our contributions are understood and appreciated not just by the medical community but by the public in general.

I sincerely wish the organizers a successful convention.



Dr Anita Malik,
Ex Prof & Head ,
Deptt of Anesthesiology and Critical Care,
King George's Medical University,
Lucknow.



Message from Chair

Dear Colleagues and Friends,

It is with immense pride and joy that I extend my heartfelt congratulations to each one of you for making this conference a grand success. The ICACON 2024, 5th International & 15th National conference of Indian College of Anesthesiology, King George's Medical University, Lucknow held here in the vibrant city of Lucknow, hopes to be a truly remarkable event, thanks to the unwavering dedication and enthusiastic participation of all involved.

I am particularly proud of how this ICACON2024 conference has brought together experts from across the nation to share their knowledge and experiences. The exchange of ideas and the collaborative spirit that has been displayed here are exactly what we hoped to achieve, and I am confident that the outcomes of this gathering will have a lasting impact on our field.

As we look to the future, the insights and innovations emerging from this conference will undoubtedly play a crucial role in shaping the next generation of anaesthetic care. I am proud to see such a dynamic and dedicated community of professionals leading the way.

Once again, congratulations and thank you for being a part of this extraordinary conference. I look forward to seeing the fruits of our collective efforts in the years to come.
With warm regards,



Prof Monica Kohli
Organizing Chairperson
ICACON 2024



Message from Organising Secretary

Dear Delegates and Esteemed Guests,

It is with great pleasure that I extend my warmest greetings to you on the occasion of ICACON 2024. As we gather for this prestigious conference, I am both honored and delighted to welcome you to our vibrant community.

ICACON 2024 marks a significant milestone in our journey toward innovation, collaboration, and excellence. This year's theme promises to inspire and challenge us, fostering a spirit of inquiry and cooperation that transcends borders and disciplines.

It is through our collective efforts that we drive progress and shape the future of our field. This conference is a testament to the power of coming together to share knowledge, explore new ideas, and build lasting partnerships.

Here's to a successful conference and to the continued pursuit of excellence in our shared endeavors.



Warm regards,
Dr Tanmay Tiwari
Organising Secretary
ICACON2024



Message from Scientific Secretary

It is with great pleasure that I extend my warmest congratulations to all the participants, organizers, and supporters of 5th International & 15th National conference of Indian College of Anesthesiology as you come together for this momentous event. This conference is a testament to the power of collaboration, innovation, and dedication within our community.

The theme of this conference Outcome enhancement in Anaesthesia could not be more relevant as we navigate the challenges and opportunities that lie ahead.

As the scientific secretary, I believe the outcome of this conference will have a lasting impact, and I look forward to seeing the innovative solutions and partnerships that will emerge from our discussions.

Once again, congratulations on the success of this conference. I wish you all a fruitful and inspiring experience.



Prof Mamta Harjai,
Scientific Secretary
ICACON 2024



ORGANIZING TEAM



Prof. Soniya Nityanand
Vice- Chancellor, KGMU
Patron



Prof. Anita Malik
Co-Patron



Prof. Monica Kohli
Organising Chaiperson



Prof. Dinesh Kaushal
Organising Co-chairperson



Dr. Tanmay Tiwari
Organising Secretary



Dr. Manoj Chaurasia
Treasurer



Dr. Shefali Gautam
Organising Jt. Secretary



Dr. Manish Kumar Singh
Organising Jt. Secretary

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Scientific Chaiperson



Prof. Dinesh Singh
Scientific Co Chairperson



Prof. Ajay Chaudhary
Scientific Co Chairperson



Prof. Mamta Harjai
Scientific Secretary



Dr. Hemlata
Scientific Jt. Secretary



Dr. Karan Kaushik
Scientific Jt. Secretary



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Workshop Chairperson



Prof. Rajni Gupta
Workshop Co Chairperson



Prof. B.B Kushwaha
Workshop Co Chairperson



Dr. Prem Raj Singh
Workshop Secretary



Dr. Vipin Singh
Workshop Jt. Secretary



Dr. Manish Singh
Workshop Jt. Secretary



Dr. Brijesh Pratap Singh
Workshop Jt. Secretary

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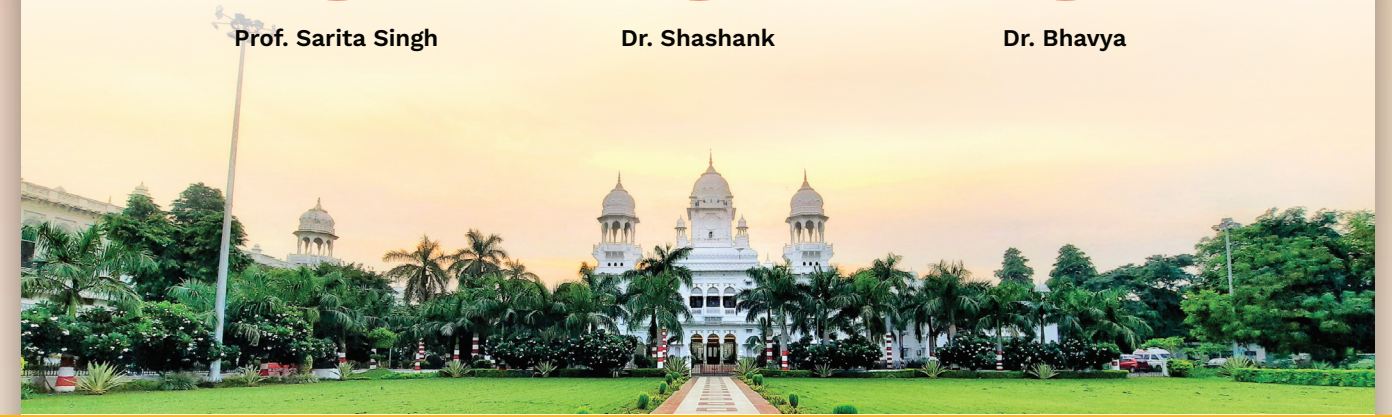
Prof. Sarita Singh



Dr. Shashank



Dr. Bhavya



KING GEORGE'S MEDICAL UNIVERSITY, LUCKNOW TEAM





Workshop Programs

CME & Workshop (12 Sep 2024)

Paramedics & Nursing

ICACON 2024
KGMU, Lucknow

TIMING	TOPIC	FACULTY
09:00 - 09:45	Infec□on control prac□ces in opera□ng theatres and intensive care units (ICUs).	Dr. Tanushree Srivastava, Integral University, Lucknow
09:45 - 10:00	Exploring opportuni□es for nursing and paramedic students in the future.	Prof. Anil Nischal Department of Psychiatry KGMU, Lucknow
10:00 - 10:30	Effec□vely communica□ng with pa□ents and delivering sensi□ve news.	Dr. D Himanshu Department of Medicine, KGMU, Lucknow
10:30 - 11:00	Basic Life Support (Adult, Paediatric)	Dr. Reetu Verma Department of Anaesthesia, KGMU, Lucknow
11:00 - 11:30	Basic Life Support in special situa□ons	Dr. Aparna Shukla Department of Anaesthesia, KGMU, Lucknow

Lectures - Paramedics & Nursing

STATIONS FOR WORKSHOP	FACULTY	NAME OF INSTITUTE
AIRWAY	Dr Yogita Dwivedi Dr Amit Kumar Malviya	SN Medical College, Agra. AIIMS , New Delhi
BLS	Dr Archana Agarwal Dr Kriti Nagar	SN Medical college, Agra. RMLIMS, Lucknow
Oxygen Therapy	Dr Veena Ganeriwal Dr Tanushree Srivastava	GG Medical College and JJ Hospital, Mumbai Integral University, Lucknow
First aid and early management of trauma	Dr Bhavya Naithani Dubey Dr Veenu Dubey	KGMU, Lucknow KGMU, Lucknow
Manual and Automated defibrillators	Dr Rashmi Dubey Dr Rishabh Garg	AIIMS, Raipur KGMU, Lucknow
Anaesthesia workstation	Dr Nidhi Anand Dr Raghvendra Sharma	SGRRIMS, Dehradun. Cancer Institute, Lucknow
Vascular Access	Dr Farzana Dr Deepali Chandra	Medanta Hospital, Lucknow KGMU, Lucknow
BiPAP and HFNC	Dr Sumita Kumari Dr Neelkamal Mishra	IMS BHU, Varanasi KGMU, Lucknow
IV Fluids and Blood Transfusion	Dr Shilpi Mishra Dr Manoj Chaurasia	RMLIMS, Lucknow KGMU, Lucknow



5th International & 15th National Conference of Indian College of Anaesthesiologists

Organized by - Department of Anaesthesia & Critical Care King George's Medical University

Theme: Outcome Enhancement in Anesthesia

13th | SEP | 2024

Time: 08:00 AM to 02:30 PM
Venue: Scientific Convention Center, KGMU

COMPREHENSIVE AIRWAY MANAGEMENT WORKSHOP

Workshop Director: Dr S. Moied Ahmed **Local Workshop Coordinator:** Dr Neel Kamal Mishra		
08:00 AM – 08:30 AM - Registration		
SESSION – I Basic **(Didactic Lectures & Video clipping)**		
Time	**Topic**	**Speaker**
08:30 AM - 08:45 AM	Introduction to the workshop (Why are we here?)	Dr. S Moied Ahmed
PRE WORKSHOP EVALUATION – 20 Questions (10 mins)		
08:45 AM - 09:00 AM	What & Why should we assess Airway?	Dr. Archana Agarwal
09:00 AM - 09:15 AM	Para Oxygenation: Why so important?	Dr. Mahima Lakhanpal
09:15 AM - 09:30 AM	Videolaryngoscopes: How does it help	Dr. Obaid A Siddiqui
09:30 AM - 09:45 AM	2nd Gen SADS: When & Why?	Dr. Yogita Dwivedi
09:45 AM - 10:00 AM	**Questions / TEA BREAK / RECESS**	
SESSION – II Advanced **(Didactic Lectures & Video clipping)**		
Time	**Topic**	**Speaker**
10:00 AM - 10:15 AM	USG: When & How does it help?	Dr. S Moied Ahmed
10:15 AM - 10:30 AM	FOB: How to conquer Diff. Airway?	Dr. Archana Agarwal
10:30 AM - 10:45 AM	E-Crico: What is the trigger?	Dr. Mahima Lakhanpal
10:45 AM - 11:00 AM	How to extubate people at risk?	Dr. Obaid A Siddiqui
11:00 AM - 11:15 AM	Unanticipated DA Guideline (AIDAA)	Dr. Yogita Dwivedi
11:15 AM - 11:30 AM	**Questions / TEA BREAK / RECESS**	
SESSION – III Case Discussions **Moderator: Dr S Moied Ahmed**		
Time	**Cases**	**Panellists**
11:30 AM - 12:00 NOON	Unanticipated Difficult intubation	All the Faculties
12:00 NOON - 12:30 PM	Anticipated DA	If time permits

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RESEARCH METHODOLOGY

Friday, 13.09.2024, 8:00 AM onwards

Room 2, Ground Floor, Atal Bihari Scientific Convention Centre, KGMU, Lucknow

Director: Dr. Rakesh Garg

Coordinator- Dr Indubala Maurya/Dr Shefali Gautam

PROGRAMME-SCHEDULE

Timing	Topic	Teaching method	Faculty
09:00 AM-09:20 AM	Introduction & Pre-test	-	Dr Rakesh Garg Dr Indubala Maurya
09:20 AM-09:40 AM	Planning of Research: • Formulation of Research Question • Aims and Objective of Study • Creating a Hypothesis	Lecture	Dr Rakesh Garg
09:40 AM-10:10 AM	Select the appropriate study design.	Lecture	Dr Vanita Ahuja
10:10 AM – 10:40 AM Tea break			
10:40 AM-11:20 AM	Literature search: PubMed	Hands - on	Dr Indubala Maurya
11:20 AM-11:40 AM	Study variables	Lecture	Dr Divya Jain
11:40 AM-12:10 PM	The basic concept of Sample Size calculation	Lecture	Dr Prabhaker Mishra
12:10 PM-12:50 PM	How do you choose the appropriate statistical test?	Group discussion	Dr Pradeep Dongre
12:50 PM-01:10 PM	Research proposal Submission and necessary clearances (Ethical, CTRI registration)	Lecture	Dr Vanita Ahuja
01:10 PM-01:30 PM	Guidelines for Reporting Research	Lecture	Dr Divya Jain
01:30 PM-02:00 PM	Basic understanding of Systematic Review and Meta-analysis (How do I read an SRMA?)	Demonstration	Dr Ayush Lohiya
02:00 PM-02:15 PM	Discussion		Dr Rakesh Garg Dr Indubala Maurya
02:15 PM - 02:30 PM	Post-test, Group Photograph		All

Instruction for Delegates:

- ***You must bring a laptop or share it with your co-delegate.***
- ***Kindly read the study material shared.***

Organized by: Department of Anaesthesia & Critical Care, KGMU, Lucknow



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Theme: Outcome Enhancement in Anesthesia

13th | SEP | 2024

Time: 08:00 AM to 02:00 PM

Venue: CCU-I (TVU), 3rd Floor, Trauma Centre, KGMU

MECHANICAL VENTILATION WORKSHOP

Workshop Director: Dr Zia Arshad **Local Workshop Coordinator:** Dr Vinod Srivastava			
08:00 AM – 08:20 AM - Registration			
Time	**Topic**	**Speaker**	
08:20 AM - 08:40 AM	Basics of Mechanical ventilation (Terminology, VC/PC, CMV, SIMV, PS,)	Dr Maitree Pandey	
08:40 AM - 09:00 AM	Indication and initiation of MV	Dr Saurabh Sehgal	
09:00 AM - 09:25 AM	Dual mode (PRVC) and newer modes of ventilation (ASV, PAV, NAVA)	Dr Rajesh Pandey	
09:25 AM - 09:50 AM	360 degree care of mechanical ventilated patient	Dr Yash Javeri	
09:50 AM - 10:10 AM	Weaning from mechanical ventilation	Dr Tanmoy Ghatak	
10:10 AM - 10:30 AM	Monitoring and Complication from Mechanical Ventilation	Dr Abhijeet Ananad	
10:10 AM – 10:40 AM Tea break			
WORKSTATION (From 10:40 AM - 02:00 PM)			
Batch	**Station**	**Duration**	**Faculty**
A	Understanding scalar and loops	40 minutes	1. Dr Maitree Pandey 2. Dr Amit Pandey
B	Alarm and troubleshooting	-do-	1. Dr Saurabh Sehgal 2. Dr Abhijeet Anand
C	Non-invasive mode **(BiPAP and HFNC)**	-do-	1. Dr Tanmoy Ghatak 2. Dr Ambuj Yadav 3. Dr Raghavendra
D	Case based discussion- ventilatory strategy of **ARDS**	-do-	1. Dr Rajesh Pandey 2. Dr Apoorva
E	360 - degree care of ventilation-Hand on practice	-do-	1. Dr Yash Javeri 2. Dr Hasim

Workshop followed by "Delightful Lunch" at Convention Centre (Time 02:00 PM - 03:00 PM)

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POCUS IN PERIOPERATIVE MEDICINE

Friday, 13.09.2024, 8:00 PM onwards

Seminar Hall, Ground Floor, Administrative Block, Dr. RMLIMS, Gomti Nagar, Lucknow

Director: Dr. Dibesh Arora/ Dr P K Das

Co-ordinator- Dr Vipin Kumar Singh/Dr Sameeksha

PROGRAMME-SCHEDULE

PROGRAMME		
08:00 - 08:30 AM	Registration	08:00 - 08:30 AM
08:30 - 08:50 AM	E FAST & gastric volume Assessment	Dr Tej Prakash
08:50 - 09:10 AM	ONSD and TCCD	Dr Kalicharan
09:10 - 09:40 AM	Basic of Echo and FATE	Dr Javed Akhtar
09:40 - 10:00 AM	Thoracic ultrasound	Dr Divesh Arora
10:00 - 10:15 AM	DVT ultrasound and PE	Dr S S Nath
10:15 - 10:30 AM	Airway ultrasound	Dr Vineet Dhawan
10.30 - 1.30 PM	POCUS WORKSHOP	
01.30 - 2.00 PM	POCUS QUIZ	Dr Divesh Arora
02.00 PM onwards	LUNCH	

STATIONS 30 MINUTES EACH

- **A** AIRWAY — Dr Vineet Dhawan, Dr Virendra, Dr Suraj
- **B** LUNG & DIAPHRAGM — Dr Divesh Arora, Dr Somnath Longnani
- **C** FATE= SUBCOSTAL/ APICAL/IVC — Dr Javed Akhtar, Dr Sharif
- **D** ONSD & TCCD — Dr Kalicharan, Dr Manoj Giri
- **E** E FAST & GASTRIC VOLUME ASSESMENT — Dr Tej Prakash, Dr Saurabh, Dr Shilpi
- **F** FATE= PLAX/PSAX — Dr S S Nath, Dr Samiksha

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ABG ANALYSIS

Friday, 13.09.2024, 8:00 AM onwards

5th Floor Department Of Critical Care Medicine,

Trauma Centre, Kgmu , Lucknow

Director: Prof. Avinash Agrawal

Coordinator- Dr. Sai Saran & Dr. Rati Prabha

PROGRAMME-SCHEDULE

9.00 AM - 09:30 AM - Registration		
Timing	Topic	Speaker
9:30 AM - 9:50 AM	Technical issues with blood gases and basic bio chemistry of blood gases (pre-Analytical Errors	Dr. Ambuj Yadav
9:50 AM - 10:10 AM	Step-wise interpretation of blood gases (Boston approach)	Dr. Saumitra Misra
10.10 AM - 10:30 AM	Interpretation and Management of metabolic acido sis:2 case scenarios (lactic and DKA)	Dr. Suhail Sarwar Siddiqui
10.30 AM - 10:50 AM	Interpretation and Management of metabolic acido sis: 2 case scenarios (RTA)	Dr. Namrata Rao
10.50 AM - 11:15 AM	High Tea	
11.15 AM - 11:35 AM	Interpretation and Management of metabolic alkalosis: 2 case scenarios (Cl responsive and Cl resistant)	Dr. Nitin Rai
11.35 AM - 11:55 AM	Interpretation and Management of respiratory acido sis: 2 case scenarios (acute and chronic)	Dr. Rajeev Garg
11.55 AM - 12:15 PM	Interpretation and anagement of respiratory alkalo sis: 2 case scenarios (acute and chronic)	Dr. Sachin
12.15 PM- 02:00 PM	WORKSTATIONS : HANDS ON PRACTICE (20 minutes each station)	
20 Min	Approach to Metabolic acidosis (5 cases)	Dr. Nabeel / Dr. Shraddhanjali / Dr. Ujjwa
20 Min	Approach to Metabolic alkalosis (4 cases)	Dr. Trimurthulu / Dr. Deenbandhu
20 Min	Approach to Respiratory acidosis (4 cases)	Dr. Sachin / Dr. Neeraj/ Dr. Krishna Priya
20 Min	Approach to Respiratory alkalosis (4cases)	Dr. VR Srivats / Dr. Rahul

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REGIONAL ANAESTHESIA

Friday, 13.09.2024, 8:00 AM onwards

Venue : 400 Banquet Hall, Ground Floor Atal Bihari Scientific Convention Centre, KGMU, Lucknow

Director: Dr. Debesh Bhoi

Coordinator- Dr Brijesh Pratap Singh

PROGRAMME-SCHEDULE

8.00 am	Registration			
8.30 am	10min		Introduction and Basics of US Regional anaesthesia practice	Dr Debesh Bhoi
		Upper limb Blocks		
8.40 am	10 min		Regional anatomy pertinent to upper limb blocks	Dr Amrita Rath
8.50 am	How to execute?	10 min	Interscalene Block/ Supraclavicular Block	Dr Debesh Bhoi
9.00 am		10 min	Infraclavicular Block/ Axillary Block	Dr Chandni Sinha
		Lower Limb Blocks		
9.10 am	10 min		Regional anatomy pertinent to lower limb blocks	Dr Sachin Kumar
9.20 am	How to execute?	10 min	Femoral /SFI	Dr Ajeet Kumar
9.30 am		10 min	Adductor Canal Block	Dr Shishir Aggarwal
9.40 am		10 min	Proximal Sciatic / Popliteal Sciatic	Dr Manish K Singh
		Abdominal Blocks		
9.50 am	How to execute?	10 min	Regional anatomy pertinent to abdominal blocks	Dr Ridhima Bhatia
10.00 am		10 min	TAP Block/Rectus Sheath Block	Dr Nishant Patel
		Thoracic blocks		
10.10am	10 min		Regional anatomy pertinent to chest wall blocks	Dr Varun Singla
10.20 am	How to execute?	10 min	Erector Spinae Plane Block	Dr Vansh
10.30 am		10 min	Interpectoral/Pecto-Serratus Plane Block	Dr Neha Pangasa
		Head & Neck Blocks		
10.40 am	How to execute?	15 min	Regional anatomy pertinent to face & neck blocks Cervical Plexus Block, Stellate Ganglion Block, Scalp Block (GON), Sphenopalatine Block	Dr Brijesh Pratap Singh Dr Hirok Roy
10.40 - 1.30 P M		WORKSHOP		
01.30 - 2.00 PM		QUIZ		
2.00 PM on wards		LUNCH		

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SIMULATION IN ANAESTHESIA

Friday, 13.09.2024, 8:00 AM onwards

HPS LAB, FIRST FLOOR, Atal Bihari Scientific Convention Centre, KGMU, Lucknow

Director: Dr Rashmi Ramachandran and Dr Vimi Rewari

Coordinator- Dr Hemlata, Dr Ruchi Verma

PROGRAMME-SCHEDULE

Timing	Session	Faculty
8:15AM – 8:30AM	Registration	
8.30AM – 9.30 AM	Orientation to ACRM (10 min)-Pre test Welcome & Workshop Overview (5mins) What is ACRM ? (15mins) Why should you know ACRM? (15mins) Team Dynamics (15mins)	Dr Rashmi Dr. Aditi Dr. Athiphro Dr. Namisha
9:30AM - 10:00 AM	Pre-briefing & Orientation of Sim Rooms (Sim Room 1 & 2 Respectively) Introduce manikin, monitor, environment, psychological safety & confidentiality	
	Simulation Room 1 Dr. Vimi/ Dr. Hemlata/ Dr. Aditi/ Dr. Namisha	Simulation Room 2 Dr. Rashmi/Dr. Ruchi/ Dr. Bhawna/ Dr. Athiphro
10:00AM - 10:20AM	Demo Run (Scenario design: Dr. Athiphro/Dr. Aditi)	
	Simulation Room 1 Prebrief: Dr. Vimi Learners: Dr. Aditi, KGMU Volunteer Surgeon: Dr. Namisha Anesthesia Technician: Dr. Hemlata	Simulation Room 2 Prebrief: Dr. Rashmi Learner: Dr. Athiphro, KGMU Volunteer Surgeon: Dr. Ruchi Anesthesia Technician: Dr. Bhawna
10.20 AM- 10.30 AM	Debriefing about Demo scenarios- Laying down expectations from Learners	
10:30 AM- 11:30AM	SCENARIOS 1 and 2	
	Simulation Room 1 Dr. Vimi/ Dr. Hemlata/ Dr. Aditi/ Dr. Namisha	Simulation Room 2 Dr. Rashmi/Dr. Ruchi/ Dr. Bhawna/ Dr. Athiphro
	Group A1 / Group A2	Group B1 / Group B2
	Performs scenario 1 (20mins) / Watch A1 performance	Performs scenario 1 (20mins) / Watch B1 performance
	Watch A2 performance / Performs scenario 2 (20mins)	Watch B2 performance / Performs scenario 2 (20mins)
	Debrief: Both Groups (20mins)	Debrief: Both Groups (20mins)
11.30 AM- 12:00 Noon	**Tea Break**	
12:30 PM - 1:30PM	SCENARIOS 3 and 4	
	Simulation Room 1 Dr. Vimi/ Dr. Hemlata/ Dr. Aditi/ Dr. Namisha	Simulation Room 2 Dr. Rashmi/Dr. Ruchi/ Dr. Bhawna/ Dr. Athiphro
	Group B1 / Group B2	Group A1 / Group A2
	Performs scenario 3 (20mins) / Watch B1 performance	Performs scenario 3 (20mins) / Watch A1 performance
	Watch B2 performance / Performs scenario 4 (20mins)	Watch A2 performance / Performs scenario 4 (20mins)
	Debrief: Both Groups (20mins)	Debrief: Both Groups (20mins)
1:30 PM- 2:00 PM	Post Test & Feedback	

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MIPSI & CHRONIC PAIN MANAGEMENT

Friday, 13.09.2024, 8:00 AM onwards

Dissection Hall, Department Of Anatomy, KGMU

Director: Dr. Ajay Chaudhary

Coordinator- Dr Manish Kumar Singh

PROGRAMME-SCHEDULE

Timing	Name	Procedure
8:35 am to 9:30 am	A.Dr Nikita Agarwal B. Mithilesh kumar	Stellate Ganglion block
9:35am to 10:45 am	A.Dr Kritika yadav B.Dr Himanshu prince	Coeliac Plexus block
10:50am to 11:50am	A.Dr Abhishek rajput B.Dr Nikita Agarwal	Superior Hypogastric plexus block
12:00 pm to 1:00pm	A.Dr Shivani rastogi B.Dr Himanshu	Ganglion Impar block
1:05 pm to 2:00pm	A.Dr Shivani rastogi B.Dr Shashank kumar	Caudal Epidural block

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ADVANCED HEMODYNAMIC MONITORING

Friday, 13.09.2024, 8:00 AM onwards

First Floor, Department Of Anaesthesiology, SGPGIMS, A Block

Director: Dr. Prabhat Tewari

Coordinator- Dr. Amit Rastogi, Dr. Divya Srivastava

Dr Rajesh Raman/ Dr. Karan Kaushik

PROGRAMME-SCHEDULE

Topic	Faculty	Time	Duration
Introduction	Prof Prabhat Tewari	08:00-8:05	5 min
Heart-Lung interaction	Prof Anil Verma	08:05-8:20	15 min
Intra-arterial blood pressure	Sumit	08:20-8:35	15 min
CVP a' myth or reality	Suruchi	08:35-8:45	10 min
CVP videos	Ragi	08:45-8:55	10 min
Tea Break		08:55-09:10	15 min
PAC# based CO$	Karan	09:10-9:30	20 min
Mixed Venous oximeter	Prashant	09:30-9:45	15 min
NIRS@	Pallav	9:45-10:00	15 min
Wave form based CO	Divya Srivastava	10:00-10:15	15 min
US^ hemodynamic	Amit & Tapas	10:15-10:45	30 min
HANDS ON	All	10:45-12:15	90 min
Transthoracic impedance -Bioreactance	Divya Arora	12:15-12:30	15 min
QUIZ	Sumit & Divya Arora	12:30-12:50	20 min
Final Comments	Prof Prabhat Tewari	12:50-13:00	10 min
Lunch Break		13:05-13:30	25 min

˅ central venous pressure, $Cardiac output ,#pulmonary artery catheter , @near infrared spectroscopy & ^Ultrasound

Hands on 3 stations: 15 students, divided 7/8
Station 1 : FATE: 45 minutes
Station 2: Cannulations (arterial/ Venous): 20 minutes
Station 3: Other Haemodynamic Monitoring Devices : 25 minutes
(Haemosphere/ Most Care Up/ Bioimpedence)

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HISH RISK OBSTETRICS

Friday, 13.09.2024, 8:00 AM onwards

Institute of Skill, Entry From Radio Goonj Side, 2nd Floor, Scientific Convention Centre, KGMU, Lucknow

Director: Dr Kajal Jain/Dr Anju Grewal

Coordinator- Dr Mamta Harjai, Dr Manoj Chaurasia

PROGRAMME-SCHEDULE

Timing	Lecture	Faculty
8.45 AM - 09:00 AM	Pre-test session	Dr Ashwini
9.00 AM - 09:10 AM	Overview of workshop & Simulation: Need of the hour	Dr Mamta Harjai
Session 1: Management of postpartum haemorrhage		
9.10 AM - 09:25 AM	PPH: When do mothers die of PPH? Overview: Key treatment strategies and Team approach	Dr Anjeelena
STATION ROTATION 09:30 AM - 10:30 AM	Station 1: Assessment of blood loss: How reliable in crisis moments	Dr Anjeleena Dr. Nitin Chaudhary
	Station 2: How to guide fluid therapy: Static and dynamic indicators. Serum markers. Role of vasopressors.	Dr Nidhi Bhatia Dr Kriti Puri
	Station 3: When and how to titre blood component therapy: MTP protocols. POC Coagulation testing	Dr Ashwini/Dr Uma Rathi / Dr. Mahima
	Station 4: Surgical strategies to control PPH- What an anaesthesiologists should know?	Dr Manokanth Dr Ashish Khanna
10.30 AM - 10:55 AM	Scene enact: Pregnant women with PPH – followed by debrief	All Instructors with Lead Instructor: Dr Ashwini
11.00 AM - 11:20 AM	Maternal Sepsis: Updates	Dr Manokanth
Session 2: Management of peripartum eclampsia		
11.20 AM - 11.40 AM	Eclampsia: Pre-eclampsia -Updates	Dr Kajal Jain
STATION ROTATION 11.40 AM - 12:40 PM	Station 1: Drugs to control hypertensive emergency	Dr Anjeelena, Dr Mahima Dr Nitin Chaudhary
	Station 2: POCUS on Lung: What to observe to confirm & rule out?	Dr Nidhi Bhatia Dr. Kriti Puri
	Station 3: Fluid therapy: How much to give and titrate?	Dr Ashwini Dr Uma Rathi
	Station 4: Acute management of seizures: Airway control and Magnesium sulphate therapy	Dr Manokanth Dr Ashish Khanna
12.40 PM - 01:10 PM	Scene enact: Pregnant women with PPH – followed by debrief	All Instructors with Lead Instructor: Dr Ashwini
01.10 PM - 01:45 PM	Panel discussion: Heart Diseases in Parturient (DCM?) Challenges for an Obstetric Anaesthesiologist	Moderator:Dr Nidhi Bhatia Panelists:Dr Manokanth Dr Anjeleena Dr Ashwini, Dr Ashish Khanna, Dr Mahima & 1-2 local faculty
Session 3: Maternal Cardiac arrest		
01.45 PM - 02.00 PM	MCA: How to effectively resuscitate a parturient? Overview of guidelines & role of hysterotomy / RUI	Dr Anju Grewal
02.00 PM - 02.45 PM	Model scene enact of MCA resuscitation followed by debrief	All Instructors with Lead Instructor: Dr Nidhi Bhatia
02.45 PM - 03.15 PM	Lunch	
03.15 PM - 03.30 PM	POST TEST; Q& A , Feedback and Valedictory	All Instructors

Organized by: Department of Anaesthesia & Critical Care, KGMU, Lucknow



12-15 September 2024 | Lucknow

RESUSCITATIVE EMERGENCY MEDICINE

Friday, 13.09.2024, 8:00 PM onwards

HPS LAB, FIRST FLOOR, Atal Bihari Scientific Convention Centre, KGMU, Lucknow

Director: Dr. Haider Abbas

Coordinator- Dr. Mukesh Kumar

PROGRAMME-SCHEDULE

Time	Topic	Teacher
8-830 am	Registration	
830- 900 am 900- 930 am 930- 1000 am 1000-1030am 1030-1100 am 30 MIN SIMULATION TIME	**A = Matters of Difficult airway-** Obstetric patient with spinal deformity for emergency LSCS	DR VEENA ASTHANA
	B = Matters of distressed Breathing Acute exacerbation of COPD for emergency laparotomy-Preoperative stabilization and intraoperative severe bronchospasm under GA	DR LOKENDRA GUPTA
	C= Matters of Shocked circulation Young patient with symptomatic bradycardia followed by asystole cardiac arrest.	DR MUSTAHSIN MALIK
	D = Matters of Disability Management algorithm for resuscitating a patient with AMS Background- Pre op patient with Diabetic ketoacidosis	DR ZINAB MEHDI
	E= Matters of Environmental exposure Resuscitating a patient with hyperthermia under GA	DR REENA SINGH
1100- 1130 am	TEA BREAK	
1130-1200pm 1200- 1230 pm 1230- 1300 pm 1300- 1330 pm 1330-1400 pm 30 MIN SIMULATION TIME	**A = Matters of Difficult airway- Adult** Cervical collar in situ, or blood in oral cavity Background- Trauma victim simulation - to give GA for EDH evacuation	DR HAIDER ABBAS, DR MUKESH KUMAR
	B = Matters of distressed Breathing Management of distress in the immediate post extubation phase	DR ASHIMA SHARMA
	C= Matters of Shocked circulation Managing a bleeding patient on OT	DR SHEFALI SHARMA
	table - Hemorrhagic shock	
	D = Matters of Disability Managing neurogenic shock in spinal trauma victim before posting him for shoulder reduction surgery	DR SUJEET SINGH
	E= Matters of Environmental exposure Management of a hypothermic post op patient with Ventricular tachycardia	DR UTSAV MANI
1400	LUNCH	

Organized by: Department of Anaesthesia & Critical Care, KGMU, Lucknow

UP 2024

ICACON

12-15 September 2024 | Lucknow

ADVANCED VASCULAR ACCESS

Friday, 13.09.2024, 8:00 AM onwards

Room 1, Ground Floor
ATAL BIHARI CONVENTION CENTER, KGMU, Lko

Director: Vibhavari Naik
Coordinator- Dr. Prem Raj Singh

PROGRAMME-SCHEDULE

Timing	Topic	Speaker
8.30AM – 8.40 AM (10 mins)	Registrations	
8.40 AM – 8.45 AM (5 mins)	Introductions and Welcome	Dr Prem Raj Singh
8.45 AM – 9.00 AM (15 mins)	Overview of vascular access	Dr Vibhavari Naik
9.00 AM – 11.00 AM (30 mins each)	Hands-on sessions	
	Difficult peripheral venous access (US +V)	Dr Prem Raj Singh/ Dr Farzana/Dr. Sateesh
	Neonatal vascular access (US +V)	Dr Ishtiyaque Hussain/ Dr Ekta Rai
	PICC lines and Midlines (US +V)	Dr Vibhavari Naik/ Dr Basanth Rayani
	Intraosseous access	Dr Syed Faisal/ Dr Pratap Reddy
11.00 AM – 11.30 AM (30 mins)	Tea Break	
11.30 AM – 01.30 PM (30 mins each)	Hands-on sessions	
	Central venous access (US + V)	Dr Syed Faisal/Dr. Sateesh Dr Prem Raj Singh
	Arterial access (US + V)	Dr Ekta Rai/ Dr Farzana
	Tunnelled catheters (Hickman and Permcaths) (US +V)	Dr Basanth Rayani/ Dr Pratap Reddy
	Implanted ports	Dr Vibhavari Naik/ Ishtiyaque Hussain
01.30 PM – 01.45 PM (15 mins)	Quiz	Dr Vibhavari Naik/ Dr Farzana
01.45 PM – 02.00 PM (15 mins)	Feedback	Dr Prem Raj Singh/ Dr Vibhavari Naik
2.00 PM onwards	Lunch	

US – Ultrasound; V – Volunteer

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UP 2024

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12-15 September 2024 | Lucknow

PG MENTORING SESSION

Friday, 13.09.2024, 3:00 PM onwards

400 Banquet Hall, Ground Floor Atal Bihari Scientific Convention Centre, KGMU, Lucknow

Director: Dr. Saneesh

Coordinator- Dr Ravi Prakash

PROGRAMME-SCHEDULE

SESSION 1

03:00 – 03:45 PM (400 Banquet Hall, Ground floor)

Introduction – Dr Saneesh

- PG Curriculum in India – Dr Madhusudan Upadya, Dr RP Singh Gehdoo
- Role of social media in professional career – Dr Nigel Kuriakose
- How to make a good CV – Farzeen Ashik *

SESSION 2

03:45 PM – 04:30 PM

Overseas Prospects

(Delegates will be divided into 3 stations on ground floor)

400 Pax Banquet Hall (UK/Europe)	Room 1 (USA/Canada)	Room 2 (Aus/NZ)
Dr Deepak Ravindran *	Dr Kumar Belani	Dr Ashok Kumar Jayaraj *
Dr Mathew Patteril *	Dr Victor Davila	Dr Rajeev Kumar Aggarwal

Note: * indicates faculty attending via video conferencing.

TEA BREAK

04:30 04:45 PM

SESSION 3

04:45 PM – 06:00 PM

Subspecialty Prospects

(Delegates will be divided into 3 stations on ground floor)

400 Pax Banquet Hall	Room 1	Room 2
Cardiac Anesthesia Dr Muralidhar Kanchi, Dr Pratapa Reddy Ganpala	Regional anesthesia, Pain Dr RP Gehdoo Dr Divesh Arora Dr Deepak*	Neuroanesthesia Dr Sanjay Agrawal
Critical care Dr Yash Javeri	Obstetric anesthesia Dr Kajal Jain	Oncoanesthesia Dr Vibhavari Naik Dr Basant Kumar Rayani
	Pediatric anesthesia Dr Ekta Rai	

Note: Each station will run for 45 minutes and we shall run the stations for 2 rotations, so that the delegates can attend 2 stations of their choice and get enough time for interaction with the faculty.

Organized by: Department of Anaesthesia & Critical Care, KGMU, Lucknow

Conference Programs

DAY 1 - Hall A - JADE HALL

Time	Session	Title	Topic	Speaker	Chairperson
0830 - 0835	ASA Session		Congratulatory message from ASA President		**Moderator:** Dr Kumar Belani **Chairperson:** Dr Jayashree Sood Dr Baljit Singh Dr Radhakrishnan
0835 - 0850			"Neuroprotection during major vascular and cardiac surgeries"	Dr Ramprasad Sripada	
0850 - 0905			Obesity Considerations for anesthesia and sedation.	Dr Lalitha Sudrararaman	
0905 - 0915			Discussion		
0915- 0920	SAMBA Session		Congratulatory message from SAMBA President		**Moderator:** Dr Kumar Belani **Chairperson:** Dr P K Singh Dr GP Singh Dr Surinder Sharma
0920 - 0935			Quality Improvement in Ambulatory Surgery – Why Things Never Seem to Change	Dr Victor Davila	
0935 - 0950			ASRA Consensus Guidelines on the management of the perioperative patient on Cannabis and Cannabinoids	Dr Jyoti B Pandya	
0950 - 1000			Discusion		
1000 - 1040	Oration in HALL A	Oration 01	Dr Mittal Oration	Dr Kirti N Saxena	Dr T Prabhakar Dr Baljit Singh
1040 - 1120		Oration 02	Dr BVR Sastry Oration	Dr B Radhakrishnan	Dr Muralidhar Kanchi Dr Bimla Sharma
1120 - 1130	**Tea / Coffee Break**				
1130 - 1150	Obstetrics	Lecture	Transfusion policy in obstetric hemorrage	Dr Bharti Wadhwa	Dr Vipin Dhama Dr Anjoo Agarwal Dr Pallavi Ahluwalia Dr Umesh Deshmukh
1150 - 1210		Lecture	How to ensure quality and safety in resource limited settings for obstetrics	Dr Anju Grewal	
1210 - 1250		Panel Discussion	Maternal critical care: The path unexplored	**Panelist:** Dr Anshu Gupta Dr Sonia Wadhavan Dr P K Das Dr Aswini Kuberan Dr Smriti Agarwal	**Moderator:** Dr Kajal Jain
1250 - 1310		Lecture	PDPH Guidelines: Current scenario	Dr Veena Asthana	Dr Anjeleena Kr. Gupta Dr Manjula Sarkar Dr Yogita Patil Dr Mamta Harjai
1310 - 1320		Short Talk	Ureterotonic agents: review and update	Dr Neha Pangasaa	
1320 - 1330		Short Talk	Labour analgesia: Trouble shooting	Dr Manokanth	
1330 - 1415	**Lunch Break**				
1415 - 1425	Controversies in Anaesthesia	Pro-Con	Opioid sparing anesthesia: Pro-Con	Dr Parin Lalwani - Pro Dr Manu Pathak - Con	Dr Surinder Sharma Dr Sanjay Dhiraj Dr Yashpal Dr Anil Verma
1425 - 1435		Short Talk	Is pre-op PFT mandatory in COPD? Pro-con	Dr Abhyuday Kumar	
1435 - 1445		Pro-Con	Is KETAMINE still relevant?	Dr Bhavya Naithani - Pro Dr Divya Srivastava - Con	
1445 - 1455		Pro-Con	Will VL replace DL in next 5 years?	Dr Vandana Arora - Pro Dr Neeraj Kumar - Con	
1455 - 1505		Pro-Con	Social media in anesthesia: Boon or Bane	Dr Namisha Goyal - Boon Dr Shruti Sharma - Bane	
1505 - 1515			Discussion with Audience		

1515 - 1535	Pain Management	Lecture	Perioperative pain management in patients with substance abuse	Dr Ashok Kumar Saxena	Dr Bimla Sharma Dr Anil Agarwal Dr Ajay Chaudhary
1535 - 1555		Lecture	How to setup acute pain services	Dr R P Gehdoo	
1555 - 1630		Panel Discussion	Missing links in post operative pain management: challenges and future perspective	**Panelist:** Dr B.C Pandey Dr Apurva Agarwal Dr Aastha Srivastava Dr Kirti Kamal Kshetrapal Dr Shivani Rastogi Dr Bhaskaran Rajendran	**Moderator:** Dr Naveen Malhotra
1800 - 1900	**Inauguration**				
1915 - 2015	**Convocation**				
2030 Onwards	**Gala Dinner**				

DAY 1 - Hall B - JASPER HALL

Time	Session	Title	Topic	Speaker	Chairperson
0830 - 0850	Neuro Anaesthesia	Lecture	Challenges and advancement in anesthetic management of Traumatic Brain Injury	Dr Nidhi Bhatia	Dr Shashi Srivastava Dr Shashi Kiran Dr Sumit Kalra
0850 - 0910		Lecture	Blood conservative strategies in complex spinal procedure	Dr Madhusudan Upadhyay	
0910 - 0955		Panel Discussion	Perioperative brain health initiative to improve outcomes	**Panelist:** Dr Vidhu Bhatnagar Dr Devendra Gupta Dr Gayatri Kumari Dr Neelam Prasad Govil Dr Rahul Yadav	**Moderator:** Dr Sanjay Agarwal
0955 - 1000			Q & A		
1000 - 1040	Oration in HALL A	Oration 01	Dr Mittal Oration	Dr Kirti N Saxena	Dr T Prabhakar Dr Baljit Singh
1040 - 1120		Oration 02	Dr BVR Sastry Oration	Dr B Radhakrishnan	Dr Muralidhar Kanchi Dr Bimla Sharma
1120 - 1130	**Tea / Coffee Break**				
1130 - 1150	Cardiac & Thoracic Anaesthesia	Lecture	CABG in cardiogenic shock: special consideration	Dr Prabhat Tewari	Dr Robina Makkar Dr Dinesh Kaushal
1150 - 1210		Lecture	eCPR: Challenges and future in India	Dr Suresh G Nair	
1210 - 1250		Panel Discussion	Recent advances in cardio thoracic anesthesia	**Panelist:** Dr Murlidhar Kanchi Dr Ragi Jain Dr S S Nath Dr Abhishek Verma Dr Kapil Singhal	**Moderator:** Dr Rajiv Lakhotia
1250 - 1310		PBLD Cardiac	Rescue TEE in perioperative period	Dr Subhendu Sarkar	Dr Susheela Taxak Dr Veena Ganeriwal Dr Preeti Gahlaut
1310 - 1330		PBLD Cardiac	Cardiac patient undergoing lung resection	Dr Arupratan Maiti	
1330 - 1415	**Lunch Break**				

1415 - 1435	Onco Anaesthesia	Lecture	Pre-habilitation in cancer: new frontier	Dr Jyotsana Goswami	Dr Neelam Singh Dr Anjali Gera Dr Itee Chowdhary
1435 - 1455		Lecture	Anesthesia and cancer recurrence: Myth or Fact	Dr Swapnil Parab	
1455 - 1530		Panel Discussion	ERAS protocol in Onco-anesthesia	**Panelist:** Dr Mayank Massand Dr Indubala Maurya Dr Nandita Mehta Dr Manish Singh Dr Nishkarsh Gupta	**Moderator:** Dr Mithilesh Kumar
1530 - 1535	Quick Bites: Focust Approach	1	Failed spinal: what next	Dr Sumita Kumari	Dr Rashmi Dubey Dr Anshul Jain Dr Virendra Kumar Sankhwar Dr Asha Tyagi
1535 - 1540		2	Emergency surgical airway: When? & How?	Dr Nitin Chaudhary	
1540 - 1545		3	Oral anticoagulant and Regional anesthesia	Dr Bhavna Gupta	
1545 - 1550		4	ET tube dislodgement in prone position	Dr Anant Kumar Sharma	
1550 - 1555		5	Trauma induced coagulopathy: ideal approach	Dr Rashmi Salhotra	
1555 - 1600		6	Patient in shock: how does POCUS help	Dr Rudrashish Haldar	
1600 - 1605		7	Airway fire in laser surgery	Dr Anudeep Jafra	
1605 - 1610		8	Prolonged motor block after neuraxial anesthesia: what next	Dr Ridhima Bhatia	
1610 - 1615		9	Pneumothorax after central venous cannulation: how to approach	Dr Priyanka Dwivedi	
1615 - 1620		10	USG & Airway	Dr Kalicharan Das	
1620 - 1630			Discussion		
1630 - 1730	**GBM**				

DAY 1 - Hall C - OPAL HALL (ORAL)

Time	Abstract ID	Title		Presenter
1000 - 1040	Oration in Hall A	Dr Mittal Oration		DR KIRTI N SAXENA
1040 - 1120		Dr BVR Sastry Oration		DR B RADHAKRISHNAN
1120 - 1130	Tea / Coffee Break			
1130 - 1330		EVALUATION OF ULTRASOUND GUIDED RECRUITMENT MANOEUVRE ON PERIOPERATIVE ATELECTASIS IN LAPAROSCOPIC CHOLECYSTECTOMY	SAJID K P	Dr Amit Kohli Dr Anita Malik Dr Naveen Malhotra
		Comparison of the use of LMA Gastro Airway versus sedation and oxygen supplementation with nasal cannula in patients undergoing Endoscopic Retrograde cholangiopancreatography	MEGHNA	
		Comparison of Fiberoptic intubation with video-assisted fiberoptic intubation in Predicted Difficult Airway: A Preliminary Report	VISHAL SAXENA	
		COMPARISON OF BLIND ORO-TRACHEAL INTUBATION THROUGH LMA BLOCKBUSTER AND LMA PROTECTOR – A PROSPECTIVE RANDOMIZED STUDY	MANISHA MANOHAR	
		CMAC video laryngoscope vs touren video laryngoscope for endotracheal intubation in the pediatric population undergoing general anesthesia.	NISHITA CHANDRA	
		A Prospective Randomised study to compare the effect of neutral and extended head position during awake orotracheal intubation using fiberoptic bronchoscope in adult patients	SHALU YADAV	
		External validation of PRAM score for predicting postspinal hypotension during cesarean delivery: A prospective observational study	PRASHANSA DAYAL	
1330 - 1415	Lunch Break			
1430 - 1600		Evaluation of effect of propofol TIVA versus sevoflurane or desflurane inhalation GA on optic nerve sheath diameter in laparoscopic gynecologic surgeries in trendelenburg position: A Randomised Study	DERISH DAVID	Dr Rajiv Lokhatia Dr Nishant Kumar Dr Rajeev Dubey
		EXTUBATION IN PRONE POSITION: A NOVEL APPROACH	KARANVIR SINGH SIDHU	
		Evaluation of Lung Ultrasound as a Screening Tool to detect Early Post Operative Pulmonary Complications following Major Upper Open Abdominal Surgeries	HEMANT AGARWAL	
		Severity of catheter related bladder discomfort in male patients undergoing percutaneous nephrolithotomy after receiving intravesical dexmedetomidine.	PRASHANT SWAROOP	
		A comparative analysis of intraoperative haemodynamics, sedation quality & post-operative pain control of Remifentanyl, Fentanyl & Dexmeditomidine in major Neurosurgical, Obs & Gynae & ENT procedures	SATI NATH MOHANTY	
		A study of comparative efficacy of Double Lumen Tube and EZ Blocker for Lung Isolation Surgeries: A randomised comparative study	GAURAV CHANDELA	
		A clinical study of thoracic segmental spinal anaesthesia, comparison of Ropivacaine, ropivacaine with fentanyl, ropivacaine with dexmedetomidine	YOGESH TRIPATHI	
1630 - 1730	GBM			

DAY 1 - Hall C - OPAL HALL (E-Poster)

Time	Title	Presenter	Judge
0830-1000	Evaluation of a Novel Autoinjector for Rapid Intramuscular Delivery of Sulfanegen as a Cyanide Antidote in a Porcine Model	ARREH JAIN	Dr. Rashmi Salhotra Dr. Pallavi Ahluwalia
	Comparison of Pre-Oxygenation with Heated Humidified High-Flow Nasal Cannula Vs. Standard Technique for Induction of General Anaesthesia followed by Fibre-Optic Nasal Intubation in patients undergoing Head And Neck Onco-Surgery:A Randomised Controlled Tri	MANISHA SAHOO	
	A prospective randomized controlled study of role of PRECARB for enhanced recovery from stress of surgery/ anaesthesia.	SAVYA JAYACHANDRAN	
	Effect of intranasal Dexmedetomidine on opioid-sparing effect in patients undergoing abdominal surgeries-A Pilot Study	SHALINI KRISHNA PATHAK	
	Comparison of actual body weight, ideal body weight and age for selection of appropriate I-gel size in paediatric patients	VANDNA ARORA	
	COMPARISON OF FRACTIONATED VERSUS BOLUS DOSE OF HYPERBARIC BUPIVACAINE INJECTION DURING SPINAL ANAESTHESIA FOR HEMODYNAMIC STABILITY AND DURATION OF ANAESTHESIA FOR LOWER LIMB ORTHOPAEDIC SURGERY.	YASHVANTH R	
	Apnoeic Oxygenation with Low-flow Oxygen Cannula during Intubation in Paediatric Patients with Hydrocephalus: A Randomized Controlled Trial	KARTIKEY VAISH	
	Management of tachy arrhythmia in Post operative adult patients in PACU	INDU SINGH	
	COMPARISON OF INTRATHECAL MORPHINE VS ERECTOR SPINE PLANE BLOCK FOR PERIOPERATIVE ANALGESIA IN PATIENTS UNDERGOING LUMBAR SPINE SURGERY: A PROSPECTIVE, SINGLE BLIND, RANDOMIZED CONTROLLED TRIAL	ARPITA LAL	
	Effect of rajayoga meditation on anxiety level, hemodynamic parameters and serum cortisol level in patients undergoing modified radical mastectomy	SREELAKSHMI	
	Biosafety of Intramuscular Autoinjection of Sulfanegen, a New Cyanide Antidote, in a Porcine Model	ARREH JAIN	
	EFFECT OF MUSIC THERAPY ON ANXIETY, STRESS, AND SEDATIVE REQUIREMENTS IN PATIENTS UNDERGOING LOWER LIMB ORTHOPEDIC SUEGERY UNDER SPINAL ANAESTHESIA: A RANDOMIZED CONTROLLED STUDY	THAMARAIKKANNAN T	
	A clinical study for comparision of Magnesium sulphate and Dexmedetomidine as components of opioid free multimodal analgesia regime in patients undergoing laparoscopic cholecystectomy under general anaesthesia.	PRABHAKAR KUMAR	

0830 -1000	Comparative evaluation of dexmedetomidine and magnesium sulfate on propofol consumption, hemodynamics and postoperative recovery in spine surgery: A prospective, randomized, placebo controlled, double-blind study.	SAIMA KHAN	Dr. Himanshu Prince Dr. Veena Ganeriwal
	LANDMARK GUIDED ERECTOR SPINAE PLANE BLOCK (ESPB) USING ROPIVACAINE FOR POSTOPERATIVE ANALGESIA IN LOWER LIMB SURGERIES ABOVE KNEE	VAIBHAV UPADHYAY	
	Nebulisation and gargle with lignocaine for awake fiberoptic intubation do not alter Postoperative taste and smell (short & long term): Prospective, randomised, double-blind controlled trial.	ARPITA YADAV	
	COMPARISON OF LIGNOCAINE DEXAMETHASONE AND LIGNOCAINE TRIAMCINOLONE INFILTRATION ALONG SPINAL EPIDURAL NEEDLE PATHWAY TO PREVENT BACKACHE AFTER LOWER ABDOMINAL SURGERIES	ANKIT SONI	
	Comparison between landmark method and real time ultrasound technique to determine correct depth of insertion of central venous catheter in right internal jugular vein in paediatric neurosurgical patient: prospective randomised controlled trial	SHAGUN PALIWAL	
	A RANDOMISED CONTROLLED STUDY TO EVALUATE AND COMPARE THE EFFICACY OF HIGH FLOW NASAL OXYGENATION WITH CONVENTIONAL OXYGEN THERAPY FOR POSTOPERATIVE OXYGENATION IN PATIENTS UNDERGOING EXPLORATORY LAPAROTOMIES	POONAM	
0830-1000	Role of Dexmedetomidine as an adjuvant in spinal anesthesia.	AMBREEN ASHRAF	Dr. JP Tiwari Dr. Rashmi Dubey
	Incidence and risk factors for low back pain in patients undergoing postoperative continuous epidural analgesia: a prospective, observational cohort study	DEVANSHI AGARWAL	
	A Rare Complication in Ultrasound-guided Supraclavicular Brachial Plexus Block.	GOTETI SREEVARADAYANI SURYAKANTH	
	COMPARISON OF EFFICACY OF ULTRASOUND GUIDED ESPB AS A POST OP ANALGESIA IN PCNL SURGERY	AKANKSHA SINGH	
	Comparison of Levobupivacaine and Ropivacaine in quadratus lumborum block for postoperative analgesia after abdominal surgery	AKHIL O NAIR	
	A COMPARISON OF LOW DOSE INTRATHECAL DEXMEDETOMIDINE and FENTANYL AS ADJUVANTS TO HYPERBARIC BUPIVACAINE FOR POST-OP ANALGESIA IN LOWER ABDOMINAL AND LOWER LIMB SURGERY	JASMINE	
	Effect of two different concentrations of oxygen on postoperative nausea vomiting after laparoscopic cholecystectomy : A prospective randomized comparative study.	NAHAS K	
	A Comparative Study of 0.5% Levobupivacaine in combination with Dexamethasone and 0.5% Levobupivacaine alone in Ultrasound Guided Interscalene Block	AMISHA AGARWAL	
	Safeguarding Certainty: Challenges in Brain Stem Death Certification	TARUN YADAV	

0830-1000	To compare the effect of intrathecal Levobupivacaine with morphine versus hyperbaric Bupivacaine with morphine for postoperative analgesia after LSCS.	KANAK KUMARI	Dr. Sanjay Dheeraj Dr. Rashmi Ramachandran
	Handling the Known and Unknown; A case report on Placenta Accreta	NITISHA ELIZABETH BENNY	
	Comparison Of Performance Characteristics of Lma Proseal® And Lma Blockbuster® In Children Undergoing Surgical Procedures Under General Anaesthesia: A Randomized Control Study.	KOLLI AJIT KUMAR	
	Effect of maternal BMI (Body mass index), fetal & newborn weight on the incidence of post spinal anaesthesia hypotension in full term parturients undergoing elective caesarean section	ANIL KUMAR	
	ANAESTHETIC MANAGEMENT OF TEF WITH VACTERL ASSOCIATION	KASTURI DASH	
	COMPARATIVE EVALUATION OF OPIOID BASED WITH OPIOID FREE TOTAL INTRAVENOUS ANAESTHESIA IN CHILDREN UNDERGOING INFRAUMBLICAL SURGERIES	ANJALI	
	A Prospective Randomized Comparative Trial of Pediatric C-MAC D Blade Video Laryngoscope with McCoy Direct Laryngoscope for Intubation in Children posted for Elective Surgical Procedures under general anesthesia.	ANJU GUPTA	
	A study to compare the efficacy of intravenous dexmedetomidine, intravenous tramadol with placebo in prevention of post spinal anaesthesia shivering in patients undergoing caesarean section.	DEEPIKA SEELWAL	
	Comparison of mephentermine and norepinephrine infusions for prevention of post -spinal hypotension-a randomised,double blind trial	NIRIKSHA KUMARI	
1000 - 1040	**Oration in Hall A**	Dr Mittal Oration	DR KIRTI N SAXENA
1040 - 1120		Dr BVR Sastry Oration	DR B RADHAKRISHNAN
1120 - 1130	**Tea / Coffee Break**		
1130-1330	Comparative Evaluation of Thoracic Paravertebral and Epidural Analgesia for Post-operative Pain Relief in Patients undergoing Open Nephrectomy	GURUDYAL KHARE	Dr. Nishkarsh Gupta Dr. Anil Verma
	Comparison of Direct laryngoscopy with McCoy blade and BPL video laryngoscopy for intubation in patients undergoing elective cervical spine surgery.	MOHAMMAD ALEEM ANSARI	
	Evaluation of Patient's Pain Assessment Tool for Post-Operative Pain in Patients undergoing Abdominal Surgery	GURUDAYAL KHARE	
	A prospective, analytical study of risk factors and outcome of sepsis in critically ill trauma patients	KHUSHBOO MUSTAFI	
	ARTERIAL LACTATE AS INDEPENDENT PREDICTOR OF IN-HOSPITAL MORTALITY IN TRAUMA PATIENTS ADMITTED IN CRITICAL CARE UNIT: A PROSPECTIVE OBSERVATIONAL STUDY	SARVESH KUMAR VISHWAKARMA	
	A Prospective Randomized Study To Compare The Efficacy Of C-MAC Videolaryngoscope, VL3R Videolaryngoscope and Macintosh Laryngoscope As Intubating Aids In Adult Patients	NISHANT VARSHNEY	

1130-1330	Comparative Evaluation of Thoracic Paravertebral and Epidural Analgesia for Post-operative Pain Relief in Patients undergoing Open Nephrectomy	GURUDYAL KHARE	Dr. Nishkarsh Gupta Dr. Anil Verma
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	A Prospective Randomized Study To Compare The Efficacy Of C-MAC Videolaryngoscope, VL3R Videolaryngoscope and Macintosh Laryngoscope As Intubating Aids In Adult Patients	NISHANT VARSHNEY	
	A randomized control trial to determine the effect of dopamine as VEGF (vascular endothelial growth factor) antagonist on development of acute lung injury in sepsis.	SHIVAM AGARWAL	
	Measurement of Changes in Blood Flow Across Coronary Sinus Using Transoesophageal Echocardiography Post Coronary Artery Bypass Grafting: A Single-Centre Observational Study	HIMANSHU SHARMA	
	COMPARISION OF CLINICAL PERFORMANCE OF AMBU AURAGAIN AND LMA BLOCKBUSTER IN ADULT PATIENTS UNDERGOING GENERAL ANAESTHESIA FOR ELECTIVE SURGERIES: A PROSPECTIVE RANDOMISED STUDY	SMRITI GARG	
	Minimum effective dose of carbetocin to prevent uterine atony during cesarean delivery in preeclampsia versus normotensive patients: a biased sequential allocation study	THAMBURU S	
	A RANDOMIZED STUDY TO COMPARE EFFICACY BETWEEN INTRANASAL AND INTRAVENOUS DEXMEDETOMIDINE FOR REMOVAL OF FOREIGN BODY IN OESOPHAGUS AT CRICOPHARYNX LEVEL IN PEDIATRIC PATIENTS	RAHUL GUPTA	
	Prospective randomized double blinded comparison of tablet Lorazepam and tablet Alprazolam administered as oral premedication in patients undergoing elective laparoscopic cholecystectomy.	VIPIENDRA SINGH SOLANKI	
	Comparison of Prophylactic Intravenous magnesium versus ketamine on Succinylcholine-Induced Fasciculations and Postoperative Myalgia in Patients Undergoing Elective Surgery under General Anesthesia	SHASHI YADAV	

1130-1330	COMPARATIVE STUDY BETWEEN INTRAVENOUS DEXMEDETOMIDINE AND ESMOLOL FOR ATTENUATION OF CARDIOVASCULAR STRESS RESPONSE DURING LARYNGOSCOPY AND ENDOTRACHEAL INTUBATION IN HYPERTENSIVE PATIENTS.	YASHVANTH R	Dr. Syed Moied Ahmed Dr. SP Ambesh
	EFFECT OF MELODY WITH VIRTUAL REALITY GLASSES AS AN ADJUNCT ON CORTISOL AND ACTH LEVELS IN PATIENTS OF KNEE REPLACEMENT SURGERY UNDER COMBINED SPINAL EPIDURAL ANAESTHESIA"	NISHA	
	Impact of peri-operative goal directed fluid therapy on post - operative outcomes in patients undergoing major abdominal surgery	ROMITA GOYAL	
	Comparison of effects of intratracheal dexmedetomidine injection versus intravenous dexmedetomidine on recovery from general anesthesia after laparoscopic surgery: a randomized controlled double blind study.	ESHA BATRA	
	Vena cava ultrasound-guided crystalloid preloading for the prevention of post-induction hypotension in elderly patients undergoing general anaesthesia	SWAPNIL TIWARI	
1130-1330	Predictive value of perfusion index for assessing success of USG guided Supraclavicular Brachial plexus block :Prospective observational study	VIBHA SINGH	Dr. Sanjay Agarwal Dr. Rudrashish Haldar
	A New Paradigm in Pain Management: Preemptive PENG Block to facilitate positioning for Neuraxial Anesthesia in Geriatric Patient	VIJAY RANA	
	The 5-point airway (5-AIR) ultrasound protocol for confirmation of endotracheal intubation and position in paediatric patients undergoing surgery: a prospective observational study	ZAINAB AHMAD	
	Ultrasound Guided Nerve Blocks	MANU RAJEEV	
	COMPARATIVE STUDY OF ULTRASOUND-GUIDED VS LANDMARK TECHNIQUE OF SUBARACHNOID BLOCK IN PATIENTS OF ANKYLOSING SPONDYLITIS UNDERGOING TOTAL HIP REPLACEMENT	RISHABH MISHRA	
	A study to evaluate the change in perfusion index as an indicator of efficient ultrasound guided supraclavicular brachial plexus block in paediatric patients	CHARU YADAV	
	Comparison of ultrasound-guided continuous Erector spinae plane block and Epidural block for postoperative analgesia in laparoscopic nephrectomy: a prospective randomized study	AMITA SINGH	
	COMPARISON BETWEEN ERECTOR SPINAE PLANE BLOCK AND THORACIC EPIDURAL BLOCK IN POST OPERATIVE ANALGESIC EFFECT FOR THORACOTOMY PATIENTS	MANISH KUMAR RAWAT	
	COMPUTED TOMOGRAPHY VERSUS ULTRASOUND GUIDED CRICOID CARTILAGE DIAMETER MEASUREMENT AS A TOOL TO DETERMINE THE SIZE OF DOUBLE LUMEN TUBE IN THORACIC SURGERY –A PROSPECTIVE RANDOMISED COMPARATIVE STUDY	ROSHNI	

1130-1330	COMPARATIVE STUDY BETWEEN INTRAVENOUS DEXMEDETOMIDINE AND ESMOLOL FOR ATTENUATION OF CARDIOVASCULAR STRESS RESPONSE DURING LARYNGOSCOPY AND ENDOTRACHEAL INTUBATION IN HYPERTENSIVE PATIENTS.	YASHVANTH R	Dr. Syed Moied Ahmed Dr. SP Ambesh
	EFFECT OF MELODY WITH VIRTUAL REALITY GLASSES AS AN ADJUNCT ON CORTISOL AND ACTH LEVELS IN PATIENTS OF KNEE REPLACEMENT SURGERY UNDER COMBINED SPINAL EPIDURAL ANAESTHESIA"	NISHA	
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1130-1330	Will Lumbosacral Plexus be a novel alternative to Central Neuraxial blockade for lower extremity surgeries of high risk patients in the near future? - A Case Series	NANDEESWARAN KOLA SRIDHARAN	Dr. Asha Tyagi Dr. Maitree Pandey
	Posterior quadratus lumborum block in children undergoing lower abdominal surgeries: A case series of 10 cases.	NIDHI SINGH	
	Antimuscarinic synergism precipitating cardiac arrest !	SHRUTI CHAKRABORTY	
	Anaesthetic management of bilateral Pheochromocytoma : A case report	SHIVENDRA PRATAP SINGH	
	Anaesthetic management of liver trauma in a pediatric patient: A Perioperative challenge	SHASHI YADAV	
	Securing Airway in a Traumatic Cervical Spine Injury Patient using i-Gel as a Conduit for Fiberoptic Bronchoscopy : A Case Report	POONAM	
	Severe haemodynamic instability in patient undergoing bladder tumour resection surgery: A nightmare for the anaesthesiologist	KARTHIK YAMSANI	
	An infant with congenital laryngomalacia, hydrocephalus and meningomyelocele: The troublesome triumvirate	SHREEM RAWAL	
	Feasibility of ileostomy closure under segmental spinal anesthesia - A case series	MONISHA T S	
	Postoperative delirium after breast malignancy surgery - a rare cause	MONISHA T S	
1330 - 1415	**Lunch Break**		
1430 -1600	Targeted segmental spinal anesthesia for meshplasty in a comorbid patient	PRITI MOURYA	Dr. Vimi Rewari Dr. SS Nath
	Management of anaesthetic challenges in case of difficult regional anaesthesia and anticipated difficult airway	KANAK KUMARI	
	SPINAL ANAESTHESIA IN A PATIENT WITH SEVERE THORACOLUMBAR KYPHOSCOLIOSIS (ANAESTHETIC CHALLENGES)	DEEKSHA SINGH	
	THE MANDIBULAR NERVE BLOCK- REVOLUTIONIZING DIFFICULT AIRWAY MANAGEMENT IN RESTRICTED MOUTH OPENING	KSHITIJ YADAV	
	ECHOES OF RELIEF: ULTRASOUND-GUIDED QUADRATUS LUMBORUM BLOCK FOR POSTOPERATIVE ANALGESIA IN SUPERIOR MESENTERIC ARTERY SYNDROME: A CASE REPORT	SRISHTI RAI	
	Opioid free anesthesia in a Down's syndrome child enhances recovery	SUKRITI SRIVASTAVA	
	Anaesthetic management of a case of fibroadenoma done under PEC block	ATHUL RAJ C A	
	Anaesthetic management of supracarinal tracheal stenosis for tracheal resection and reconstructuction	MANDEEP SINGH	
	ANAESTHETIC CHALLENGES IN A PATIENT WITH LUMBOSACRAL ENINGOMYELOCELE EXCISION SURGERY	FALAK DEEBA	

1430 -1600	Anesthetic Management of Focused Parathyroidectomy and Right Hemithyroidectomy in a 15-Year-Old Male with Primary Hyperparathyroidism: A Case Report	APOORVA GUPTA	Dr. Vandana Bharti Dr. Avinash Prakash
	ANAPHYLACTIC REACTION TO FRESH FROZEN PLASMA IN A PARTURIENT WITH PREECLAMPSIA WITH SUSPECTED HELLP SYNDROME DURING EMERGENCY CESAREAN SECTION	JAYANT SHARMA	
	ANAESTHETIC MANAGEMENT OF PROXIMAL FEMUR NAILING OF INTERTROCHANTERIC FRACTURE WITH PARKINSON'S DISEASE – CASE REPORT	ANKITA SAMADDAR	
	INTUBATION OF A PATIENT WITH A LARGE GOITER WITH VIDEOLARYNGOSCOPY: AN ALTERNATIVE TO AWAKE FIBEROPTIC BRONCHOSCOPY ?	ANKITA SAMADDAR	
	Intracranial abscess drainage in a case of cyanotic congenital heart disease of transposition of great arteries with severe infundibular stenosis with ventricular septal defect under general anaesthesia posted for emergency procedure.	SHALINI KRISHNA PATHAK	
	Anesthetic Mangement of large myxoma with multiple comorbities in unusual presentation	TUSHAR DIGAMBAR SHAHARE	
	Anesthetic confrontations with in a Patient with Severe Thoracolumbar Kyphoscoliosis	GEETA CHOUDHARY	
	Anaesthetic management of a patient with post intubation tracheal stenosis: A case report	SHREYA RASTOGI	
1430 -1600	Epidural anaesthesia with 0.75% Ropivacaine using Fentanyl versus Clonidine as epidural adjuvants for day care knee arthroscopic	FALAK DEEBA	Dr. Rajesh Kumar Dr. Sweta
	A randomized double blind comparative study of two different doses of intrathecal dexmedetomidine 5 mcg and 10 mcg as adjuvant to 0.5% Levobupivacaine heavy (12.5mg) in spinal anaesthesia for infra umbilical surgery	SUNEEL KUMAR	
	To Assess the post operative analgesia, 10ml 0.2% Ropivacaine with adjuvants 1.5mg Morphine via Epidural Route for Trans Abdominal Hysterectomy	SUNEEL KUMAR	
	A COMPARITIVE STUDY OF ANAESTHETIC EFFICACY OF INTRATHECAL ISOBARIC 0.5% ROPIVACAINE AND 0.5% ISOBARIC BUPIVACAINE IN LOWER ABDOMINAL SURGERIES	RAJAN	
	COMPARISON OF INTRATHECAL HYPERBARIC BUPIVACAINE WITH FENTANYL VERSUS INTRATHECAL HYPERBARIC BUPIVACAINE WITH DEXMEDETOMIDINE GIVEN SEQUENTIALLY IN LOWER LIMB ORTHOPAEDIC SURGERIES	KRITI MISHRA	
	A COMPARATIVE CLINICAL STUDY OF TWO DIFFERENT DOSES OF DEXMEDETOMIDINE MIXED AS ADJUVANT TO LEVOBUPIVACAINE 0.5% SOLUTION FOR GIVING SUPRA-CLAVICULAR BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING UPPER LIMB SURGERIES	PRATEEK AGARWAL	

1430 -1600	A randomized double blind comparative study of two different doses of intrathecal dexmedetomidine 5 mcg and 10 mcg as adjuvant to 0.5% Levobupivacaine heavy (12.5mg) in spinal anaesthesia for infra umbilical surgery	SUNEEL KUMAR	Dr. Rajesh Kumar Dr. Sweta
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	COMPARISON OF INTRATHECAL HYPERBARIC BUPIVACAINE WITH FENTANYL VERSUS INTRATHECAL HYPERBARIC BUPIVACAINE WITH DEXMEDETOMIDINE GIVEN SEQUENTIALLY IN LOWER LIMB ORTHOPAEDIC SURGERIES	KRITI MISHRA	
	A COMPARATIVE CLINICAL STUDY OF TWO DIFFERENT DOSES OF DEXMEDETOMIDINE MIXED AS ADJUVANT TO LEVOBUPIVACAINE 0.5% SOLUTION FOR GIVING SUPRA-CLAVICULAR BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING UPPER LIMB SURGERIES	PRATEEK AGARWAL	
	The influence of epidural volume extension on spinal block with hyperbaric bupivacaine for elective lower limb orthopaedic surgical procedures	SURABHI SRIVASTAVA	
	A comparision of paravertebral block and the combination of erector spinae plane block and paravertebral block for post operative analgesia in thoracic surgeries – A Randomised controlled trial (Paper presentation)	PRASANNA KUMAR S	
	Evaluation of analgesic efficacy of hyperbaric levobupivacaine with or without clonidine in patients undergoing surgery for fracture femur under subarachnoid block: A randomized controlled study	SRISHTI CHANDRA	
	Evaluation of analgesic efficacy of hyperbaric ropivacaine with or without clonidine in patients undergoing inguinal hernia surgery under subarachnoid block: A randomized controlled study.	KHYATI	
1430 -1600	Efficacy of Transversus Abdominis Plane (TAP) block for intraoperative and postoperative analgesia in patients undergoing abdominal hysterectomy under general anaesthesia -A randomised controlled study	MANISHA TIWARI	Dr. Nidhi Anand Dr. Ruchi Verma
	To compare efficacy of High-Dose Vitamin C Infusion and Thiamine Infusion in Patients with Sepsis	SONALI AGRAWAL	
	EFFECT OF INTRAOPERATIVE INFUSION OF LOW DOSE REMIFENTANIL ON POST OPERATIVE ANALGESIA AND HEMODYNAMIC PARAMETERS IN MORBIDLY OBESE PATIENTS UNDERGOING SLEEVE GASTRECTOMY SURGERY	SALIL SAURAV	

1430 -1600	To compare efficacy of High-Dose Vitamin C Infusion and Thiamine Infusion in Patients with Sepsis	SONALI AGRAWAL	Dr. Nidhi Anand Dr. Ruchi Verma
	EFFECT OF INTRAOPERATIVE INFUSION OF LOW DOSE REMIFENTANIL ON POST OPERATIVE ANALGESIA AND HEMODYNAMIC PARAMETERS IN MORBIDLY OBESE PATIENTS UNDERGOING SLEEVE GASTRECTOMY SURGERY	SALIL SAURAV	
	METHEMOGLOBINEMIA AFTER SODIUM NITRATE INGESTION: A case report	PARDEEP KUMAR	
	Validation and Reliability of the Hindi Version of Quality of Recovery- 15 Questionnaire	MANOJ KUMAR	
	Comparative Study of Ulinastatin and Vitamin C for Sepsis in Burn Patients: A Prospective Randomized Trial	NAVEEN KUMAR	
	SOFA vs PIRO: Comparison of mortality indicators in sepsis patients in ICU.	SHARIAA GHUFRAN	
	Transcutaneous Pacing: A Lifesaving Intervention	MAYURI GOLHAR	
	Determinant of Readmission in ICU Survivors.	RATNESH KUMAR	
	THE SLIPPING RIB SYNDROME: AN OFTEN OVERLOOKED DIAGNOSIS	AISHWARYA SHARMA	

DAY 2 - Hall A - JADE HALL					
Time	**Session**	**Title**	**Topic**	**Speaker**	**Chairperson**
0830 - 0850	Critical Care	Lecture	Perioperative management of septic shock: bringing ICU to OT	Dr Prakash Shastri	Dr Deepak Malviya Dr Avinash Agarwal Dr Manisha Manohar
0850 - 0910		Lecture	Fluid resuscitation in critically ill patients	Dr Vimi Rewari	
0910 - 0950		Panel Discussion	Clinical Ethics and End of life care	**Panelists:** Dr Dharmendra Yadav Dr Yash Jhaveri Dr Afzal Azim Dr Samir Malik Dr Sujeet Rai	**Moderator:** Dr Saurav Saigal
0950 - 1010		Lecture	AI In hemodynamic monitoring	Dr Tapas Kumar Singh	Dr Subir Mukherjee Dr Gurjeet Khurana
1010 - 1030		Lecture	Nutrition in critically ill patients: Current concepts	Dr Rajesh Pandey	
1030 - 1105	Oration in HALL A	Oration 3	Dr VP Kumra Oration	Dr Pradeep Jain	Dr Jayashree Sood Dr B Radhakrishnan
1105 - 1115	**Tea / Coffee Break**				
1115 - 1135	Regional Anaesthesia	Lecture	Regional anesthesia in Geriatric population: Enhancing safety and outcome	Dr Rashmi Datta	Dr Vishal Arora Dr Ashwin Marwaha Dr Rajeev Dubey
1135 - 1155		Lecture	Ambulatory orthopedic surgery: How to proceed	Dr Maitree Pandey	
1155 - 1215		Lecture	What's New in Regional anesthesia: Clinical perspective	Dr Nishant Kumar	
1215 - 1225		Tips & Tricks	Segmental Spinal	Dr Dev Harkawat	Dr Archana Agarwal Dr Bharat Paliwal Dr Parul Jindal
1225 - 1235			Difficult neuraxial blockade	Dr Sachin Kumar	
1235 - 1245			Block on arrival in lower limb trauma	Dr Reena	
1245 - 1255			Analgesia for multiple rib fracture	Dr Kriti Puri	
1255 - 1300			Landmark guided upper limb block	Dr Priyesh Bhaskar	
1300 - 1315			Discussion		
1315 - 1400	**Lunch Break**				
1400 - 1420	Basics of Anaesthesia	Lecture	Preoperative screening tools: Must for every Anesthesiologists	Dr Sangeeta Khanna	Dr Umesh Badhani Dr Pradeep Jhakar Dr Virendra Sharma
1420 - 1440		Lecture	Low flow anesthesia	Dr Mukul Chand Kapoor	
1440 - 1500		Lecture	Diastolic dysfunction: what an anesthesiologists needs to know?	Dr Narayana Yadannupudi	
1500 - 1520	New Frontiers in Anesthesia	Lecture	Women in private practice: How to stay Ahead	Dr Shikha Sachan	Dr Mukul jain Dr Vatsala Agarwal Dr Sunil Saxena
1520 - 1540		Lecture	Publication that impacted anesthesia in last 5 years	Dr Saneesh P J	
1540 - 1600		Lecture	How to prevent Medication errors in anesthesia	Dr Zainab Ahmad	
1600 - 1700	**Valedictory**				

DAY 2 - Hall B - JASPER HALL					
Time	**Session**	**Title**	**Topic**	**Speaker**	**Chairperson**
0830 - 0850	Airway	Lecture	Multimodal techniques for airway management	Dr Syed Moid Ahmed	Dr Nidhi Kumar Dr Qazi Ehsan Ali Dr Sonia Verma
0850 - 0900		How I do It?	Submental intubation	Dr Surbhi Gupta	
0900 - 0910			Craniofacial Trauma airway management	Dr Deepika Seelwal	
0910 - 0920			Airway management in thyroid swelling	Dr Ashish Kanojia	
0920 - 0930			Failed awake intubation	Dr Divya Gupta	
0930 - 0950	Trauma & Emergency	Lecture	Polytrauma in Emergency Department	Dr Haider Abbas	Dr L D Mishra Dr Sameer Mishra
0950 - 1030		Panel Dicussion	Challenges in ER 1) Stroke 2) Poisoning 3) MI/Chest pain 4) Medicolegal concerns	**Panelists:** Dr Mukesh Kumar Dr Sanjeev O P Dr Reena Singh Dr Utsav Anand Dr Rajeev Gupta Dr Subhankar Paul	**Moderator:** Dr. Lokendra Gupta
1030 - 1105	Oration in HALL A	Oration 3	Dr VP Kumra Oration	Dr Pradeep Jain	Dr Jayashree Sood Dr B Radhakrishnan
1105 - 1115	**Tea / Coffee Break**				
1115 - 1135	Pediatric Anaesthesia	Lecture	Pediatric patients in NORA	Dr Anju Gupta	Dr Anita Malik Dr Nidhi Anand Dr R B Singh
1135 - 1155		Lecture	Management of perioperative challenges in Pediatric anesthesia	Dr Sapna Bathla	
1155 - 1215		Lecture	TIVA in pediatric patients: is it safe	Dr Ekta Rai	
1215 - 1235	Transplant	Lecture	Optimizing Patient safety in Liver transplant	Dr CK Pandey	Dr Dinesh Singh Dr M Parvez Khan
1235 - 1255		Lecture	Brain Dead and care of organ donor	Dr Sunaina Tejpal	
1255 - 1315		Lecture	Transplant patient for non - transplant surgery: special consideration	Dr Sandeep Sahu	
1315 - 1400	**Lunch Break**				
1400 - 1420	Recent Advances	Lecture	Quality and safety indicators in anesthesia to improve outcome	Dr Arun Mehta	Dr Shahbaz Ahmed Dr Satish Kumar Dr S P Ambesh Dr Sachidanand Gupta Dr S N Mohanty
1420 - 1430		Short Talks	Is anesthesia really damaging the environment?	Dr Mahima Singh Arora	
1430 - 1440			Perioperative insulin therapy	Dr Prachi Gaba	
1440 - 1450			Myocardial injury after non cardiac surgery	Dr Amit Rastogi	
1450 - 1500			Harnessing AI for professional development	Dr Priyanka Goyal	
1510 - 1520			Hemodynamic monitoring	Dr Farah Hussain	
1520 - 1530			New IV Anesthesia Drugs	Dr Somnath Longani	
1530 - 1540			Strategies to reduce burnout	Dr Shirin Parveen	
1540 - 1550			Disaster preparedness in anesthesia	Dr Kriti Nagar	
1600 - 1700	**Valedictory**				

DAY 2 - Hall C - OPAL HALL (E-Poster)					
Time	Group	Abstract ID	Title	Presenter	Judge
0900-1030			COMPARATIVE STUDY BETWEEN INFLATABLE AND NON-INFLATABLE SUPRAGLOTTIC AIRWAY DEVICES IN VARIOUS SURGERIES BY TRAINEE ANAESTHESIOLOGISTS: A PROSPECTIVE RANDOMISED CONTROL STUDY	ESTHER	Dr. Shivani Rastogi Dr. Raghavendra Vagyannavar
			COMPARISON OF PRO-SEAL LARYNGEAL MASK AIRWAY AND AIR-Q LARYNGEAL MASK AIRWAY IN MECHANICALLY VENTILATED PATIENTS	SHUBHIKA SINGH	
			COMPARISON OF EFFICACY OF I-GEL AND BASKA MASK TO VENTILATE PATIENTS UNDERGOING ELECTIVE SURGERY	ANJALI PANWAR	
			A COMPARATIVE STUDY OF UPPER LIP BITE TEST VERSUS THYROMENTAL HEIGHT AS PREDICTOR OF DIFFICULT INTUBATION IN PATIENT UNDERGOING GENERAL ANAESTHESIA	TARAN VEER SINGH	
			I Gel as a conduit for endotracheal intubation compared with AIR Q as a conduit for endotracheal intubation: A Prospective Randomized Study	ALI HASBIR P	
			A CLINICAL COMPARISON OF BLIND INTUBATION USING LMA BLOCKBUSTER™ AND AMBU-AURAGAIN™ IN ADULT PATIENTS UNDER GENERAL ANAESTHESIA: A PROSPECTIVE RANDOMIZED COMPARATIVE CLINICAL STUDY.	JYOTI KUMARI	
			Comparison Between Video Laryngoscopy and Direct Laryngoscopy for Tracheal Intubation in Pediatric Patients with Hydrocephalus: A Randomized Control Study	MONA NAYAK	
			A randomised controlled trial to evaluate the effect of inhaled glycopyrrolate in improving the fibreoptic intubating conditions under general anaesthesia	SWAPNIL TIWARI	
0900-1030			COMPARISON OF DIFFERENT DOSES OF DEXMEDETOMIDINE ON INTRATHECAL BUPIVACAINE IN ORTHOPEDIC PATIENTS UNDERGOING LOWER LIMB SURGERIES	PRAGYASRI JAIN	Dr. CK Pandey Dr. Namisha Goyal
			A COMPARATIVE CLINICAL STUDY OF TWO DIFFERENT DOSES OF MAGNESIUM SULPHATE ADDED AS ADJUVANT TO ROPIVACAINE SOLUTION FOR INDUCING SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING UPPER LIMB SURGERY	RAJIV KUMAR SINGH	
			Comparison of the Supraclavicular, Infraclavicular and Axillary Approaches for Ultrasound Guided Brachial Plexus Block for Surgical Anesthesia	SAKSHAT	
			A comparative study between hemodynamic stability in patients having impaired ejection fraction undergoing lower limb surgery in regional nerve block verses epidural block”	ASHUTOSH SINGH	
			Assessing the Information Requirements of the Patients undergoing Elective Surgery to alleviate Perioperative Anxiety.	PRIYA GOYAL	
			Assessment of Perioperative Anxiety levels at various times during hospital stay in patients undergoing Elective Surgery.	PRIYA GOYAL	
			A CLINICAL COMPARISION OF EFFICACY OF BASKA MASK AND LMA BLOCKBUSTER FOR AIRWAY MANAGEMENT IN PATIENTS UNDERGOING FOR LAPAROSCOPIC CHOLECYSTECTOMY :A RANDOMISED PROSPECTIVE COMPARATIVE STUDY	SEEMA RIYAZ	

1315 - 1400	A Comparative Study of Supraglottic Airway Devices Baska Mask and Proseal-Laryngeal Mask Airway in Surgical Procedures	MD PARWEZ ALAM	Dr. Divya Srivastava Dr. Sujeet Rai
	PREDICTIVE UTILITY OF DYNAMIC AIRWAY MEASUREMENT INDICES IN OBESE PATIENTS FOR DIFFICULT LARYNGOSCOPY	KIRTI MEHRA	
	Comparative evaluation of intraperitoneal instillation of bupivacaine with magnesium sulphate versus bupivacaine with Dexmedetomidine for post-operative pain relief after laparoscopic cholecystectomy.	SOMYA GOEL	
	Determination of the optimal ratio of ketamine-propofol combination for peri-induction hemodynamics.	SOMYA GOEL	
	Analgesic efficacy of levobupivacaine and buprenorphine v/s levobupivacaine and dexmedetomidine in ultrasound guided transversus abdominis plane block following lower abdominal surgeries; a comparative prospective study	PRACHI BHAGERIA	
	Ultrasonographic evaluation of early respiratory muscle strength recovery following neuromuscular reversal with Neostigmine versus Sugammadex	PRIYANKA	
	A COMPARATIVE EVALUATION OF I-GEL AND BASKA MASK IN PATIENTS UNDERGOING ENT SURGERIES	MATA PRASAD MAURYA	
	COMPARISION OF APACHE - II, SAPS - II AND SAPS - III SCORING SYSTEM TO PREDICT THE MORTALITY RATE OF POST OPERATIVE INTENSIVE CARE UNIT PATIENTS	DHILIPSHANKAR PUVUTHUMUTIL MADHU	
	The role of opioid-sparing anesthesia in post-operative cognitive dysfunction among elderly patients undergoing laparoscopic surgery, a double blinded randomized control study.	DIPAYAN MISTRY	
	Perioperative opioid consumption and post operative neurocognitive dysfunction in elderly patients undergoing laparoscopic surgeries: An observational study	DIPAYAN MISTRY	
1315 - 1400	Sterile water injection for second stage labor analgesia in high risk cardiac parturient: step towards safe and respectful childbirth	PRIYANKA	Dr. Manoj Tripathi Dr. Shikha Sachan
	Anaesthetic management of a child with congenital diaphragmatic hernia scheduled for herniorrhaphy	SHRADDHA SRIVASTAVA	
	Evolving trends in the perioperative management of myasthenia gravis – our experience, a case series	SHRUTI RAJA	
	MANAGEMENT OF CASE OF ACTINOMYCOSIS OF SCALP POSTED FOR DEBRIDMENT.	KASTURI DASH	
	Airway management options in adult tracheo-oesophageal Fistula	MANDEEP SINGH	
	Oropharyngeal bleed control in Refractory ITP patient with severe Thrombocytopenia for Laparoscopic Splenectomy	KIRTI MEHRA	
	Anaesthetic Management in a Patient with Kabuki Syndrome	ISHA GUPTA	
	ANAESTHESTIC MANAGEMENT OF A PATIENT WITH KYPHOSCOLIOSIS WITH CARCINOMA PROSTATE POSTED FOR TRANSURETHRAL RESECTION OF PROSTATE	MEDIDI SREE RAMA MANIKANTA PAVAN	
1315 - 1400	**Lunch Break**		
1600 - 1700	**Valedictory**		

Oral Papers

Abstract ID: OP-150-155

Topic: Paediatric Anaesthesia

Title: Comparison of Premedication with two Doses of Intranasal Atomized Dexmedetomidine on Parental Separation in Children Undergoing Elective Surgery

Presenting Author: DR. DEVESH KUMAR

Co-authors: Dr. Jeetendra Kumar Bajaj, Dr. Sapna Bathla, Dr Krishika Verma

Background, Aims & Objectives: Preoperative anxiety stimulates sympathetic, parasympathetic and endocrine system leading to increased heart rate, blood pressure and cardiac excitability that sometime prolongs the induction of the anaesthesia. It also predisposes the children to emergence delirium, sleep disturbances and behavioural changes postoperatively. The primary objective was to compare parental separation anxiety score between two doses of atomised intranasal dexmedetomidine (Group I –1µg/kg body weight, Group II –2µg/kg body weight) while the secondary objective was to compare preoperative sedation, mask acceptance & recovery between the dexmedetomidine groups.

Materials and Methods: A prospective, randomized, comparative. study was conducted with a sample size 50 that is 25 in each group (Group I –intranasal dexmedetomidine 1µg/kg body weight, Group II – intranasal dexmedetomidine 2µg/kg body weight). Block randomization with sealed envelope method was done to allocate in two groups

Results: When intranasal dexmedetomidine 1µg/kg body weight was compared with intranasal dexmedetomidine 2µg/kg body weight it was found that 2µg/kg dose is better for parental separation anxiety score. The 2µg/kg dose provided better sedation score, better mask acceptance and better recovery in paediatric patients.

Conclusions: We conclude that dexmedetomidine when given in dose of 2µg/kg body weight, intranasally as a premedicant provided better sedation in children when given preoperatively. There were no significant side effects like bradycardia and hypotension requiring intervention in either of the two doses compared.

Abstract ID: OP-147-150

Topic: Regional Anaesthesia

Title: A COMPARISON BETWEEN ULTRASOUND-GUIDED QUADRATUS LUMBORUM BLOCK VERSUS TRANSVERSUS ABDOMINIS PLANE BLOCK FOR POST OPERATIVE ANALGESIA IN INGUINAL HERNIA REPAIR.

Presenting Author: DR. BASAVA RAJESHWARI U

Co-authors: Dr. Neelam Singh, Dr. Vaibhav Singh, Dr. Aman Ohri

Background, Aims & Objectives: Inguinal hernia repair is a common surgical procedure, but it is often accompanied by acute to chronic postoperative discomfort. Effective pain management has shown to improve the quality of post operative management. Newly discovered peripheral blocks such as Transversus Abdominis Plane (TAP) block and Quadratus Lumborum (QL) block have gained immense popularity as an adjunct to regional and general anaesthesia for postoperative pain management and reducing analgesic requirements. We aimed to compare the duration of analgesia in ultrasound guided unilateral transverse abdominis plane (TAP) block versus unilateral QL block in patients undergoing laparoscopic Inguinal hernia repair.

Materials and Methods: After obtaining institutional ethical committee clearance and clearance from head of the department , the study was started. 60 patients (ASA I and II) undergoing laparoscopic inguinal hernia repair were randomly divided into 2 groups of 30 each. After general anaesthesia, under ultrasound guidance GroupTAP patients received TAP block and GroupQL received QL block. Patients were monitored for Visual Analogue Scale (VAS) scores at 0, 15 minutes, 30 minutes, 1st, 2nd, 6th, 12th and 24th hour postoperatively, time for first analgesic requirement, and total analgesic requirement in 24 hours VAS score of more than or equal to 4 received rescue analgesia.

Results: Patients in QL group consumed significantly less tramadol than patients in TAP group, VAS for pain was significant higher in TAP group than in QL group at all times, the duration of postoperative analgesia was shorter in TAP group than in QL group, the number of patients requested analgesia was significantly higher in TAP group than in QL group.The difference in the two groups was found to be statistically significant ($P < 0.001$).

Conclusions: QL block provided better intraoperative and postoperative analgesia with less opioids consumption compared with TAP block, in patients undergoing Inguinal hernia repair.

Abstract ID: OP-145-148

Topic: Critical Care Pain & Palliative Care

Title: Analysis of untoward effects of celiac plexus neurolysis in a cohort of upper abdominal malignancy patients

Presenting Author: DR. POOJA PANDEY

Co-authors: Dr. Chetna Shamsher

Background, Aims & Objectives: Celiac plexus neurolysis is an effective mode of long-term palliation of visceral pain in inoperable upper gastrointestinal neoplasm. It is performed via various techniques for localising the tip of the needle, through which, the neurolytic agent, commonly Absolute Alcohol, is introduced along the celiac ganglion. Para-aortic needle tip position between the origins of celiac and superior mesenteric arteries is an accepted position to inject neurolytic agent. Three-dimensional assessment of the retroperitoneal anatomy avoids injury to adjacent viscera and vascular structures.

Materials and Methods: 24 patients with upper abdominal malignancy on oral morphine having inadequate analgesia were given CPN using CT guidance or robot-assisted CT guidance for needle placement with 12 in each group. Patients were observed for 24 hrs postoperatively and then discharged. They were then followed up for a period of 3 months.

Results: Out of all the 24 patients, 18 significant pain relief for 3 months(p value< 0.05)with reduction of oral analgesics for pain. The untoward side effects we dealt with were transient backache, hypotension, bradycardia, diarrhoea, pleural puncture, aortic wall dye infiltration and urinary retention. One patient of the robotic group was cross -overed to CT group.

Conclusions: Celiac plexus is an effective modality but require vigilant monitoring. Most of the complications are manageable if attended immediately

Abstract ID: OP-141-144

Topic: Airway Management

Title: EVALUATION OF ULTRASOUND GUIDED RECRUITMENT MANOEUVRE ON PERIOPERATIVE ATELECTASIS IN LAPAROSCOPIC CHOLECYSTECTOMY

Presenting Author: DR. SAJID K P

Co-authors: Dr. Munisha Agarwal, Dr. Kapil Chaudhary

Background, Aims & Objectives: Background: During general anaesthesia, atelectasis is common, worsened by pneumoperitoneum during laparoscopic surgery. Intraoperative ultrasound guided lung recruitment manoeuvres can be used to reduce perioperative atelectasis.

Aims and objectives: To evaluate the effect of ultrasound guided lung recruitment manoeuvre on perioperative atelectasis in patients undergoing laparoscopic cholecystectomy.

Materials and Methods: Materials and Methods: This study involved 28 patients aged 18-65 years (ASA I or II) scheduled for laparoscopic cholecystectomy. They were randomised into two groups: the recruitment manoeuvre group (RM) and the control group (NOR). Lung ultrasounds were performed at four time points: preoperatively, 5 minutes post-pneumoperitoneum, at the end of surgery, and after 1 hour in PACU, to calculate the LUS (Lung Ultrasonography Score) to assess atelectasis. After intubation, both groups received a PEEP of 5 cmH2O. The RM group received a recruitment manoeuvre using incremental PEEP method after the creation of pneumoperitoneum, while the NOR group received no recruitment manoeuvre. The LUS between two groups were compared to evaluate the effect of recruitment manoeuvre. Statistical analysis was done using SPSS 25.00 with $p < 0.05$ considered significant.

Results: Results: The median [IQR] LUS at the end of surgery was lower in the RM group (3.5 [2-4.75]) compared to the NOR group (7 [6-8]) with statistically significant difference ($p < 0.001$).

Conclusions: Conclusion: Ultrasound guided recruitment manoeuvres reduce perioperative atelectasis during laparoscopic cholecystectomy compared to a constant PEEP of 5 cmH2O alone.

Abstract ID: OP-125-125

Topic: Basic Anaesthesia

Title: Evaluation of effect of propofol TIVA versus sevoflurane or desflurane inhalation GA on optic nerve sheath diameter in laparoscopic gynecologic surgeries in trendelenburg position: A Randomised Study

Presenting Author: DR. DERISH DAVID

Co-authors: Dr. Anjali Gera, Dr. Anjeleena K Gupta, Dr. Ashwin Marwaha, Dr. Derish David

Background, Aims & Objectives: Laparoscopic and robotic approaches for gyneclogic surgery are rapidly growing surgical techniques. They offer advantages such as minimal invasion, reduced bleeding, post-operative pain and hospital stay. However, steep Trendelenburg position with carboperitonium present multiple challenges to anesthesiologist. A raised intracranial pressure can result in decreased cerebral perfusion pressure which can cause cerebral ischaemia and delayed recovery. The optic nerve sheath diameter (ONSD) is a surrogate marker of intracranial pressure. The impact of pneumoperitoneum and Trendelenburg position on ONSD is not clear as seen by inconsistent results in previous studies. In this study we evaluated the effect of three different agents (propofol, sevoflurane and desflurane) on the ONSD in Trendelenburg position.

Materials and Methods: In this study,75 patients undergoing laparoscopic gynecological surgery (hysterectomy, myomectomy, cystectomy) in Trendelenburg position were randomly allocated into 3 groups of 25 patients each, Group S- anesthesia with inhalational agent Sevoflurane,Group D- with Desflurane and Group P-with Propofol. The ONSD was measured using ultrasound at 5 minutes after induction(T0),5 minutes after pneumoperitoneum(T1), 5 min, 30 min and 60 min after Trendelenburg position (T2, T3 and T4 respectively) and 5 minutes after release of pneumoperitoneum (T5).

Results: The ONSD values increased in all patients in Trendelenburg position. Even though there was no statistically significant difference of mean ONSD in the three groups, percentage increase in ONSD was more in the sevoflurane group at T1, T2 and T5. Sedation score and recovery time was higher in sevoflurane group as compared to desflurane and propofol. None of the patients had postoperative nausea and vomiting.

Conclusions: ONSD increases in Trendelenburg position during general anesthesia. This is more significant in sevoflurane anaesthesia as compared to desflurane and propofol. Sevoflurane based general anaesthesia is associated with higher postoperative sedation and prolonged recovery time as compared to desflurane and propofol.

Abstract ID: OP-123-122

Topic: Airway Management

Title: Comparison of the use of LMA Gastro Airway versus sedation and oxygen supplementation with nasal cannula in patients undergoing Endoscopic Retrograde cholangiopancreatography"

Presenting Author: DR. MEGHNA

Co-authors: Dr. Ashish Kumar Kannaujia, Dr. Suruchi

Background, Aims & Objectives: Endoscopic Retrograde Cholangiopancreatography (ERCP) is a procedure requiring effective sedation and airway management. Traditionally, propofol and oxygen supplementation via nasal cannula is used. However, the LMA Gastro Airway offers an alternative by enhancing airway control and ventilation. This study aims to compare the LMA Gastro Airway with traditional sedation during ERCP.

Materials and Methods: This prospective randomized study assessed the efficacy and safety of LMA Gastro Airway versus propofol sedation with nasal cannula oxygen during ERCP. 100 Patients were randomly assigned to either Group A (LMA Gastro Airway) or Group B (sedation). Primary outcomes included ERCP success rates with secondary measures assessing insertion attempts, oropharyngeal leak pressures, and complications.

Results: The mean age (40.2 vs. 37.79 years), gender distribution (53% vs. 56% males), and BMI (22.8 vs. 22.1 kg/m^2). There were no significant differences in ASA grade or procedure duration. The Standard Technique group had shorter airway management times (3.47 vs. 8.08 seconds, $p < 0.001$) and similar first-attempt endoscope insertion success rates (87% vs. 90%, $p = 0.506$). The LMA Gastro Airway group showed trends towards higher overall procedure success (100% vs. 95%, $p = 0.059$) and maintained higher oxygen saturation levels ($p < 0.05$) throughout. Satisfaction was higher among gastroenterologists with the LMA Gastro Airway ($P < 0.001$), while anesthesiologists favoured its insertion ease and ventilation adequacy ($P < 0.003$ and $P = 0.0001$). Postoperative complications were lower with the LMA Gastro Airway ($P = 0.002$), indicating potential benefits in efficiency and patient comfort

Conclusions: The study favours the LMA Gastro Airway over the Standard Technique for airway management in gastrointestinal procedures, highlighting its higher success rates on first attempt, better oxygenation, fewer postoperative complications, and greater practitioner satisfaction. Further research should refine propofol dosing and explore long-term patient outcomes to explain its clinical benefits.

Abstract ID: OP-119-119

Topic: Basic Anaesthesia

Title: Severity of catheter related bladder discomfort in male patients undergoing percutaneous nephrolithotomy after receiving intravesical dexmedetomidine.

Presenting Author: DR. PRASHANT SWAROOP

Co-authors: Dr. Divya Srivastava

Background, Aims & Objectives: Comparing the incidence and severity of catheter related bladder discomfort (CRBD) in patients receiving intravascular and intravesical dexmedetomidine up to 24 hours after percutaneous nephrolithotomy

Materials and Methods: This prospective, randomized, parallel group study was conducted after approval from the Institute's ethics committee. Fifty consenting male patients aged 18 to 60 year, ASA PS 1 and 2, undergoing PCNL surgery were included in the study. Patients with history of overactive and neurogenic bladder, chemical substance abuse were excluded.

Group I received 1ug/kg dexmedetomidine intravenously in 50 ml NS over 30 minutes. (N=25)

Group II received 2.5 ug/kg dexmedetomidine in 100ml NS through Foley's catheter and the catheter clamped for 30 minutes. (N=25)

Vitals were noted. Postoperatively patients were accessed for CRBD severity at 3, 6, 12 and 24 hours after administration of drug

Results: The incidence of CRBD at 3, 6, 12 and 24 hours were 32%,12,4% and 4% in group 1. It was significantly lower than 84%,76%,56% and 20% in group 2. Similarly, CRBD scores of intravascular dexmedetomidine group were significantly lower than intravesical group at all time points. Heart rate and mean arterial pressure were significantly lower in IV group for up to 2hours after administration of drug. Iv Mephentermine was required in 3 patients in group 1 and none of the patients in group 2

Conclusions: Intravenous dexmedetomidine was seen to be more effective in reducing both incidence and severity of CRBD at cost of decreased haemodynamics up to 2hours after drug administration. The decrease in haemodynamics was clinically significant only in 3patients when intravascular dexmedetomidine was used

Abstract ID: OP-118-117

Topic: Regional Anaesthesia

Title: A comparative study on efficacy of intrathecal ropivacaine heavy with fentanyl and intrathecal bupivacaine heavy with fentanyl for surgeries below umbilicus.

Presenting Author: DR. AMBREEN ASHRAF

Co-authors: Dr. Abhishek Jain, Dr. Sharad Goel, Dr. Shailja Sharma, Dr. Keshav Dev Jagar

Background, Aims & Objectives: Limited literature and controversy regarding the studies for the assessment of efficacy of intrathecal Ropivacaine Heavy with fentanyl and intrathecal Bupivacaine Heavy with fentanyl for infraumbilical surgeries provided the need for a study to be conducted in a well-designed manner. In this study, we compared onset and duration of sensory and motor blockade, hemodynamics, postoperative analgesia and side effects between the two groups.

Materials and Methods: Present prospective study was conducted at Department of Anesthesiology and critical care, Saraswathi Institute of Medical Sciences, Hapur among 100 patients posted for infraumbilical surgeries.Patients were divided in two groups. Group RF received 3ml intrathecal Roipvacaine Heavy 0.75% with 25mcg(0.5ml) fentanyl.Group BF received 3ml intrathecal Bupivacaine Heavy 0.5% with 25mcg(0.5ml)fentanyl.(total volume 3.5ml each group). Mann-Whitney U test, independent t test and Chi-Square test was applied. 'p' value<0.05 indicated a statistically significant association.

Results: The mean onset times for Sensory and Motor Block were comparable between the two groups. The mean duration of Sensory block was significantly higher in BF Group (220.50±18.49 min) compared to RF group (160.62±15.39 min). The mean duration of Motor Block was significantly higher in BF Group (194.88±17.96 min) compared to RF group (126.74±19.81 min).Time to rescue analgesia was significantly higher in BFgroup (365.64±59.44) compared to RFgroup(293.56±80.69).Hemodynamic parameters were comparable between the two groups. No significant adverse events were observed.

Conclusions: Intrathecal Bupivacaine Heavy with Fentanyl provides a longer duration of sensory and motor block, prolonged postoperative analgesia and also overall less analgesic drug requirement as compared to Intrathecal Ropivacaine Heavy with Fentanyl.

Abstract ID: OP-115-111

Topic: Obstetric Anaesthesia

Title: External validation of PRAM score for predicting postspinal hypotension during cesarean delivery: A prospective observational study

Presenting Author: DR. PRASHANSA DAYAL

Co-authors: Dr Asha Tyagi, Dr Rashmi Salhotra, Dr Surbhi Tyagi, Dr Thamburu S

Background, Aims & Objectives: Background: Recommended prophylaxis against postspinal hypotension includes vasopressor infusions needing continuous and accurate titration preferably with infusion pumps, along with close blood pressure monitoring. In resource constrained settings with high volume obstetric care such intensive management may be difficult for every patient. Thus a dependent, simple tool without need of advanced technology to predict postspinal hypotension is desirable. Although PRAM score is such a tool it has never been validated.

Aim: To validate previously formulated bed-side PRAM score (also after adding postspinal tachycardia as a variable) for predicting postspinal hypotension.

Materials and Methods: This prospective study included 371 consenting patients scheduled for elective/emergency cesarean delivery using standardized spinal block. Postspinal hypotension was defined as systolic blood pressure <80% of baseline or <90mmHg, whichever was higher (upto 15 minutes after baby delivery); and managed with boluses of phenylephrine (50 µg i.v.) till resolution. PRAM score included grade of 1 for each of: baseline heart rate >90 bpm, mean arterial pressure <90 mmHg and age >25 years minutes. Postspinal tachycardia was an increase in heart rate by >10 bpm within 5 minutes.

Results: Incidence of postspinal hypotension was 49.3%, with median onset time of 3 [2-5] minutes, number of hypotensive episodes ranging from 0 to 5, and amount of phenylephrine required 50-300 µg. ROC analysis showed significant predictive value of PRAM score for postspinal hypotension, with an AUC of 0.578 [95% CI: 0.520-0.636] (P= 0.008); and sensitivity of 89% at cut-off value of PRAM score= 1. When including tachycardia within the first 5 minutes post-block, modified PRAM score had improved predictive accuracy with AUC of 0.601 [95% CI: 0.544-0.659] (P = 0.001).

Conclusions: The PRAM score effectively predicts postspinal hypotension during cesarean delivery.

Abstract ID: OP-106-100

Topic: Airway Management

Title: Comparison of Fiberoptic intubation with video-assisted fiberoptic intubation in Predicted Difficult Airway: A Preliminary Report

Presenting Author: DR. VISHAL SAXENA

Co-authors: Dr Divya Jain, Dr Kiran Jangra, Dr Komal Gandhi, Dr Amit Kumar

Background, Aims & Objectives: Fiberoptic-guided intubation is considered the gold standard for the management of anticipated difficult airway (DA). However, it requires rigorous training and practice to maintain the expertise. Recently, video-assisted fiberoptic intubation (VAFI) is being advocated as a feasible option in cases of DA. We hypothesized that the hybrid technique of using VL and FOB together for intubation would decrease the total time taken to intubate in patients with a predicted DA.

Materials and Methods: In this prospective randomised trial, 84 patients will be recruited. We present our preliminary report of 40 patients, who were block randomised into two groups. In Group FOB (n=20), endotracheal intubation was performed using FOB, while in Group VAFI Video-assisted fiberoptic intubation was performed. The time taken to perform tracheal intubation was recorded as a primary objective. Secondary objectives were recorded as first-pass success rate, overall success rate, and complications.

Results: The demographic variables were comparable in the two groups. The total time taken to intubate was significantly less in the VAFI group compared to FOI [105.9(69.2) Vs 50.5(22.45), p <0.001] with a mean difference of 55[95%CI: 22.7, 88.63]. The first pass success rate was 80% in the FOI group compared to 93.3% in the VAFI group with a mean difference of 13.3% [-9.3%, 35.5%, p=0.222]. One patient in the FOI group could not be intubated using a fiberoptic bronchoscope alone and had to be intubated using a videolaryngoscope. There were no complications in either group.

Conclusions: VAFI results in a significant reduction in total time taken to intubate compared to fiberoptic alone.

Abstract ID: OP-101-96

Topic: Basic Anaesthesia

Title: Level of Occupational Stress and Job Satisfaction amongst resident trainees in Government Medical colleges of Uttar Pradesh.

Presenting Author: DR. HARSHIT AGGARWAL

Co-authors: Dr Aarti Agarwal, Dr. Sanjay Dhiraaj, Dr. Puneet Goyal, Dr. Vansh Priya, Dr. Jai Kishun,

Background, Aims & Objectives: Clinical specialists experience higher occupational stress compared to para-clinical and non-clinical specialists due to their involvement across various domains such as OPD,wards,emergency and trauma units.This heightened stress can contribute to job dissatisfaction, increased likelihood of medical errors, poorer patient outcomes and an elevated risk of depression and suicidal tendencies.

Objective: To assess levels of occupational stress, job satisfaction and associated factors among resident trainees pursuing post-graduation in various clinical specialties in GMCs of Uttar Pradesh.

Materials and Methods: A multicentre cross-sectional study was conducted to assess occupational stress and job satisfaction using a structured questionnaire which was validated by experts having experience of more than 6 years in their respective specialities. Data analysis was performed using SPSS-23.

Results: From the 249 residents included in the study, Most of the residents (86%) were Junior residents and remaining were Senior residents.

Level of Occupational Stress–No stress(0.8%),Neutral(4.4%),mildly Stressful(10.8),Moderately Stressful(42.2),Extremely Stressful(41.8%) .

What makes their speciality stressful- Less personal time(59.4%),High workload of emergency cases(56.2%).How do they react to stress-Discuss with colleagues /Partner (60.2%),Being Irritable (32.9%).How can we reduce stress in the workplace-Cooperation Between fellow Colleagues(58.6%), Better work organisation(75.5%),Maintaining a good infrastructure (39.4%).

How many satisfied with their speciality-Satisfied(68.7%),Neutral(24.2%),Unsatisfied(6.8%).

Satisfying parts of being in their speciality-High Standard of Practice(38.6%),Provide relief From suffering (47.0%).Dissatisfying parts of being in their speciality-Long working hours(54.2%), blaming by patient relatives for complications(41.8%)

Conclusions: Occupational stress is prevalent across all specialities despite that most of the residents were satisfied with their speciality. We propose that improving work organization,including regulating working hours, fostering cooperation among colleagues and maintaining good infrastructure is crucial for reducing occupational stress.

Abstract ID: OP-89-126

Topic: Thoracic Anaesthesia

Title: A clinical study of thoracic segmental spinal anaesthesia, comparison of Ropivacaine, ropivacaine with fentanyl, ropivacaine with dexmedetomidine

Presenting Author: DR. YOGESH TRIPATHI

Co-authors: Dr. Prakash Kumar Sharma, Dr. Rajiv Lakhotia, Dr. Nisaht Nasar, Dr. Hemant Singh

Background, Aims & Objectives: The objective of the study is to estimate perioperative analgesic effects of dexmedetomidine and fentanyl as adjuvant for thoracic segmental spinal anaesthesia while aiding early ambulation, to evaluate the hemodynamic stability offered by thoracic segmental spinal anaesthesia with its adjuvant for lower abdominal surgeries

Materials and Methods: A cross-sectional consecutive comparative analytical double-blind study. Patient reporting operation theatre for abdominal surgeries. 25G Quincke spinal needles to be inserted through T9-T10 interspaces in sitting position using aseptic precautions to deliver the drug into intrathecal space. Patients to be randomly divided into the following groups: Group A, Group B and Group C.

Results: In this study, the mean time for onset of sensory block was significantly shorter with both dexmedetomidine and fentanyl compared to plain ropivacaine. Furthermore, onset of sensory block was faster with addition of dexmedetomidine to ropivacaine compared to addition of fentanyl. Furthermore, the time to rescue analgesia was longer, and the number of top-ups needed in 24 h was lesser with addition of dexmedetomidine, compared to addition of fentanyl.

Conclusions: It can therefore be concluded that both dexmedetomidine and fentanyl enhances readiness for surgery. Dexmedetomidine produced a more prolonged duration of sensory block and postoperative analgesia as compared to fentanyl, which is highly significant as compared to ropivacaine. Dexmedetomidine shows to have an upper edge over fentanyl when used as adjuvant to ropivacaine for thoracic segment spinal anesthesia.

Abstract ID: OP-87-95

Topic: Basic Anaesthesia

Title: EXTUBATION IN PRONE POSITION: A NOVEL APPROACH

Presenting Author: DR. KARANVIR SINGH SIDHU

Co-authors: Dr Karanvir Singh Sidhu, Dr Bikash Kumar N oli, Dr Harpreet Kaur, Dr Kirtika Yadav Saini, Dr Shirin Parveen

Background, Aims & Objectives: Pilot study was conducted to know the benifits of Extubation in the prone position.

AIM- To observe the effects of prone position extubation on respiratory side effects and hemodynamic parameters in patients who underwent lumbar spinal surgery.

Materials and Methods: Prospective observational randomised study.

Patients were divided into:

- Group S: Patients were rolled back to supine at end of surgery.
- Group P: Patients left undisturbed for prone extubation

General Anaesthesia technique shall be used all patients

Patients were turned to the prone position on the operating table with their heads in the neutral position.

In the supine group S, the administration of anesthetic agent was stopped without stopping monitoring after patients were turned to the supine position from the prone position.

The patient group P in the prone position had the anesthetic agent administration stopped after skin suturing.

Patients were extubated

PARAMETERS NOTED

- HR/ SDP/DB,- before surgery,end of surgery, before extubation and after extubation.
- Coughing.
- Time to extubation.
- Post-op sore throat.
- Any cardiovascular or respiratory complications.
- Monitor disruptions.

Results: Undisturbed extubation in prone position is associated with greater haemodynamic stability, lesser coughing and decreased time to extubation and safe than extubation in supine posion in the patients undergoing prone surgeries.

Conclusions: Extubation in the prone position after lumbar spinal surgery provides more comfortable emergence and recovery periods with less alteration of respiratory status and a better recovery profile.

Abstract ID: OP-86-80

Topic: Airway Management

Title: COMPARISON OF BLIND ORO-TRACHEAL INTUBATION THROUGH LMA BLOCKBUSTER AND LMA PROTECTOR – A PROSPECTIVE RANDOMIZED STUDY

Presenting Author: DR. MANISHA MANOHAR

Co-authors: Dr. Kiranpreet Kaur, Dr.Tavleen Kaur, Dr Suresh Singhal

Background, Aims & Objectives: Supraglottic devices can be used for orotracheal intubation. Limited data exists on the comparative assessment of LMA blockbuster and LMA protector for orotracheal intubation. To address this gap in knowledge, we designed a study to compare the intubation characteristics of these two supraglottic devices .Aim was to compare the performance of devices in terms of success rate and ease for blind tracheal intubation. The study objectives were to compare the success rate of LMA placement, oropharyngeal seal pressure, time taken for intubation, number of attempts required ETT placement.

Materials and Methods: 100 patients of either sex aged 18-60 years belonging to ASA I or II scheduled for elective surgery under general anaesthesia requiring endotracheal intubation were included in study. Patients in Group B (n=50) were intubated using LMA Blockbuster and in Group P (n=50) were intubated using LMA Protector. Recorded parameters were compiled and analysed using appropriate statistical test

Results: Success rate of intubation in group B patient was 94.0% compared to 92.0% patients in group P. Failure was noted in 6% of the participants in group B and 8.0% in group P ($\chi 2=0.667$, $p=0.678$). Placement of TT was observed to be easy in 84% of the patients in the group B compared to 76.0% of the patients in group P. Difficult intubation was noted in 6% and 14.0% patients in group B and P respectively. ($\chi 2=1.549$, $p=0.57$). 88% of patients were intubated in first attempt in group B compared to 78% in group P ($\chi 2=2.291$).The mean ± SD of total time taken for successful intubation in group B and group P was 8.26 ±5.12 and 8.34±6.99 sec respectively. ($W =1233.500$, $p=0.239$).

Conclusions: Both the LMA Blockbuster and the LMA Protector are excellent intubating devices, offering comparable ease and success rates for intubation

Abstract ID: OP-74-67

Topic: Onco-anaesthesia

Title: Evaluation of immediate quality of recovery with opioid free anaesthesia in patients undergoing gynaecological cancer surgerie

Presenting Author: DR. MALINI KANCHAN

Co-authors: Dr. Geetanjali T. Chilkoti, Dr. Medha Mohta

Background, Aims & Objectives: The quality of recovery (QoR-40) score has been evaluated with opioid-free anaesthesia (OFA)amongst various surgical populations. No study has evaluated QoR with OFA in gynaecological cancer surgeries. The aim of the study was to compare QoR-40 scores between OFA and standard opioid-based anaesthesia (OBA) for patients undergoing exploratory laparotomy for gynecological cancer surgeries. Primary objective was QOR-40 at12th hour, day1& day 3;secondry objectives were NRS-Pain scores; DN-4 scores at day 1, 2 &3; Total rescue analgesics in 24h, PONV score; Time to ambulation(mins); Time to tolerate oral fluids (mins) and Hospital stay.

Materials and Methods: Following ethics approval and prospective CTRI registration, female patients aged 20-65 year, ASA PS-I/II undergoing gynecological cancer surgeries were included and excluded if history of chronic pain, PONV, prior allergy to LAs or coagulopathies, receiving opioids, and inability to comprehend. Patients randomized into one of the two groups. Patients in group OFAreceived dexmedetomidine 1 µg/kg was given over 10 minutes before induction of anaesthesia.Intraoperative analgesia maintained withIV infusion of dexmedetomidine 0.3-0.7 µg/kg/hr. and ketamine 0.25-0.5mg/kg/hr. Patients in groupOBA received GA as per standard protocol using IV morphine. Various aforementioned outcomes were recorded postoperatively.

Results: A total 92 patientsenrolled, after exclusions,80 with 40 in each groupincluded. The QoR-40 score(p=0.001)was significantly higher in OFA group at all time points.PONV incidence was significantly higher at 0-4thand 4-8th hr in the OFA group and was comparable at all other time points.DN4 scores comparable between groups at day 1 and day 2; whereas on day 3 it was significantly higher in OFA group.“Time to Ambulation”, “Oral fluid tolerance” and “Hospital stay” were comparable.

Conclusions: A significantly betterQoRwith OFA when compared to the OBA in patients undergoing gynaecological cancer surgeries.

Abstract ID: OP-73-66

Topic: Thoracic Anaesthesia

Title: A study of comparative efficacy of Double Lumen Tube and EZ Blocker for Lung Isolation Surgeries: A randomised comparative study

Presenting Author: DR. GAURAV CHANDELA

Co-authors: Dr. Shefali Gautam, Dr. Shashank Kumar Kanaujia, Dr. Suresh Kumar, Dr. Sanjeev Kumar, Dr. Vinod Srivastava

Background, Aims & Objectives: One-Lung ventilation (OLV) is necessary for thoracic surgeries involving lung, esophagus or mediastinum. Various airway devices, like Double Lumen Tubes and bronchus blockers facilitate OLV. However, DLT intubation has drawbacks, prompting the development of bronchus blockers like EZ-Blocker™. The EZ-Blocker features a Y-shaped design with cuffs on both ends, simplifying placement and reducing complications. This study aims to evaluate EZ-Blocker against DLT for Lung Isolation Surgeries in Indian settings, filling a gap in existing research.

Materials and Methods: 46 adult patients who had to undergo elective thoracic surgery requiring thoracotomy were included in this prospective, randomized, single-blinded study. Patients were randomly assigned to one of the 2 groups: DLT or EZ Blocker group. Time for placement of device, including time for device preparation and time for placement of device, was recorded along with number of repositionings required. After the surgery, the surgeon rated the quality of collapse of lung and patient's sore throat and hoarseness were recorded.

Results: Time for placement of DLT (170.47 sec) was significantly faster than EZ Blocker (230.7 sec). Number of repositionings required were more in the EZ Blocker group (52.2%) compared to DLT Group (43.5%). Quality of lung collapse was rated better for DLT (60.9%) than EZ Blocker (39.2%) whereas post-operative complications of intubation were more in the DLT group owing to it's larger external diameter.

Conclusions: EZ Blocker is a reliable option for one lung ventilation (OLV) during thoracic surgery, particularly in patients with limited mouth opening. Despite having fewer post-operative complications like sore throat and hoarseness compared to the DLT, the DLT outperforms the EZ Blocker in terms of preparation time, placement time, number of repositionings needed, and surgeon satisfaction score.

Abstract ID: OP-70-63

Topic: Critical Care Pain & Palliative Care

Title: Comparison of efficacy transforaminal epidural injection of autologous platelet rich plasma vs Triamcinolone in patients with lumbar radicular pain : a prospective Randomized control study

Presenting Author: DR. AMIT KUMAR

Co-authors: Dr. Amit Kumar, Dr. Manish Kumar Singh, Professor Sarita Singh, Dr. Manoj Chaurasiya, Dr. Awdhesh Kumar Yadav,

Background, Aims & Objectives: INTRODUCTION - Low back ache has become a major public health issue for people. There has been a widespread use of epidural injections with steroids for the purpose of pain but steroids have their own side effects like Cushing syndrome, adrenal suppression and myopathy.

A large number of publications for Platelet Rich Plasma (PRP) in field of orthopaedic and sports showing their potential tissue healing properties.

Hence this study to compare the efficacy and safety of PRP Versus Triamcinolone in patient with lumbar radicular pain through transforaminal epidural injection.

AIMS AND OBJECTIVE

Aim: To compare the efficacy and safety of autologous platelet rich plasma versus Triamcinolone in lumbar radicular pain through c arm guided transforaminal epidural injection.

Primary Objective: To compare pain relief with PRP vs Triamcinolone via VAS score at 1 week, 2 week, 1 month, 3 month and 6 month from base line VAS.

Secondary Objective

1. To compare patients satisfaction with PRP versus Triamcinolone via Likert scale.
2. To compare safety and side effects of PRP Versus Triamcinolone.

Materials and Methods: 60 patients were randomised to receive lumbar transforaminal epidural injections with either Triamcinolone (N=30) or Platelet rich Plasma (N=30). Measurement were taken before treatment and 1 week, 2 week, 1 month, 3 month and 6 month using a visual analog scale, Likert scale.

Results: There was a statistically significant difference in the visual analog score between those treated with Triamcinolone and those given Platelets rich Plasma. In Group P the Mean Vas decreased from a maximum of 7.86 at baseline to 3.55 at 3 month time point and then increased to 4.56 at 6 month timepoint. This was statistically significant.

In Group S the mean VAS decreased from a maximum of 7.87 at the baseline timepoint to a minimum of 3.37 at the 1 month, and then increased to 6.10 at the 6 month time point. This change was statistically significant.

Conclusions: In this study, Triamcinolone and Platelet rich Plasma were shown to have beneficial effects on low back pain associated with radicular pain, with Platelet rich plasma being more effective and prolonged than Triamcinolone along with better patient satisfaction with Platelet rich plasma.

Abstract ID: OP-51-44

Topic: Neuro Anaesthesia

Title: Effect of red blood cell storage duration on cerebral blood oxygenation in elective cranial surgery: a prospective, randomized controlled study.

Presenting Author: DR. ANJALI KUMARI

Co-authors: Dinesh Singh, B. K. Ojha, Tulika Chandra, Hemlata, Brijesh Pratap Singh

Background, Aims & Objectives: Craniotomy & excision of intracranial tumors causes blood loss is strongly associated with blood transfusion. RBC units that have been stored for longer duration probably influence erythrocyte oxygen affinity affecting RBC function and transfusion efficacy. We hypothesized that the age of PRBC imparts a definite role in providing cellular oxygen supply and affects the neurological outcome in cranial surgery.

AIM: To study the effect of Red Blood Cell Storage Duration on Cerebral blood oxygenation and neurological outcome in elective cranial surgery.

PRIMARY OBJECTIVE: To determine the association of RBC storage duration with cerebral blood oxygenation by jugular venous oxygen saturation in elective cranial surgeries.

SECONDARY OBJECTIVES: To study the following:

Hemodynamics, Blood gas analysis, Number of blood transfusions, Duration of ICU and hospital stays, Neurological outcome at hospital discharge

Materials and Methods: : After obtaining approval from the Institutional Ethics Committee and informed consent from the patients for the procedure, 80 patients of either sex and age of 18-60 years undergoing cranial surgery and anticipating blood transfusion during surgery were enrolled.

After induction, sampling was done after placement of jugular central venous catheter and cerebral oxygenation parameters and peripheral perfusion parameters were noted at the interval of 1-hour post-transfusion till the end of surgery.

In group 'N', the patient received all the PRBC transfusions of storage age <14 days, while in group O, the patient received all the PRBC transfusions of storage age >14 days.

Results: The statistical analysis using the Student's t-test indicated no significant difference between the two groups ($p>0.05$) in all cerebral oxygenation parameters and peripheral perfusion parameters.

Conclusions: Our findings demonstrated no discernible differences in primary and secondary outcomes between patients receiving fresh versus old RBCs.

Abstract ID: OP-47-39

Topic: Neuro Anaesthesia

Title: A comparative analysis of the effect of single dose esmolol and lidocaine on Middle cerebral artery velocity during emergence from anaesthesia

Presenting Author: DR. LHINGNEILAM HAOKIP

Co-authors: Dr. Obaid Ahmed Siddiqui

Background, Aims & Objectives: Cerebral hyperaemia occur during extubation demonstrated by increase in cerebral blood flow velocity(CBFV)1, possible mechanism is the sympathetic stimulation associated with emergence from anaesthesia2. we hypothesized and test that blunting the sympathetic overactivity will decrease CBFV and cerebral hyperaemia at emergence from anaesthesia. Primary objective- Comparing the effect of single dose esmolol and lidocaine on peak MCA velocity. Secondary objectives- comparing the effect of esmolol and lidocaine on haemodynamic parameters i.e systolic blood pressure(SBP) and Heart rate(HR) and correlating changes between peak MCA velocity and haemodynamic parameter.

Materials and Methods: 90 patients undergoing surgery under general anaesthesia in JNMCH, Aligarh were included in our Prospective, randomized(computer generated), double blind and placebo controlled study. Patients were assigned into three groups- esmolol, lidocaine and placebo group respectively. Time-averaged blood flow velocity in the MCA is measured using 1-2Mhz transcranial probe and Train of four(TOF) is used for neuromascular monitoring. Total of 4 readings are taken - T0; is recorded in the last skin suture, T1; When TOF ratio is more than 90%, T2; 2 minute after administration of study intervention drugs and T3; three minutes after extubation

Results: Our analysis shows that there is decrease in HR, SBP and peak MCA velocity value after drug administration(T2) and extubation(T3) in relation to T1 in both Esmolol and Lidocaine group but consistent increase in haemodynamic parameter and MCA velocity in placebo group. There is significant Correlation between haemodynamic parameters and peak MCA velocity.

Conclusions: Our study shows Esmolol and lidocaine decrease CBFV during emergence from anaesthesia, confirming that sympathetic overactivity contributes to CBFV and cerebral hyperaemia.

Abstract ID: OP-44-35

Topic: Regional Anaesthesia

Title: Comparison of Modified Thoracolumbar Interfascial Plane Block with Erector Spinae Plane Block for Postoperative Analgesia Following Lumbar Spine Surgeries.

Presenting Author: DR. VAISHALI SINGH

Co-authors: Dr. Hemlata

Background, Aims & Objectives: Background: Spinal procedures are generally associated with intense pain in the postoperative period. This necessitates careful attention to postoperative analgesia in order to guarantee the best possible recovery and patient satisfaction. The search for optimal analgesic strategies has led to the exploration of regional anaesthesia techniques, among which Modified Thoracolumbar Interfascial Plane Block(mTLIP) and Erector Spinae Plane Block(ESPB) have emerged as alternatives for providing postoperative analgesia in lumbar spine surgeries.

Objectives: Primary objective: To compare the groups with regards to VAS Score in post-operative period.

Secondary Objective: To compare the groups with respect to Post-operative comfort using BCS Score, Time to First Rescue Analgesia, Total rescue analgesia required in fist 24 hours, Time of block performance, One time block success rate

Materials and Methods: In this double blind randomised control study 124 patients 18 to 65 years of age, belonging to ASA Class I and II of either sex, scheduled to undergo Lumbar Spine surgeries were included and were divided randomly via computer generated system into ES and TL groups.

Results: VAS score was lower in TL group at all the time intervals over a period of 24 hours post-operatively.No significant difference was observed between the two groups for BCS Score, requirement of rescue analgesia, time to first rescue analgesia and mean dose of rescue analgesia.

Conclusions: mTLIP Block is as effective as ESPB for postoperative analgesia and comfort following lumbar spine surgeries. Although it takes more time and skill to perform mTLIP Block, but it has added benefit of providing prolonged pain relief. Therefore, it can be considered as a safe alternative to ESPB for postoperative pain management in these patients.

Abstract ID: OP-33-26

Topic: Paediatric Anaesthesia

Title: Incidence of preoperative anxiety in children undergoing elective surgery and utility of interactive video-game in anxiety attenuation - a randomized study.

Presenting Author: DR. SUNAINA TEJPAL KARNA

Co-authors: Dr. Anagha P. Vinay, Dr. Zainab Ahmad, Dr. Vaishali Waindeskar, Dr. Pranita Mandal, Dr. Pooja Singh

Background, Aims & Objectives: Preoperative anxiety is associated with adverse postoperative outcomes, besides poor cooperation in children.1 There are limited studies exploring the incidence of baseline anxiety in children scheduled for elective surgery and utility of commonly available distraction techniques. This study aimed to study incidence of anxiety and the effect of distraction with Video-games (VG). The primary objective of the study was to find incidence of baseline preoperative anxiety using Modified Yale Preoperative Anxiety Scale (m-YPAS) and compare effect of a VG based distraction on anxiety at parental separation and anaesthetic induction.

Materials and Methods: After ethical clearance and CTRI registration, this randomized controlled study was done in 150 children, 4-12 years, who underwent elective surgeries under general anaesthesia. Baseline presence of anxiety was noted if m-YPAS score > 30 was present immediately after shifting to preoperative room. Thereafter, participants were randomly (computer based random number) allocated, in 1:1 ratio, to either Control (C) or Intervention (I) group. In Group I, children were encouraged to play hand-held VG till anaesthetic induction. m-YPAS were noted at baseline (T0), parental separation (T1), and anaesthetic induction (T2). Anxiety was defined by m-YPAS score >30 with Parental separation anxiety score (PSAS) >3 for unacceptable separation.2,3

Results: The incidence of baseline preoperative anxiety was 76.7%. In Group I, the incidence of preoperative anxiety decreased from 84%(T0) to 58.7% (T1) and 59% at T2. In Group C, anxiety increased from 69.3% at T0 to 81.3% and 87% at T1 and T2, respectively. Significantly high incidence of anxiety was present at parental separation (P 0.002) and anaesthetic induction (P 0.036) in the control group. There was a 2.32-time lower risk of anxiety in the intervention group.

Conclusions: Incidence of preoperative anxiety before elective surgery is high in children 4-12 years undergoing elective surgeries. Video-games decrease anxiety at parental separation and anaesthetic induction.

Abstract ID: OP-32-46

Topic: Airway Management

Title: CMAC video laryngoscope vs touren video laryngoscope for endotracheal intubation in the pediatric population undergoing general anesthesia.

Presenting Author: DR. NISHITA CHANDRA

Co-authors: Dr. Ashika Johney, Dr. Sonia Wadhawan, Dr. Sukhyanti Kerai, Dr. Farah Hussain, Dr. Ramita Kashyap, Dr. Preeti Labani

Background, Aims & Objectives: Pediatric airway management is challenging to anesthesiologists due to the major anatomical, physiological and developmental differences as compared to the adult population. Video laryngoscopes are now being increasingly used in pediatric population to overcome these challenges, ensuring a better glottic view, with greater intubation success as compared to conventional direct laryngoscopes.

AIMS AND OBJECTIVES: To evaluate and compare the CMAC video laryngoscope with Tuoren video laryngoscope for endotracheal intubation in pediatric population undergoing elective surgery under general anesthesia.

Materials and Methods: This randomized comparative study was conducted over a period of 12 months, in the pediatric population (age group 2-8yrs) posted for elective surgery requiring endotracheal intubation. Children in this age group with MMPC I/II were included in our study and were randomly divided into two groups of 20 each (Group CMAC and Group Tuoren). A standard anesthesia protocol was followed for all the patients. In both the groups, endotracheal intubation was achieved using appropriate size blade of video laryngoscope. The Intubation Difficulty Scale score was recorded, along with the time to intubate, hemodynamic response and any complications. Quantitative variables were analyzed with Unpaired Student's t-test, while Chi square test was used to analyze categorical variables.

Results: The IDS score ($p<0.001$) and time taken to intubate ($p<0.001$) using CMAC were significantly less when compared to Tuoren. CMAC offered more hemodynamic stability as compared to Tuoren in terms of HR, SBP, DBP and MAP, though not statistically significant.

Conclusions: Both CMAC and Tuoren video laryngoscope can be used for endotracheal intubation in pediatric patients with normal airway, but CMAC may be the preferred choice.

Abstract ID: OP-32-31

Topic: Paediatric Anaesthesia

Title: Comparative evaluation of effect of mother's re corded voice with stranger's recorded voice on occurrence of emergence delirium in pediatric patients.

Presenting Author: DR. NISHITA CHANDRA

Co-authors: Dr. Sonia Wadhawan, Dr. Sukhyanti Kerai, Dr. Farah Hussain, Dr. Ramita Kashyap, Dr. Preeti Labani

Background, Aims & Objectives: Emergence delirium (ED) is a well-known disruptive behavior that has been seen in majority of pediatric population in the post-operative period. Preventing ED has remained a challenge for an anesthetist. Auditory stimuli have been one of the simplest and useful tools among various techniques to reduce the incidence of ED. It is anticipated that a mother's voice has a significant effect on child's behavior (Byun et al). This study compared the effect of the mother's recorded voice with the stranger's voice on occurrence of ED in pediatric patients.

Aim: To compare the effect of mother's recorded voice with stranger's voice on occurrence of emergence delirium after general anesthesia in pediatric patients.

Objectives: To evaluate and compare the effect of mother's recorded voice with stranger's recorded voice on: Pediatric Anesthesia Emergence Delirium (PAED) Score, incidence of ED and recovery characteristics.

Materials and Methods: Sixty-six children of age 3-8 years posted for elective surgery under general anesthesia were randomly assigned to listen to either the mother's voice (group M, n=33) or stranger's voice (group S, n=33). The primary outcome was the incidence of emergence delirium by PAED score. Secondary outcome included time to eye opening or purposeful movement time, time to removal of supraglottic airway device, hemodynamic parameters during recovery from anesthesia in post anesthesia care unit (PACU), post-operative pain assessment by FLACC score, PACU stay time and Parent satisfaction score on the following morning by Likert scale.

Results: The incidence of emergence delirium was higher in the stranger's group than in the mother's group (0% vs 9%). The initial PAED score in the M group was lesser as compared to the S group [mean (standard deviation), 8.3(1.2) vs 9.5(1.5)] ($p<0.001$).

Conclusions: The mother's voice reduced the PAED score and the incidence of emergence delirium in pediatric patients compared with a stranger's voice after general anesthesia.

Abstract ID: OP-30-34

Topic: Neuro Anaesthesia

Title: EFFECTS OF EQUIOSMOLAR 3% HYPERTONIC SALINE, 8.4% SODIUM BICARBONATE AND 20% MANNITOL ON INTRACRANIAL PRESSURE AND METABOLIC CHANGES IN PATIENTS UNDERGOING SUPRATENTORIAL CRANIOTOMY & TUMORS EXCISION: A P ROSPECTIVE, RANDOMIZED CONTROLLED STUDY

Presenting Author: DR. L P HUIMILA

Co-authors: Dr L P HUIMILA, Dr B B Kushwaha, Dr B P Singh, Dr Ravi Prakash, Dr Manish Jaiswal, Dr Hemlata

Background, Aims & Objectives: Effective management of intracranial pressure (ICP) during supratentorial tumor surgery is vital to prevent cerebral perfusion compromise and postoperative complications. This study aims to compare the effects of 3% hypertonic saline (HTS), 8.4% sodium bicarbonate (SBC), and 20% mannitol (M)on ICP and metabolic changes during craniotomy for supratentorial tumors. Primary objectives: Assessing ICP impact. Secondary objectives: Evaluating cerebral perfusion, brain relaxation, metabolic shifts, hemodynamics, neurological outcomes, and complications.

Materials and Methods: The study Conducted at KGMU, Lucknow, this study involved 90 ASA I and II patients aged 18-60 undergoing elective supratentorial craniotomy. Patients were randomly assigned to HTS, SBC, or M groups. Anesthesia induction comprised fentanyl and propofol, with sevoflurane and fentanyl infusion maintenance. ICP monitoring was via a subdural catheter, with study drugs administered at scalp incision. Brain relaxation was assessed at dural opening, and data on ABG, serum electrolytes, and osmolarity were collected at intervals. Complications were monitored, and neurological outcomes were evaluated at discharge using the extended Glasgow Outcome Scale (GOSE).

Results: Age and gender distribution were similar across groups. Group SBC exhibited significantly superior brain relaxation scores compared to both group HTS and group M. Patients in group M showed lower blood pressure and central venous pressure , alongside elevated urine output and fluid intake in comparison to the other groups. Conversely, patients in group SBC showed higher levels of pH, bicarbonate, partial pressure of carbon dioxide, serum sodium, and serum osmolarity compared to both groups M and HTS.

Conclusions: The study highlights sodium bicarbonate's superior efficacy in promoting brain relaxation and favourable hemodynamic outcomes compared to hypertonic saline and mannitol. These results endorse sodium bicarbonate as a preferred therapeutic option for managing intracranial pressure and metabolic changes during supratentorial tumor surgery.

Abstract ID: OP-29-36

Topic: Regional Anaesthesia

Title: Comparing the Efficacy of Sphenopalatine Ganglion Block vs. Palatal Block for Analgesia in Children with Cleft Palate Undergoing Palatoplasty Surgery: A Randomized Controlled study

Presenting Author: DR. PRIYA TIWARI

Co-authors: Dr. Manish Kumar Singh, Dr. Tanmay Tiwari, Dr. Hemlata

Background, Aims & Objectives: Introduction: Cleft lip and palate (CLP) is a common congenital abnormality necessitating early surgical intervention. Palatoplasty, aimed at restoring normal anatomy, poses postoperative challenges including pain and complications. Traditional pain management with opioids and NSAIDs presents risks, prompting exploration of regional nerve blocks. This study compares the efficacy of sphenopalatine ganglion block (SPGB) and palatal block for postoperative analgesia in children with cleft palate undergoing palatoplasty.

Aims and Objectives: The aim is to compare SPGB and palatal block efficacy on analgesia and intraoperative hemodynamics. Primary objectives include assessing postoperative analgesia using FLACC score. Secondary objectives comprise evaluating rescue analgesia need and parental satisfaction, along with intraoperative hemodynamics.

Materials and Metho ds: This prospective randomized controlled study was conducted over a year at King George's Medical University, Lucknow. A sample size of 50 (25 per group) was calculated. Children aged 1-5 years with cleft palate meeting inclusion criteria were randomized into two groups: palatal block (Group A) and SPGB (Group B).

Results: Result: Assessment of pain using the FLACC scale post-general anesthesia indicated significantly lower scores in Group B at various time points (0, 3, 6, 9, and 12 hours post-general anesthesia) compared to Group A ($p<0.001$), suggesting better analgesic efficacy with sphenopalatine ganglion block.

Additionally, the need for rescue analgesia differed significantly between the groups ($p<0.001$), with Group B requiring less rescue analgesia compared to Group A. Parental satisfaction, assessed on a Likert scale, was significantly higher in Group B compared to Group A ($p<0.001$).

Analysis of vital signs, including heart rate, systolic and diastolic blood pressure, and oxygen saturation, at various time points intraoperatively and postoperatively revealed some differences between the groups.

Notably, significant differences were observed in heart rate at 60 minutes after block performance ($p=0.006$) and diastolic blood pressure at postoperative (5 minutes post-extubation) period ($p=0.007$).

Conclusions: This study aims to contribute to the body of evidence regarding optimal pain management strategies for children undergoing palatoplasty. On comparing SPGB and palatal block efficacy, both blocks provide good postoperative analgesia with SPGB being more efficacious based on FLACC SCORE and overall parental satisfaction based on likert scale.

Abstract ID: OP- 13-11

Topic: Airway Management

Title: A Prospective Randomised study to compare the effect of neutral and extended head position during awake orotracheal intubation using fiberoptic bronchoscope in adult patients

Presenting Author: DR. SHALU YADAV

Co-authors: Dr Aparna Shukla, Dr Reetu verma, Dr Hemlata, Dr Manoj Kumar Chaurasiya, Dr Awanish Kumar,

Background, Aims & Objectives: 1) Primary – To compare the percentage of glottic opening score between the two groups.

Secondary –

- Time taken to insert FOB from incisors into trachea till carina (T1)
- Time taken to advance the endotracheal tube into the trachea over FOB (T2)

Materials and Methods: Study was conducted at the Department of Anaesthesiology, in collaboration with the Department of Surgery, King George's Medical University, Lucknow on fifty American Society of Anaesthesiologists (ASA) physical status I and II patients between 19 to 70 years of age after obtaining approval from the institutional ethical committee.

Study Design: Prospective Randomised Comparative study

Sample Size: 50 patients (equally divided into two groups 25 in each group)

- Extended Head Position Group (E): Here 7-cm pillow was kept underneath the shoulder to keep the occiput close to the operating table.
- Neutral Group (N group): No pillow underneath the patient's head or shoulders.

Results: Statistically significant difference was found in the POGO score , T1 and T2 in both the positions. POGO score was better in extended position and T1 and T2 were also less in extended head position compared to neutral position .

Conclusions: Extended head position was found to be better than neutral head position during awake orotracheal intubation using fiberoptic bronchoscope in terms of better POGO score and less time taken to intubate the patient.

Abstract ID: OP- 10-8

Topic: Neuro Anaesthesia

Title: A comparative analysis of intraoperative haemodynamics, sedation quality & post-operative pain control of Remifentanyl, Fentanyl & Dexmeditomidine in major Neurosurgical, Obs & Gynae & ENT procedures

Presenting Author: DR. SATI NATH MOHANTY

Co-authors: Dr. Akhilesh Gola

Background, Aims & Objectives: We know that preoperative & post-operative pain control are the hall marks for a successful surgery/Anaesthesia. Although for a long time, various long acting / intermediate acting opioids have been the main stay for the pain management in a surgical patient, post-operative recovery of the patient has been very much delayed & as a result shifting the patient to the ward or to the designated area becomes difficult!

As Inj Remifentanyl – an ultra-short acting opioid has been recently launched in India, this study aims at comparing Remifentanyl, Fentanyl & Dexmeditomidine for intraoperative sedation & post-operative pain control. In addition, it throws more insight into the myths, pharmacokinetics & pharmacodynamics of this newly introduced drug into Anaesthesia practice.

MATERIALS & METHODS

The study has been approved by the Institutional Ethics committee(IEC)
Written informed consent has been taken from the study population
Patients aged 18 - 65yrs with American Society of Anaesthesiologist (ASA) grade I & II have been taken for the study

EXCLUSION CRITERIA –

Diabetes Mellitus(DM)

Hypertension

Patients with hyper irritable airway conditions viz. Bronchial asthma, COPD

CVS

Endocrine diseases

Hepatic disorders

H/O allergy to opioids

At the outset patients were randomly divided into 3 groups using computer generated number table

Randomization has been done by a clinical Pharmacologist not involved in the study / data collection

E-Poster Papers

Abstract ID: PP-158-A163

Topic: Critical Care Pain & Palliative Care

Title: Evaluation of a Novel Autoinjector for Rapid Intramuscular Delivery of Sulfanegen as a Cyanide Antidote in a Porcine Model

Presenting Author: DR. ARREH JAIN

Co-Authors: Arreh Jain, Steven E. Patterson, PhD., Walt Tollison, David S. Beebe, MD, Deepali Shrivastava, MD, Kumar G. Belani, MBBS., MS

Background, Aims & Objectives: Untreated severe cyanide (CN) toxicity is fatal. Sulfanegen is rapid-acting within mitochondria and deactivates cyanide by using 3-mercaptopyruvate sulfurtransferase (3-MST). In this study, the autoinjector prototype performance was evaluated in juvenile domestic pigs, comparing both manual and autoinjector methods.

Materials & Methods: Eight healthy Yorkshire pigs (16-20 kg) were anesthetized with Telazol and Xylazine, and mechanically ventilated with propofol and isoflurane, after intubation. Surface warming ensured normothermia. Blood samples were collected pre-procedure. Sulfanegen injection was administered using a novel automatic injection system in six pigs and manual injection in two pigs. Sulfanegen dose (75 mg/kg) was halved and injected in both hind thigh muscles. Femoral venous blood samples were collected and hemodynamics were monitored at intervals to evaluate sulfanegen pharmacokinetics, biochemical and vital sign stability in the study. Sulfanegen plasma levels were monitored for 5 hours to characterize decay in both the manual and auto-injector groups. The anesthetized animals were humanely euthanized on the table, day of experiment, with an intravenous injection of 4-5 cc EUTHASOL Euthanasia Solution.

Results: In both groups, animals were metabolically and biochemically stable during study. Peak sulfanegen concentration levels were reached in 0.48hr (autoinjector) vs 0.42hr (manual), with no significant difference ($p>0.05$). Sulfanegen pharmacokinetic profiles were similar, confirming that the proprietary autoinjectors are suitable for rapid delivery, including emergencies.

Conclusions: The Proprietary Auto-injectors performed satisfactorily in all 6 pigs, quickly dissolving powder and delivering the dose in seconds. When loaded with a precalculated dose, the dual injectors enable quick administration of sulfanegen antidotes by first responders or victims themselves in emergencies, following cyanide exposure. The study showed automatic delivery system and sulfanegen formulation as reliable and feasible, promising potential for timely cyanide antidote administration in emergencies and mass exposures. This efficient treatment could save lives before victims succumb to exposure.

Abstract ID: PP-111-A106

Topic: Onco-anaesthesia

Title: Comparison of Pre-Oxygenation with Heated Humidified High-Flow Nasal Cannula Vs. Standard Technique for Induction of General Anaesthesia followed by Fibre-Optic Nasal Intubation in patients undergoing Head And Neck Onco-Surgery:A Randomised Controlled Tri

Presenting Author: DR. MANISHA SAHOO

Co-Authors: Dr Brajesh Kumar Ratre, Dr Balbir Kumar

Background, Aims & Objectives: Pre-oxygenation before tracheal intubation prolongs the time for securing the airway before hypoxemia. Traditionally, ventilation is performed manually using an anatomical facemask (FM) after the patient loses consciousness till tracheal intubation. In anticipated difficult mask ventilation, facemask ventilation may not be feasible. High-Flow Nasal Cannula (HFNC) can deliver warm and humidified oxygen through a specially designed nasal cannula at 60L/min and prolong the apnoeic period.

We compared HFNC and FM for pre-oxygenation before anaesthesia induction and fibre-optic nasal intubation in head and neck onco-surgical patients.

Objectives were to compare both the groups for PaO2(primary), PaCO2, ABG, drop in saturation, time taken for intubation, hemodynamic changes and post-intubation EtCO2 and EtO2 changes.

Materials & Methods: 74 consenting adult ASA I and II patients posted for head and neck surgery were randomised in a 1:1 ratio in either group- HFNC or FM. Standard ASA monitors were applied and an arterial cannula was secured under local anaesthesia for ABG- baseline, post-preoxygenation and post-relaxant to compare PaCO2. Standard General Anaesthesia(GA) induction was done for both groups. The time taken to perform fibre-optic intubation and desaturation was recorded. Standard statistical tests were applied as required.

Results: PaO2, expressed as Mean(S.D.) was 344.3(143.5) and 334.7(167.6) mm Hg for HFNC and FM, respectively post Intubation. No significant difference for both primary and secondary outcomes were noted.

Conclusions: Both HFNC and FM are equally efficient for pre-oxygenation and fibre-optic nasal intubation.

Abstract ID: PP-109-A113

Topic: Basic Anaesthesia

Title: A prospective randomized controlled study of role of PRECARB for enhanced recovery from stress of surgery/ anaesthesia.

Presenting Author: DR. SAVYA JAYACHANDRAN

Co-Authors: Dr. Savya Jayachandran, Dr. Ketki Sanjay Bangar, Dr. Satinath Mohanty, Dr. Suvarna Ingale, Dr. Shraddha Devarshi

Background, Aims & Objectives: Preoperative carbohydrate drinks, viz.PRECARB, play a pivotal role in Enhanced Recovery After Surgery (ERAS) protocols. These drinks improve outcomes by reducing insulin resistance, preserving glycogen stores, and enhancing blood glucose homeostasis. They also reduce muscle breakdown, decrease PONV, expedite the return of gastrointestinal function, shorten hospital stay, and enhance overall recovery by minimizing surgical stress.

Aim: A prospective randomized controlled study of role of PRECARB for enhanced recovery from stress of surgery/ anesthesia.

Objectives:

- Assessing patient anxiety levels before and after surgery.
- Monitoring hemodynamic parameters perioperatively.
- Tracking blood sugar levels perioperatively.
- Using Aldrete scores for ascertaining postoperative recovery status.

Materials:

- PRECARB solution (180 ml- 220kcal)
- Informed Consent Form.
- Patients Information Sheet.
- Patient Profile Form and Study Chart.
- Self-rating Anxiety Score .
- Aldrete Scoring System.

Methods: This study, conducted at Aditya Birla Memorial Hospital from Nov 2023 to Apr 2024, involved 100 patients undergoing surgery. They were divided into two groups: PRECARB (given a PRECARB solution 2 hours before surgery) and NON-PRECARB (conventional fasting). We excluded patients with DM, endocrine disorders, renal impairment, pregnant women. The study monitored anxiety scores preoperatively and postoperatively. Hemodynamic parameters like SBP, DBP, MAP, HR were monitored perioperatively. Postoperative Aldrete scoring system was used to ascertain the recovery status of patients.

Results: In this study, anxiety score in PRECARB group was at lower range as compared to NON-PRECARB group. The PRECARB group showed a slight decrease in SBP intraoperatively and postoperatively, with no significant differences in DBP preoperatively and intraoperatively. The NON-PRECARB group had a higher

DBP postoperatively. BSL were lower intraoperatively and postoperatively in the PRECARB group. The Aldrete scores demonstrated improved recovery in the PRECARB group.

Conclusions: The study found that PRECARB effectively maintained perioperative blood pressure and heart rate, reduced patient anxiety, and mitigated the hormonal stress response to surgery. This led to improved clinical outcomes, enhanced patient comfort, and faster recovery.

Abstract ID: PP-92-A86

Topic: Basic Anaesthesia

Title: Effect of intranasal Dexmedetomidine on opioid-sparing effect in patients undergoing abdominal surgeries-A Pilot Study

Presenting Author: DR. SHALINI KRISHNA PATHAK

Co-Authors: Dr Shalini Krishna Pathak, Dr Sarika Katiyar, Dr Kanika Suhag, Dr Shilpa Tiwari, Dr Anurag Yadava

Background, Aims & Objectives: The aim of this open-label, observational, pilot study was to determine the opioid-sparing effect in patients undergoing abdominal surgeries aged between 18-65 years

Materials & Methods: 50 patients were enrolled in this study as per inclusion criteria and were divided into two groups of 25 subjects. Group D had intranasal administration of dexmedetomidine and Group N was given a placebo. Patient's vitals, mRASS, and NRS were recorded pre-induction to medication, intraoperatively as well as postoperatively.

Results: 50 patients were studied for intranasal dexmedetomidine in the Department of Anaesthesia and Critical Care, Bhopal Memorial Hospital and Research Centre, Bhopal. Based on the data analysis following observations were made.

Conclusions: The findings in this study suggested that intranasal dexmedetomidine had a significant effect on Heart Rate, Mean Arterial Pressure, less effect on Respiratory Rate, and Oxygen Saturation, providing an opioid-sparing effect by reducing postoperative pain.

Abstract ID: PP-85-A79

Topic: Paediatric Anaesthesia

Title: Comparison of actual body weight, ideal body weight and age for selection of appropriate I-gel size in paediatric patients

Presenting Author: DR. VANDNA ARORA

Co-Authors: S K Singhal

Background, Aims & Objectives: Manufacturer's guidelines for I-gel advocate size selection of the device based on patient's actual body weight. However, this may not be suitable for children because of the wide range of weight for each device and the variation in individual anatomy due to difference in growth rate of paediatric patients. Therefore, we conducted a study to compare actual body weight, ideal body weight and age for selection of I-gel size in paediatric patients.

Materials & Methods: The present prospective randomized comparative study was carried out after approval from Institutional Ethics Committee. Sixty patients of age group 1 to 10 years (20 in each group) scheduled to undergo elective surgery under general anaesthesia using I-gel were enrolled and randomized into 3 groups: Group I (Ideal body weight); Group A (Actual body weight); Group Ag (Age). A standard anaesthesia protocol was followed and I-gel size was selected as per the group criteria.

Results: Demographic characteristics were comparable between the groups. First attempt success rate was highest in group I with statistically significant between group Ag vs group I ($p=0.01$) and group A vs group I ($p=0.02$). I-gel insertion was easy in maximum patients in group I with difficulty in only 2 patients, thus leading to statistically significant difference between group Ag vs group I ($p=0.04$) and group A vs group I ($p=0.001$). Mean oropharyngeal leak pressures (cmH20) were 21.6±7.46, 24.4±1.0 and 24.35±0.9 in Group Ag, Group A and Group I respectively ($p>0.05$). The difference in airway morbidity was statistically significant between group Ag vs group I ($p=0.01$) and group Ag vs group A ($p=0.01$).

Conclusions: We conclude that ideal body weight is a better predictor of I-gel size estimation in paediatric patients as compared to actual body weight and age in terms of first attempt success rate and ease of insertion.

Abstract ID: PP-66-A103

Topic: Regional Anaesthesia

Title: COMPARISON OF FRACTIONATED VERSUS BOLUS DOSE OF HYPERBARIC BUPIVACAINE INJECTION DURING SPINAL ANAESTHESIA FOR HEMODYNAMIC STABILITY AND DURATION OF ANAESTHESIA FOR LOWER LIMB ORTHOPAEDIC SURGERY.

Presenting Author: DR. YASHVANTH R

Co-Authors: Dr Prashanth kumar C, Dr Suchet Sharath, Dr Rachan Amin

Background, Aims & Objectives: The rapid onset of spinal Anaesthesia can lead to complications such as hypotension, which are sometimes unpredictable and requires vigilant monitoring and administration of fluids and vasopressors. In fractionated dose the drug is administered in two or more doses unlike the bolus dose. Our aim is to Compare the Fractionated and Bolus dose of hyperbaric bupivacaine during Spinal Anaesthesia for hemodynamic stability and duration of anaesthesia.

Materials & Methods: After obtaining clearance from the Institutional Ethics Committee, the study was carried out in 60 patients meeting inclusion criteria. Patients were divided into 2 groups (Group B & Group F). Group B patients received single bolus spinal anaesthesia with injection bupivacaine heavy (0.5%) and Group F patients received spinal anaesthesia with fractionated dose of bupivacaine heavy 2/3rd initially followed by 1/3rd after 60 Seconds. The onset of block and regression of blockade were recorded. Sensory block was assessed by pin prick method and motor block was assessed by modified Bromage scale. Assessment was done for every 2min till maximum sensory and motor blockade achieved and every 30 min postoperatively till sensory and motor block effect weaned off.

Results: The Patients were haemodynamically more stable in terms of less fall in heart rate and Blood Pressure in Group F when compared to Group B. The duration of analgesia was longer in Group F as compared to Group B [$P<0.05$].

Conclusions: The haemodynamic stability and duration of analgesia is better with Fractionated dose compared to bolus dose in Spinal Anaesthesia.

Abstract ID: PP-56-A52

Topic: Paediatric Anaesthesia

Title: Apnoeic Oxygenation with Low-flow Oxygen Cannula during Intubation in Paediatric Patients with Hydrocephalus: A Randomized Controlled Trial

Presenting Author: DR. KARTIKEY VAISH

Co-Authors: Dr. Kartikey Vaish, Dr. Sateesh Verma, Dr, Prem Raj Singh, Dr. Sudhir Singh

Background, Aims & Objectives: The anaesthetic induction and management in a hydrocephalic child can be particularly challenging due to increase in circumference and congenital anomalies.Large head size causes head-neck hyperflexion when child is kept in supine position,and this make mask ventilation as well as glottic visualisation and intubation difficult in these children.Thus,proper positioning of children becomes mandatory for successful intubation.

AIMS AND OBJECTIVES:To study effectiveness of low-flow oxygen cannula during intubation in paediatric patients with difficult airway due to large head size caused by Hydrocephalus.

Materials & Methods: This prospective randomized controlled trial included patients below 1 years,who underwent elective or emergency VP shunt surgery under general anaesthesia. Participants was randomized in to two groups-Group A- Apnoeic Oxygenation Group): This group received oxygen flow at 5 liter per minute via regular paediatric nasal cannula during intubation.Group B- Conventional induction group): This group received no oxygen supplementation during intubation.

Results: Drop in SpO2 (SPO≤95%) So,this level of desaturation were present in 4(10.8%) participants in group A and 8(21.6%) in group B.There was 1 patient which showed drop in SpO2 ≤92% in group A and 3 in group B,The mean time for desaturation in group A and B was 28.31± 6.23 and 21.42± 5.81 respectively.The mean time to successful intubation in group A and B was 14.22±3.45 and 14.26±5.33 respectively.In group A,1(2.7%) had to restart of face mask ventilation and 3(8.10%) had difficulty during the face mask ventilation. In group B, 3(8.10%) had to restart face mask ventilation and 2(5.4%) had difficulty during face mask ventilation.

Abstract ID: PP-26-A24

Topic: Critical Care Pain & Palliative Care

Title: Management of tachy arrhythmia in Post operative adult patients in PACU

Presenting Author: DR. INDU SINGH

Co-Authors: Dr. Vipin Kumar Dhama

Background, Aims & Objectives: Background : Heart rate more than or equal to 150 / min is defined as tachy arrhythmias. Tachy arrhythmias are commonly encountered during post operative period in PACU.

Objective:Identifying and managing the tachy arrhythmia in post operative patients as per AHA 2020 algorithm as per ACLS guidelines.

Materials & Methods: Material and Methods:During post operative period in PACU, tachyarrhythmias were identified by Nursing staff and Junior residents by looking at ECG on monitor.Tachyarrhythmias were treated by using anti arrhythmic drugs by following Tachyarrhythmia Algorithm as per ACLS guidelines 2020.

Results: Results: Most common causes of tachyarrhythmia encountered were non cardiac like hypothermia ,hypercarbia, hypoglycaemia , exogenous drug, inadequate analgesia, electrolytes disorder.The post operative Tachyarrhythmias were acutely reverted back to to sinus rhythm in adult patients in PACU.

Conclusions: Conclusion: Morbidity and mortality from tachyarrhythmias reduced by following the steps of algorithm of ACLS guidelines with proper planning and team work.

Abstract ID: PP-24-A21

Topic: Neuro Anaesthesia

Title: COMPARISON OF INTRATHECAL MORPHINE VS ERECTOR SPINE PLANE BLOCK FOR PERIOPERATIVE ANALGESIA IN PATIENTS UNDERGOING LUMBAR SPINE SURGERY: A PROSPECTIVE, SINGLE BLIND, RANDOMIZED CONTROLLED TRIAL

Presenting Author: DR. ARPITA LAL

Co-Authors: Dr. Arpita, Dr. G. P Singh, Dr. Manish Kumar Singh, Dr. Brijesh Pratap Singh

Background, Aims & Objectives: Most individuals undergoing spine surgeries endure moderate-to-severe postoperative pain. The most frequent lumbar segment undergoing surgery are L4/5 and L5/S1 [1–2]

Aims and objectives:

To compare the efficacy of intrathecal morphine and erector spinae plane block for peri-operative analgesia in patients undergoing lumbar spine surgery.

Materials & Methods: A prospective randomized controlled study conducted at KGMU, Lucknow, with a sample size of 74 (37 in each group) has been conducted. The patients undergoing lumbar spine surgery, aged 20–65 years of either sex with ASA I or II, were randomized into two groups: intrathecal morphine (Group A) and USG-guided erector spinae plane block (Group B). The patients in both groups were monitored for perioperative pain, hemodynamic changes, sedation, and complications in the perioperative period up to 24 hours post-surgery.

Results:

- Assessment of pain using the NRS scale post-surgery indicated better analgesic efficacy with intrathecal morphine.
- Group A requires less rescue analgesia compared to Group B.
- The Ramsey sedation score was found to be significantly higher in Group A than Group B.
- The complications like postoperative nausea, vomiting, pruritis, urinary retention and constipation were seen in Group A.
- Vital signs, heart rate, mean arterial blood pressure, revealed some differences between the groups. The respiratory rate and SPO2 were mostly comparable.
- The overall patients' satisfaction score was better in the Group A, 24 hours post operatively.

Conclusions: ITM is better for perioperative pain management than ESPB if used cautiously and with proper postoperative monitoring.

Abstract ID: PP-18-A16

Topic: Critical Care Pain & Palliative Care

Title: Effect of rajayoga meditation on anxiety level, hemodynamic parameters and serum cortisol level in patients undergoing modified radical mastectomy

Presenting Author: DR. SREELAKSHMI

Background, Aims & Objectives: This randomized controlled trial aimed to investigate the impact of Rajayoga meditation on anxiety levels, hemodynamic parameters, and serum cortisol levels in patients undergoing modified radical mastectomy.

Aims: To assess the benefit of Raja yoga meditation in patients undergoing Modified radical mastectomy.

Objectives: To compare the effect of Raja yoga meditation on anxiety levels using the STAI (state-trait anxiety inventory) scale between the two groups, before surgery and after surgery.

To assess the effect of Raja yoga meditation on hemodynamic parameters (blood pressure, heart rate, respiratory rate) & serum cortisol level.

Materials & Methods: The study, conducted at the Department of General Surgery, King George Medical University, Lucknow, India, involved 60 subjects aged 30 to 70 years with carcinoma breast undergoing the specified surgery.

The participants were divided into two groups: the "meditation" group and the "control" group, each comprising 30 individuals. Anxiety levels were assessed using the State-Trait Anxiety Inventory (STAI) scale before and after surgery. Hemodynamic parameters (blood pressure, heart rate, respiratory rate) and serum cortisol levels were also monitored preoperatively and postoperatively.

Results: Results indicated that the meditation group exhibited significant differences in heart rate over various time intervals compared to the control group. Additionally, varying patterns in systolic blood pressure (SBP), diastolic blood pressure (DBP), and respiratory rate changes were observed, with notable changes in the meditation group. While no significant differences in STAI scores were noted initially, significant changes were observed post-surgery. Similarly, serum cortisol levels showed significant variations between the groups postoperatively.

Conclusions: In conclusion, Rajayoga meditation demonstrated a positive influence on anxiety levels, hemodynamic parameters, and serum cortisol levels in patients undergoing modified radical mastectomy.

Abstract ID: PP-158-B164

Topic: Critical Care Pain & Palliative Care

Title: Biosafety of Intramuscular Autoinjection of Sulfanegen, a New Cyanide Antidote, in a Porcine Model

Presenting Author: DR. ARREH JAIN

Co-Authors: Arreh Jain, Steven E. Patterson, PhD., Walt Tollison, David S. Beebe, MD, Deepali Shrivastava, MD, Kumar G. Belani, MBBS., MS

Background, Aims & Objectives: Cyanide poisoning poses a significant threat due to its rapid action and potential for fatality. The use of autoinjectors for delivering Sulfanegen as an antidote can facilitate rapid administration, which is crucial in emergencies. This study investigates the safety of Sulfanegen administered via autoinjector in a porcine model, focusing on systemic toxicity and local tissue reaction.

Materials & Methods: Eight healthy Yorkshire pigs (16-20 kg) were sedated with Tiletemine/Zolazepam (2-7 mg/kg) and Xylazine (0.2-1 mg/kg), then administered Sulfanegen via intramuscular autoinjector. Baseline venous blood samples were collected for blood chemistry and hematological levels pre-administration. The calculated body weight dose of Sulfanegen (75 mg/kg) was halved and injected, post-activation and dissolution, simultaneously into each hind thigh muscle. Hemodynamic parameters were monitored throughout the procedure. Post-injection blood samples were collected. The pigs survived for a week, while sedated. Term blood samples were collected, and the animals were humanely euthanized for a necropsy. Blood chemistry, hematological level, and hemodynamic parameter data were extracted and statistically analyzed using SPSS v27.

Results: All pigs survived the Sulfanegen. No significant systemic effects were observed in parameters, especially platelet and biochemical parameters post Sulfanegen administration, indicating no severe pathological effects. Following emergence from anesthesia, all pigs were active and feeding appropriately. At autopsy, local tissue analysis revealed minimal inflammation and no necrosis at injection sites. Liver function, hematological, and metabolic tests at autopsy were within normal range.

Conclusions: In this porcine model, the intramuscular injection of Sulfanegen using the proprietary autoinjector device did not exert any adverse biochemical, hematological, or hemodynamic effects. There was only minimal local irritation at the injection sites. The next steps would be to examine the effects of increased doses of sulfanegen on muscle tissue in this model.

Abstract ID: PP-148-B152

Topic: Regional Anaesthesia

Title: EFFECT OF MUSIC THERAPY ON ANXIETY, STRESS, AND SEDATIVE REQUIREMENTS IN PATIENTS UNDERGOING LOWER LIMB ORTHOPEDIC SUEGERY UNDER SPINAL ANAESTHESIA: A RANDOMIZED CONTROLLED STUDY

Presenting Author: DR. THAMARAIKKANNAN T

Co-Authors: Dr. Usha Shukla, Dr. Urvashi Yadav, Dr. Jai Brijesh Singh Yadav

Background, Aims & Objectives: In this study we aimed to assess the effect of music therapy on anxiety, stress and sedative requirements in patients undergoing lower limb orthopedics surgery under spinal anaesthesia by using bispectral index, STAI score, serum cortisol and serum immunoglobulin A in two groups.

Materials & Methods: We conducted a randomized controlled study on 92 patients between 18-60 years of age with American society anesthesiologist's physical status I-II after approval from the institute's ethics committee. These patients to be divided into two groups were generated and sequentially numbered opaque sealed envelopes were prepared. In group M, patients were given a headphone set connected to mobile phone and allowed to listen soft music of their choice immediately after giving spinal anesthesia until the end of surgery. In group NM, patients were given a headphone set and instructed to closed their eyes and relax without music immediately after giving spinal anesthesia until the end of surgery. Then injection propofol was administered in a bolus dose of 1-2mg per kg iv. followed by infusion dose of 5-50 microgram/kg/min iv. to achieve the Bispectral index of 70-80 in both groups after spinal anesthesia until end of surgery.

Results: Mean Serum Cortisol was statistically lower in Group M as compared to Group NM (15.1±1.2 vs. 17.1±1; p = 0.0001). Mean Serum IGA was significantly lower in Group M as compared to Group NM (269.3±54.5 vs. 294.2±49.9; p = 0.024) at intraoperative. Mean STAI Score was statistically lower in Group M as compared to Group NM (32.9±4.5 vs. 34.9±1.61; p = 0.005). Mean Propofol Dose (mg) was statistically lower in Group M as compared to Group NM (147.8±11.3 vs. 193±16; p = 0.0001).

Conclusions: We conclude from our study that music therapy has significant effect on anxiety, stress and sedative requirements during surgery under regional anaesthesia.

Abstract ID: PP-132-B137

Topic: Basic Anaesthesia

Title: A clinical study for comparision of Magnesium sulphate and Dexmedetomidine as components of opioid free multimodal analgesia regime in patients undergoing laparoscopic cholecystectomy under general anaesthesia.

Presenting Author: DR. PRABHAKAR KUMAR

Co-Authors: Dr. Prem kumari Bhamri, Dr. Prakriti Gupta

Background: Opioids are considered as established drug for pain management in laparoscopic cholecystectomy and are associated with multiple side effects. Dexmedetomidine and magnesium sulphate are few alternative drugs that can be used to overcome side effects associated with opioids.

Aims and Objectives:

To compare duration of time to first rescue analgesia.

To estimate total doses of Tramadol required in 24 hours postoperatively.

To compare intraoperative change in HR and MAP post intubation, incision and after creation of pneumoperitoneum.

Materials & Methods: After clearance from the institutional ethics committee, patients for laparoscopic cholecystectomy were allocated to group D and M (38 each). Group D patient received inj. Dexmedetomidine 1 mcg/kg as bolus followed by 0.5 mcg/kg as maintenance. Group M received inj.Magnesium sulphate 50 mg/kg bolus and 15 mg/kg/hr as maintenance. In both groups, Inj. Diclofenac 75mg and Inj. Nefopam 20 mg was given pre-emptively before induction as part of multimodal analgesia. Heart rate and mean arterial pressure were recorded at fixed intervals. MgSo4/Dexmedetomidine infusion was stopped after gall bladder removal. Time to demand for rescue analgesia and total number of tramadol doses required during 24 hrs was recorded at VAS score >/= 4.

Results: The demographic parameters in the two groups were comparable. Results demonstrated dexmedetomidine provided better hemodynamic stability in terms of HR with longer duration of analgesia compared to magnesium sulphate. Total number of Tramadol doses required in Dexmedetomidine group was less compared to Magnesium sulphate group.

Conclusions: Both Magnesium sulphate and Dexmedetomidine have good peri-operative analgesic effects with increased time to rescue analgesia and decrease opioid consumption with good hemodynamic stability peri-operatively. Hence, can be used as an alternative to opioids in peri-operative pain management.

Abstract ID: PP-117-B115

Topic: Neuro Anaesthesia

Title: Comparative evaluation of dexmedetomidine and magnesium sulfate on propofol consumption, hemodynamics and postoperative recovery in spine surgery: A prospective, randomized, placebo controlled, double-blind study.

Presenting Author: DR. SAIMA KHAN

Co-Authors: Saima Khan

Background, Aims & Objectives: Spine surgery poses challenges to anesthesiologists due to its specific needs of stable hemodynamics, relatively dry operative field, as well as perioperative position.

Dexmedetomidine and magnesium sulfate have been used in anesthesia as adjuvant to provide hemodynamic stability, reduction in consumption of anesthetic agents and opioid-sparing effect.

We compared these effects of dexmedetomidine and magnesium sulfate in spine surgeries

Materials & Methods: A total of 90 patients 20-60 years of age, ASA grade I or II, of either sex, and scheduled for elective spine surgery under GA were included in this study.

Patients were divided into 3 groups of 30 each.

- Group D – Dexmedetomidine loading dose 1 µg/kg before induction over a period of 15 min and maintenance 0.5 µg/kg/h throughout the surgery.
- Group M – Magnesium sulfate loading dose 50 mg/kg before induction over a period of 15 min and maintenance 15 mg/kg/h throughout the surgery.
- Group C (Control group) - The same volume of normal saline was administered

Results: Both drugs reduced the anesthetic agent's requirement during surgery. However, the recovery parameters were statistically significantly increased with magnesium sulphate compared to dexmedetomidine and control groups.

Conclusions:

- Dexmedetomidine and magnesium sulfate led to a significant reduction of propofol, fentanyl, vecuronium requirements and maintained the haemodynamic stability during intubation and surgery.
- Dexmedetomidine was associated with bradycardia and hypotension and magnesium sulfate caused a delay in recovery.

Abstract ID: PP-104-B99

Topic: Regional Anaesthesia

Title: LANDMARK GUIDED ERECTOR SPINAE PLANE BLOCK (ESPB) USING ROPIVACAINE FOR POSTOPERATIVE ANALGESIA IN LOWER LIMB SURGERIES ABOVE KNEE

Presenting Author: DR. VAIBHAV UPADHYAY

Co-Authors: Dr. D. Yaswanth Chowdary, Dr. Rajiv Lakhotia, Dr. Nishat Nasar, Dr. Hemant Singh

Background, Aims & Objectives: Postoperative pain following lower limb surgeries above knee are being conventionally managed with opioids, non-steroidal analgesics and epidural analgesia. This study proves landmark guided ESP block provides better analgesia without side effects which are caused by opioids & non steroidal analgesics.

Aim-This study is planned to assess postoperative analgesia after landmark guided ESPB using 0.375%isobaric ropivacaine.

Objective: To compare visual Analogue scale (VAS) score postoperatively and to calculate the total time duration before which the first dose of rescue analgesia was given.

Materials & Methods: Patients were selected consecutively into two groups : Control group (group ‗1') and study group (group '2').

All patients were taken into the operation theater after ensuring proper fasting, they were instructed about the VAS score in the preoperative period

Group -1 (control group (n=35)) received only subarachnoid block with 25G Quincke needle using 0.75% isobaric ropivacaine 3ml at the level of L3-

L4 in lateral decubitus position.

Group - 2 (study group (n=35)) received subarachnoid block with 25G Quincke needle using 0.75% isobaric ropivacaine 3ml at the level of L3-L4

along with ESPB with 22G×5cm Stimuplex®-A needle using 0.375% isobaric ropivacaine 30ml at the level of L3 unilaterally by lateral decubitus position with affected limb upside

Results: Postoperative VAS scores in 24hrs were found to be significantly less, which was statistically significant in the ESPB group as compared to the control group. The patients who underwent ESPB had postoperative

analgesia of 1023.42 ± 134.26 minutes whereas the control group who underwent only SAB had 183.85 ± 35.70 minutes.

Conclusions: The ESPB lessened pain severity and reduced opioid and NSAIDs consumption. Landmark guided ESPB provides significant postoperative analgesia and better satisfaction score in patients undergoing lower limb surgeries above knee.

Abstract ID: PP-102-B97

Topic: Basic Anaesthesia

Title: Nebulisation and gargle with lignocaine for awake fiberoptic intubation do not alter Postoperative taste and smell (short & long term): Prospective, randomised, double-blind controlled trial.

Presenting Author: DR. ARPITA YADAV

Co-Authors: Dr. Devendra Gupta

Background, Aims & Objectives: General anaesthetic agents can cause cognitive dysfunction and taste and odour deficits postoperatively [1]. Hitherto the impact of local anaesthetics, specifically in awake fiberoptic intubation, remains understudied. Therefore, this study aimed to assess postoperative olfactory and gustatory dysfunction following administration of 2% lignocaine hydrochloride oral topical solution and 4% lignocaine nebulisation in patients undergoing awake fiberoptic intubation for cervical spine surgery under general anaesthesia.

Materials & Methods: This randomized, double-blinded clinical trial commenced after obtaining ethical approval and clinical trial registration. Patients of either sex, aged 18-70 years, with ASA status I-II, were included after providing written informed consent. Exclusion criteria included recent airway infections, a history of alcoholism, and smoking. Participants were randomly assigned to 2 groups: Study Group: Received 2% lignocaine hydrochloride oral topical solution and 4% lignocaine nebulisation. Control Group: Received normal saline for nebulization and gargling. Both groups were administered dexmedetomidine for sedation following nebulization, and awake fiberoptic intubation was performed. Upon successful intubation, a muscle relaxant was administered. An independent observer assessed olfactory and gustatory function preoperatively and postoperatively using the Indian Smell Identification Test [2] and five basic flavour solutions.

Results: A total of 80 cases were included from February 2023 to June 2024. Both groups had 40 patients each similar in reference to demographic data. All patients were extubated within 4 hours of completion of surgery. Neither study nor control group exhibited olfactory or gustatory changes in immediate postoperative period or following 3 months follow-up.

Conclusions: Gargle with 2% lignocaine hydrochloride oral topical solution and nebulisation with 4% lignocaine did not result in postoperative short or long-term olfactory or gustatory dysfunction in patients undergoing awake fiberoptic intubation for cervical spine surgery.

Abstract ID: PP-54-B48

Topic: Ambulatory & Dark room procedures

Title: COMPARISON OF LIGNOCAINE DEXAMETHASONE AND LIGNOCAINE TRIAMCINOLONE INFILTRATION ALONG SPINAL EPIDURAL NEEDLE PATHWAY TO PREVENT BACKACHE AFTER LOWER ABDOMINAL SURGERIES

Presenting Author: DR. ANKIT SONI

Co-Authors: Dr. Gyan Prakash Singh

Background: To find the efficacy of lignocaine dexamethasone and lignocaine triamcinolone infiltration along spinal epidural needle pathway to prevent backache after lower abdominal surgeries.

Primary Objective: To compare the incidence of backache after administration of lignocaine with dexamethasone and lignocaine with triamcinolone as local infiltration before combined spinal epidural anesthesia.

Materials & Methods: The study was a double blind prospective, randomized study enrolling 150 patients. Patients was evaluated on the day before surgery by an anesthesiologist.

Study involved 150 patients scheduled for urological and lower abdominal surgeries under CSE. They was randomly divided into three groups: (n=50 each)

Group L: [Lignocaine 2% (3 ml) + 1 ml Normal Saline (0.9%)]

Group DL: [lignocaine 2% (3 ml) + 1 ml Dexamethasone (4 mg)]

Group TL: [Lignocaine 2% (3 ml) + 1 ml Triamcinolone (50 mg)]

Results:

- There were highly significant differences ($p<0.001$) in VAS scores among the three groups at all time points.
- However, both comparisons between Group L and Group TL, and between Group DL and Group TL yield p-values of less than 0.001, indicating significant differences.

Conclusions: The present study concluded that the addition of triamcinolone acetonide with lignocaine in local infiltration along the spinal epidural tract decreases the incidence and VAS score significantly more than the lignocaine with dexamethasone and lignocaine alone after lower abdominal surgeries. It also reduces the dosage of supplementary analgesics required after combined spinal-epidural anesthesia. In the present study, there were no complications due to the usage of dexamethasone and triamcinolone. So, it can be said that epidural steroid therapy is safe and effective and triamcinolone acetate with lignocaine is more effective than lignocaine with dexamethasone and lignocaine alone.

Abstract ID: PP-45-B37

Topic: Neuro Anaesthesia

Title: Comparison between landmark method and real time ultrasound technique to determine correct depth of insertion of central venous catheter in right internal jugular vein in paediatric neurosurgical patient: prospective randomised controlled trial

Presenting Author: DR. SHAGUN PALIWAL

Co-Authors: Prof Vinita Singh, Brijesh Pratap Singh

Background, Aims & Objectives: Background/Objective: Accessing central venous line is a skillful job combining localization, determining insertion depth and preventing arterial injuries using various estimation methods. The present study was planned to compare the landmark method vs real time USG technique to determine the correct depth of insertion of CVC in right IJV in pediatric neurosurgical patients.

Materials & Methods: Methodology: This randomized-controlled study included a total of 126 pediatric neurosurgical patients (age range 4-12 years; mean age 7.16±2.6 years; 62.7% boys) undergoing right IJV cannulation in 126 pediatric neurosurgical patients who were randomly allocated to two study groups of 63 patients each undergoing cannulation using landmark method or real time USG method. Post procedural X-ray evaluation was done. Tip of CVC was assumed optimum when it was within 1 cm above or below to the carina. No. of insertion attempts, insertion depth, time taken for insertion, number of patients failing to attain optimum insertion, intraoperative and post-operative complications were noted. Patients requiring >3 insertions were considered as failure. Data was analyzed using SPSS 25.0 software. Chi-square and Independent samples 't'-tests were used.

Results: Results: Both the groups were matched statistically for age, sex and other baseline characteristics. Successful cannulation was achieved in 61 (96.8%) of landmark and 98.4% of USG group patients. First attempt success rate was significantly higher in USG (85.7%) than landmark group (66.7%). Mean variation from optimum insertion depth was significantly higher in landmark as compared to USG group and Mean insertion depth and insertion time were significantly shorter in landmark as compared to USG group. No significant difference in intraoperative or postoperative complications was seen between two groups

Conclusions: Conclusion: USG was better than landmark approach in achieving a deeper and optimal insertion of catheter while IJV cannulation.

Abstract ID: PP-41-B51

Topic: Basic Anaesthesia

Title: A RANDOMISED CONTROLLED STUDY TO EVALUATE AND COMPARE THE EFFICACY OF HIGH FLOW NASAL OXYGENATION WITH CONVENTIONAL OXYGEN THERAPY FOR POSTOPERATIVE OXYGENATION IN PATIENTS UNDERGOING EXPLORATORY LAPAROTOMIES

Presenting Author: DR. POONAM

Co-Authors: Dr. Geetanjali T Chilkoti, Dr. Medha Mohta

Background, Aims & Objectives: High frequency nasal oxygenation (HFNO) has been employed for postoperative oxygenation in obese patients and following cardiac and thoracic surgeries. However, limited use of HFNC observed in open abdominal surgeries. The aim of the study was to compare the efficacy of HFNC with conventional oxygen therapy (COT) for postoperative oxygenation in patients undergoing abdominal laparotomies. Primary objective was P/F ratio at 24th h and secondary outcomes were incidence of hypoxemia, S/F ratio, PaO2, PaCO2, patients' comfort score, chest X-ray proven atelectasis, reintubation rate, need for NIV and incidence of PPCs/AHRF.

Materials & Methods: Following ethics approval and prospective CTRI registration, patients aged 18-65 year of either gender for emergency laparotomies with ARICAT score ≥ 26 included and excluded if had COPD or asthma, NYHA grade > 2, BMI>40 kg/m2 or inability to comprehend. General anaesthesia administered as per standard protocol. Postoperatively, group COT via simple face mask and group HFNO via HFNC received oxygen therapy for 24 h. Chest Xray done at baseline and day 3. ABG samples collected at time points i.e. after 2nd h, 6th h, 12th h and 24th h. Various aforementioned outcomes recorded.

Results: A total of 110 patients enrolled, after exclusions, 50 with 25 in each group included. Both groups comparable with respect to the demographic variables. The P/F, S/F ratio and PaO2 ($p<0.001$) in 24 hours was significantly higher in group HFNO at all time points; however, difference in PaCo2 was not significant ($p=0.322$). Comfort score significantly better with HFNC. Two patients in group-COT and one in group HFNO developed Chest-Xray proven atelectasis and none developed AHRF or reintubated.

Conclusions: The use of HFNC for post operative oxygenation amongst moderate to high-risk patients after exploratory laparotomies improves oxygenation; however, incidence of AHRF/PPCs, reintubation rate, chest X-Ray proven atelectasis, patients' comfort score and adverse events remained comparable to COT.

Abstract ID: PP-118-C116

Topic: Regional Anaesthesia

Title: Role of Dexmedetomidine as an adjuvant in spinal anesthesia.

Presenting Author: DR. AMBREEN ASHRAF

Co-Authors: Rehana Nazir, Mehreen Meer, Safura Riaz, Syed Misbah Naqshbandi

Background, Aims & Objectives: Intrathecal local anesthetic alone is associated with relatively short duration of action and early analgesic intervention is needed in post-operative period. The addition of adjuvants provides a dose sparing effect of LAs, accelerates the onset of sensory blockade as well as prolongs the duration of spinal block for long procedures and postoperative pain relief. The aim of this study was to study the adjuvant effect of Dexmedetomidine when used intrathecally with isobaric Ropivacaine in lower abdominal surgeries. Block characteristics (onset, level and duration of sensory block and onset, level and duration of motor block) and adverse effects were observed.

Materials & Methods: In this observational study, 80 adult patients (18-65 years) ASA-PS I & II undergoing lower abdominal surgeries under spinal anesthesia were included. Patients received 3ml of 0.5%isobaric Ropivacaine plus 10 micrograms dexmedetomidine(in 0.5ml) Total= 3.5ml. The sensory block was assessed by loss of temperature discrimination to ice packs and pain sensation to needle-prick. The peak sensory level was noted. Motor blockade was assessed by Modified Bromage Scale. Adverse effects - hypotension (>30% decrease in SBP or SBP< 90 mmHg), bradycardia (heart rate <50bpm), nausea, vomiting, pruritus were noted.

Results: It was observed that the mean onset of sensory block was 159.2+7.39 seconds and mean onset of motor block was 453.2+10.61 seconds.Duration of sensory and motor blockade observed was 191.8+4.81minutes and 152.9+4.99 minutes respectively. Highest sensory level observed was T7. Level of motor block observed was Bromage grade III in 74 patients. Duration of postoperative analgeisa was 267.9+12.62 minutes.8 patients had bradycardia and hypotension.

Conclusions: Dexmedetomidine may be beneficial as an opioid sparing adjuvant with rapid onset, considerable duration of sensory and motor blockade, minimal side effects, no abuse liability or potential to cause respiratory depression.

Abstract ID: PP-99-C93

Topic: Regional Anaesthesia

Title: Incidence and risk factors for low back pain in patients undergoing postoperative continuous epidural analgesia: a prospective, observational cohort study

Presenting Author: DR. DEVANSHI AGARWAL

Co-Authors: Dr Sandeep Khuba, Dr Sanjay Kumar, Dr Prabhakar Mishra

Background, Aims & Objectives: Introduction: Epidural analgesia is a well-established technique for intra- and post-operative pain control in open abdominal and thoracic surgeries. The use of local anesthetics with or without opioids in epidural analgesia has been associated with enhanced postoperative pain relief and a reduced surgical stress response. The back pain is characterized by local site tenderness along with limitation in back flexion with no associated numbness, paresthesia, or weakness in the lower extremities. Possible risk factors include pre-existing back pain, more than 2 attempts at needle placement, and lithotomy position.

Objective: The present study aims to determine the incidence and risk factors of back pain among postoperative patients.

Materials & Methods: We conducted a prospective observational cohort study in patients undergoing urologic, upper, and lower abdominal surgeries with perioperative placement of an epidural catheter. All the patients were followed and asked for back pain telephonically at 1 day, 5- days, 3 months, 6 months, and 12 months postoperatively.

Results: In this study, out of 250 patients, 144 (57.6%) were male and 106 (42.4%) were female. The mean age was about 42 years. The incidence of overall pain was 9.6%, while it was at its maximum at 4.4% at 1 month and 4% at 6 months. Previous history of back pain, pre-existing back pain, dura puncture, and number of attempts were found to be significantly associated with the pain ($p<0.05$).

Conclusions: Patients with a history of back pain, a dura puncture, and a number of attempts are important factors in the pain among the postoperative patients.

Abstract ID: PP-59-C54

Topic: Regional Anaesthesia

Title: A Rare Complication in Ultrasound-guided Supraclavicular Brachial Plexus Block.

Presenting Author: DR. GOTETI SREEVARADAYANI SURYAKANTH

Co-Authors: Dr. G.S.V.Suryakanth, Dr. Mousami Das

Background, Aims & Objectives: Orthopaedic upper limb surgeries are usually performed under supraclavicular brachial plexus block. The supraclavicular brachial plexus block is performed at the level of trunks formed by C5-T1. The principal complications associated with this procedure are pneumothorax and arterial puncture. The recurrent laryngeal nerve palsy is an occasional complication mostly reported on the right-sided blocks and one case of left RLN palsy has been reported using USG .

Materials & Methods: A successful right supraclavicular brachial plexus block was given with 19ml of 0.25 bupivacaine+ 4mg dexamethasone under ultrasound guidance.

Results: After four to five minutes, patient developed hoarseness of voice indicating the involvement of recurrent laryngeal nerve. On laryngoscopy, before surgery the right vocal cord was found immobile and abducted. Pt vitals were stable. It was not associated with desaturation or difficulty in breathing. Hence, we proceeded with the surgery.

Intraoperatively, intravenous injection of hydrocortisone 100 mg and dexamethasone 8 mg was given. Surgery was completed in 2 hours. Then the patient was being followed up every 3rd hourly and hoarseness of voice was found reducing gradually. Postoperatively after 24hrs video laryngoscopy was done and both the vocals cords were mobile. The hoarseness fully subsided over the next 24 hours. Injection of dexamethasone 8 mg twice-daily was continued for 5 days

Conclusions: Recurrent laryngeal nerve palsy is an occasional complication of the supraclavicular block. It is temporary and self-limiting most of the time but it is distressing for the patient for being unable to phonate. The digital pressure, the elevation of the head end of the bed, using a lower volume of drugs and use of USG might mitigate the complication.

Abstract ID: PP-55-C49

Topic: Regional Anaesthesia

Title: COMPARISON OF EFFICACY OF ULTRASOUND GUIDED ERECTOR SPINAE PLANE BLOCK AS A POST OPERATIVE ANALGESIA USING TWO DIFFERENT LOCAL ANAESTHETIC IN PERCUTANEOUS NEPHROLITHOTOMY SURGERY : A PROSPECTIVE RANDOMISED CONTROLLED STUDY

Presenting Author: DR. AKANKSHA SINGH

Co-Authors: Dr. Rachana Gupta, Dr. Shagufta Ansari, Dr. Somnath Longnani

Introduction: ESPB is a novel procedure in regional anaesthesia, described in 2016, has been shown to be effective in managing both acute and chronic pain. Over a period of years, practice of administering opioids and non-steroidal anti-inflammatory drugs (NSAIDs) constituted postoperative pain management strategies after spinal anaesthesia. Erector spinae plane block (ESPB) has been found effective in providing postoperative analgesia following a myriad of surgeries. This study is designed to evaluate the effectiveness of erector spinae plane block to provide postoperative analgesia following percutaneous nephrolithotomey (PCNL).

PCNL is minimally invasive surgery performed for renal and ureteric calculi extraction. Most common complication of this procedure is acute pain in postoperative period.

Methods: This was a prospective randomised controlled study carried out in the tertiary care hospital in anaesthesiology department at HIMS, Barabanki. A total of thirty four patients underwent a six-month randomized comparative end point blinding study to compare the effectiveness of the procedure. Patients of Group R received 0.375% (30 ml) ropivacaine and Group L received 0.25% levobupivacaine (30 ml) ipsilateral side USG guided.

Result: Out of 34 patients, 17 patient were taken under group R and 17 patient were taken under group L. Demographic profile of all patients were statistically similar. Based on this study result shows that erector spinae plane block with 0.25 % levobupivacaine would produce superior analgesia in postoperative period as compared to 0.375 % ropivacaine.

Conclusion: ESPB with 0.25% levobupivacaine provide better post operative analgesia as compared to 0.375% ropivacaine.

Abstract ID: PP-31-C25

Topic: Regional Anaesthesia

Title: Comparison of Levobupivacaine and Ropivacaine in quadratus lumborum block for postoperative analgesia after abdominal surgery

Presenting Author: DR. AKHIL O NAIR

Co-Authors: Dr. Reetu Verma, Dr. Hemalata, Dr. Aparna Shukla, Dr. Sameer Gupta

Background: Patients undergoing abdominal surgery requires intensive postoperative pain management.Quadratus lumborum block will give effective postoperative analgesia in upper abdominal surgery.In this study we compare effectiveness of levobupivacaine vs ropivacaine in quadratus lumborum block.

Aim: To compare Levobupivacaine and Ropivacaine in quadratus lumborum block for postoperative analgesia after abdominal surgery.

Primary Objective:

- To study duration of analgesia i.e. time needed for first rescue analgesia in postoperative period.

Secondary Objective:

- Total rescue analgesic consumption in postoperative period
- Postoperative pain scores using the visual analog scale (VAS) for pain at rest in the postoperative period at 0, 1, 6, 12, and 24 hours.
- Postoperative patient's hemodynamics at 0, 1, 6, 12, and 24 hours.

Materials & Methods:

- The study was conducted after getting approval from ethics committee of King Georges Medical University, Lucknow after taking patient's consent. A computer system were used for randomization by creating a list of number each number referred to one of the two groups. Block randomization was used to ensure equality of the groups. The patient's was divided into 2 groups using opaque sealed envelope technique.
- Group A : All patient received 0.25% Levobupivacaine with quadratus lumborum block
- Group B: All patients received 0..375% Ropivacaine with quadratus lumborum block .
- Post-surgery, bilateral quadratus lumborum blocks are performed, differing between groups A (levobupivacaine) and B (ropivacaine). Analgesic duration, vital monitoring, analgesic consumption, pain scores, rescue analgesia, adverse effects, and patient satisfaction are assessed within the first 24 hours post-surgery.

Results: Group-L generally required Less postoperative rescue analgesia, demonstrated lesser pain scores (VAS), and exhibited differences in vital signs compared to Group-R. Group-L displayed a longer time for first rescue analgesia.

Conclusions: Levobupivacaine showed a trend towards lower pain levels and prolonged requirement for rescue analgesia compared to ropivacaine.Hemodynamical parameters are also more stable in patients given levobupivacaine in quadratus lumborum block compared to ropivacaine.

Abstract ID: PP-28-C28

Topic: Regional Anaesthesia

Title: A COMPARISON OF LOW DOSE INTRATHECAL DEXMEDETOMIDINE and FENTANYL AS ADJUVANTS TO HYPERBARIC BUPIVACAINE FOR POST-OP ANALGESIA IN LOWER ABDOMINAL AND LOWER LIMB SURGERY

Presenting Author: DR. JASMINE

Background: Subarachnoid block is the 1st choice for lower abdomen and lower limb surgeries due to its rapid onset, superior blockade, low risk of infection, less failure rate and cost effectiveness.However, post op pain control is a major issue using only local anaesthetic. A number of adjuvants have been studied to prolong the analgesic effect.

Aim & Objectives: To evaluate the onset and duration of sensory and motor blockade, hemodynamic effect, post op analgesia ,adverse effects of drugs given with hyperbaric 0.5% bupivacaine.

Materials & Methods: 75 patients of either sex, age< 18 yrs belonging to asa 1 &2 posted for elective lower abdomen and lower limb surgery , randomly divided into 3 groups of 25 patient each. Adjuvants added was kept different for the 3 groups. Time demand of analgesia and total analgesic requirement was noted with any adverse effects.

Results: Onset time was earlier, mean duration of analgesia was longer , decreased VAS score and reduced rescue analgesia with dexmed as compared to fentanyl.However, hypotension and bradycardia were more common.

Conclusions: It is concluded that SAB provides adequate effective analgesia in terms of VAS score and dexmed seems to be a better alternative as a spinal adjuvant.

Abstract ID: PP-23-C20

Topic: Basic Anaesthesia

Title: Effect of two different concentrations of oxygen on postoperative nausea vomiting after laparoscopic cholecystectomy : A prospective randomized comparative study.

Presenting Author: DR. NAHAS K

Co-Authors: Dr. Vinita Singh, Dr. Shefali Gautam, Dr. Neel Kamal Mishra

Background, Aims & Objectives: Background : Post operative nausea vomiting and surgical site pain are common complaints seen after laparascopic surgeries , in this study we tried to find out the effect of two different concentrations of oxygen on postoperative Nausea vomiting after laparoscopic cholecystectomy.

Aim and objective :To compare the effect of two different concentrations of oxygen (8L/min and 2L/min) on postoperative nausea vomiting , sore throat , surgical site pain and hemodynamic parameters at 1 ,3 ,6 ,12 , 24 and 48 hours.

Materials & Methods: A prospective randomized comparative study conducted in 124 adult patients aged 18-65 years undergoing laparoscopic cholecystectomy under general anaesthesia with supraglottic airway device (I GEL) over a span of 1 year.

Patients were randomly arranged in to two groups , Group A (n=62) received high concentration of oxygen (8L /min) via simple face mask and Group B (n=62) received Low concentration of oxygen (2L/min) via nasal prongs for 6 hours post surgery. Patients were assessed for postoperative nausea vomiting ,surgical site pain ,sore throat and hemodynamic parameters(heart rate , blood pressure , respiratory rate) at 1 , 3 , 6, 12 ,24 and 48 hours.

Results: Group A patients showed low incidence of post operative nausea vomiting and surgical site pain in laparoscopic cholecystectomy patients significantly in early hours of postoperative period compared to Group B patients . Even though Sore throat score is less in group A , but it is statistically non significant . There is no significant difference observed in hemodyanamic parameters of both groups during first 48 hours post surgery.

Conclusions: The utilization of high-concentration oxygen shows promise in addressing postoperative nausea and vomiting (PONV) and post-surgery pain following laparoscopy cholecystectomy patients.

Abstract ID: PP-9-C7

Topic: Regional Anaesthesia

Title: A Comparative Study of 0.5% Levobupivacaine in combination with Dexamethasone and 0.5% Levobupivacaine alone in Ultrasound Guided Interscalene Block

Presenting Author: DR. AMISHA AGARWAL

Co-Authors: Dr. Amisha Agarwal, Dr. Ankur Garg, Dr. Malti Agrawal

Background, Aims & Objectives: Benefits of regional aesthesia are prolonged by addition of adjuvants. The aim of our study was to evaluate the effect of adding Dexamethasone to 0.5% levobupivacaine in ultrasound guided interscalene block. Study aimed at comparative evaluation of 0.5% levobupivacaine in combination with dexamethasone and 0.5% levobupivacaine alone in ultrasound guided interscalene block.

Materials & Methods: A double blinded randomized controlled study was done among 60 patients between the age group of 18-60 years of ASA grade I and II undergoing upper limb surgeries. Group A received 30 ml 0.5% levobupivacaine and 2mg (1ml) dexamethasone whereas group B received 30 ml 0.5% levobupivacaine and 2ml normal saline under ultrasound guided interscalene block.

Results: It was found that onset of sensory block was 5.37 minutes in group A and 6.82 minutes in group B. Onset of motor block was 10.14 minutes in group A and 12.54 minutes in group B. Mean duration of sensory blockade was 1075.83 minutes in group A and 585.96 minutes in group B. Mean duration of motor blockade was 915.70 minutes in group A and 474.6 minutes in group B.

Conclusions: We concluded that low dose dexamethasone when added to 0.5% levobupivacaine it shortened onset of both sensory and motor block and prolonged the duration of both sensory and motor block.

Abstract ID: PP-6-C5

Topic: Critical Care Pain & Palliative Care

Title: Safeguarding Certainty: Challenges in Brain Stem Death Certification

Presenting Author: DR. TARUN YADAV

Co-Authors: Dr. Mayuri Golhar

Background, Aims & Objectives: Brain death is a critical medical condition where there is irreversible cessation of all brain functions, including those of the brainstem.[1] Certification of brain death involves a rigorous process and certifying brain death can present several hurdles like ethical and medical diagnosis dilemma.[2]

Materials & Methods: Case: A sixty-year-old female presented to Emergency with massive cerebellar hematoma and intra ventricular bleed in comatose condition. She was resuscitated and shifted to intensive care unit. Suspecting her to be brain dead a board was formulated by hospital administration for further assessment, but board was not fully satisfied with clinical examination so for certainty ancillary testing was performed.

Results: Discussion: Diagnostic and ethical issues faced were challenging leading to ancillary testing.

Conclusions: Extensive detailed examination supplemented by ancillary testing in dubious situation can result in timely brain death certification and organ donation saving many lives.

Abstract ID: PP-164-D171

Topic: Obstetric Anaesthesia

Title: To compare the effect of intrathecal Levobupivacaine with morphine versus hyperbaric Bupivacaine with morphine for postoperative analgesia after LSCS.

Presenting Author: DR. KANAK KUMARI

Co-Authors: Dr. Sandeep Sahu, Dr. Indu Lata, Dr. Tapas Singh, Dr. Prabhaker Mishra

Background, Aims & Objectives: A prospective randomised double blinded interventional study was performed on 80 patients undergoing elective LSCS.

Materials & Methods: Patients were randomly allocated into two groups group-B & group-L of 40 each, received 2 ml of 0.5% heavy bupivacaine +100mcg morphine and 2 ml of 0.5% heavy Levobupivacaine +100 mcg morphine in SAB respectively. Analgesic efficacy of both drugs in terms of the time to the first rescue analgesic demand and NRS score was compared. The onset and total duration of motor and sensory block, hypotension, rescue analgesic consumption, opioid related side effects and patient satisfaction score were compared.

Results: The mean static and dynamic NRS score was consistently lower in Group L, with significant differences at 4 hours (p=0.00) and 8 hours (p=0.00), indicating better postoperative pain control in Group L compared to Group B. The mean time for the onset of sensory and motor blockade was significantly(p=0.00) faster in Group B & an extended duration of motor blockade compared to Group L who had prolonged sensory blockade. The use of vasopressor for SAB induced hypotension was significantly(p=0.02) higher in Group B resulting in slightly acidic mean fetal pH in Group B .The number of patients requiring rescue analgesia was significantly(p=0.003) higher in Group B .

Conclusions: We conclude that Group L had a longer time to first rescue analgesia and required significantly less rescue analgesic indicating better postoperative analgesia and potentially improved patient satisfaction. Overall, our study contributes to the growing body of evidence supporting the use of levobupivacaine over bupivacaine for spinal anesthesia in LSCS, highlighting its potential for enhanced efficacy and safety in obstetric anesthesia practice.

Abstract ID: PP-155-D158

Topic: Obstetric Anaesthesia

Title: Handling the Known and Unknown; A case report on Placenta Accreta

Presenting Author: DR. NITISHA ELIZABETH BENNY

Co-Authors: Dr. Anjeleena Kumar Gupta, Dr. Ashwin Marwaha, Dr Anil Kumar Jain, Dr. Jayashree Sood

Background: Placenta accreta spectrum (PAS) defined as placental adherence to the uterine wall without spontaneous separation at delivery, is the most common indication for peri-partum hysterectomy 1,2. Though uncommon, it presents serious challenges to the anaesthesiologists due to substantial peripartum haemorrhage, resulting in high maternal morbidity and mortality1.

Case Presentation: A 27-year-old female, gravida two at 35+2 weeks, presented for elective caesarean section. Prior surgical history included a caesarean section and a laparoscopic appendicectomy. Due to the complete placenta previa and significant risk of placenta accreta seen on abdominal ultrasound, an elective caesarean section under general anaesthesia was scheduled, along with consent for hysterectomy. Invasive arterial monitoring along with standard monitors, was established. Two wide bore I.V cannula were secured and rapid sequence induction was performed. Anaesthesia was maintained with oxygen, nitrous oxide and sevoflurane. A healthy female baby weighing 2.6kg was delivered. Placenta was adhered to the lower segment of the uterus and the bladder. The urosurgeon separated the bladder from the lower uterine segment and assessed bladder integrity. A 2.5-litre severe haemorrhage occurred during the subtotal abdominal hysterectomy. Prompt intravenous fluid administration, inotropic support, and blood product transfusion were used to treat the ensuing hypotension. Efforts were taken to correct metabolic acidosis and prevent hypothermia3. Haemostasis was achieved and the patient was shifted to intensive care unit for elective ventilation and further management. She was gradually weaned off inotropic support, and trachea was extubated on postoperative day (POD) 1. Remainder of her course in the hospital was uneventful and she was discharged home on POD 8.

Conclusion: Placenta accreta is a potentially life-threatening condition and such patients are at significant risk for haemorrhage at delivery. This case illustrates that multidisciplinary planning, teamwork, proper communication and timely intervention results in favourable outcome.

Abstract ID: PP-151-D153

Topic: Paediatric Anaesthesia

Title: Comparison Of Performance Characteristics of Lma Proseal® And Lma Blockbuster® In Children Undergoing Surgical Procedures Under General Anaesthesia: A Randomized Control Study.

Presenting Author: DR. KOLLI AJIT KUMAR

Co-Authors: Dr. Ashish Kumar Kannaujia, Dr. Rudrashish Haldar, Dr. Suruchi, Dr. Nidhi Singh

Background: LMA bridges the features of the facemask and the Endotracheal tubes and provides hands-free maintenance. Though several studies have been done with LMA Proseal in paediatric patients, there is limited literature regarding the use of LMA BlockBuster® in paediatric patients.

Aims and Objectives: To compare the performance characteristics of LMA ProSeal® and LMA BlockBuster®.

Materials & Methods: This prospective randomized control trial is being conducted in ASA physical statuses 1 and 2 children aged between 1-12 years. Children were randomized into LMA BlockBuster®[Group B] and LMA ProSeal®[Group P]. Standard ASA monitors were attached after shifting the patient in the operation theatre and baseline vitals were recorded. Induction was done with sevoflurane 5-8 % with fentanyl(2mcg/kg) and propofol (2-2.5mg/kg), and vecuronium 0.04-0.05mg/kg was administered followed by LMA insertion. After the successful placement of the device, a lubricated gastric tube was inserted and oropharyngeal leak pressure(OLP) and other parameters were noted.

Results: A total of 58 patients were taken with 29 in each group. The mean OLP was found to be higher in Group B(28.86) in comparison to Group P(25.20) with a p-value (.024). The fibreoptic view of the glottic opening was found to be better in Group B. No significant difference was observed concerning the rate of successful insertion in the first attempt, ease of insertion, time taken for insertion, ease of gastric tube insertion and manipulations required.

Conclusions: LMA Blockbuster has a higher OLP than LMA Proseal. The fibreoptic view is also better in LMA Blockbuster as compared to LMA Proseal. Both the LMAs were effective for ventilation.

Abstract ID: PP-124-D166

Topic: Obstetric Anaesthesia

Title: Effect of maternal BMI (Body mass index), fetal & newborn weight on the incidence of post spinal anaesthesia hypotension in full term parturients undergoing elective caesarean section

Presenting Author: DR. ANIL KUMAR

Co-Authors: Dr. Aarti Agarwal, Dr. Sanjay Dhiraaj, Dr. Vansh Priya

Background, Aims & Objectives: The purpose of this study is to note the effect of maternal BMI (Body mass index), fetal & newborn weight on the incidence of post spinal anaesthesia hypotension in full term parturients undergoing elective caesarean section.

Materials & Methods: aesarean section is one of the most commonly performed major surgeries throughout the world. Anaesthetists have to provide care for both the mother and the unborn baby. Hundred parturients underwent elective caesarean section under spinal anaesthesia. SA was given in sitting position by injection of a local anaesthetic (2ml heavy 0.5% bupivacaine with 25 mcg fentanyl), in L3-L4 or L4-L5 sub arachnoid space through a 25G Quincke type spinal needle with bevel in cephalad direction, at a rate of 0.2 ml/ second, SBP fall more than 20% of baseline or mean arterial pressure less than < 65 was considered as hypotension and managed with 50 mcg of injection phenylephrine bolus. Those with partial or incomplete effect of spinal anaesthesia were excluded from the study. Fetal weight estimation was derived from Hadlock's formula by ultrasonography done by obstetrician in ward before surgery. Results were analysed by one way ANOVA, chi square test, student unpaired test. P value <0.05 was considered significant.

Results: The parturients were similar with regard to demographic factor.

Mean change in systolic blood pressure or mean arterial blood pressure was insignificant (P-value >0.05) with maternal BMI (Body mass index), fetal and new born weight.

Conclusions: There was no statistically significant fall seen in mean systolic blood pressure or mean arterial pressure with maternal BMI (Body mass index), fetal and new born weight.

Abstract ID: PP-112-D107

Topic: Paediatric Anaesthesia

Title: ANAESTHETIC MANAGEMENT OF TEF WITH VACTERL ASSOCIATION

Presenting Author: DR. KASTURI DASH

Co-Authors: Dr. Saswati Das

Background, Aims & Objectives: Tracheo - esophageal fistula (TEF) with or without oesophageal atresia is a congenital anomaly. Upto 25% of TEF infants are diagnosed with VACTERL. VACTERL/VATER association is typically defined by the presence of at least three of the following congenital malformations: vertebral defects, anal atresia, cardiac defects, trachea - esophageal fistula, renal anomalies, and limb abnormalities.

Materials & Methods: This is a case report of 3 days old female patient of TEF (type c) with anal atresia, bilateral CTEV, ASD, VSD, small PDA was scheduled for open thoracotomy under general anesthesia.

Results: Patients with VACTERL are typically managed through immediate postnatal surgical correction of the specific congenital anomalies followed by long-term medical management of the congenital malformations. Although congenital anomalies might have long-lasting effects, prognosis can be positive when best surgical remedy is possible.

Conclusions: The anaesthetic management of these cases needs to be tailored keeping in mind the congenital anomalies affecting different organs as well as the defect making it a challenging case to manage.

Abstract ID: PP-96-D162

Topic: Paediatric Anaesthesia

Title: COMPARATIVE EVALUATION OF OPIOID BASED WITH OPIOID FREE TOTAL INTRAVENOUS ANAESTHESIA IN CHILDREN UNDERGOING INFRAUMBLICAL SURGERIES

Presenting Author: DR. ANJALI

Co-Authors: Dr Anjali, Dr Sonia Wadhawan, Dr Neelam Prasad, Dr Farah Hussain, Dr Sukhyanti Kerai

Background, Aims & Objectives: Total intravenous anaesthesia (TIVA) has several advantages like decreased airway reactivity, easy extubation, no risk of ambient pollution and reduced incidence of post operative nausea and vomiting (PONV) when compared to general anaesthesia with volatile anaesthetics. Propofol and opioids are commonly used in TIVA. Newer agent like dexmedetomidine having good analgesic and anaesthetic properties may be a better alternative to opioids.

Materials & Methods: We conducted a prospective randomised interventional study on 100 children undergoing elective infraumblical surgeries under TIVA with spontaneous ventilation The children were divided into two groups, In Group D - dexmedetomidine was given intravenously at 0.5mcg/kg over 10 minutes, followed by 0.3mcg/kg/hr and propofol was given using Target Controlled Infusion (TCI) pump and titrated to achieve bispectral index (BIS) 40-60. In Group F- fentanyl was given at 1.5mcg/kg over 10 minutes, followed by 0.5mcg/kg/hr and propofol was given using TCI pump and titrated to achieve BIS 40-60. Airway was secured with I-gel and patient was put on pressure support ventilation. Intra-operatively anaesthesia was maintained by TIVA. Infusions were stopped appropriately near completion of surgery. I-gel was removed when patient regained consciousness and had intact reflexes.

Outcome parameters: total propofol consumption during induction and maintenance, intra-operative hemodynamic parameters, recovery time, emergence delirium, postoperative pain and complications like nausea and vomiting.

Results: It was observed that patients in Group D consumed less propofol during induction and maintenance as compared to Group F. Incidence of PONV, post operative pain and emergence delirium were negligible in both groups. Group D patients had an earlier time to awakening and device removal.

Conclusions: Dexmedetomidine may be a good alternative to opioid in children undergoing infraumblical surgery under TIVA with spontaneous ventilation.

Abstract ID: PP-91-D82

Topic: Paediatric Anaesthesia

Title: A Prospective Randomized Comparative Trial of Pediatric C-MAC D Blade Video Laryngoscope with McCoy Direct Laryngoscope for Intubation in Children posted for Elective Surgical Procedures under general anesthesia.

Presenting Author: DR. ANJU GUPTA

Co-Authors: Geeta Kamal, Divyamedha Agarwal, Dr. Shilpa Agarwal, Aikta Gupta, Dr Bhumika,

Background, Aims & Objectives: Pediatric airway management requires careful clinical evaluation and experienced execution due to anatomical, physiological, and developmental considerations. Videolaryngoscopy in pediatric airways is a developing area of research with recent data suggesting that videolaryngoscopes are better than standard Macintosh blades. Specifically, there is a paucity of literature on the advantages of the C-MAC D-blade compared to direct laryngoscopy with the McCoy blade. Intubation Difficulty Scale (IDS) for ease of intubation was the primary outcome while Cormack-Lehane grades, duration of laryngoscopy and intubation, hemodynamic responses, and incidence of any airway complications were secondary outcomes.

Materials & Methods: After Ethics committee approval and prospective CTRI registration, 70 ASA physical status 1 and 2 children aged 4–12 years scheduled for elective surgery under general anesthesia were recruited. Patients were randomly allocated to two equal groups: Group 1-intubated using a C-MAC videolaryngoscope size 2 D-blade, and Group 2-intubated using a McCoy laryngoscope size-2 blade. Intubation Difficulty Scale (IDS) for ease of intubation was the primary outcome while Cormack-Lehane grades, duration of laryngoscopy and intubation, hemodynamic responses, and incidence of any airway complications were secondary outcomes.

Results: Both groups were comparable in terms of patient characteristics. The IDS (p=0.033), glottic views {CL grade I in 32/35 with C-MAC D-blade vs 23/35 with McCoy} and time to best glottic view {6s [5-7] in C-MAC D-blade group vs. 8.0 s [6-10] in McCoy group} were lesser in the C-MAC D-blade group while the total duration of intubation was comparable {20 s [16-22] for C-MAC D-blade vs. 18 s [15-22] for McCoy}. All the patients in both groups could be successfully intubated on the first attempt. There was no significant difference in the hemodynamic parameters, and none of the patients had any complications.

Conclusions: C-MAC videolaryngoscope size-2 D-blade significantly reduces the difficulty of intubation and provides better glottic visualization than McCoy size-2 laryngoscope in children. The shorter time to achieve glottic view demonstrated with C-MAC videolaryngoscope size-2 D-blade failed to translate into a shorter total duration of intubation when compared to size-2 McCoy direct laryngoscope attributable to a pronounced curvature of D-blade.

Abstract ID: PP-63-D134

Topic: Obstetric Anaesthesia

Title: A study to compare the efficacy of intravenous dexmedetomidine, intravenous tramadol with placebo in prevention of post spinal anaesthesia shivering in patients undergoing caesarean section.

Presenting Author: DR. DEEPIKA SEELWAL

Co-Authors: Dr Akarsh, Dr Monica chhikara, Dr Preeti Gehlaut

Background, Aims & Objectives: Shivering is a common problem in obstetric patients undergoing cesarean section under spinal anaesthesia and its incidence is approximately 30% to 55%. Aim of our study was to compare the efficacy of intravenous Dexmedetomidine, intravenous Tramadol with placebo in prevention of post-spinal anaesthesia shivering in obstetric patients undergoing caesarean section. Secondary objective was to observe any side effects like nausea ,vomiting, hypotension , bradycardia and sedation.

Materials & Methods: This prospective, randomized, and double-blinded study was conducted in the department of Anaesthesia , PGIMS, Rohtak . 126 Healthy pregnant women, 20-40 years of age, without any comorbid conditions requiring caesarean section under spinal anaesthesia were enrolled for the study and randomly allocated into one of the three groups according to computer generated randomisation . Group A (n=41) received 0.5 mcg/kg Dexmedetomidine ,Group B (n=43) 0.5 mg/kg Tramadol and Group C (n=42) plain 100 mL normal saline IV infusion after spinal anaesthesia and delivery of baby. Shivering , sedation, blood pressure, heart rate were measured intraoperatively.

Results: All data were summarised as mean ± SD for continuous variables, numbers and percentages for categorical variables. There was a significant difference between the various groups in terms of distribution of Incidence of Shivering ($\chi 2 = 48.199$, p-value < 0.001) . 9.8% (n=4) of the participants in the Group A, 53.5% (n=23) of the participants in the Group B, and 85.7% (n=36) of the participants in the Group C had shivering .

Conclusions: This study showed dexmedetomidine as a better drug for the prevention of shivering after spinal anaesthesia as compared to tramadol as it has a low incidence of shivering, benefits of awake sedation and not associated with nausea and vomiting.

Abstract ID: PP-39-D33

Topic: Obstetric Anaesthesia

Title: Comparison of mephentermine and norepinephrine infusions for prevention of post-spinal hypotension-a randomised, double blind trial

Presenting Author: DR. NIRIKSHA KUMARI

Co-Authors: Dr. Medha Mohta, Dr. Geetanjali T.chilkoti, Dr. Deepti, Dr. Rachna Agarwal

Background, Aims & Objectives: Norepinephrine, an α-agonist with some β-agonist activity, is nowadays being studied as an alternative to phenylephrine. Mephentermine, a commonly used vasopressor in India, has actions similar to norepinephrine. However, prophylactic infusions of these two vasopressors have never been compared.

Aim: To study and compare the effects of norepinephrine and mephentermine intravenous infusions for prevention of hypotension in patients undergoing caesarean section under spinal anaesthesia

Primary Objective: To compare fetal acid-base status in the two groups

Secondary objectives: To study haemodynamic changes, neonatal Apgar scores, vasopressor requirements and any maternal complications related to prophylactic use of vasopressor drugs in both groups

Materials & Methods: This randomised double-blind study included 60 patients divided into two groups of 30 each. The patients received infusions of either mephentermine (Group M) or norepinephrine (Group N) for prophylaxis of post-spinal hypotension. Prophylactic infusion of mephentermine 600 µg/ml or norepinephrine 4 µg/ml was started using an infusion pump at a rate of 60 ml/hr and the rate was further titrated according to systolic blood pressure.

Umbilical arterial and venous blood samples of the fetus were obtained for blood gas analysis.

Results: The mean arterial pH, arterial bicarbonate, arterial base excess, venous pH, venous pO2, venous O2 saturation and venous base excess were better in patients receiving mephentermine. However, the incidence of true fetal acidosis and Apgar scores were comparable in both groups. The incidence of hypotension, hypertension, bradycardia and tachycardia did not differ. The total volume of infusion used was significantly greater in mephentermine group than in norepinephrine group.

Conclusions: Both mephentermine and norepinephrine maintained good fetal blood gases but mephentermine demonstrated superiority over norepinephrine in this respect. Further studies are required to directly calculate the equipotent doses of these two vasopressors.

Abstract ID: PP-161-E168

Topic: Critical Care Pain & Palliative Care

Title: Comparative Evaluation of Thoracic Paravertebral and Epidural Analgesia for Post-operative Pain Relief in Patients undergoing Open Nephrectomy

Presenting Author: DR. GURUDYAL KHARE

Co-Authors: Dr Sujeet Gautam, Dr Sandeep Khuba, Dr Prateek Bais

Background, Aims & Objectives: The aim of this prospective, double-blind, randomized trial was to compare the thoracic paravertebral and epidural analgesia for post-operative pain relief in patients undergoing open nephrectomy

Materials & Methods: Ninety two adult patients undergoing open nephrectomy under general anaesthesia were randomized to receive a continuous thoracic paravertebral infusion (Group 1) or continuous thoracic epidural infusion (Group 2) of bupivacaine 0.1% with 2µg/ml fentanyl @ 0.1 mL/Kg/h. Both infusions were started before skin incision; Visual analog scale (VAS) scores at rest, deep breathing and coughing, postoperative nausea and vomiting (PONV), sedation, and respiratory depression were assessed till the morning of third post-operative day. Results were analyzed by the one way ANOVA, Chi square test, Mann Whitney U test and Fisher's exact test. P value <0.05 was considered significant.

Results: The two groups were similar with regard to demographic factors. The VAS scores at rest, deep breathing and coughing were similar in the two groups (P>0.05); the incidence of side effects were also similar in the two groups (P>0.05). The mean systolic blood pressures were lower in the epidural group (group 2) as compared to the paravertebral group (group 1); but the difference was not significant (P>0.05).

Conclusions: Post-operative pain relief provided by thoracic paravertebral analgesia was similar to the thoracic epidural analgesia in patients undergoing open nephrectomy.

Abstract ID: PP-160-E167

Topic: Airway Management

Title: Comparison of Direct laryngoscopy with McCoy blade and BPL video laryngoscopy for intubation in patients undergoing elective cervical spine surgery.

Presenting Author: DR. MOHAMMAD ALEEM ANSARI

Co-Authors: Dr Atit Kumar, Dr. Rakesh Bahadur Singh, Dr. Deepika Doneria

Background, Aims & Objectives: Anesthesiologists face difficulty in intubating the trachea in cervical spine surgery patients. Direct laryngoscope with McCoy blade and BPL Video-laryngoscopes improve intubation success and time in difficult airway, but optimal method remains controversial. This study aims to compare the efficacy and safety of Direct laryngoscopy with McCoy blade and BPL Video-laryngoscopy in cervical spine surgery patients.

Materials & Methods: The Prospective randomized comparative study conducted at the Department of Anaesthesiology, UPUMS, Saifai, UP, India, from October 2022 to May 2024. The total 60 participants were conscious patients aged 18-65 years, with cervical instability,are divided in two groups group M(McCoy) and group B(BPL). Exclusion criteria included a history of difficult intubation, a mouth opening < 3 cm, a thyromental distance < 6.5 cm, a BMI > 35 kg/m2, known risk of aspiration, and failed intubation in an unanticipated difficult airway.

Results: The study involved 60 participants 30 in each, the Modified Cormack-Lehane (MCL) grading was significantly different between Group B (76.67% Grade 1, 13.33% Grade 2A, 10.00% Grade 2B, 0% Grade 3) and Group M (46.67% Grade 1, 23.33% Grade 2A, 30.00% Grade 2B, 0% Grade 3). GroupB had better visualization of the vocal cords compared to Group M (chi-square = 6.00, p = 0.049). Intubation ease scores showed significant differences (chi-square = 16.80, p < 0.001), with Group M having more "easy" intubations (60.00%) compared to Group B (10.00%). Intubation difficulty scores also differed significantly (chi-square = 8.22, p = 0.042), with more subjects in Group B (56.67%) having a score of 0 compared to Group M (23.33%). The mean duration of tracheal intubation was longer in Group B (36.30±19.75 seconds) than in Group M (28.07±10.19 seconds).

Conclusions: The study reveals that while McCoy blade intubation was easier, BPL video laryngoscopy provided better vocal cord visualization and stable heart rates in elective cervical spine procedures.

Abstract ID: PP-108-E123

Topic: Critical Care Pain & Palliative Care

Title: Evaluation of Patient's Pain Assessment Tool for Post-Operative Pain in Patients undergoing Abdominal Surgery

Presenting Author: DR. GURUDAYAL KHARE

Co-Authors: Dr. Sujeet Kumar Singh Gautam, Prof. Dr. Nishant Kumar, Dr. Gurudayal khare

Background, Aims & Objectives: Pain is common during abdominal surgeries, and proper assessment of pain is an essential step for ideal pain management. The present study has evaluated the efficacy of self-scoring of pain by patient's pain assessment tool for post-operative pain in patients undergoing abdominal surgery.

Materials & Methods: Thirty-five patients undergoing abdominal surgery under general anaesthesia and thoracic epidural analgesia were included in this prospective, observational study. Post-operative pain assessment was done by the acute pain service (APS) team at 8 am and 8 pm; numerical rating scale (NRS) is used for the assessment of pain by the acute pain service team. All the patients included in the trial were requested to fill the pain scores and any side effects experienced in the patient's pain assessment tool at 10 am and 6 pm. Primary outcome measure:

Results: Static and dynamic pain scores assessed by the Patient's pain assessment tool were found comparable to the pain scores assessed by the APS team ($P > 0.05$); first reading of static and dynamic pain scores after the surgery assessed by the patient's pain assessment tool was significantly higher than that assessed by the APS team ($P < 0.05$). Incidence of side effects assessed by the Patient's pain assessment tool were also found comparable to those assessed by the APS team.

Conclusions: The pain scores and the incidence of side effects assessed by the Patient's pain assessment tool were found comparable to those assessed by the Acute pain service team.

Abstract ID: PP-98-E92

Topic: Critical Care Pain & Palliative Care

Title: A prospective, analytical study of risk factors and outcome of sepsis in critically ill trauma patients

Presenting Author: DR. KHUSHBOO MUSTAFI

Co-Authors: Khushboo Mustafi, Medha Mohta, Geetanjali T. Chilkoti

Background, Aims & Objectives: Background : The mortality due to sepsis and multiple organ failure has remained high in trauma patients. No study has assessed the development of sepsis in Indian trauma patients admitted to ICU.

Aim: To analyse risk factors associated with development of sepsis and compare outcomes in septic and non-septic trauma patients admitted in ICU for at least 24 hours.

Primary objective: To compare mortality in septic and non-septic trauma patients.

Secondary objectives: Incidence of sepsis in critically ill trauma patients, compare various outcomes such as length of ICU stay, organ support days in septic and non-septic trauma patients, and the association of demographic parameters, injury-related data, clinical and biochemical parameters with development of sepsis.

Materials & Methods: The present nested case-control study was conducted following IEC approval and prospective CTRI registration. Trauma patients aged ≥ 16 years and requiring ICU stay for at least 24 hours were included. Patient were excluded if had burn injuries or chemical-induced injury, pregnancy, immunosuppression due to solid organ transplantation, HIV infection and recent chemoradiotherapy or craniocerebral trauma. The demographic, clinical, and injury-related details, baseline investigations, vasopressor requirement, blood transfusion, temperature, any surgical procedure performed, ventilatory management, requirement for dialysis, SOFA score were recorded.

Results: A total of 100 patients were studied. The incidence of sepsis was high (42%) in trauma patients. The mortality was higher in patients with sepsis than without sepsis i.e. 45.2% vs 6.9%. The patients with sepsis required more days of organ support, blood transfusions, ventilator support, vasopressor support, longer ICU stay and dialysis compared to patients without sepsis. A higher proportion of patients with severe injuries progressed to sepsis (71%) highlighting a significant association.

Conclusions: The incidence of sepsis and mortality was high in critically ill trauma patients emphasizing the early use of sepsis screening tools and standardized management.

Abstract ID: PP-75-E68

Topic: Critical Care Pain & Palliative Care

Title: ARTERIAL LACTATE AS INDEPENDENT PREDICTOR OF IN-HOSPITAL MORTALITY IN TRAUMA PATIENTS ADMITTED IN CRITICAL CARE UNIT: A PROSPECTIVE OBSERVATIONAL STUDY

Presenting Author: DR. SARVESH KUMAR VISHWAKARMA

Co-Authors: Dr. B B Kushwaha, Dr. Zia Arshad, Dr. Vinod Kumar Srivastava

Background, Aims & Objectives: Background: Trauma is a significant contributor to both mortality and morbidity on a global scale. Timely identification of individuals with a heightened likelihood of death is essential for efficient treatment. Arterial lactate, which indicates insufficient oxygen supply to tissues and metabolic strain, has been suggested as a possible indicator of death risk in severely injured patients requiring intensive care.

Aim: To evaluate arterial lactate levels as an independent predictor of in-hospital mortality among trauma patients admitted to a critical care unit (CCU).

Materials & Methods: This prospective observational research comprised 109 trauma patients aged 18–65 who needed critical care unit assistance with or without mechanical breathing. Arterial lactate levels were assessed at admission and tracked until discharge or death. Demographics, vital signs, comorbidities, and outcomes were recorded. The main outcome measured was the number of deaths that occurred while patients were still in hospital.

Results: The mean s. lactate level in surviving patients was 2.42±1.51 at the start, 3.88±2.49 at the peak, and 4.10±2.28 at the start and 6.49±2.62 in non-surviving patients. S. lactate concentrations at baseline and peal lactate were significantly greater in non-survivors than survivors. Patients with s. lactate levels between 2 and 4 mmol/l had a mortality rate of 47.06%, whereas those over 4 had a 73.68% mortality rate, which is significant.

Conclusions: Baseline and peak arterial lactate levels on admission of a patient to the ICU after a traumatic injury are a strong and separate indicator that the patient is likely to die during hospitalization. These findings suggest that it is important to include measurement of arterial lactate as part of the initial assessment and risk classification of trauma patients. Timely and targeted therapies could potentially improve clinical outcomes by identifying high-risk patients early based on arterial lactate levels.

Abstract ID: PP-65-E60

Topic: Airway Management

Title: A Prospective Randomized Study To Compare The Efficacy Of C-MAC Videolaryngoscope, VL3R Videolaryngoscope and Macintosh Laryngoscope As Intubating Aids In Adult Patients

Presenting Author: DR. NISHANT VARSHNEY

Co-Authors: Prof. Qazi Ehsan Ali, Dr. Shariaa Ghufran

Background, Aims & Objectives: Airway management being a life saving procedure is quite essential in various clinical situations. Direct laryngoscopy has been the conventional and accepted technique for tracheal intubation. But the use of Macintosh laryngoscope is a difficult skill to acquire as it requires the alignment of oropharyngeal - laryngeal axis which is always not possible. In Videolaryngoscope, Vocal cords are visualized indirectly, either through optical or video system. This study aims to compare the efficacy of C-MAC Videolaryngoscope, VL3R Videolaryngoscope and Macintosh laryngoscope as intubating aids in adult patients. Objectives were to record the following parameters- number of attempts taken to intubate successfully, ease of tracheal intubation, intubation time, number of adjustments needed, blood staining on the device and postoperative sore throat.

Materials & Methods: A Prospective Randomized study was carried out at 90 patients undergoing various elective surgeries under General Anaesthesia. Patients was allocated after randomization into three study groups- Group A (C-MAC Videolaryngoscope), Group B (VL3R Videolaryngoscope), Group C (Macintosh Laryngoscope).

Results: All the three devices were 100% successful in first intubation attempt. Mean intubation time in C-MAC Videolaryngoscope: 23.58 ± 0.4 sec, VL3R Videolaryngoscope: 22.94 ± 0.15 sec and in Macintosh Laryngoscope: 27.98 ± 0.36 sec which was statistically significant. The incidence of complications like blood staining on the device and post operative sore throat were statistically insignificant. VL3R Videolaryngoscope had lesser incidence of pharyngeal morbidity as compared to Macintosh laryngoscope.

Conclusions: VL3R Videolaryngoscope took less time to intubate compared to C-MAC Videolaryngoscope & Macintosh Laryngoscope. Time taken to intubate using Macintosh Laryngoscope was the longest. Both the Videolaryngoscope are graded easy to use. Three devices are comparable in terms of complications assosciated with usage of these devices. Difference among the groups with regards to the number of adjusting maneuvers required was statistically insignificant.

Abstract ID: PP-62-E58

Topic: Critical Care Pain & Palliative Care

Title: A randomized control trial to determine the effect of dopamine as VEGF (vascular endothelial growth factor) antagonist on development of acute lung injury in sepsis.

Presenting Author: DR. SHIVAM AGARWAL

Co-Authors: Dr. Zia Arshad, Dr. Vinod Kumar Srivastava

Background, Aims & Objectives: Sepsis is a dysregulated host immune response stemming from a systemic inflammatory response to microbial invasion, encompassing bacteria, viruses, and other pathogens. VEGF, was initially identified for its potent induction of endothelial permeability. Studies have proposed a therapeutic role of dopamine in mitigating VEGF-induced permeability, shedding light on its potential in ALI management.

Aim and Primary Objective: To determine the effect of dopamine as a VEGF antagonist on the development of acute lung injury in sepsis.

Secondary Objective:

To establish the relationship of VEGF level in severity of lung injury and to correlate the survival benefit of Dopamine in patients with sepsis, average length of CCU stay.

Materials & Methods: 154 critical care unit patients, with diagnosis of sepsis were randomized in two groups: Group I (control group) and Group II (Study group). Both received standard treatment, as per ICU protocol. In addition, the study group (group-2) received dopamine infusion @3-5 microgram/kg/min. Baseline routine investigation, procalcitonin, x-ray were done. Day-1 and Day-7 blood samples were stored for analysis of VEGF levels. Murrays's score and SOFA Score were calculated from Day 1-Day 7.

Results: VEGF levels on day 7 were significantly lower in the study group compared to the control group ($p<0.05$). PO2/FiO2 ratio at day-7 was significantly increased in study group than in the control group, indicating an improvement in oxygenation status in study group. There was a mean ICU stay of 9.3 days in the study group versus 11.6 days in the control group ($p<0.05$). The SOFA score showed a significant improvement in the study group from day 5 onwards, indicating a therapeutic effect of dopamine on organ dysfunction in sepsis.

Conclusions: we concluded that use of low dose Dopamine infusion in sepsis patients has a role in preventing development and progression of lung injury and improves patient's outcome and providing survival benefit.

Abstract ID: PP-60-E56

Topic: Cardiac Anaesthesia

Title: Measurement of Changes in Blood Flow Across Coronary Sinus Using Transoesophageal Echocardiography Post Coronary Artery Bypass Grafting: A Single-Centre Observational Study

Presenting Author: DR. HIMANSHU SHARMA

Co-Authors: Dr. Dinesh Kaushal, Dr. Karan Kaushik

Background, Aims & Objectives: Background: Post Coronary artery bypass grafting (CABG) there is no real-time on the table method for assessing graft patency. The TEE probe, due to it's close proximity with the coronary sinus, can be used to assess the changes in blood flow across the coronary sinus pre- and post-CABG. Aims and Objective: The purpose of this study is predicting the percentage increment in CSBF that is associated with minimum ionotropic requirements.

Materials & Methods: After ethical committee approval, 50 patients scheduled for elective CABG were included in this study. After induction of anaesthesia as per institutional protocol, TEE probe was inserted and the CSBF velocity was calculated at periodic intervals. VIS(Vasoactive Inotropic Score) was used to calculate ionotropic requirements and compared to CSBF velocity at periodic intervals to find out the percentage increment in CSBF velocity associated with the minimum VIS score.

Results: Our study showed a statistically significant increase in CSBF velocity in the post-grafting period as compared with the pre-grafting period. Our study showed that a lower VIS (<10) was associated with a 29.15 % increment in CSBF velocity .

Conclusions: The study showed that increment in CSBF velocity can be used to check adequacy of revascularization.

Abstract ID: PP-25-E22

Topic: Airway Management

Title: COMPARISION OF CLINICAL PERFORMANCE OF AMBU AURAGAIN AND LMA BLOCKBUSTER IN ADULT PATIENTS UNDERGOING GENERAL ANAESTHESIA FOR ELECTIVE SURGERIES: A PROSPECTIVE RANDOMISED STUDY

Presenting Author: DR. SMRITI GARG

Co-Authors: Dr. Sweta

Background, Aims & Objectives: Background:The advent of Supraglottic Airways(SGA) has reduced perioperative airway-related side effects and they have become a more popular device for securing the airway over endotracheal intubation . Ambu AuraGain and LMA BlockBuster both are second generation SGA.

Aims and objectives:To compare the clinical performance of Ambu AuraGain and LMA Blockbuster.

Materials & Methods: A total of 70 patients of ASA grade I and II aged 18–65 years, who were undergoing elective surgery, were randomized into two groups 35 patients in each :Ambu AuraGain (Group A) and LMA BlockBuster (Group B). Airway was secured with appropriate-sized LMA according to group allocation. Oropharyngeal seal pressures(OSP), time taken for effective insertion and securing the airway; ease of insertion of device; haemodynamic parameters and complications(e.g., displacement, sore throat, blood staining) were compared between the two.

Results: The OSP with BlockBuster LMAs was significantly higher as compared with Ambu AuraGain(30.09+/-2.73 v/s 22.71+/-1.8)cm of H2O. The mean time of insertion for LMA BlockBuster was significantly shorter compared to Ambu AuraGain(12.03+/-4.21 v/s 17.51+/-3.96)sec. Haemodynamic parameters were comparable and post-operative complications were insignificantly higher with Ambu AuraGain.

Conclusions: This study was carried out to compare the clinical efficacy of LMA BlockBuster and Ambu AuraGain for ventilation of adult patients under general anaesthesia posted for elective surgeries. Both devices are easy to insert and provide effective airway control during positive pressure ventilation but LMA BlockBuster was found to be superior in terms of achieving higher OSP and ease of insertion.

Abstract ID: PP-116-F114

Topic: Obstetric Anaesthesia

Title: Minimum effective dose of carbetocin to prevent uterine atony during cesarean delivery in preeclampsia versus normotensive patients: a biased sequential allocation study

Presenting Author: DR. THAMBURU S

Co-Authors: Dr Asha Tyagi, Dr.Chanchal Nigam, Dr.R.S.Rautela, Dr. Amita Suneja

Background, Aims & Objectives: Background: Carbetocin is recommended as a substitute of oxytocin. It is a synthetic analogue with advantage of prolonged activity obviating need of infusion. However, there is scanty data on efficacy of carbetocin in preeclampsia patients and none on its optimal dosage in the subset. Preclampsia may be associated with decreased oxytocin receptor sensitivity and use of magnesium sulfate, both affecting dose requirement of carbetocin.

Aim: To evaluate minimum effective dose (ED90) of carbetocin for satisfactory uterine tone in patients of preeclampsia undergoing cesarean delivery, and compare it with control group of normotensives.

Materials & Methods: This prospective dual-arm dose-finding study was based on biased sequential allocation design. Patients over 18 years scheduled for cesarean delivery under spinal anesthesia were enrolled, with or without preeclampsia (n = 40 each). First patient of each group received 20 µg i.v. carbetocin at time of head delivery. Satisfactory response included adequate uterine tone at 2 minutes (by 1 finger palpation technique), and maintained so till end of surgery. The dose of carbetocin for subsequent patient in the group was increased by 20 µg after an unsatisfactory response but decreased, or maintained at same level after a satisfactory response, in a ratio of one is 1:9. Carbetocin associated side-effects were also evaluated. Dose-response data was analysed using logistic regression with bootstrapping.

Results: The ED90 of carbetocin for preeclamptic versus normotensive patients was (96 µg [95% CI, 59 to 114] versus 68 µg [95% CI, 46 to 76]. Preeclamptic patients exhibited higher incidence of carbetocin-associated hypotension (13.3% vs. 2.5%; $P < 0.001$), while tachycardia and ST-T changes were similar ($P > 0.05$).

Conclusions: Dose of carbetocin to maintain adequate intraoperative uterine tone in patients with preeclampsia is almost 1.5 times greater than those without the disease.

Abstract ID: PP-105-F127

Topic: Basic Anaesthesia

Title: A RANDOMIZED STUDY TO COMPARE EFFICACY BETWEEN INTRANASAL AND INTRAVENOUS DEXMEDETOMIDINE FOR REMOVAL OF FOREIGN BODY IN OESOPHAGUS AT CRICOPHARYNX LEVEL IN PEDIATRIC PATIENTS

Presenting Author: DR. RAHUL GUPTA

Co-Authors: Dr. Rahul Gupta, Dr. Manoj Kumar, Dr. Prashant Kumar Mishra, Dr. Amit Kumar Singh

Background, Aims & Objectives: Foreign body ingestion is a common occurrence and carries significant morbidity and mortality. Children are at high risk of foreign body ingestion. Dexmedetomidine (selective alpha-2 receptor agonist) has been used for sedative in pediatric patients. This study aims to compare efficacy of intranasal and intravenous dexmedetomidine for removal of foreign body from oesophagus at cricopharynx level in pediatrics patients.

Objectives:

1. To compare the onset of sedation and sedation level, perioperative pain, the hemodynamic variables.

Materials & Methods: A Prospective Randomized Study in total 80 patients of either sex of the age 1 month to 12 years were taken and randomly divided into two groups of 40 each. Includes ASA I and II pediatric patients between the age of 1 month to 12 years.

In Intranasal group (Group A) 3µg/kg of dexmedetomidine was dripped equally in both nostrils using a 2 ml syringe. All patients were kept in a supine position, In the intravenous group (Group B), 3µg/kg of dexmedetomidine was administered intravenously in 100 ml of normal saline, slowly over 10 minutes. Vital signs were measured until the completion of the procedure. A Ramsay sedation score of 3 or more was considered satisfactory for shifting the patient into the operation theatre.

Results: The group A had a higher mean time in shifting to operation theater compared to the group B. The intravenous group reported considerably lower pain levels initially than the group A. In group A, pain began to drop after 30 minutes of drug delivery and remained lower for more than 120 minutes. Level of sedation was achieved earlier in intravenous group.

The hemodynamic parameters were lower in both groups, but changes were slow and persistent in the intranasal group.

Conclusions: Intranasal dexmedetomidine is a safer and more effective mode of sedation in pediatric patients. It provides stable and sustained hemodynamic parameters and longer postoperative pain relief.

Abstract ID: PP-94-F88

Topic: Basic Anaesthesia

Title: Prospective randomized double blinded comparison of tablet Lorazepam and tablet Alprazolam administered as oral premedication in patients undergoing elective laparoscopic cholecystectomy.

Presenting Author: DR. VIPIENDRA SINGH SOLANKI

Co-Authors: Dr Aruna Bharti, Dr Ganpat Prasad

Background, Aims & Objectives: Although anxiolytic-sedative agents are used preoperatively since the advent of anesthesia, many aspects of this treatment, including the intended effects among which anxiolysis, and optimal agents, remain unclear.

High levels of preoperative fear and anxiety correlate with various unfavorable outcomes, including increase in postoperative analgesia requirements, prolonged post anesthesia care unit or hospital stay.

The safety and efficacy of alprazolam and Lorazepam administered orally as premedication 8 hours prior to GA will be compared in a double-blinded controlled study.

This study is a part of a randomized double blinded study with questionnaire survey investigating various issues related to preoperative anxiety.

- Anxiety will be assessed by using Hamilton anxiety rating scale
- Sedation we will be assessed using Ramsey sedation score
- Memory will be assessed by MMSE (mini mental state examination) scale.

Materials & Methods: Anxiety level, amnesia and degree of sedation will recorded at the time of giving premedication in the ward 3 hours prior to GA (T1), in the preoperative ward before shifting the patient to the operation theatre (T2).

As per randomisation, Patient in group 1 were given tablet alprazolam 0.5 mg orally, Patient in group 2 were given tablet Lorazepam 1mg orally. 200 patients to be randomized between two groups so that 100 patients could be targeted in group1 and 100 in group2. Sample size was estimated using software “Power analysis and sample size, version-16 (PASS-16)”.

Results: %Mean change in the level of anxiety (19.9% vs 28.74%, p-value <0.001) Was significant in both the groups, with lorazepam showing greater reduction in anxiety, while sedation(p-value:0.162) and amnesia(p-value:0.388) were comparable between the group.

Conclusions: Tablet Lorazepam(1mg) is better at reducing anxiety than tablet Alprazolam(0.5mg), administered as oral premedication in patients undergoing elective laparoscopic cholecystectomy.

Abstract ID: PP-82-F75

Topic: Basic Anaesthesia

Title: Comparison of Prophylactic Intravenous magnesium versus ketamine on Succinylcholine-Induced Fasciculations and Postoperative Myalgia in Patients Undergoing Elective Surgery under General Anesthesia

Presenting Author: DR. SHASHI YADAV

Co-Authors: Dr. Shashi Yadav, Dr. Ashita Mowar, Dr. Akhilesh Pahade, Dr. Juhi Saran

Background: Succinylcholine is considered to provide ideal intubating conditions, anticipated difficult airways and rapid sequence induction and intubation due to its fast onset of action. However, in addition to a number of infrequent, but well known, untoward effects like fasciculations and postoperative myalgia its usefulness is limited.

Aim and Objectives: To evaluate the effect and compare intravenous magnesium sulphate and ketamine on succinylcholine - induced fasciculations and postoperative myalgia in patients undergoing elective surgery under general anesthesia.

Materials & Methods: 30 patients were allocated to each group and study drugs will be injected intravenously as per group allotment. (Group A - 40mg/kg magnesium sulphate in 100 ml NS, infused in 10 minutes just prior to anaesthesia induction. Group B - 0.5mg/kg ketamine diluted in 100 ml NS over 10 minutes just prior to anaesthesia induction)

Anaesthesia will be induced with Fentanyl (2mcg/kg), propofol (2mg/kg) and succinyl choline (1.5mg/kg) and maintained with O2, N2O, isoflurane and vecuronium. Demographic profile, hemodynamics and Succinyl choline induced fasciculation and post-operative myalgia (24 hrs) grading shall be noted as no fasciculations and no myalgia as 0 and 1, 2, 3 as mild , moderate, severe.

Results: Both groups were comparable in terms demographic profile. In magnesium group 15/30 patients exhibited fasciculations (Mild: 8/30; moderate: 7/30) while in ketamine group all the patients exhibited fasciculation (Mild: 7/30, moderate: 20/30, severe 3/30) ($p<0.0001$). None of the patients of magnesium group experienced postoperative myalgia while 10 patients experienced post-operative myalgia in ketamine group ($p=0.002$)

Conclusions: Both groups have been mentioned in medical literature to prevent post-operative myalgia. However, Magnesium has been found more effective in prevention of succinyl choline induced fasciculations and myalgia.

Abstract ID: PP-66-F102

Topic: Basic Anaesthesia

Title: COMPARATIVE STUDY BETWEEN INTRAVENOUS DEXMEDETOMIDINE AND ESMOLOL FOR ATTENUATION OF CARDIOVASCULAR STRESS RESPONSE DURING LARYNGOSCOPY AND ENDOTRACHEAL INTUBATION IN HYPERTENSIVE PATIENTS.

Presenting Author: DR. YASHVANTH R

Co-Authors: Dr Prashanth kumar C, Dr Suchet Sharath, Dr Soujan Chowta

Background, Aims & Objectives: Laryngoscopy and endotracheal intubation are used for airway control for safe conduct of general anaesthesia. It is associated with a reflex sympathetic cardiovascular response which results in increased heart rate and blood pressure. These haemodynamic responses are tolerated in healthy individuals, but in patients with hypertensive disorder may result in deleterious effects which includes left ventricular failure, pulmonary edema, myocardial infarct and cerebral haemorrhage. The aim of this study is to compare the effects of intravenous Dexmedetomidine and Esmolol for attenuation of cardiovascular stress response.

Materials & Methods: : After obtaining clearance from the Institutional Ethics Committee, the study was carried out in 60 patients of ASA II and III, hypertensive patients scheduled for elective surgical procedures under general anaesthesia. The patients randomly divided into 2 groups of 30 each. Group D patients received intravenous Dexmedetomidine 1 mcg/Kg in 100 ml NS over a period of 10 min, infusion will be finished 5 min before intubation. Group E patients will be administered with Esmolol 2mg/kg iv bolus 2 min before intubation. Heart rate, systolic and diastolic blood pressure were recorded noninvasively preinduction, postinduction 1,3,6 and 10 minutes from the onset of laryngoscopy.

Results: The incidence of tachycardia (HR>100/min) was significantly higher in Esmolol group ($p<0.05$) than in Dexmedetomidine group after intubation. Rise in SBP and DBP were also statistically significant in Esmolol than in Dexmedetomidine group ($p<0.05$).

Conclusions: Attenuation of pressor response is seen both with Dexmedetomidine and Esmolol. Of the two drugs dexmedetomidine 1mcg/kg is more effective in attenuation as compared to esmolol 2mg/kg bolus.

Abstract ID: PP-40-F32

Topic: Basic Anaesthesia

Title: EFFECT OF MELODY WITH VIRTUAL REALITY GLASSES AS AN ADJUNCT ON CORTISOL AND ACTH LEVELS IN PATIENTS OF KNEE REPLACEMENT SURGERY UNDER COMBINED SPINAL EPIDURAL ANAESTHESIA"

Presenting Author: DR. NISHA

Co-Authors: Dr Nisha Singh, Dr. Monica kohli, Dr Shashank kumar kanaujia, Dr. Ahsan khaliq Siddiqui, Dr. Shalini bhalla, Dr Narendra Kushwaha

Background, Aims & Objectives: Patients undergoing surgery are anxious owing to the surgery and anaesthesia . It causes release of stress hormones .Therefore, it is important to be aware of and to treat perioperative anxiety

Primary Objective: Evaluated cortisol and ACTH levels during the perioperative period.

Secondary Objective:

1. Assessed State-Trait Anxiety Inventory for state anxiety (STAI-SA) score in pre and postoperative period.
2. Evaluated Patient Satisfaction Score in the post-operative period.

Materials & Methods: After inclusion criteria, the computer-generated randomization will divide 66 patients into two groups: 33 in Control group (C) and 33 in group M-VR.

Patients of Group M-VR were asked to watch music video of their choice via VR glasses while group C patient did not listen music.

Results: S Cortisol and ACTh level of both the groups were comparable at Time 1, while at time 2 & 3 Cortisol and ACTH levels of Controls were significantly higher than Music-VR group

STAI Score of Music-VR group was significantly higher as compared to Controls at Time1 while at Time 2 STAI score of Controls was significantly higher than Music-VR group.

Patient Satisfaction Score was better with intra-operative music therapy.

Conclusions: The results of the present study show that music with virtual glasses during TKR has an anxiety and stress soothing effect on the wake patient.

Abstract ID: PP-34-F27

Topic: Basic Anaesthesia

Title: Impact of peri-operative goal directed fluid therapy on post - operative outcomes in patients undergoing major abdominal surgery

Presenting Author: DR. ROMITA GOYAL

Background, Aims & Objectives: Perioperative goal-directed fluid therapy (GDFT) optimizes fluid management during major abdominal surgeries, addressing patient-specific needs to reduce complications such as infections, anastomotic leaks, and organ dysfunction. This approach enhances recovery and shortens hospital stays by preventing fluid overload and deficits.

AIMS & OBJECTIVE: This review assesses whether GDFT improves postoperative outcomes compared to conventional fluid management, focusing on complications, hospital stay length, and recovery rates in major abdominal surgery patients.

Materials & Methods: A review of studies from 2020 to 2024 included randomized controlled trials, cohort studies, and meta-analyses. Databases such as PubMed, Cochrane Library, and MEDLINE were searched for relevant terms. Data from selected studies were analyzed, emphasizing postoperative complications, hospital stay, and recovery metrics.

Results: Twenty studies were reviewed, showing that GDFT reduces postoperative complications, including infections and organ dysfunction, compared to conventional methods. GDFT was also associated with shorter hospital stays and faster recovery.

Conclusions: GDFT improves postoperative outcomes in major abdominal surgeries by tailoring fluid administration to individual needs. Further research should refine GDFT protocols and establish standardized guidelines to enhance its effectiveness and cost-efficiency.

Abstract ID: PP-27-F23

Topic: Basic Anaesthesia

Title: Comparison of effects of intratracheal dexmedetomidine injection versus intravenous dexmedetomidine on recovery from general anesthesia after laparoscopic surgery: a randomized controlled double blind study.

Presenting Author: DR. ESHA BATRA

Co-Authors: Dr Esha Batra, Dr Dinesh Singh, Dr Hemlata, Dr Reetu Verma, Dr Suresh Kumar

Background: Endotracheal extubation is associated with adverse effects to cardiopulmonary system and hemodynamics, leading to tachycardia, hypertension and increased bleeding. Dexmedetomidine, a highly selective α2-adrenoreceptor agonist is found to attenuate hazards to airway like coughing, agitation and bronchospasm, helping achieve smooth extubation.

Aims and Objectives: To compare the efficacy of intratracheal and intravenous dexmedetomidine for the prevention of laryngeal response on emergence from general anesthesia following laparoscopic surgery.

Materials & Methods: This study randomized 114 patients undergoing elective laparoscopic surgery to one of the three groups: Group DT, Group DV and Group CON. Group DV received intravenous dexmedetomidine infusion 0.5 ug/kg over ten minutes. Group DT received intratracheal dexmedetomidine 0.5µg/kg mixed in 1mL saline via tube. Group CON didn't receive any drug. Coughing severity was evaluated during the recovery period by the 4-point scale. Groups were compared for the hemodynamic parameters at different time intervals.

Results: There was a significant reduction in incidence of cough from 63% in the control group to 13% in Group DT and 0% in Group DV. Dexmedetomidine helped achieve smooth, coughless extubation in an average of 53.5% patients with stable hemodynamic conditions perioperatively. Incidence of PONV and postoperative pain much less in intratracheal dexmedetomidine group.

Conclusions: Use of both intratracheal and intravenous dexmedetomidine 0.5mcg/kg thirty minutes before end of surgery can be equally effective for smooth extubation with less severity and incidence of cough in patients undergoing laparoscopic surgeries. Use of intratracheal dexmedetomidine was associated with lesser postoperative pain, nausea and vomiting than intravenous administration of dexmedetomidine.

Abstract ID: PP-20-F18

Topic: Basic Anaesthesia

Title: Vena cava ultrasound-guided crystalloid preloading for the prevention of post-induction hypotension in elderly patients undergoing general anaesthesia

Presenting Author: DR. SWAPNIL TIWARI

Co-Authors: Swapnil Tiwari, Abhyuday Kumar, Neeraj Kumar, Chandni Sinha

Background, Aims & Objectives: The incidence of post induction hypotension in elderly patients is 40% to 60%. The aim of the study was to determine the effectiveness of inferior vena cava ultrasound guided crystalloid preloading in decreasing the post induction hypotensive episodes in elderly patients.

Materials & Methods: We conducted a single-centre randomised controlled trial with elderly patients scheduled to undergo elective noncardiac surgery under general anaesthesia (GA). 110 patients were randomly allocated into two groups. Preoperatively inferior vena cava collapsibility index (IVCCI) was measured in all patients. Patients in the intervention group received preloading with boluses of crystalloid if the IVCCI was > 43% and the control group received routine care irrespective of the IVCCI.

The primary outcome was the incidence of post induction hypotension from induction up to skin incision. Secondary outcomes were maximum fall in mean blood pressure (MBP), need for vasopressors, post induction fluid requirement. Predictive ability of IVC maximum diameter and IVCCI to detect post induction hypotension was determined using Receiver operator curve (ROC) analysis.

Results: The incidence of post induction hypotension was significantly less in intervention group as compared to control (30.2% vs 69.2%; p value= 0.001). Maximum fall in MBP was significantly less in invention arm as compared to control [27.8% vs 35.3%: p value= 0.01]. An IVCCI > 38% predicted hypotension with high accuracy (AUC-0.835, p value = 0.001) with a sensitivity of 71% and specificity of 83%.

Conclusions: USG guided preloading of crystalloid is effective in reducing the incidence of post induction hypotension in elderly patients.

Abstract ID: PP-168-G176

Topic: Regional Anaesthesia

Title: Predictive value of perfusion index for assessing success of USG guided Supraclavicular Brachial plexus block :Prospective observational study

Presenting Author: DR. VIBHA SINGH

Co-Authors: Dr. Bhawana Rastogi, Dr. Naqeeb Hassan

Background, Aims & Objectives: Perfusion index (PI) is a simple, objective, and noninvasive method derived from pulse oximetry for evaluating the success of brachial plexus blocks.It combines pulse amplitude information from two wavelengths of light to estimate blood flow in the monitored tissue. PI values typically range from 0 (no blood flow) to 100 (maximal blood flow)AIM-: Of the 5 measured outcome variables (i.e.; PI at baseline, at 5 min, at 10 min, and at 15 min and PI ratio), we wanted to determine the one which had the best predictive value for block success.

Materials & Methods: It is a prospective observational study done in CSSH, Meerut. 138 patients of either sex, ASA I and II, between the ages of 18- 65 years posted for elective upper limb surgery were included. Patients were given supraclavicular blocks under USG guidance. PI recorded at baseline, 5 min, 10 min, and 15 min. A PI ratio was calculated. Sensory and motor blocks were assessed at 5 min intervals.

Results: The mean PI increased continuously from the baseline till 15 min in successful blocks, but in unsuccessful blocks, the rise was not seen. PI at 15 minutes and PI ratio exhibited the highest AUROC values, demonstrating their superior ability to predict block success compared to other time points.ROC curves showed an AUROC curve of 0.93 in case of PI at 15 min and 0.84 for PI ratio.

Conclusions: We conclude that PI at 15 min is the best in our study and PI ratio is the next best as a predictor for evaluating success of supraclavicular blocks.

Abstract ID: PP-140-G141

Topic: Regional Anaesthesia

Title: A New Paradigm in Pain Management: Preemptive PENG Block to facilitate positioning for Neuraxial Anesthesia in Geriatric Patient

Presenting Author: DR. VIJAY RANA

Co-Authors: Dr. Saba Anjum, Dr. Pratibha Sahoo, Dr. Kshitij Yadav, Dr. Srishti Rai, Dr. Sakshi Mittal, Dr. Jayant Sharma

Background, Aims & Objectives: In this era of Opioid free anesthesia practice the high analgesic demand following fracture neck of femur (NOF) can be met with multimodal analgesia, including regional techniques like Pericapsular nerve group (PENG) block, Fascia Iliaca block, femoral block etc. PENG block is an ultrasound-guided technique, provides effective pain relief for hip fractures and other hip-related conditions(eg,.Intertrochantric fracture,neck of femur fracture) by targeting the articular branches of the femoral, obturator, and accessory obturator nerves.

This report examines the outcomes of pre-emptive PENG block for effective analgesia to facilitate positioning for neuraxial anesthesia.

Materials & Methods: A 70yr old female with mild cognitive impairement posted for closed reduction internal fixation by multiple Cannulated Cancellous(CC) screw for fracture neck of femure under Combined spinal Epidural was given PENG block using 18ml of 0.25% Inj.Bupivacaine and 8mg of Inj.Dexamethasone(adjuvant) in supine position with curvilinear probe using a 23 gauge needle(in-plane technique). After 20 minutes post block, there was notable reduction in VAS scores from 8/10 to 2/10. The improved analgesia allowed the patient greater comfort and mobility, facilitating easier and less painful positioning for surgery. Additionally, the need for supplemental systemic opioids was significantly reduced in the perioperative period minimizing the potential opioid-related side effects.

Results: PENG block demonstrated a clear advantage over conventional pain management techniques, providing effective, localized pain relief and thereby minimising opioid related side effects.

Conclusions: This report supports the PENG block as a valuable tool for preoperative pain management in geriatric patients with hip related fractures and also sparing the opioid related side effects especially in geriatric patients with impaired cognitive function promoting better patient outcomes and potentially setting a new standard of care in orthopedic anesthesia.

Abstract ID: PP-133-G135

Topic: Paediatric Anaesthesia

Title: The 5-point airway (5-AIR) ultrasound protocol for confirmation of endotracheal intubation and position in paediatric patients undergoing surgery: a prospective observational study

Presenting Author: DR. ZAINAB AHMAD

Co-Authors: Adhiraj Baruah, Vaishali Waindeskar, Shikha Jain, Pranita Mandal, Roshan Chanchalani, Shristi Agarwal

Background, Aims & Objectives: Airway ultrasonography (USG) is useful for confirming endotracheal intubation ETI and ETT position (ETP) across age groups in emergency and intensive care settings. [1,2] However, its application in paediatric patients in the operating room is less documented, and no comprehensive USG protocol exists. [3] The aim of this study was to compare the accuracy and time required for a 5-point airway (5-AIR) ultrasonography (USG) protocol (involving real-time tracheal USG followed by bilateral pleural and diaphragmatic ultrasonography) for confirming endotracheal intubation (ETI) and ETT positioning (ETP).

Materials & Methods: In this prospective observational study, 75 ASA I or II children between 2-12 years undergoing elective surgery, ETI and ETP were confirmed clinically as well as sonographically using the 5-AIR USG-protocol. For calculating accuracy of ETI and ETP, quantitative waveform capnography (QWC) and 5-point auscultation respectively were the reference standards.

Results: There was no oesophageal intubation in this study, hence accuracy for ETI could not be determined. For ETP, 68 patients had correctly placed ETTs. The 5-AIR protocol identified 4 out of 7 endobronchial placements, resulting in a sensitivity of 100%, specificity of 57.14%, and overall diagnostic accuracy of 96%. The mean time for confirmation of ETI by QWC (20.77 ± 4.11 seconds) was significantly longer than real-time tracheal USG (2.11 ± 0.31 seconds, P value 0.001). For ETP, the mean time for 5-point auscultation was 12.69 ± 2.48 seconds versus 6.39 ± 0.54 seconds for pleural USG (P value .001). Adding diaphragmatic scanning increased the time to 11.45 ± 0.87 seconds and 30.68 ± 2.01 if a probe change was required (P value .001).

Conclusions: The 5-AIR USG protocol was useful, fast and demonstrated high diagnostic accuracy to confirm ETI and ETP in paediatric patients. This protocol may be incorporated along with clinical signs, auscultation and QWC for confirmation of ET intubation and position.

Abstract ID: PP-127-G128

Topic: Regional Anaesthesia

Title: Ultrasound Guided Nerve Blocks

Presenting Author: DR. MANU RAJEEV

Co-Authors: Radhika Rajeev, Mukesh K. Yadav, Sachidanand G. Bharti, Krithika Rangarajan

Background, Aims & Objectives: Pain is the most distressing symptom in advanced malignancies that reduces the quality of life and necessitates the increased dose of analgesics and opioids; which in turn have immense side effects. Ultrasound guided nerve blocks are a novel technique for pain management. Ultrasound enables real time visualisation and is a cheap and easily available modality for administration of these nerve blocks.

Learning Objectives

To understand: Functional anatomy, dermatomal supply and importance of nerve blocks in palliative pain management in advanced malignancies

To discuss: Technique, prerequisites and complications of few commonly used US guided nerve blocks in oncology in a case based approach

Materials & Methods: Procedure Details

Representative cases of frequently performed US guided nerve block procedures for palliative management in advanced malignancies in our tertiary care hospital were collected and method of administration elaborated.

Results:

- Celiac plexus block/neurolysis
- Glossopharyngeal nerve block
- Transversus abdominis plane block
- Erector spinae plane block
- Paravertebral nerve block
- Superior hypogastric plexus block

Conclusions: Ultrasound guided nerve blocks are very safe, minimally invasive and short procedures but highly under-utilised due to lack of knowledge about the technique. They provide instantaneous and satisfying results with high risk- benefit ratio and also help reduce the dose of opioids needed.

Abstract ID: PP-77-G69

Topic: Regional Anaesthesia

Title: COMPARATIVE STUDY OF ULTRASOUND-GUIDED VS LANDMARK TECHNIQUE OF SUBARACHNOID BLOCK IN PATIENTS OF ANKYLOSING SPONDYLITIS UNDERGOING TOTAL HIP REPLACEMENT

Presenting Author: DR. RISHABH MISHRA

Co-Authors: Prof.Mohammad Parvez Khan, Dr.Prem Raj Singh, Dr.Shailendra Singh, Dr.Neel Kamal Mishra

Background, Aims & Objectives: Ankylosing spondylitis (AS) is chronic inflammatory type arthritis that forms part of the spondyloarthritides. The sacroiliac joints are universally involved in AS, followed by the lumbosacral and cervical spine. The diversity of conditions implies that patients with AS require various operations. To address these challenges, peripheral nerve stimulators were introduced, allowing for better localization of nerves and the brachial plexus. Ultrasound-guided techniques enable precise needle placement, visualization of nerve/plexus structures, and real-time monitoring of local anaesthetic distribution.

Aim: To determine whether an ultrasound-assisted technique could reduce the number of needle passes required for successful dural punctures in patients with abnormal spinal anatomy compared with conventional landmark-guided technique.

Materials & Methods: This Prospective Randomized Controlled Study was conducted in the Department of Anesthesiology at King George's Medical University, Lucknow over 60 patients (equally divided into 2 groups: Group I (Ultrasound Group) and Group II (Palpation Group)) over 18 months. Patients who had anatomical abnormalities in their lumbar spine, ASA grade I and II and who given the consent for study were included.

Results: The participants in Group I were slightly older (33.2±12.3 years) than those in Group II (32.3±8.2 years), with a statistically significant difference ($p<0.05$). Gender distribution was identical between both groups, with 83.3% males and 16.7% females. There was a statistically significant difference between the number of attempts and the two groups ($P<0.05$) and there was a statistically insignificant difference between the total time taken and the two groups ($p>0.05$).30 (100.0%) of participants reported no complications, indicating that none of the patients experienced any complications.

Conclusions: Preprocedural ultrasound is a useful tool for successful lumbar puncture in patients of ankylosing spondylitis undergoing total hip replacement as it reduces the number of attempts passes in spinal anesthesia as compared to conventional landmark technique. Therefore, ultrasound-guided techniques should be considered as the preferred approach provided that the anaesthesiologist has the necessary skills and training.

Abstract ID: PP-72-G65

Topic: Regional Anaesthesia

Title: A study to evaluate the change in perfusion index as an indicator of efficient ultrasound guided supraclavicular brachial plexus block in paediatric patients

Presenting Author: DR. CHARU YADAV

Co-Authors: Dr Vipin Kumar Dhama, Dr Sweta

Background, Aims & Objectives: The perfusion index (PI) from Pulse oximeter is a straightforward, objective, and non-invasive measure for assessing successful USG guided supraclavicular block. It is determined as a percentage or absolute number by dividing the ratio of arterial blood flow (pulsatile) to venous, capillary, and tissue blood flow (non-pulsatile blood flow). It serves as a marker of peripheral perfusion and as an index of sympathetic stimulation.

Materials & Methods: 35 patients aged 5–15 years, posted for upper limb surgery were included.. USG guided SCB was given with Inj.ROPIVACAINE 3mg/kg. PI was recorded at 0, 5, 10, 20, and 30 minutes in both blocked limb and unblocked limb using two separate pulse oximeters after block. PI ratio was calculated as the ratio between PI at 10 minutes and baseline PI. Descriptive analysis was applied by mean and standard deviation for quantitative, frequency and proportion for categorical variables.

Results: Block was successful in 30 patients (85.7%). It failed in 5 (14.3%) patients and general anaesthesia was administered to them. More than 50% of patients underwent surgery for post-burn contracture . The mean Baseline PI was 3.76 ± 1.36 After the block, mean PI increased continuously from baseline and reached maximum value at 10 minutes and then slightly decreased up to 30 minutes.

Conclusions: To conclude, PI is a simple, non-invasive monitor that can be considered as a faster, highly valuable and more objective tool than traditional methods for evaluation of success of USG-guided SCB. A value of increase in PI of more than 2 times showed a fairly good ability with high sensitivity for predicting success of SCB.

Abstract ID: PP-52-G47

Topic: Regional Anaesthesia

Title: Comparison of ultrasound-guided continuous Erector spinae plane block and Epidural block for postoperative analgesia in laparoscopic nephrectomy: a prospective randomized study

Presenting Author: DR. AMITA SINGH

Co-Authors: Dr. Monica Kohli, Dr. Vinod Kumar Srivastava, Dr. Prem Raj Singh, Dr. Manoj Kumar

Background, Aims & Objectives: Postoperative pain management after nephrectomy remains challenging despite laparoscopic advancements. Traditionally used epidural and paravertebral blocks have risks, prompting safer alternatives like the Erector Spinae Plane Block (ESPB). ESPB offers effective analgesia with minimal complications and supports continuous infusion, reducing opioid use and side effects. This study compares the analgesic efficacy of ultrasound-guided continuous ESPB with epidural block in laparoscopic nephrectomy.

Materials & Methods: This prospective, randomized controlled trial included 60 patients, aged 18-65, with ASA physical status I and II, undergoing elective laparoscopic nephrectomy under general anaesthesia. Exclusion criteria included refusal to consent, local infection, coagulopathies, cardiovascular, respiratory, gastrointestinal disorders, psychiatric and cognitive disorders, allergies to study drugs, spinal dysraphism or deformity, and chronic opioid or analgesic use. Patients were randomly assigned to Group I (ESPB) or Group II (epidural block). Standard monitoring and anaesthesia protocols were followed, with continuous infusion of levobupivacaine plus fentanyl administered for 24 hours postoperatively in both groups. Primary outcome was time to first rescue analgesia; secondary outcomes included cumulative analgesic dose, postoperative VAS scores, perioperative hemodynamic changes, intraoperative fentanyl consumption, procedure-related complications, bowel recovery, and ambulation.

Results: Demographic data were comparable in both groups. The mean time to first rescue analgesia was longer in Group I (9.50 hours) compared to Group II (4.67 hours), though not statistically significant ($p = 0.100$). The cumulative dose of rescue analgesics was lower in Group I (100 mg) than Group II (166.33 mg), with no significant difference ($p = 0.219$). VAS scores, hemodynamic changes, intraoperative fentanyl consumption, bowel recovery, and ambulation times were comparable. No procedure-related complications were observed in ESPB, while the epidural group had isolated incidents of bradycardia and hypotension.

Conclusions: Both interventions were effective for postoperative analgesia in laparoscopic nephrectomy. ESPB, given its ease of administration, safety, and continuous nature, is an alternative to the epidural block.

Abstract ID: PP-14-G12

Topic: Regional Anaesthesia

Title: COMPARISON BETWEEN ERECTOR SPINAE PLANE BLOCK AND THORACIC EPIDURAL BLOCK IN POST OPERATIVE ANALGESIC EFFECT FOR THORACOTOMY PATIENTS

Presenting Author: DR. MANISH KUMAR RAWAT

Co-Authors: Dr. Ajay Kumar Chaudhary, Dr Reetu Verma, Dr. Manoj Kumar Chaurasia

Background, Aims & Objectives:

To compare the postoperative analgesic effects between erector spinae plane block and thoracic epidural block in thoracotomy patients. OBJECTIVES: To measure and compare the visual analogue scale scores and various parameters within 24 hours postoperatively between erector spinae block and thoracic epidural block effects in postoperative thoracotomy patients at 0 hours, 1 hour, 3 hours, 6 hours, 12 hours and 24 hours.

Materials & Methods: Methodology In a prospective, double-blind randomized controlled study conducted, 72 adult patients aged 18-60 years undergoing thoracotomy were included. The study spanned over 1 year and utilized a non-probability convenience sampling technique. Patients were randomly allocated using computer-generated randomization. Ethical approval was obtained..Randomization was achieved. In Group A (n=36), thoracic epidural blocks were administered using stringent aseptic measures, while Group B (n=36) received erector spinae blocks.Postoperative observations included pain scores, blood pressure, heart rate, respiratory rate, SpO2, and nausea/vomiting at 0, 1, 3, 6, 12 and 24 hours. Rescue analgesia was administered if the VAS score was >4. Pain was assessed using the VAS score.

Results: In our study comparing Erector Spinae Plane (ESP) block and Thoracic Epidural Block for thoracotomy patients suggests that both techniques offer viable options for postoperative pain management. Sociodemographic characteristics, vital parameters, nausea, vomiting, andpatient pain satisfaction scores did not significantly differ between groups, the timing of rescue analgesia indicates potential advantages over Thoracic Epidural Block.

Conclusions: Our study compared Erector Spinae Plane (ESP) to Thoracic Epidural Block for postoperative pain relief in thoracotomy patients. ESP block, showed similar VAS score & delayed need for rescue analgesia compared toTEA. While patient satisfaction and adverse effects were similar between groups, ESP had a lower incidence of rescue analgesia, suggesting more effective pain control.

Abstract ID: PP-12-G10

Topic: Thoracic Anaesthesia

Title: COMPUTED TOMOGRAPHY VERSUS ULTRASOUND GUIDED CRICOID CARTILAGE DIAMETER MEASUREMENT AS A TOOL TO DETERMINE THE SIZE OF DOUBLE LUMEN TUBE IN THORACIC SURGERY –A PROSPECTIVE RANDOMISED COMPARATIVE STUDY

Presenting Author: DR. ROSHNI

Co-Authors: Dr Roshni Mathew, Dr Shefali Gautam, Dr Rajesh Raman, Dr Manish Kumar

Background, Aims & Objectives: Introduction:

Double lumen tubes have transformed thoracic surgery and established themselves as the industry standard for one lung ventilation. The selection of an effective lung isolation technique is made difficult by the substantial interindividual heterogeneity in the architecture and size of the tracheobronchial tree

Aim:

To compare the CT and USG guided transverse diameter measurement of cricoid cartilage for determining the size of double lumen tube in thoracic surgery.

Primary Objective:

To compare the Computed Tomography and Ultrasound guided transverse diameter measurement of cricoid cartilage for the appropriateness of tube size -whether appropriate or inappropriate by fibreoptic bronchoscopy and auscultation

Materials & Methods: We conducted an prospective randomized study in the Department of Anaesthesiology and Critical Care with collaboration of thoracic unit of department of general surgery, KGMU, Lucknow where patients with age between 18-70 years, scheduled to undergo thoracic Surgeries were selected and divided into 3 groups (40 in USG, 40 in CT, and 40 in conventional group). Size of double lumen tube according to any one of the groups(1st Group –subjects in whom DLT was determined using transverse diameter of cricoid cartilage by USG. 2ND group chosen –Subjects in whom DLT was determined based on transverse diameter of cricoid cartilage by CT. 3 rd Group- Subjects in whom DLT was determined by conventional method ie height and gender). After confirmation of DLT with auscultation, invasive blood pressure and central venous line (right jugular cannulation) were taken. After thoracotomy, Surgeon Satisfaction score was used to grade the degree of lung collapse as follows- excellent (complete collapse with perfect surgical exposure), fair (total collapse, but still some residual air in the lung), poor (no collapse). At the end of surgery patient were reverted back with neostigmine 0.05 mg/kg and glycopyrolate 0.01 mg/kg (fixed dose) and extubated after meeting with extubation criteria. Patients were followed for 24 hours about sore throat as foolows 0- no soreness,1 –the patient is aware of it(mild), 2-on lookers can detect(moderate) , 3 –loss of voice (severe) in the postoperative period.

Results: We noted that the demographic representation of the three groups were comparable. We noted that there was no significant difference in the distribution of cricoid cartilage diameter measurement across USG and CT (p value 0.623) Size of LDLT was inappropriate in 25% subjects in conventional group and inappropriate in only 2.5% and 5 % cases in CT and USG group respectively with p value of 0.044 (which was noted to be statistically significant). We noted there was a statistically significant difference in the distribution of lung collapse across the study groups (p value 0.001), with Group B indicating majority of complete collapse (92.5%) compared to the other two groups. We also noted there was a statistically significant difference in the incidence of sore throat across the study groups (p value 0.001)

Conclusions: In conclusion, our prospective randomized comparative study has demonstrated that ultrasound-guided cricoid cartilage diameter measurement is a reliable and effective method for determining the size of a double lumen tube in thoracic surgery. The degree of lung collapse in operative lung and also the incidence of sore throat was also decreased by using imaging modalities for the determination of size of double lumen tube as compared to conventional method of using height in general. The strong correlation between ultrasound and computed tomography measurements supports the feasibility of integrating ultrasound and Computed Tomography into routine clinical practice for this purpose.

Abstract ID: PP-166-H173

Topic: Regional Anaesthesia

Title: Will Lumbosacral Plexus be a novel alternative to Central Neuraxial blockade for lower extremity surgeries of high risk patients in the near future? - A Case Series

Presenting Author: DR. NANDEESWARAN KOLA SRIDHARAN

Co-Authors: Dr Nandeeswaran Kola Sridharan DNB, EDAIC

Background, Aims & Objectives: Introduction:

Patients undergoing non traumatic major lower limb extremity procedures have multiple co morbidities and are at a risk of a significant post operative morbidity and mortality. Central neuraxial anaesthesia was always a preferred choice for lower extremity surgeries but It is unsafe in patients with limited cardiovascular reserve. To avoid significant hemodynamic instability peripheral nerve block technique is preferred

Materials & Methods: Case Series:

1. 46 years old male, known diabetic, IHD - severe LV dysfunction, admitted with left lower limb ischemia secondary to peripheral vascular disease posted for Left Above knee amputation
2. A 65 years old male known diabetic,IHD - severe LV dysfunction admitted with right diabetic foot posted for wound debridement
3. A 62 years old male Known vasculopathy, PVD, Aortic stenosis, HF, severe LV dysfunction posted for right Above knee amputation

Results: All patients underwent procedure under Lumbosacral plexus block with propofol TCI which provided anaesthesia as well as prolonged post operative analgesia with stable hemodynamics

Conclusions: Lumbosacral plexus block provides a unique unilateral uncomplicated regional anaesthesia of lower limb. It can be used as an alternative in patients unfit for central neuraxial blockade/ General anaesthesia

Abstract ID: PP-136-H139

Topic: Regional Anaesthesia

Title: Posterior quadratus lumborum block in children undergoing lower abdominal surgeries: A case series of 10 cases.

Presenting Author: DR. NIDHI SINGH

Co-Authors: Dr.Poonam Motiani, Dr.Amrit kaur, Mukul kumar jain

Background, Aims & Objectives: Background -Caudal epidural block is the most commonly performed and preferred method of regional anaesthesia technique in the paediatric age group.However,the major limitation of the block is its limited duration of analgesia unlike fascial plane blocksConsequently, fascial plane blocks involving drug deposition in the muscle planes are rapidly gaining popularity as a part of multimodal analgesia while steering away from central neuraxial blocks and peripheral nerve blocks and its attendant complications.Quadratus lumborum block (QLB) is an abdominal truncal wall block providing visceral and somatic analgesia.Hence we aimed to study the quality of analgesia of posterior Quadratus lumborum block in children undergoing lower abdominal surgery.

Aim: To assess quality of analgesia following quadratus lumborum block in children undergoing lower abdominal surgeries.

Primary Objective: Time to first rescue analgesia.

Materials & Methods: After taking written informed consent from parents/guardian.Children were premeditated in the preoperative holding area and wheeled in to the OR.standard ASA monitors were attached and general anaesthesia administered as per institutional protocol.USG guided posterior Quadratus lumborum block was then performed with 0.5 ml /kg of 0.125% of bupivacaine with 0.5 mcg /kg of dexmedetomidine .Failed block was defined as 20% increase in heart rate and blood pressure lasting more than 1 min in response to surgical incision.patients with failed block were excluded and inj fentanyl 1 mcg /kg was given.Postoperatively the time to first rescue analgesia (injection fentanyl 0.5 to 1 mcg/kg)was noted.FLACC scores were recorded postoperatively at 30 mins,1hr and 6 hrly thereafter.Any perioperative adverse event was recorded.

Results: 1 out of 10 patients required fentanyl, 30 mins post surgery.All 9 patients reported a FLACC of less than 4 in the first 24 hour post surgery.

Conclusions: Posterior Quadratus lumborum block provides can be considered as an alternative to caudal block in children undergoing lower abdominal surgery.

Abstract ID: PP-128-H130

Topic: Basic Anaesthesia

Title: Antimuscarinic synergism precipitating cardiac arrest !

Presenting Author: DR. SHRUTI CHAKRABORTY

Co-Authors: Dr. Ayushi Gupta, Dr. Rajiv Lakhotia

Background, Aims & Objectives: Fothergill's operation is indicated for patients with second and third degree uterine and cervical descent , hence requires manipulation and can lead to induction of vasovagal reflex thereby causing severe bradycardia. Atropine is usually proposed to treat intra operative bradycardia. However in our case study, a synergistic anti muscarinic action of glycopyrrolate and atropine on sequential administration has been found to induce fatal ventricular arrhythmias followed by cardiac arrest.

Materials & Methods: Here, we report a patient age 29 year old female who was diagnosed with second degree cervical descent and was scheduled for fothergill's surgery under combined spinal epidural.

Bradycardia occurred during uterine manipulation intraoperatively and intravenous glycopyrrolate followed by atropine was administered. Eventually patient developed to life threatening supraventricular tachycardia deteriorating to cardiac arrest. Cardiopulmonary resuscitation as per Basic Life Support(BLS) guidelines and after 30mins and return of spontaneous circulation was achieved. Brain protection as per Advanced Cardiovascular Life Support(ACLS) guidelines was successfully attained. She was extubated after 48 hours of stay in intensive care unit .Patient was assessed and found to be having no neurological deficit.

Patient was followed up after 6 months, her New York Association classification was Class I with no complications.

Results: Fortunately, the patient received timely treatment and intervention in operating room followed by post operative intensive care unit and discharged with no further complications .After 6 months of follow up ,her NYHA classification was I with no complications.

Conclusions: This case highlighted that sequential administration of iv glycopyrrolate followed by iv atropine, without adequately waiting for the peak effect of glycopyrrolate may lead to combined anti muscarinic effect, thereby causing SVT and acute heart failure. Hence , anesthesiologist should refrain from combined administration of two anti cholinergic drugs and primarily use atropine to treat bradycardia rather than glycopyrrolate.

Abstract ID: PP-122-H120

Topic: Onco-anaesthesia

Title: Anaesthetic management of bilateral Pheochromocytoma : A case report

Presenting Author: DR. SHIVENDRA PRATAP SINGH

Co-Authors: Dr. Tanmay Tiwari

Abstract

Pheochromocytomas are catecholamine-secreting tumors which arise from the chromaffin cells of the adrenal medulla. Pheochromocytomas are one of the secondary causes of hypertension. Anaesthetic management of pheochromocytoma is a challenge for anaesthesiologists. The mainstay in the management of pheochromocytoma surgeries is preoperative preparation. Pheochromocytomas have a lethal potential and are associated with significant perioperative morbidity. Modern anaesthetic drugs with advanced monitoring have contributed to a great outcome. Here we describe the anaesthetic management of a 46 years old farmer diagnosed as a case of bilateral pheochromocytoma, posted for bilateral adrenalectomy under general anaesthesia.

Introduction

Pheochromocytomas are neuroectodermal catecholamine-secreting tumors. The release of catecholamines is what causes the classical triad of diaphoresis, headache and palpitations associated with sustained or paroxysmal hypertension. The greatest challenge faced by anaesthesiologists during pheochromocytoma surgery is the hemodynamic instability with sudden and frequent hemodynamic changes occurring during the surgery. We describe a successful anaesthetic management of a case of bilateral pheochromocytoma posted for open bilateral adrenalectomy.

Case Report

The patient presented to the cardiology department with complaints of acute onset chest pain, diagnosed to have unstable angina with elevated Trop-T levels and was managed conservatively. The patient was then transferred to medicine department in view of deranged blood sugars where he had two episodes of GTCS. CECT head was done which was suggestive of occipital gliosis and tablet levetiracetam 500mg BD was started.The patient had intermittent episodes of sweating, headache and palpitations associated with increased BP readings and pain abdomen. CECT abdomen was done which was suggestive of bilateral pheochromocytoma. Serum metanephrines and normetanephrines were elevated. Patient had a history of NSTEMI in 2019 and was a known case of diabetes mellitus and hypertension since 2017. The patient was taking insulin injection for diabetes and HbA1c was 7.1%. The patient was taking tablet prazosin 2.5mg TDS since 2 months and tablet propranolol 40mg OD was started 4 days before surgery. The patient was on single antiplatelet therapy (tablet clopidogrel 75mg HS) which was stopped 6 days before surgery. Electrocardiogram (ECG) showed T-wave inversion in all the leads. On recent coronary angiography, there was 85% stenosis in LAD artery. Echocardiography showed mild tricuspid regurgitation with ejection fraction of 60%.

His hemogram, serum electrolytes, thyroid function test, liver function test and renal function test were normal. Clinically airway assessment, cardiovascular system, respiratory system and central nervous system examinations were normal. Written informed consent was taken.

Tablet prazosin and tablet propranolol were continued till the mornig of surgery. Combined general and epidural anaesthesia was planned. Anaesthetic agents and other cardiac drugs like injection sodium nitroprusside (SNP), nitroglycerine (NTG), noradrenaline, vasopressin, labetalol, esmolol, metoprolol and phenylephrine were kept ready. In the operative room, peripheral intravenous access was obtained and standard ASA monitors were attached. 18G epidural catheter was placed. After induction and preoxygenation for 3 minutes, patient was intubated with oral 8mm cuffed endotracheal tube. Left radial arterial line was placed for continuous invasive blood pressure (BP) monitoring. Right internal jugular venous catheter was placed. Manipulation of the tumor caused a significant hemodynamic response which was controlled with infusion of SNP and NTG. Just before ligation of both the tumors vasodilators were tapered to avoid sudden fall in BP. After resection of tumor, due to acute withdrawal of catecholamies BP decreased which was managed by starting infusion of noradreanaline and vasopressin. Intraoperative blood glucose levels and arterial blood gas analysis were normal. Patient was transferred to intensive care unit for elective mechanical ventilation and was extubated successfully in the post-opeative period.

Discussion

Pheochromocytomas are also inherited as a familial autosomal dominant trait. It may be a part of the polyglandular syndrome referred to as multiple endocrine neoplasia (MEN) IIA or IIB. Type IIA includes medullary carcinoma of thyroid, parathyroid hyperplasia and pheochromocytoma. Bilateral tumors occur in familial pheochromocytomas. This patient had a significant family history. His mother died due to stroke and his elder sister had hypertension. The patient also had incidentally detected thyroid nodule with raised calcitonin levels.

Conclusion

Although the anaesthetic management of pheochromocytoma is complicated and challenging, proper preoperative optimisation of the patient and prior anaesthetic preparations can definitely lead to a better outcome in these patients.

Abstract ID: PP-82-H101

Topic: Basic Anaesthesia

Title: Anaesthetic management of liver trauma in a pediatric patient: A Perioperative challenge

Presenting Author: DR. SHASHI YADAV

Co-Authors: Dr. Shashi Yadav, Dr. Ashita Mowar, Dr. Akhilesh Pahade, Dr. Juhi Saran

Background, Aims & Objectives: Paediatric trauma is a leading cause of death and disability globally in children. Recognising and managing liver trauma patients in the golden hour of resuscitation pose a challenge both to anaesthesiologist and the surgeon.

Materials & Methods: We highlight our experience of perioperative management of a grade-IV haemorrhagic shock following WSES Grade-IV liver laceration in a pediatric patient who underwent emergent laparotomy and hepatectomy.

Results: A 15-yearfemale was admitted with an alleged history of fall with abdominal pain and vomiting. Patients was drowsy but, oriented to time, place and person, having a 15/15 GCS. She was pale, having a blood pressure 70/40 mm of Hg with heart rate of 140bpm on arrival. Fluid resuscitation and vasopressor (Noradrenaline) support was initiated, and massive transfusion protocol initiated. She was FAST positive and a detailed ultrasound was suggestive of liver laceration. The patient was rushed immediately to operating room (OR) for damage control surgery, while continuing with resuscitative measures. Central venous catheter and arterial catheter was inserted under USG guidance and other standard monitoring was initiated. Rapid sequence anaesthesia induction was performed. Surgeon performed a laparotomy with perihepatic packing done. Patient exhibited initial signs of stabilisation and was shifted to Intensive trauma unit for further management. However, 2 hours later there was a sudden deterioration with a blood loss of more than 500 ml in abdominal drain. The patient was re-shifted to OR on triple inotropic support and Hemoglobin 4gm%. A shattered right lobe of liver was identified as bleeding source. An emergent right hepatectomy was performed. 4L of crystalloids, 6unit PRBC, 6units FFP and 4units platelet concentrates were transfused perioperatively. Hemodynamic improved subsequently. Patient was extubated after 8 hours of monitoring.

Conclusions: Post-operatively, child developed mild pleural effusion and deranged liver enzymes and INR, which was managed conservatively. Patient was discharged on 7th post-op day.

Abstract ID: PP-41-H84

Topic: Basic Anaesthesia

Title: Securing Airway in a Traumatic Cervical Spine Injury Patient using i-Gel as a Conduit for Fiberoptic Bronchoscopy : A Case Report

Presenting Author: DR. POONAM

Co-Authors: Dr. Geetanjali T Chilkoti, Dr. Swati Jain

Background, Aims & Objectives: Traumatic Cervical spine injury patients when scheduled for surgery pose multiple risks, both for the surgeon as well as the anaesthesiologist. Difficult airway, autonomic dysfunction and gastroparesis are a few to be named. Cervical spine immobilization during the process securing airway is a salient feature of airway management in this set of patients. Multiple modalities have been used to prevent cervical spine movement. It includes direct laryngoscopy using manual in-line stabilization of spine, retrograde intubation, intubating LMA, videolaryngoscopy; awake fiberoptic bronchoscopy being the gold standard. We report a case of securing such a difficult airway using i-Gel as a conduit for fiberoptic guided intubation under general anaesthesia.

Materials & Methods: Case: A 35year-old-male, ASA PS I patient with traumatic # C2 with Philadelphia collar in situ, left sided weakness, no breathing difficulty or bowel/bladder involvement was scheduled for fixation. Rapid sequence induction was planned using Inj propofol and Inj Rocuronium. Initial attempt of fiberoptic was done using Ovasappian Airway, but vocal cords could not be visualized. i-Gel # 4 was then introduced and used as a conduit for the fiberoptic bronchoscopy to intubate the trachea, therefore helping in securing the airway rapidly without any inadvertent cervical spine movement.

Result & Conclusion: We observed an optimal laryngeal view, along with ease of intubation with minimal to no movement at cervical spine with the use of i-Gel as a conduit. Fiberoptic bronchoscopy-assisted intubation using i gel as a conduit needs further exploration in awake patients with cervical spine injury.

Abstract ID: PP-22-H76

Topic: Onco-anaesthesia

Title: Severe haemodynamic instability in patient undergoing bladder tumour resection surgery: A nightmare for the anaesthesiologist

Presenting Author: DR. KARTHIK YAMSANI

Co-Authors: Dr. Yamsani Karthik, Dr. Nitya Reddy, Dr. Basanth Kumar Rayani, Dr. Vibhavari Naik, Dr. Sushma Konduri,

Background, Aims & Objectives: Surgical resection is the standard of care for myoinvasive bladder tumours. Anterior exenteration surgery is a major oncological procedure that is done for myoinvasive bladder tumours. We report a case of severe haemodynamic fluctuation in a patient undergoing anterior exenteration surgery that was later identified due to raised plasma metanephrines. We describe the challenging intra- and postoperative management of the same.

Materials & Methods: A 62-year-old lady diagnosed with a case of carcinoma urinary bladder was posted for anterior exenteration and ileal conduit. Her preoperative evaluation revealed presence of well controlled hypertension on Amlodipine 5 mg once daily dose. She was administered epidural with general anaesthesia with invasive arterial and central venous access anticipating longer duration and blood loss. Soon after the surgical handling of bladder tumour started, she developed hypertensive crisis with peak BP 238/118 mmHg which reduced intermittently when tumour handling was stopped. Suspecting catecholamine release from the tumour, intraoperative plasma metanephrines were sent. We managed the hypertensive crisis with esmolol and nitroglycerine. Post tumour resection there was severe hypotension (BP 54/34 mmHg) which required aggressive fluid and vasopressor management. Post procedure patient was shifted to intensive care for further management. Forty eight hours later the nor-metanephrine value was reported to be significantly high (7200 pg/ml). Patient recovered well after 4 days of ICU and 9 days of hospital stay.

Results: Bladder pheochromocytomas are uncommon extra-adrenal catecholamine-secreting tumours that form only 0.05% of bladder tumours.(1) They are often recognized only at the time of surgical resection and present as a surprise for the anaesthesiologist. Limitations of this case report are that postprocedure plasma metanephrines and MIBG scan was not performed

Conclusions: Knowing that pheochromocytomas can occur in the bladder can help in recognition and improved management of intraoperative hypertensive crises.

Abstract ID: PP-19-H17

Topic: Paediatric Anaesthesia

Title: An infant with congenital laryngomalacia, hydrocephalus and meningomyelocele: The troublesome triumvirate

Presenting Author: DR. SHREEM RAWAL

Co-Authors: Dr Shreem Rawal, Dr Abhyuday Kumar, Dr Vikram Chandra

Background, Aims & Objectives: Congenital laryngomalacia is characterised by the collapse of supraglottic structures during inspiration, high-pitched inspiratory stridor, exacerbated by agitation, crying, feeding, upper respiratory infections, and supine positioning. Patient with hydrocephalus and meningomyelocele have depressed ventilatory response to hypercarbia, and central or obstructive sleep-disordered breathing.Presence of all three disorder in a patient makes the conduct of anaesthesia challenging and is not reported in the literature.

Materials & Methods: An eight-month-old female infant weighing 8 kg with hydrocephalus and lumbosacral meningomyelocele (16 cm*16 cm) was planned for VP shunt insertion. Patient was a known case of grade 3 congenital laryngomalacia with history of noisy breathing, which increased in supine position, crying, and feeding. On examination, suprasternal retraction was seen with inspiratory stridor. NCCT head showed dilated lateral and 3rd ventricles with mildly effaced 4th ventricle suggesting obstructive hydrocephalus. Flexible laryngoscopy examination revealed omega-shaped epiglottis, falling of redundant mucosa of arytenoids, and aryepiglottic fold over inlet on inspiration.

Patient was induced with sevoflurane and bolus dose of 8 mcg of inj. Remifentanyl in lateral position. Adequate anaesthetic depth was achieved with spontaneous ventilation and modest amount of CPAP to prevent airway collapse and care was taken to prevent increase in ICP. Spontaneous ventilation was maintained and laryngoscopy was performed which showed C-L grade 2b with large omega-shaped floppy epiglottis, and patient was intubated with 3.5 mm microcuff ETT.Patient was maintained on sevoflurane with oxygen. Surgery was uneventful and patient was extubated awake with no touch technique.

Results: This case highlights the anaesthetic management and challenges of patients presenting with the rare triad of laryngomalacia, lumbosacral meningomyelocele and hydrocephalus.

Conclusions: This entails a multi-faceted strategy to address the expected challenges in airway management, ensuring appropriate anaesthesia depth, preferably opting for awake extubation with spontaneous breathing, and maintaining vigilant perioperative monitoring and taking care of the associated conditions as well.

Abstract ID: PP-8-H91

Topic: Regional Anaesthesia

Title: Feasibility of ileostomy closure under segmental spinal anesthesia - A case series

Presenting Author: DR. MONISHA T S

Co-Authors: Dr. Monisha. T.S, Dr. Kapil, Dr. Vibhavari Naik, Dr. Basanth Kumar Rayani, Dr. Murali, Dr. Poornachand

Background, Aims & Objectives: Ileostomy closure (IC) is usually performed under subarachnoid block or general anesthesia[1]. Drawbacks of general anesthesia include polypharmacy, delayed recovery and higher incidence of post operative nausea and vomiting.[2] Segmental spinal anesthesia helps in blocking specific dermatomes which are T6-T12. Primary objective of this study is to assess patient satisfaction score in patients undergoing ileostomy closure under segmental spinal anesthesia. Secondary objectives include assessing hemodynamic changes and surgeon satisfaction score.

Materials & Methods: Seven patients undergoing ileostomy closure were considered for segmental spinal anesthesia. Informed consent was taken. Under aseptic precautions, dural puncture was done at T9-T10level using 25G Quincke's Babcock spinal needle, Ropivacaine 0.75% 1.8 ml along with Fentanyl 20 mcg was taken in two different syringes to avoid any change in baricity and was injected into intrathecal space. Onset of sensory block was assessed along with hemodynamic changes. At the end of surgery, surgeon satisfaction score while patient satisfaction score was taken in recovery room. Post operatively Bromage scale and 24hrs analgesic requirement were recorded.

Results: Median patient age was 58 (37-68)years. Out of 7 patients included in this series, two patients required conversion to general anaesthesia. Median time from positioning to completion of block was 309seconds and an average of 70seconds from needle insertion to complete block was noted. Median duration of surgery was 100minutes with an average time of 90min for full block regression. Intraoperatively, stable hemodynamics noted with minimal use of vasopressors. Post operatively minimal VAS scores noted. Overall patient satisfaction score- 4.14/5 and surgeon satisfaction 2.28/3 score noted.

Conclusions: Segmental spinal anesthesia has proven to be a feasible option in ileostomy closure offering targeted anesthesia with good patient and surgeon satisfaction score. Lesser post operative pain scores, early ambulation, lesser opioid consumption, stable hemodynamics are added advantages. However, larger clinical trials are needed to optimize its implementation.

Abstract ID: PP-8-H90

Topic: Onco-anaesthesia

Title: Postoperative delirium after breast malignancy surgery - a rare cause

Presenting Author: DR. MONISHA T S

Co-Authors: Dr. Monisha. T.S, Dr. Nitya Reddy R, Dr. Vibhavari Naik, Dr. Basanth Kumar Rayani, Dr. Kapil, Dr. Christopher

Background, Aims & Objectives: Postoperative delirium can occur soon after anesthesia or as late as until discharge [1]. It can manifest as hypoactive, hyperactive or mixed [2] Alternative causes of delirious behavior should be explored after the routine management fails. We report a case of delirium in patient after breast cancer surgery in the postoperative period due to reactivation of herpes simplex virus (HSV).

Materials & Methods: 55-year-old female case of carcinoma breast post neoadjuvant chemotherapy with delirium presented to ICU on postoperative day 1 after mastectomy. She was administered Haloperidol without much improvement. She was evaluated to rule out organic causes simultaneously by checking blood glucose, ABG and LFT. Her mentation briefly improved but the following morning her condition deteriorated again. Bedside POCUS was done to rule out lower limb deep vein thrombosis. Computed tomography scan was done to rule out brain metastasis or any cerebrovascular event which was normal. As she did not show signs of improvement, the following day magnetic resonance imaging scan was done which was suggestive of encephalitis possibly viral, autoimmune encephalitis or paraneoplastic. Antivirals, anti-inflammatory agents and anticonvulsants were initiated. Lumbar puncture was done and cerebrospinal fluid was subjected to encephalitis panel which detected HSV-1. She was transferred under neurological care where she required prolonged mechanical ventilation, developed ARDS and succumbed after 18Days.

Results: Postoperative delirium is a reversible mental state disturbance that can occur patients who have predisposing risk factors [3]. A number of studies have demonstrated that cancer patients have a higher incidence of HSV infection or reactivation due to the impaired immune status following chemotherapy as well as surgery [4]

Conclusions: Not all deliriums after surgery are postoperative delirium. Structured approach to rule out other organic causes should be made. Clinicians should be aware of HSV reactivation in cancer patients undergoing surgery after neoadjuvant chemotherapy.

Abstract ID: PP-169-I178

Topic: Regional Anaesthesia

Title: Targeted segmental spinal anesthesia for meshplasty in a comorbid patient

Presenting Author: DR. PRITI MOURYA

Co-Authors: Dr. Priti Mourya, Dr. Avinash Prakash, Dr. Rajat Shirpurkar, Dr. Anu Kewlani

Background: Segmental spinal anaesthesia (SSA) provides targeted analgesia with minimized systemic effects, making it advantageous for select surgical procedures. Unlike traditional spinal anaesthesia, SSA offers localized anaesthesia, reducing the risk of systemic side effects and preserving motor function in adjacent areas. This technique is particularly beneficial for high-risk patients with comorbidities.

Aims and Objectives: This case report aims to evaluate the efficacy and safety of SSA in a high-risk patient undergoing meshplasty for an umbilical hernia. The primary objective is to assess hemodynamics and analgesic effectiveness during and after the procedure. Secondary objectives include evaluating postoperative recovery and any related complications.

Materials & Methods: A 50-year-old female with a medical history of hypertension, bronchial asthma, and diabetes mellitus presented with an umbilical hernia requiring surgical repair. The patient was classified as ASA II after thorough preoperative evaluation. SSA was chosen to minimize systemic effects and provide targeted analgesia. Anaesthesia induction was performed with 1.8 ml of isobaric levobupivacaine 0.5% combined with 60 mcg of buprenorphine at the T10-T11 interspace. Intraoperative and postoperative parameters, including hemodynamic stability, pain levels, and motor function recovery, were closely monitored.

Results: SSA achieved a dense blockade from T6 to L1, providing effective analgesia without intraoperative pain. The patient remained hemodynamically stable throughout procedure. Intraoperative motor function was preserved, and the patient reported no discomfort. The surgical procedure lasted 2 hours and 20 minutes, during which the patient remained pain-free. Postoperatively, the patient exhibited complete motor recovery with a Modified Bromage Scale of 0 and no complications such as nausea or vomiting.

Conclusions: SSA proved to be an effective and safe anaesthetic technique for meshplasty in a high-risk patient with hypertension and diabetes mellitus. It provided precise analgesia, hemodynamic stability, and smooth postoperative recovery. This case underscores the utility of SSA in similar surgical scenarios, enhancing patient safety and outcomes.

Abstract ID: PP-156-I160

Topic: Regional Anaesthesia

Title: Management of anaesthetic challenges in case of difficult regional anaesthesia and anticipated difficult airway

Presenting Author: DR. KANAK KUMARI

Co-Authors: Dr. Anubha

Background, Aims & Objectives: Kyphosis refers to a curving of the spine that causes a forward rounding of the upper back. It present unique challenges to anesthesia.

General anaesthesia is problematic in such cases, due to restrictive pattern in pulmonary function test, ventilation- perfusion mismatch and subsequent hypoxemia, pulmonary hypertension , right ventricular hypertension and failure , even neuraxial blocks are technically challenging. Both general and regional anaesthesia tend to be difficult in these situations, and determining the best line of action is debatable.

Materials & Methods: A 65-year-old male patient, who was 152 cm tall and weighed 42 kg, was scheduled for sigmoidectomy for rectosigmoid adenocarcinoma.Epidural block was given at L1-L2 interspace in lateral position using 18G tuohy needle the catheter was secured after confirmation of epidural space with C- arm. Block was commenced with 0.75% ropivacaine bolus according to the level of block required. 30 mins after epidural anesthesia the level of hypoesthesia to ice did not exceed the T10 level with slight loss of motor power in both lower limbs. Due to insufficient analgesia case was proceeded with general anesthesia requiring video laryngoscopy for mallampati grade 0.The procedure was successfully conducted in combined regional and general anesthesia with patient being extubated on table with stable vitals.

Results: Combined Regional and general anaesthesia in this case leads to requirement of low doses of induction and maintainance intravenous anaesthetic agents which help us in early extubation and adequate post operative analgesia to patient with reduced morbidity and better patient satisfaction.

Conclusions: Our findings led us to the conclusion that epidural blocks and general anesthesia are both a safe option for patients with kyphosis.

Abstract ID: PP-152-I154

Topic: Regional Anaesthesia

Title: SPINAL ANAESTHESIA IN A PATIENT WITH SEVERE THORACOLUMBAR KYPHOSCOLIOSIS (ANAESTHETIC CHALLENGES)

Presenting Author: DR. DEEKSHA SINGH

Co-Authors: Dr. Deeksha Singh, Dr. K.C Sharma, Dr. Divya Vijay, Dr. Juhi Saran

Background, Aims & Objectives: Kyphoscoliosis is forward and lateral bending of the spine commonly affecting the dorsal and lumbar spine. Spinal deformities are likely to be associated with physiologic derangements in cardiac and pulmonary function and may cause difficulties with both tracheal intubation and regional anesthesia. Due to problems associated with respiratory system, spinal anesthesia is used widely, though technically difficult.

Materials & Methods: Patients with thoracolumbar kyphoscoliosis present unique challenges to anesthesia. We report an interesting and challenging case of kyphoscoliosis presenting with a displaced right intertrochanteric femur fracture with right floating knee (patella fracture) with one third tibia and fibula fracture who was planned for spinal anesthesia. Using appropriate space (L3–L4) after viewing X-ray, but the attempts for spinal anesthesia was unsuccessful and therefore the case was postponed.

Results: The case was again posted after a week and this time with proper technique and x-ray of spine successful spinal anesthesia could be given.

Conclusions: This report underscores the importance of reviewing the preoperative radiology of the diseased spine by the anesthesiologist to administer an effective and safe spinal anesthesia in such patients.

Abstract ID: PP-144-I146

Topic: Regional Anaesthesia

Title: THE MANDIBULAR NERVE BLOCK- REVOLUTIONIZING DIFFICULT AIRWAY MANAGEMENT IN RESTRICTED MOUTH OPENING

Presenting Author: DR. KSHITIJ YADAV

Co-Authors: Dr. Saba Anjum, Dr. Pratibha Sahoo, Dr. Srishti Rai, Dr. Vijay Rana, Dr. Sakshi Mittal, Dr. Jayant Sharma

Background, Aims & Objectives: Sialolithiasis, deposition of calcium salts within the salivary ductal system, may associated with Sialadenitis due to secondary infection resulting in pain and trismus of muscles of mastication. This maxillofacial area is supplied by mandibular nerve, blocking which may provide temporary anesthesia/analgesia resulting in increasing mouth opening thus changing the whole airway management strategy.

This case report showed the utility of Mandibular Nerve Block(MNB) as an useful adjunct in cases with restricted mouth opening, mimicking difficult intubation following maxillofacial pathologies and also its role in ruling out Oral Submucosal Fibrosis (OSMF).

Materials & Methods: A 36 Year/Female posted for submandibular gland excision with diagnosis of acute suppurative sialadenitis with sialolith in submandibular salivary duct. The Pre anaesthetic checkup revealed a restricted mouth opening of 1cm. Patient also had history of gutka chewing for 10 years, making her prone for developing OSMF. We planned to go ahead with the case with MNB to see the improvement in mouth opening, if it is due to pain. We injected 3.5 ml of drug (0.1 ml/kg) with 21-G needle using linear ultrasound probe (4-12MHz), identifying the mandibular nerve as round hyperechoic structure adjacent to alveolar artery and vein. After 10 mins, pain subsided Numeric Rating Scale (NRS-0) with an increase in mouth opening to 1.4cm, showing the presence of OSMF. Then successful nasal intubation was done under fiberoptic guidance.

Results: The Inter-incisor distance Pre-block was 1cm, which increased to 1.4cm after MNB. The NRS score determined Pre-block was 8 which significantly decreased to 0 after block.

Conclusions: Routine use of MNB will aid in the decision making by anesthesiologist for airway management in patients with restricted mouth opening following mandibular pathologies.

Abstract ID: PP-134-I138

Topic: Regional Anaesthesia

Title: ECHOES OF RELIEF: ULTRASOUND-GUIDED QUADRATUS LUMBORUM BLOCK FOR POSTOPERATIVE ANALGESIA IN SUPERIOR MESENTERIC ARTERY SYNDROME: A CASE REPORT

Presenting Author: DR. SRISHTI RAI

Co-Authors: Dr. Saba Anjum, Dr. Pratibha Sahoo, Dr. Sakshi Mittal, Dr. Kshitij Yadav, Dr. Vijay Rana, Dr. Jayant Sharma

Background, Aims & Objectives: The Quadratus Lumborum Block(QLB) involves administering local anesthetic into the thoracolumbar fascia(TLF), blocking sensation from T7-L1. It effectively relieves pain in abdominal and hip surgeries(e.g., nephrectomy, laparotomy, colostomy, hip replacement), reduces postoperative opioid use, and enhances recovery.

This case report aimed to gauge how well QLB works for post-operative analgesia following exploratory laparotomy, assessing mainly the requirement of 1st rescue analgesia and total volume of opioid use within 24 hours post surgery.

Materials & Methods: A 60-year old male with superior mesenteric artery syndrome, posted for Exploratory laparotomy with retrocolic gastrojejunostomy under General Anesthesia(before extubation) was given bilateral QL2 Block posterior to the Quadratus Lumborum muscle separating it from erector spinae and latissimus dorsi muscles, using 20ml of Inj. 0.5% Ropivacaine and 4mg of Inj.Dexamethasone (adjuvant) on each side, placing the patient in lateral position with linear ultrasound probe(4-12MHz) using a 23-gauge needle (In-plane technique).

Postoperatively, the patient's pain at rest was 0/10 on the Numeric Rating Scale (NRS) for the first 7 hours. At 8th hour, pain increased to NRS-5/10, and 1g of Inj. Paracetamol effectively reduced it to 1/10. However, at 16th hour, the pain again escalated to NRS-9/10,necessitating 100mg of Inj. Tramadol, resulting NRS to 0/10. NRS was charted every 2 hours. On day one, average pain scores were 4/10 at rest and 6/10 on coughing.

Results: Quadratus Lumborum Block demonstrates promising outcome Top of Form as a part of multimodal analgesia showing effective reduction of pain as well as total opioid requirement postoperatively in patients undergoing laparotomy.

Conclusions: This block underscores its role as a beneficial adjunct in enhancing postoperative recovery and patient outcome by targeting the TLF with local anesthetic, providing significant analgesia and also potentially mitigates metabolic stress associated with surgery.

Abstract ID: PP-88-I81

Topic: Paediatric Anaesthesia

Title: Opioid free anesthesia in a Down's syndrome child enhances recovery

Presenting Author: DR. SUKRITI SRIVASTAVA

Co-Authors: Dr Puneet Kumar, Dr Nidhi Singh, Dr. Devendra Gupta

Background: Down's syndrome, the most common chromosomal abnormality, affecting more than 1 in 800 live births globally, often presents with multiple congenital anomalies involving various organ systems, including cardiac, esophageal, gastrointestinal, urinary tracts, eyes, ears, and joints. These factors necessitate unique anesthetic considerations for anesthesia providers, making comprehensive preoperative, operative, and postoperative management essential to minimize anesthesia-related complications. We are presenting successful management of such case.

Case Summary: A one-year-old female with Down's syndrome presented to the neurosurgical unit for detethering of the spinal cord due to Tethered Cord Syndrome. There was no history of breathlessness, frequent respiratory tract infections, sweating, cyanosis, or blue spells. The child, active and playful, weighed 10 kg and exhibited typical Down's syndrome features, including a large tongue. She was clinically anemic without cyanosis or clubbing. Cardiac examination revealed no murmurs, and her respiratory assessment was normal, with clear lung fields and an oxygen saturation of 100% in air. Echocardiography indicated a very small patent ductus arteriosus (2 mm) with left-to-right shunt and normal left ventricular function.

Anesthetic Management: After securing intravenous access, anesthesia was induced using IV ketamine and sevoflurane inhalation. However, no opioid was given to the patient since these syndromic children are very sensitive to opioids and may cause delayed awakening. The patient was intubated with IV atracurium and anesthesia was maintained with a mix of oxygen, air, and sevoflurane, titrated to hemodynamic parameters. Analgesia was managed with intravenous paracetamol. Postoperatively, the child's recovery was smooth and quick. He was extubated and transferred to the recovery room.

Conclusions: The anesthetic management of patients with Down's syndrome is challenging due to poor cooperation, difficult airways, and multiple comorbidities. Accurate preoperative assessment and meticulously planned management, including appropriate premedication, anesthetics, avoidance of opioids and advanced airway strategies, are crucial for successful outcomes.

Abstract ID: PP-79-I73

Topic: Regional Anaesthesia

Title: Anaesthetic management of a case of fibroadenoma done under PEC block

Presenting Author: DR. ATHUL RAJ C A

Co-Authors: Dr Soumyashree Prusty

Background, Aims & Objectives:

Fibroadenoma is a commonly seen benign lump of breast seen in young females, these can be of either single or multiple in number, the anaesthetic plan for fibroadenoma has traditionally been general anaesthesia and regional anaesthtisia plan include segmental spinal, thoracic paraveetibral block and epidural. Here we present a noval technique where we use PEC block with sedation as the sole anaesthetic technique for surgery

Aims and Objectives: To evaluate the role of PEC block with sedation as the sole anaesthetic plan for a case of fibroadenoma breast

Materials & Methods:

1. Ropivacaine 0.25%
2. Dexamethasone 4mg
3. Stimuplex needle 10cm
4. Ultrasound machine
5. Ketamine
6. Midazolam
7. Standard monitors devices

Methods: After explaining the procedure and taking written consent, and keeping all equipment's for intubation ready, patient was shifted to the operating room and all standard monitors attached, patient was pre-medicated with 0.2mg Glycopyrolate, 1mg Midazolam, 20mg Ketamine followed by ultrasound guided pec 2 and pec 1 block which was given at the level of 3rd and 4th rib with 10 ml of 0.25% Ropivacaine and 20ml of 0.25% Ropivacaine using 10cm stimuplex needle after negative aspiration of blood

Results: Patient did not complain of any pain intra-operatively and vitals where stable throughout the procedure and no analgesics where required both intra-op and post op

Conclusions: PEC block with sedation have shown to be an effective alternative to GA in case of fibroadenoma breast

Abstract ID: PP-43-I42

Topic: Airway Management

Title: Anaesthetic management of supracarinal tracheal stenosis for tracheal resection and reconstructuction

Presenting Author: DR. MANDEEP SINGH

Co-Authors: Dr Mandeep Singh, Dr Jyotrimoy das, Dr Sangeeta khanna

Background, Aims & Objectives: Tracheal Resection and Reconstruction (TRR) is the definitive treatment of tracheal stenosis. Post intubation tracheal stenosis (PITS) comprises 65% of the cases of tracheal stenosis. Surgical and perioperative anaesthetic management is a challenge in terms of airway management, ventilation, lung isolation, oxygenation and maintaining depth of anaesthesia. Supracarinal stenosis needs sternotomy for surgical access and mobilization. Surgical manipulation carries risk of injury to major vascular structures, recurrent laryngeal nerve injury, arrythmias and haemodynamic compromise. Recently we performed tracheal resection and reconstruction in a patient with PITS of 4 cm at the level 6 cm below VC and 1.5 cm above carina. The perioperative management is discussed.

Materials & Methods: The case highlight the challenges faced by the anaesthesiologists during airway management and oxygenation.

An 18-year-old female presented with inspiratory stridor with dyspnea on exertion. Nine months back she was on ventilatory support for 7 days after an alleged history of accidental pesticide ingestion. Two weeks after discharge from the hospital, she started having breathing difficulty. A CT scan of chest showed tracheal stenosis of 2.5 cm length, 1.5cm above the carina with stenotic area patent airway diameter of 3.5 mm. Before coming to us, she underwent rigid bronchoscopy, electrocautery and subsequent balloon dilation. Follow up CT scan showed stenotic segment of 4cm length 2cm above carina and less than 3mm stenotic airway diameter. She was posted for tracheal resection, hyoid drop, hilar mobilization and end to end anastomosis with sternotomy. Airway was secured with flexometallic endotracheal tube size 6. Median sternotomy with resection of stenosed tracheal segment in distal third of trachea was done. Left lung was ventilated by a cross field ETT while the right lung was oxygenated via a tube exchange catheter passed retrogradely by the surgeon. Supra and infra hyoid release and hilar mobilization done from the right side followed by end-to-end tracheal anastomosis.

Results: The case report highlights the perioperative management of a challenging case of carinal level tracheal stenosis. A close coordination between the anaesthesiologist and the surgeon and meticulous planning is important for a successful outcome. A good understanding of one lung anaesthesia, cross field ventilation, haemodynamic management, cardiothoracic anaesthesia, jet ventilation and if required management of extracorporeal membrane oxygenation is essential.

Conclusions: Distal tracheal stenosis at the level of carina is a perioperative challenge. Meticulous planning, close coordination and presence of at least 2 senior anaesthesiologists is a must during the procedure.

Abstract ID: PP-165-J175

Topic: Neuro Anaesthesia

Title: ANAESTHETIC CHALLENGES IN A PATIENT WITH LUMBOSACRAL ENINGOMYELOCELE EXCISION SURGERY

Presenting Author: DR. FALAK DEEBA

Co-Authors: Dr. Mohd. Khalik, Dr. Bhawna Singh

Introduction:

Meningomyelocele is a congenital spinal anomaly resulting from the failure of neural tube to fuse in fetus which leads to herniation of neural elements and cerebrospinal fluid.

The incidence of MMC is 1 in 1000 live births approximately.

Case Report: A 3 months old male infant weighed 9.5kg presented to Neurosurgery department of our hospital with a history of progressive increase in size of swelling over lower back since birth was posted for MENINGOMYELOCELE EXCISION. Baby was delivered by LSCS & had cried 1min after birth. At birth, APGAR SCORE was 12 and BW 3.2kg. The infant's medical history, surgical history and family history were non-significant. The infant was active and there was no other congenital anomaly.

Respiratory system, cardiovascular system and abdomen were normal and the infant was moving all four limbs; CXR- NAD; NORMAL 2D ECHO

Infant also had element of ARNOLD CHIARI malformation II

There is no associated congenital abnormality. Neurological examination shows no motor or sensory deficits.

The spinal dysraphism on examination was a cyctic, pedunculated swelling (25cm x 10cm)

MRI LS SPINE AND BRAIN SCREENING:

TETHERED CORD IS SEEN WITH MULTIFOCAL INTRAMEDULLARY SYRINX FORMATION ALONG THE LOWER CORD. DYSRAPHIC POSTERIOR ELEMENT OF LOWER LUMBAR AND SACRAL VERTEBRA IS SEEN WITH HERNIATION OF CSF AND CAUDA EQUINA NERVE ROOTS THROUGH DEFECT S/O MYELOMENINGOCELE

Anaesthesia:

Infant kept nil orally for 6hrs and maintenance fluid was started. He was taken inside operating room and placed on doughnut padding to prevent any injury to meningomyelocele. Electrocardiogram, HR, non-invasive blood pressure, pulse oximeter & temperature attached.

Preoxygenated with 100% O2 for 3-5mins with JR circuit at 8-10L/min. Infant taken in plane of Anaesthesia with the help of inhalational agent Sevoflurane along with mask ventilation.

Muscle relaxation achieved with Succinylcholine 2mg/kg and was intubated by Anaesthetist with size 4.5mm, uncuffed endotracheal tube (ETT).

After confirming bilateral air entry and capnogram, the ETT was fixed at 9.5cm on the right side of the mouth. Infant put in prone position with rolls under chest and pelvis and eye padding applied. Air entry checked again after prone position.

All exposed parts & head of infant were wrapped in cotton for the conservation of body heat. Anaesthesia was maintained with O2 + Sevoflurane + Atracurium. Extreme care taken to prevent accidental extubation of tube. Urine output was adequate & Total blood loss was approx. 80ml. Surgery duration was 180mins.After completion of surgery, infant was turned supine and reversed with neostigmine and extubated once adequate respiratory efforts and recovery was present. The recovery was complete in PR and was actively moving all four limbs.

Discussion: Neural tube defects (NTD) are common congenital anomaly which arise from failed migration of neural crest cells. Caudal neuropore closure failure results in open defects such as meningocele and meningomyelocele or spinal bifida cystica. MMC is the most common NTD which is compatible with life (incidence: 0.5-1 per 1000 live births)

Associated anomalies are ACM type II, hydrocephalus, syringomyelis, cerebellar heterotopias and agenesis of corpus callosum.

Surgical repair requires neurosurgical dural repair, dethethering of spinal cord and then soft tissue repair.

Challenges to Anaesthesiologist:

- Chances of sac ruptue if proper care not taken to pad.
- Dislodgement of venous access; prevention of periorbital edema.
- Management in the positioning and airway management like prevention of accidental extubation.
- Estimation of blood loss & titrated fluid management.
- Temperature regulation and avoidance of hypothermia.
- Titration of opioid and pain relief and adequate recovery.
- Increased chances of delayed awakening and apneic spells.

Certain complications such as bradycardia and cardiac arrest due to brainstem compression, inspiratory stridor and respiratory arrest or requirement of prolonged postoperative ventilation due to associated Chiari malformation cannot be prevented but a vigilant eye and expert care can help divert catastrophe.

Conclusion: Anaesthesia for a pediatric population undergoing neurosurgery requires not only the knowledge of cerebral pathophysiology and deep understanding of pharmacokinetics and pharmacodynamics of anesthetic agents but also an extra dose of vigiliance, prempting complications and intense readiness for the management of perioperative challenges for a successful outcome as was highlighted.

Abstract ID: PP-159-J165

Topic: Basic Anaesthesia

Title: Anesthetic Management of Focused Parathyroidectomy and Right Hemithyroidectomy in a 15-Year-Old Male with Primary Hyperparathyroidism: A Case Report

Presenting Author: DR. APOORVA GUPTA

Background, Aims & Objectives: Anaesthetic Challenges:

- Tendency for pathological fracture and quadriplegic due to unstable cervical spine which can be reduced by cervical collar and manual inline traction of neck and using videolaryngoscopy/fibrooptic
- Prolong PR interval and shortening of QT interval can be due to hypercalcemia
- Pulmonary reserve can be low due to Restrictive lung disease (Chestwall)
- Patient can have altered mental status so have high chances for aspiration

Materials & Methods: Preoperative evaluation included comprehensive assessment of hematological parameters, electrolytes, and cardiovascular function. Anesthesia induction involved pre-oxygenation and careful position of head to avoid accidental fracture of cervical spine followed by intubation with a 5.5 mm endotracheal tube using video laryngoscope to avoid manipulation of neck, ensuring bilateral lung ventilation.

Maintenance included a balanced anesthetic technique with sevoflurane, oxygen, air, and atracurium for neuromuscular blockade. Intraoperative medications included antibiotics, diuretics(to flush out excessive calcium), analgesics, antiemetics, paracetamol and neuromuscular reversal agents.

Results: The surgical procedures, focused parathyroidectomy, and right hemithyroidectomy, were completed successfully without immediate intraoperative complications.

Postoperatively, the patient was extubated uneventfully and monitored closely for calcium levels. Despite initial stabilization, the patient developed hypocalcemia requiring calcium supplementation. Postoperative parathyroid hormone levels showed a decreasing trend.

Conclusions: Successful anesthetic management of focused parathyroidectomy and right hemithyroidectomy in a 15-year-old male emphasizes thorough preoperative assessment, precise intraoperative monitoring, and attentive postoperative care. Managing hypercalcemia and potential postoperative hypocalcemia is critical for optimal outcomes in rare pediatric parathyroidectomy cases. This highlights the need for interdisciplinary collaboration and tailored anesthesia protocols to ensure safe perioperative management in young patients with complex endocrine disorders

Abstract ID: PP-142-J147

Topic: Basic Anaesthesia

Title: ANAPHYLACTIC REACTION TO FRESH FROZEN PLASMA IN A PARTURIENT WITH PREECLAMPSIA WITH SUSPECTED HELLP SYNDROME DURING EMERGENCY CESAREAN SECTION

Presenting Author: DR. JAYANT SHARMA

Co-Authors: Dr Saba Anjum, Dr Pratibha Sahoo, Dr Himanshu, Dr Vijay Rana, Dr Sakshi Mittal, Dr Shristi Rai

Background, Aims & Objectives: Aim:This case report aims to document the prompt identification and management of a suspected anaphylactic reaction to Fresh Frozen Plasma (FFP) during emergency cesarean section in a young primigravida diagnosed with preeclampsia and suspectd HELLP syndrome having active oral mucosa bleed at presentation

Background and Objective: anaphylactic reaction to Fresh Frozen Plasma (FFP) is a rare but serious complication of blood product transfusions, potentially leading to significant morbidity and mortality if not promptly recognized and managed.Though the incidence of intra-operative anaphylaxis is low, but it remains a critical concern during emergency surgeries, especially in obstetric patients

Materials & Methods: A 28-year-old primigravida with preeclampsia having active gum bleed landed up in emergency department in early labor with fetal distress. She was planned for an emergency cesarean section under general anesthesia because of suspected coagulopathy. Baby was delivered uneventfully and FFP was connected as her blood parameters showed coagulopathy. After 5 minutes of transfusion she suddenly developed rash all over the body, facial flushing along with hypotension and tachycardia. She was successfully managed with 100% Oxygen, intravenous fluids, vasopressor and medications, including ephedrine, antihistamines and corticosteroids etc. Extubation was done after assessing adequate Endotracheal Cuff leak with GCS of 15. Patient was closely monitored post-operatively in Obstetric Intensive Care Unit overnight.

Results: The patient responded well to treatment, without and residual signs and symptoms of anphylaxis. Despite initial challenges maternal and fetal outcomes were ultimately favorable.

Conclusions: This case highlights the importance of vigilance for anaphylactic reactions during anesthesia, particularly in obstetric patients with underlying hypertensive disorders such as preeclampsia and suspected HELLP syndrome. Prompt recognition, multidisciplinary management, and intensive post-operative monitoring are crucial in ensuring optimal outcome.

Abstract ID: PP-113-J108

Topic: Basic Anaesthesia

Title: ANAESTHETIC MANAGEMENT OF PROXIMAL FEMUR NAILING OF INTERTROCHANTERIC FRACTURE WITH PARKINSON'S DISEASE – CASE REPORT

Presenting Author: DR. ANKITA SAMADDAR

Background, Aims & Objectives: Background:Parkinson disease is a neurodegenerative disorder that mostly presents in later life with generalized slowing of movements (bradykinesia), resting tremor and rigidity. Other associated features are loss of smell, sleep dysfunction, mood disorders, excess salivation, constipation, and excessive periodic limb movements in sleep (REM behavior disorder). The primary etiology appears to be the accumulation of alpha-synuclein in various parts of the brain, primarily the substantia nigra, leading to degeneration and subsequent loss of dopamine in the basal ganglia that control muscle tone and movement. This study aims at discussing the intra-op and post-op anaesthetic management in patients undergoing complex orthopaedic procedures.

Aim – Assess the anaesthetic management in an older patient with Parkinson's disease undergoing Proximal femur nailing for Intertrochanteric fracture

Objectives – To evaluate the anaesthetic challenges, advantages and disadvantages of different drugs in a patient with parkinson's disease.

Materials & Methods: The patient was a 65 year old male with k/c/o Parkinson's disease. He was kept NPO for 6 hours. A detailed PAC was done with focus on the various medications being used for the disease. The case was induced under general anaesthesia following all institutional protocols and the patient remained vitally stable throughout.

Results: Parkinson's disease poses a challenge for all anaesthesiologists. However, by maintenance of balance between cholinergic and dopaminergic activity by the correct usage of various drugs, this case report aims to show the difficulties posed in such cases.

Conclusions: Parkinson's can present with motor abnormalities and a variety of psychiatric and autonomic problems. Almost every organ is affected by this disorder, and as the disease progresses with age, anaesthetic management can be difficult. We present the successful management of proximal femur nailing under GA without any significant complications.

Abstract ID: PP-113-J109

Topic: Basic Anaesthesia

Title: INTUBATION OF A PATIENT WITH A LARGE GOITER WITH VIDEOLARYNGOSCOPY: AN ALTERNATIVE TO AWAKE FIBEROPTIC BRONCHOSCOPY ?

Presenting Author: DR. ANKITA SAMADDAR

Background, Aims & Objectives: Fiberoptic bronchoscopy has long been considered the gold standard for patients who present with a difficult airway. In the case presented, a patient has a large palpable goiter and requires intubation. After inability to intubate with the use of fiberoptic bronchoscopy, the decision to switch to videolaryngoscopy afforded a positive result. We present this case to suggest that the utilization of videolaryngoscopy may be an alternative option for intubation when other methods have failed. It is imperative for anesthesiologists to understand the benefits that this modality may provide.

Materials & Methods: A 27 year old male; weighing 54 kg; moderately built; presented with complaint of gradually increasing front neck swelling since 2 years that moves with deglutition; and history of breathlessness while sleeping; no significant past history; stable vitals; spo2 98%; no abnormality detected on systemic examination. Routine investigations were within normal limits. Thyroid profile revealed T3=1.44ng/ml; T4=66.25 ng/ml; TSH=2.00 microIU/ml. Echocardiography report was normal. CT neck/chest showed nodular mass lesion with bilateral lobe and isthmus involvement with largest nodule size as 5.9x5.2cm on right and 4.6x4.5cm on left. Mass extended from C3 vertebral body to supraclavicular region craniocaudally; abutting the sternocleidomastoid and strap muscles anterolaterally; abutting common carotid artery and right IJV posterolaterally; medially causing tracheal compression in midline. Patient was posted for total thyroidectomy (ASA Grade 3; NYHA class II). Vitals were normal on the day of surgery .Before taking in opration theatre, patient was nebulised using 2ml 2% lignocaine. After taking patient in opration theatre, all monitors were attached according to ASA standard monitoring guidelines. 4% lignocaine spray 2 puffs sprayed in oropharynx and 2 drops of oxymetazoline 0.05% drops used in each nostril. Fiberoptic scope was passed through the nares, but the vocal cords were unable to be visualized due to the tongue, as well as debris from nasal passages.Furthermore patient was unable to cooperate so decision to proceed with videolaryngoscope was taken and after giving inj. Propofol 100mg check videolaryngoscope revealed Cormack Lehane grade 3 which we were able to intubate with bougie & Flexometallic ET tube size 6.5.

Results: Anaesthetists find it extremely difficult to maintain the patient's safety while securing the airway in patients with large goitres. Difficulty of tracheal intubation in cases with thyroid disease is affected by compression or deviation of the trachea, the position and hardness of the tumour.

Conclusions: The choice and expertise of the anaesthetist determines the intubation technique. In above kind of setting videolaryngoscope may be a viable option to awake FOB.

Abstract ID: PP-92-J85

Topic: Neuro Anaesthesia

Title: Intracranial abscess drainage in a case of cyanotic congenital heart disease of transposition of great arteries with severe infundibular stenosis with ventricular septal defect under general anaesthesia posted for emergency procedure.

Presenting Author: DR. SHALINI KRISHNA PATHAK

Co-Authors: Dr Shalini Krishna Pathak, Dr Shilpa Tiwari, Dr Anurag Yadava

Background, Aims & Objectives: In patients with transposition of great arteries, blood flow in the heart differs from normal circulation patterns. Aorta and pulmonary artery are connected to wrong ventricles, leading to the mixing of oxygenated and deoxygenated blood. This mixing is crucial for survival and is facilitated by specific openings in heart. The presence of certain defects can exacerbate hypoxemia and increase the risk of developing complications such as brain abscesses.

Materials & Methods: Patient is a 31-year-old female with TGA with infundibular stenosis with VSD, who presented with right-sided weakness and seizures. Patient's vital signs included a GCS of 11/15, HR of 91 beats per minute, a BP of 80/58 mmHg with support of noradrenaline 0.3 mcg/kg/min, and SpO2 of 89% at 6 lt/min of oxygen support via a face mask. Examination revealed central cyanosis, erythema, and grade 3 of clubbing. Neurological examination showed a power of 3/5 on the right upper and lower limbs and 5/5 on the left side. Cardiovascular examination revealed a parasternal heave, S1, S2 heard with pansystolic murmur. Head CT scan showed collection of low attenuation with surrounding ring enhancement that was irregular in appearance on the left side of the fronto-parietal side.

Results: Patient was extubated safely after 8 hours following completion of surgery.

Conclusions: The main goal is to provide guidance on anaesthetic management for patients with cyanotic CHD undergoing non-cardiac surgery. This involves minimizing right to left shunt, reducing oxygen consumption, preventing arrhythmias, and avoiding hypovolemia. It's important to maintain higher systemic vascular resistance compared to pulmonary vascular resistance and manage hemodynamic compromises effectively, especially in unstable patients so taken under GA.

Abstract ID: PP-80-J74

Topic: Cardiac Anaesthesia

Title: Anesthetic Mangement of large myxoma with multiple comorbities in unusual presentation

Presenting Author: DR. TUSHAR DIGAMBAR SHAHARE

Co-Authors: Dr. Tushar Digambar Shahare, Dr. Gyana Mishra

Background, Aims & Objectives: Myxomas are cardiac tumor mostly located in the left atrium , these benign tumors pose significant clinical risks, including acute cardiogenic shock or sudden cardiac death due to embolization and hemodynamic compromise.

Materials & Methods: The patient underwent surgical resection of the left atrial myxoma. Postoperatively, an echocardiogram showed moderate MR, mild TR, and good LV function. This case underscores the complexities in managing left atrial myxomas, emphasizing the need for a multidisciplinary approach. Comprehensive cardiac evaluation in patients with unexplained neurological symptoms is crucial. The patient's history of renal impairment and pulmonary tuberculosis required careful preoperative and postoperative management to ensure a successful outcome.

Results: Myxoma management, particularly during complex cases, necessitates a collaborative approach to minimize perioperative risks and improve patient outcomes. Routine cardiac follow-up and comprehensive preoperative evaluation are essential for preventing complications. Reporting such cases contributes to advancing maternal and fetal care.

Conclusions: This case highlights the rarity and complexity of tracheal rhinosporidiosis was performed under cardiopulmonary bypass machine without endotracheal intubation and the importance of a multidisciplinary approach for successful management.

Abstract ID: PP-57-J53

Topic: Basic Anaesthesia

Title: Anesthetic confrontations with in a Patient with Severe Thoracolumbar Kyphoscoliosis

Presenting Author: DR. GEETA CHOUDHARY

Background, Aims & Objectives: Kyphoscoliosis is a forward and lateral bending of the spine affecting thoracolumbar spine.[1] patients with thoracolumbar kyphoscoliosis present unique challenges to anesthesia. Restrictive lung disease, airway management and cardiorespiratory compromise make general anesthesia hazardous, whereas regional anesthesia is met with technical problems due to an abnormal curvature of the spine.[2,3].

Key words: Kyphoscoliosis , thoracolumbar spine, Restrictive lung disease

Materials & Methods: A 19 year-old female, weighing 50 kg, with congenital kyphoscoliosis and paraparesis presented with a bedsore (5#5 cm) on right hip. she was posted for rotational advancement flap. On preoperative evaluation, the patient had a history of kyphoscoliosis since birth.

It was planed to give general anesthesia to the patient for the surgery.

Results: On examination, vitals were stable. Airway assessment shows Mallampati Grade 2, adequate mouth opening, and full range of neck movements. An examination of the spine revealed a lateral curvature along with thoracolumbar kyphosis. Hemogram, liver function test, renal function test, and coagulation profile were within the normal limits.

Conclusions: The anesthetic options are limited and technically difficult when both the airway and spine are involved in the disease process. Subarachnoid block with proper preoperative radiological planning and meticulous approach can be a useful technique of providing safe and effective anesthesia in patients with severe thoracolumbar kyphoscoliosis. But because our patient already had paresis so it was planed to go for general anesthesia for this patient.

Abstract ID: PP-38-J129

Topic: Thoracic Anaesthesia

Title: Anaesthetic management of a patient with post intubation tracheal stenosis: A case report

Presenting Author: DR. SHREYA RASTOGI

Background, Aims & Objectives: Airway injury can occur after intubation.The majority of laryngeal injuries do not result in clinically significant results. Endotracheal tubes with high volume, low pressure cuff, have reduced the risk of post-intubation tracheal stenosis but it can still develop weeks to months after the procedure, with an incidence ranging from 0.3% to over 11%. This case report seeks to discuss the anesthetic technique, management measures, and outcome in a 46 year old male posted for tracheal resection and anastomosis, who had history of ventilatory support for 15 days and developed subglottic stenosis 1.5 months after extubation.

Materials & Methods: 46 year old male, presented with difficulty in breathing since 10 days.He had history of right temporal craniotomy 4 months back. Post craniotomy he was uneventfully extubated after 15 days. 1.5 months later he developed current episode of difficulty in breathing. He was initially trachestomized to relieve the symptoms. CECT showed 70-80% narrowing in subglottic region. Histopathology showed it to be granulation tissue. Thus the patient was planned for tracheal resection and anastomosis. On the day of surgery he was induced and first stenosis proximal to tracheostomy tube (TT) was resected. Later patient was decannulated and armoured tube was inserted orally to aid in anastomosis.

Results: The intraoperative period was uneventful. Post surgery patient was intubated nasally,neck was fixed in flexion and shifted to post operative ICU for elective ventilation. He was extubated on post - operative day 1 without any complication

Conclusions: Coordination between anaesthesiologists, thoracic surgeons and intensivists is must to ensure robust perioperative care and better outcome in patients with post intubation tracheal stenosis. Routine ETT cuff pressure monitoring in intubated patients can help lower the incidence.

Abstract ID: PP-165-K174

Topic: Basic Anaesthesia

Title: Epidural anaesthesia with 0.75% Ropivacaine using Fentanyl versus Clonidine as epidural adjuvants for day care knee arthroscopic

Presenting Author: DR. FALAK DEEBA

Co-Authors: Dr. Mohd. Khalik, Dr. Bhawna Singh

Background, Aims & Objectives: To compare the clinical efficacy of clonidine with fentanyl as epidural adjuvants to 0.75% Ropivacaine for day care knee arthroscopy

Materials & Methods: Age 21 to 58 years of both genders scheduled for knee arthroscopy under epidural anesthetia

Results: To achieve complete sensory alagesia

Conclusions: Epidural clonidine was clinically more efficient than fentanyl due to potentiation of epidural block characteristics

Abstract ID: PP-157-K161

Topic: Regional Anaesthesia

Title: A randomized double blind comparative study of two different doses of intrathecal dexmedetomidine 5 mcg and 10 mcg as adjuvant to 0.5% Levobupivacaine heavy (12.5mg) in spinal anaesthesia for infra umbilical surgery

Presenting Author: DR. SUNEEL KUMAR

Co-Authors: Dr. Neelam Singh, Dr. Shobhit Singh

Background, Aims & Objectives: - Subarachnoid block is commonly used for infraumbilical surgeries.Many adjuvants have been used to prolong the spinal effect.Various drugs like Fentanyl, Dexmedetomidine have been added to prolong effect of anesthesia. Dexmedetomidine in different doses

Materials & Methods: In this Prospective, Randomized, double blind study,120 patients divided into three groups (40 each) of age 18- 60 years and ASA grade I & II undergoing infraumbilical surgeries under spinal anesthesia.Each patient in-

Group L were given intrathecal 0.5% hyperbaric Levobupivacaine(2.5ml);

Group D5 given intrathecal 0.5% hyperbaric levobupivacaine(2.5ml) with 5mcg Dexmedetomidine;

Group D10 given Intrathecal 0.5% hyperbaric Levobupivacaine (2.5ml) with 10 mcg Dexmedetomidine.

The hemodynamic parameters, onset and duration of sensory and motor block were compared between three groups.

Results: The mean time of onset of sensory and motor block was lesser in groups where dexmedetomidine was added($p<0.001$).Duration of sensory and motor block was longer in group D10 and group D5 as compared to group B($p<0.001$). Incidence of bradycardia and hypotension was seen in group D10.

Conclusions: It is concluded that addition of 5µ Dexmeditomidine to hyperbaric Levobupivacaine given intrathecally prolongs duration of sensory & motor block. The combination does not have adverse effect.

Abstract ID: PP-157-K169

Topic: Regional Anaesthesia

Title: To Assess the post operative analgesia, 10ml 0.2% Ropivacaine with adjuvants 1.5mg Morphine via Epidural Route for Trans Abdominal Hysterectomy

Presenting Author: DR. SUNEEL KUMAR

Co-Authors: Dr. Neelam Singh

Background, Aims & Objectives: Epidural route of a low concentration of local anaesthetic like Ropivacaine provides sustained profound analgesia with minimal sedation after major surgical procedure. Adding morphine with ropivacaine give synergistic effect for pain relief with minimal motor block hence providing more effective analgesia than ropivacaine alone.

AIMS & OBJECTIVES: Aim is to Assess the post operative analgesia by Ropivacaine with adjuvants 1.5mg Morphine via Epidural Route for Trans Abdominal Hysterectomy. This is achieved by post op pain assessment by grading on a visual analogues scale

Materials & Methods: Total of 40 patients took part in the study in two groups Group A-Ropivacaine 10 ml (0.2%) with adjuvant 1.5 mg morphine

Group B-0.2% Ropivacaine alone

Post-op epidural top up analgesia assessed by grading pain on a visual analogue scale ranging from 0 (no pain) to 10 (intolerable pain) at .5, 2, 4, 6, 8,10,12,16 and 24 hours. Verbal pain scores ≥4 as an event of 'breakthrough' pain

Results: In our study we find 10ml ropivacaine with adjuvant 1.5mg morphine average time of post operation analgesia was 13+_3.8 hr. and control 10 ml plain ropivacaine average time of post operation analgesia was 6.2+_1.8 hr. which is statistical significant with p value 0.032 our study supported by C. JAYR et al.

Conclusions: Our study results confirm previous reports on excellent postoperative analgesia from extradural morphine, and support the opinion that the quality of pain relief single short of extradural 1.5mg morphine with 0.2% ropivacaine gave very good analgesia.

Abstract ID: PP-154-K157

Topic: Regional Anaesthesia

Title: A COMPARITIVE STUDY OF ANAESTHETIC EFFICACY OF INTRATHECAL ISOBARIC 0.5% ROPIVACAINE AND 0.5% ISOBARIC BUPIVACAINE IN LOWER ABDOMINAL SURGERIES

Presenting Author: DR. RAJAN

Co-Authors: Dr. L.S. Mishra, Dr. Neelam Singh, Dr. Aman Ohri

Background, Aims & Objectives: Spinal anaesthesia is the frequently used central block used in a surgical procedure. Different local anaesthetic drugs used in spinal anaesthesia differ in their analgesic property, lipid solubility, protein binding, pKa, and degree of spread, the baricity of solution being one of the primary determinants of spread of solutions. To compare and evaluate the anaesthetic profile of preservative free 0.5% isobaric ropivacaine and bupivacaine in patients undergoing lower abdominal surgeries.

Materials & Methods: The clinical study enrolled 90 patients aged between 18 to 60 years of either sex posted for lower abdominal surgeries under spinal anaesthesia. All the patients were then randomized and received either isobaric preservative free 3ml(15mg) of 0.5% bupivacaine (Group A, n=45) or 3ml(15mg) of 0.5% ropivacaine (Group B, n=45). Onset and duration of sensory and motor blocks, haemodynamic changes and any other side effects were noted.

Results: It is found that the intrathecal isobaric 0.5% ropivacaine produces delayed onset, but similar duration of sensory block and a statistically significant shorter duration of motor block. The haemodynamics and the height of block (peak sensory level) are similar in both groups.incidence of hypotension and bradycardia was significantly less in ropivacaine group

Conclusions: In view of shorter duration of motor blockade, with similar duration of sensory blockade, haemodynamics and height of blockade 0.5% isobaric ropivacaine is a better choice for ambulatory anaesthesia.

Abstract ID: PP-153-K156

Topic: Regional Anaesthesia

Title: COMPARISON OF INTRATHECAL HYPERBARIC BUPIVACAINE WITH FENTANYL VERSUS INTRATHECAL HYPERBARIC BUPIVACAINE WITH DEXMEDETOMIDINE GIVEN SEQUENTIALLY IN LOWER LIMB ORTHOPAEDIC SURGERIES

Presenting Author: DR. KRITI MISHRA

Co-Authors: Dr. Usha Shukla, Dr .Rakesh Bahadur Singh, Dr. Vikram Singh Rathore

Background, Aims & Objectives: There is an unmet need to prolong analgesia duration following regional anesthesia ,dexmedetomidine as an adjuvant for the intrathecal block has gained popularity over the last few years. The present study compares the onset,duration of sensory and motor block,postoperative analgesia,hemodynamic changes ,and adverse effect of dexmedetomidine or fentanyl as an adjuvant given sequentially to hyperbaric bupivacaine administered intrathecally

Materials & Methods: With approvals ,60 American Society of Anesthesiologists (ASA) physical status I and II adult patients undergoing lower limb orthopaedic surgeries under subarachnoid block were randomized to receive either 5 µg dexmedetomidine (group B ,n=30) or 25µg fentanyl (group A ,n=30) intrathecally along with 15mg hyperbaric bupivacaine .The time to onset of sensory and motor blockade ,time to peak block ,intraoperative hemodynamic variations ,duration of postoperative analgesia, and associated intraoperative and postoperative complications, if any, were recorded and compared statistically.SPSS v16 was used,and $P< 0.05$ was considered significant.

Results: The time from injection to highest sensory level in group B was 2.40±0.50 minutes and 5.03±0.81 minutes ($p<0.001$) in group A .Time of two segment regression from the highest sensory level in group B was 161.77±11.88 minutes and 116.53±11.52 minutes ($p<0.001$) in group A .Time for sensory regression to S1 from highest sensory level in group B was 207.33±20.18 minutes and 146.57±19.01 minutes ($P<0.001$) in group A .The onset of Bromage 3 in group B was 4.23±0.68 minutes and 7.03±0.81 minutes ($p<0.001$) in group A. Regression to Bromage 0 in group B was 238.97±19.16 minutes and 169.37±21.66 minutes ($p<0.001$) in group A .The total duration of analgesia in group B was 385.67±22.66 minutes and 259.20±23.71 minutes ($p<0.001$) in group A. Minimum hemodynamic variations were found in group B ,and two groups had comparable side effects.

Conclusions: Dexmedetomidine 5µg added to intrathecal bupivacaine produced early onset and prolonged block compared with fentanyl 25µg and total analgesic consumption was less in dexmedetomidine group. No significant attributable adverse effects were noted for both the drugs except the fall in blood pressure ,which was gradual in dexmedetomidine but a steep fall in fentanyl.

Abstract ID: PP-146-K151

Topic: Regional Anaesthesia

Title: A COMPARATIVE CLINICAL STUDY OF TWO DIFFERENT DOSES OF DEXMEDETOMIDINE MIXED AS ADJUVANT TO LEVOBUPIVACAINE 0.5% SOLUTION FOR GIVING SUPRA-CLAVICULAR BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING UPPER LIMB SURGERIES

Presenting Author: DR. PRATEEK AGARWAL

Co-Authors: Dr. P.S. Malviya, Dr. Vaibhav Singh, Dr. Shobhit Singh

Background, Aims & Objectives: Many studies have been conducted using dexmedetomidine as adjuvant to local anaesthetics in peripheral nerve blocks, but few studies compare the effect of different doses of dexmedetomidine. We aimed at comparing the clinical profile of different doses of dexmedetomidine as adjuvant to levobupivacaine in supraclavicular brachial plexus block and finding out the dose which provides maximum improvement in block parameters with minimum undesirable effects.

Materials & Methods: After obtaining institutional ethical committee approval the study was started. 90 patients belonging to ASA I andII, undergoing elective upper limb surgery were randomly allocated into three groups of 30 each. Ultrasound guided Supraclavicular brachial plexus blocks were performed in each group. Group LC received plain levobupivacaine, group LD50 and LD100 received 50mcg and 100mcg dexmedetomidine along with levobupivacaine respectively. Onset, duration of sensorimotor block,duration of analgesia,hemodynamic stability and adverse effects were assessed throughout the duration of surgery.

Results: LD100 group showed statistically significant decrease in onset time and increase in duration of sensory and motor blockade and prolongation of duration of analgesia compared to LD50 group (P=0.001). Significantly fewer patients in group LD100 required rescue analgesia.

Conclusions: Dexmedetomidine 100 µg used for brachial plexus block showed quicker onset and prolonged duration of sensorimotor blockade and analgesia, but had higher incidence of bradycardia and sedation.

Abstract ID: PP-135-K136

Topic: Regional Anaesthesia

Title: The influence of epidural volume extension on spinal block with hyperbaric bupivacaine for elective lower limb orthopaedic surgical procedures

Presenting Author: DR. SURABHI SRIVASTAVA

Co-Authors: Dr. Vaibhav Singh, Dr. Pragati Saxena

Background and aims: Combined spinal-epidural anaesthesia (CSEA) is a neuraxial technique suitable for surgery of lower limbs. Combined spinal epidural anaesthesia offers the advantage of a rapid onset of anaesthesia provided via the spinal route and can also provide postoperative analgesia via an epidural catheter. A modification of CSEA has been proposed namely “Epidural Volume Expansion.” This technique involves the epidural injection of normal saline, aiming to increase the dermatomal block.Here we conducted a randomized controlled double-blind trial to compare/study the influence of epidural volume expansion on spinal block of hyperbaric bupivacaine for effective lower limb orthopaedic surgical procedures.

Methods:

Study place: Moti Lal Nehru Medical College

Study design: Prospective Randomised controlled double blind study

Study duration: one year

After obtaining institutional ethical committee clearance and clearance from the head of the department, the study was started. 60 patients from either gender who satisfied the inclusion criteria are selected and randomly divided into two groups. After getting informed consent, group I received 10 mg hyperbaric bupivacaine intrathecally while group II received 10 mg hyperbaric bupivacaine intrathecally along with NS in the epidural space at the L3-L4 intervertebral space. Hemodynamic stability, time to 2 segment sensory regression, and time to first spinal topup was noted.

Result: After CSEA, the maximum sensory block level was significantly higher in group II than in group I. The Bromage score was significantly higher in group II than in group I.

Conclusion: Epidural volume expansion with saline (10 ml) offers early onset of sensory and motor block and a higher level of sensory block and also significantly reduces epidural dose requirement intraoperatively.

Abstract ID: PP-131-K132

Topic: Regional Anaesthesia

Title: A comparision of paravertebral block and the combination of erector spinae plane block and paravertebral block for post operative analgesia in thoracic surgeries – A Randomised controlled trial (Paper presentation)

Presenting Author: DR. PRASANNA KUMAR S

Co-Authors: Dr. Neelam Singh (M.D.), Dr. Dharmendra Kumar Yadav (M.D.)

Background, Aims & Objectives: Patients undergoing thoracic surgeries are prone to develop chronic pain and postoperative atelectasis due to inadequate pain control . Effective pain management has shown to improve the quality of post operative management Here we conducted a randomized controlled double blind trial to compare the efficacy of paravertebral block and combination of erector spinae plane block and paravertebral block in patients undergoing thoracic surgeries.

Methods:

Study place : Moti Lal Nehru Medical College

Study design : Prospective, randomised controlledd double blinded study

Study duration : Period of one year

After obtaining institutional ethical committee clearance and clearance from head of the department , the study was started . 60 patients from either gender who satisfy the inclusive criteria were selected and randomly divided into two groups . Under ultrasound guidance Group 1 patients received Thoracic paravertebral block and Group 2 received both Thoracic paravertebral block and erector spinae plane block . Hemodynamic stability was observed and pain was assessed with VAS score and requirement of rescue analgesia at 12,24 and 48 hours interval after extubation . VAS score of more than or equal to 4 received rescue analgesia.

Results: Overall compared with thoracic paravertebral block for thoracic surgery, the combination of erector spinae plane block and thoracic paravertebral block results in significantly reduced VAS score at 6 hours (p value =0.001) and the mean duration at which rescue analgesia was administered(p value 0.001)

Conclusions: ombination of paravertebral and erector spinae plane block may be better for pain relief after thoracic surgeries than paravertebral block performed alone

Abstract ID: PP-69-K64

Topic: Regional Anaesthesia

Title: Evaluation of analgesic efficacy of hyperbaric levobupivacaine with or without clonidine in patients undergoing surgery for fracture femur under subarachnoid block: A randomized controlled study

Presenting Author: DR. SRISHTI CHANDRA

Co-Authors: Dr. Rajesh Singh Rautela, Dr. Rashmi Salhotra, Dr. Asha Tyagi

Background, Aims & Objectives: Background: Intrathecal clonidine as an additive to isobaric levobupivacaine has been used safely. However, there are a limited number of studies on its efficacy and safety when used with hyperbaric levobupivacaine.

Aims and objectives: To evaluate the analgesic efficacy of intrathecal hyperbaric levobupivacaine with or without clonidine in patients undergoing surgery for fracture femur.

Materials & Methods: This randomized double-blind study was done after ethical committee approval and written informed consent. Thirty adult consenting patients belonging to ASA grade I or II and height 150-180 cm, undergoing surgery for fracture femur under subarachnoid block were included. Patients received either 15mg hyperbaric levobupivacaine (0.5%) with 15µg clonidine (Group LC, n=15) or 15mg hyperbaric levobupivacaine (0.5%) with normal saline (Group LN, n=15) via the intrathecal route in L3-L4 space using 25G Quincke's needle. Sensory and motor block characteristics were recorded. Data was analysed using SPSS version 20.0. Quantitative data was analysed using unpaired T test/Mann Whitney's test. Qualitative data was analysed using Chi-square test/Fisher's exact test. P value <0.05 was considered significant.

Results: The duration of effective analgesia was longer in group LC (166.67± 31.72 min) as compared to group LN (98.80± 8.99 min) [p <0.001]. The demographic profile, hemodynamic parameters, maximum height of the sensory block of both the groups were comparable to each other. The onset of sensory block and time to achieve maximum sensory block was longer in group LC compared to group LN (p =0.001).

Conclusions: Hyperbaric levobupivacaine when used with 15µg clonidine for fracture femur surgery under subarachnoid block provided longer duration of effective analgesia without notable hemodynamic changes and side effects.

Abstract ID: PP-67-K61

Topic: Regional Anaesthesia

Title: Evaluation of analgesic efficacy of hyperbaric ropivacaine with or without clonidine in patients undergoing inguinal hernia surgery under subarachnoid block: A randomized controlled study.

Presenting Author: DR. KHYATI

Co-Authors: Dr. Rajesh Singh Rautela, Dr. Rashmi Salhotra, Dr. Ruchi Kapoor

Background, Aims & Objectives: Ropivacaine and clonidine combination has been used widely for epidural anaesthesia. However, there is limited literature on use of this combination in intrathecal space. Also, there are limited number of studies using commercially available preservative-free hyperbaric ropivacaine.

To evaluate the analgesic efficacy of intrathecal hyperbaric ropivacaine with or without clonidine in patients undergoing inguinal hernia surgery.

Materials & Methods: This randomized double-blind study was done after ethical committee approval and written informed consent. Forty adult patients belonging to ASA grade I or II and height between 150-180 cm were included in the study. Patients with contraindication to subarachnoid block, history of allergy, known case of hepatic and renal disease, drug addicts, chronic alcoholics and those on anti-arrhythmic drugs were excluded. Patients received either 18.75 mg hyperbaric ropivacaine (0.75%) with 15 mcg clonidine (Group RC, n=20) or 18.75mg hyperbaric ropivacaine (0.75%) with normal saline (Group RN, n=20) via the intrathecal route in L3-L4 space using a 25G Quinke's needle. Sensory and motor block characteristic were recorded. Data was analysed in SPSS version 20.0. Quantitative data was analysed using unpaired T-test / Mann Whitney U test. Qualitative data was analysed using Chi-square test / Fisher's exact test. P value <0.05 was taken as significant.

Results: Duration of effective analgesia was longer in group RC (201.84±25.07 min) compared to group RN (139.47±28.57 min) [p<0.001]. Demographic profile, hemodynamic parameters, onset, time to achieve maximum sensory and motor block were comparable with no serious side effects.

Conclusions: Hyperbaric ropivacaine with clonidine had a better analgesic efficacy without significant hemodynamic alterations and side effects as compared to hyperbaric ropivacaine without clonidine.

Abstract ID: PP-167-L177

Topic: Critical Care Pain & Palliative Care

Title: Efficacy of Transversus Abdominis Plane (TAP) block for intraoperative and postoperative analgesia in patients undergoing abdominal hysterectomy under general anaesthesia -A randomised controlled study

Presenting Author: DR. MANISHA TIWARI

Co-Authors: Dr.(Brig) H.S Minhas Sir, Dr. Neha Jaiswal Maam

Background, Aims & Objectives: Background- Transversus abdominis plane (TAP) block is a regional anaesthesia technique which works by blocking the thoraco-lumbar nerves (T6-L1) which supply sensory fibers to anterior abdominal wall.

Aim: To evaluate the effect of transversus abdominis block for intra and post- operative analgesia in patients undergoing abdominal hysterectomy under general anesthesia.

Objective:

- Comparison of postoperative analgesia by two groups.
- Intraoperative haemodynamic changes between two groups.

Materials & Methods: Material: Prospective, double-blind, randomized, clinical study on 80 patients of age 40-60 years undergoing total abdominal hysterectomy under general anaesthesia.

Methodolgy: Patients were randomly divided into 2 equal groups; Group N (n=40): TAP block with 30 ml of normal saline; Group B (n= 40): TAP block with 30 ml of 0.25% bupivacaine. All patients were given general anaesthesia followed by transversus abdominis plane block . All parameters VAS Score, hemodynamic changes intraoperatively were recorded. Total dose of tramadol in 24 hr post operative period was recorded.

Results: The time for first analgesic request was increased in Group B 134.67±16.23 min as compared to Group N 42.85±18.13 min . Maximum VAS score up to24 hrs post operative was lower in the Group B (2.77 ± 9.73) as compared to group N (5.6±1.42). The rescue analgesic consumption within 24 hours post operatively was lower in Group B (105.75±71.24 mg) compared to Group N (218±40.01 mg) (P value <0.05).

Conclusions: Conclusion: TAP block provide significant postoperative analgesia in first 24 hour and hemodynamic stability being a safe for intra and post operative analgesia,

Abstract ID: PP-120-L118

Topic: Critical Care Pain & Palliative Care

Title: To compare efficacy of High-Dose Vitamin C Infusion and Thiamine Infusion in Patients with Sepsis

Presenting Author: DR. SONALI AGRAWAL

Co-Authors: Dr Sonali Agrawal, Dr. Prashant Kumar Mishra, Dr. Atit Kuma, Dr. Deepika Doneria

Background, Aims & Objectives: Background: Sepsis remains a leading cause of mortality among critically ill patients, necessitating effective therapeutic strategies. Vitamin C and thiamine (vitamin B1) have emerged as potential adjunctive therapies due to their antioxidant and metabolic support properties.

Aims & Objectives: To compare the efficacy of high-dose vitamin C infusion versus thiamine infusion in patients with sepsis.

Materials & Methods: Materials and Methods: This prospective, randomized, double-blind clinical study was conducted at the Department of Anaesthesiology, UPUMS, Saifai, from September 2022 to March 2024. Seventy-five patients meeting sepsis criteria were randomly assigned to receive either: Group A (high-dose vitamin C), Group B (thiamine infusion), or Group C (standard treatment only). Key outcomes measured included Sequential Organ Failure Assessment (SOFA) scores, incidence of ventilator-associated pneumonia (VAP), duration of vasopressor therapy, C-reactive protein (CRP) levels, length of hospital stay, mortality rates, and adverse events.

Results: Results: Group A (high-dose vitamin C) showed a significant reduction in mean SOFA scores (4.4 ± 3.08) compared to Group C (standard treatment) with a mean SOFA score of 6.68 ± 3.61. Group B (thiamine infusion) also showed improvements with a mean SOFA score of 5.16 ± 3.2. CRP levels were lower in Group A (118 ± 78.6 mg/L) compared to Group C (178 ± 64.5 mg/L). The incidence of VAP was lower in Group A (9.3%) compared to Groups B and C (both at 12%). Duration of vasopressor therapy was shortest in Group A (1.72 ± 2.26 days) compared to Group C (2.64 ± 1.87 days). Mortality rates were lower in the vitamin C group (24%) compared to the thiamine (42.7%) and control groups (58.7%). Serious adverse events were least frequent in Group A (9.3%) compared to Group C (17.3%).

Conclusions: Conclusions: High-dose vitamin C infusion shows potential benefits in reducing organ dysfunction, inflammation, and mortality in sepsis patients compared to thiamine infusion and standard treatment. Thiamine also provides some benefits but to a lesser extent. Future large-scale trials are warranted to establish these interventions as standard adjunctive therapies in clinical practice.

Abstract ID: PP-114-L110

Topic: Critical Care Pain & Palliative Care

Title: EFFECT OF INTRAOPERATIVE INFUSION OF LOW DOSE REMIFENTANIL ON POST OPERATIVE ANALGESIA AND HEMODYNAMIC PARAMETERS IN MORBIDLY OBESE PATIENTS UNDERGOING SLEEVE GASTRECTOMY SURGERY

Presenting Author: DR. SALIL SAURAV

Co-Authors: Dr Atul Dixit, Dr Sarita Gohiya, Dr Vikas Asati, Dr Kushagra Jindal

Background, Aims & Objectives: Opioids are commonly used to alleviate perioperative pain during surgery. In recent years, opioid-free anaesthesia using dexmedetomidine or propofol has been associated with less postoperative pain, resulting in less postoperative opioid consumption. However, the absence of remifentanil or other opioids during the surgery increases the amount of sedative infusion and results in delayed recovery and increased post op pain. Adjunctive intravenous remifentanil during general anaesthesia is an effective and generally well tolerated opioid analgesic in a broad spectrum of patients.

Aim – To evaluate that low dose remifentanil infusion used intra-op leads to pain alleviation post operatively amongst patients undergoing such procedures.

Objectives – To show that usage of low dose remifentanil infusion intra-operatively also reduces tachycardia and hypertension in both intra-op and post-op patients undergoing such procedures.

Materials & Methods: A comparative study based on remifentanil anaesthesia or remifentanil free anaesthesia and focused on postoperative pain intensity and hyperalgesia in adults was done. A total of 60 patients were selected and divided into two groups with Group A (n=30) remifentanil group and Group B (n=30) remifentanil free group.

Results: There was significant differences in VAS ($p<0.05$) with remifentanil group showing significantly lower VAS scores as compared to remifentanil free group. Additionally, Group A also showed lesser differences in pre and post-op vitals as compared to Group B.

Conclusions: The continuous infusion of low-dose remifentanil may reduce post-operative pain scores and trigger the relative activation of the parasympathetic nervous system in post-surgical patients leading to a reduction in post op pain which may also lead to lower incidences of post op tachycardia and hypertension.

Abstract ID: PP-100-L104

Topic: Critical Care Pain & Palliative Care

Title: METHEMOGLOBINEMIA AFTER SODIUM NITRATE INGESTION : A case report

Presenting Author: DR. PARDEEP KUMAR

Co-Authors: Vandna Arora

Background, Aims & Objectives: Sodium nitrate is a widespread substance in the environment and is used in food, fertilizer and explosive industries. Most clinically significant exposures are accidental. We describe a case of methemoglobinemia associated with intentional sodium nitrate ingestion.

Materials & Methods: CASE REPORT: An 18 year old female presented to the emergency department with alleged history of intentional ingestion of sodium nitrate with complaints of breathlessness and vomiting. On arrival, oxygen saturation was 78% on pulse oximetry and cyanosis unresponsive to 100% oxygen. Co-oximetry demonstrated a methemoglobin (MetHb) level of 65.7%. The patient received 4 doses of 1 mg/kg methylene blue over 48 hours and improved subsequently leading to uneventful discharge.

Results: DISCUSSION: Fatal incidents after poisoning with sodium nitrate have been described, mainly due to severe methaemoglobinaemia. Levels of MetHb as low as 10%–20% can produce cyanosis, and MetHb levels greater than 30% can result in tachycardia, muscle weakness, nausea, and vomiting. Clinically, MetHb levels greater than 55% can lead to coma, and at levels greater than 70%, there is a high risk of death. Sodium nitrate acts as an oxidizing agent causing methemoglobinemia. Reduction of MetHb to hemoglobin occurs via the protective enzymes cytochrome-b5 reductase and nicotinamide adenine dinucleotide phosphate (NADPH) MetHb reductase. Treatment includes methylene blue, which acts as a cofactor for NADPH MetHb reductase.

Conclusions: Though this poisoning is rare, it is important to diagnose methemoglobinemia and provide prompt treatment.

Abstract ID: PP-93-L87

Topic: Critical Care Pain & Palliative Care

Title: Validation and Reliability of the Hindi Version of Quality of Recovery- 15 Questionnaire

Presenting Author: DR. MANOJ KUMAR

Co-Authors: Manoj Kumar, Ashok Kumar, Geetanjali T. Chilkoti

Background, Aims & Objectives: Quality of Recovery (QoR-15) scale is a validated patient-reported outcome questionnaire for assessing the QoR after surgery and anaesthesia. An official Hindi version of QoR-15 questionnaire has not been developed or validated till date.

We aimed to translate the QoR-15 questionnaire into Hindi language and evaluate its validity and reliability in Hindi speaking population.

Materials & Methods: After approval from IEC and prospective CTRI registration, this observational study was conducted on patients scheduled for elective surgery. QoR-15 questionnaire was first translated as per standard guidelines. The QoR-15 Hindi version was used twice before surgery (T1 and T2;30 minutes apart) and twice 24h postoperatively (T3 and T4;30 minutes apart) on 300 patients. We assessed validity, reliability, responsiveness, and clinical feasibility and compared it with NRS-Pain.

Results: The recruitment rate was 67.8% (332/489 x 100 = 67.8%) and feasibility rate was 90.36%.

We observed a high negative correlation between the NRS Pain and QoR-15H at baseline and after the 30 minutes in both preoperative period and postoperative period indicating significant convergent validity. There was significantly high correlation between the NRS-Pain at baseline and domains of QoR-15H and the correlation varied from - 0.780 to - 0.946. A high correlation of domains with the total score indicates domains are well contributed to total score and ranged from 0.65 to 0.947. The optimal cut-off points of QoR-15H was less than 95.5, with sensitivity of 96.6, and specificity of 1.0, indicating a good discriminant power of QoR-15H questionnaire. In both preoperative and postoperative period, the overall QoR-15 scores and its domains ICCs were greater than 0.98 showing excellent agreement between two readings 30 mins apart.

Conclusions: The Hindi version of QoR-15 score retains its essential psychometric properties, including validity, reliability, response to change, and clinical feasibility as the English version.

Abstract ID: PP-61-L57

Topic: Critical Care Pain & Palliative Care

Title: Comparative Study of Ulinastatin and Vitamin C for Sepsis in Burn Patients: A Prospective Randomized Trial

Presenting Author: DR. NAVEEN KUMAR

Co-Authors: Prof Ajay Chaudhary, Dr. Anshu Singh

Background, Aims & Objectives: Introduction: Sepsis, a critical condition resulting from a dysregulated host response to infection, leads to life-threatening organ dysfunction. Burn patients are particularly susceptible due to compromised skin integrity and immune response. Despite advancements, sepsis remains a major cause of morbidity and mortality. Management strategies focus on mitigating the immune response, supporting organ function, and preventing complications. Ulinastatin, an anti-inflammatory serine protease inhibitor, and Vitamin C, an antioxidant, have potential benefits, but comparative studies in burn patients are limited.Aims and Objectives

Primary Objective: Compare the survival rate between the Ulinastatin group and the Vitamin C group.

Secondary Objectives: Assess the length of stay on ventilatory support.

Compare levels of procalcitonin, CRP, interleukin-6 and lactate between the two groups at 24-hour intervals up to 72 hours.

Compare the required dose of vasopressors between the groups.

Compare the P/F ratio (PaO2/FiO2 ratio) between the groups.

Evaluate the length of stay in the ICU.

Materials & Methods: This trial enrolled 70 burn patients with suspected sepsis, randomly assigning them to receive Ulinastatin or Vitamin C. Baseline data included demographics, clinical parameters, and biomarker levels. Ulinastatin was administered intravenously (200,000 IU daily for three days) and Vitamin C (1.5 grams every 8 hours for 72 hours). Outcomes measured included survival rates, ventilatory support duration, biomarker levels, vasopressor requirements, and ICU length of stay.

Results: Both groups were similar in baseline characteristics. Ulinastatin showed significant reductions in procalcitonin, IL-6, CRP, and lactate levels, with shorter ICU stays and ventilatory support durations. The Vitamin C group also showed reductions in IL-6 and lactate but less consistent reductions in procalcitonin and CRP. Despite these favorable outcomes, mortality rates did not differ significantly between the groups.

Conclusions: This trial demonstrates that both Ulinastatin and Vitamin C are effective in reducing sepsis-related biomarkers and supporting organ function in burn patients. Ulinastatin showed advantages in clinical outcomes and resource utilization. Despite no significant difference in mortality rates, further research is necessary to refine sepsis management in burn patients, potentially through individualized treatment approaches.

Abstract ID: PP-58-L55

Topic: Critical Care Pain & Palliative Care

Title: SOFA vs PIRO: Comparison of mortality indicators in sepsis patients in ICU.

Presenting Author: DR. SHARIAA GHUFRAN

Co-Authors: Dr Shariaa Ghufran, Dr Qazi Ehsan Ali, Dr Nishant Varshney, Dr Umar Sherwani

Background, Aims & Objectives: Sepsis is a global health problem with huge health-care burden and leading cause of mortality in ICUs. Sepsis risk prediction scores provide an important tool for objective estimations and standardisation for both clinical decision making and research purposes. Our study compared two such scores- SOFA (Sequential Organ Failure Assessment) and PIRO (Predisposition Infection/Insult Response Organ Dysfunction). Aim of the study was to determine the accuracy of PIRO vs SOFA scores in predicting mortality in ICU admitted patients.

Materials & Methods: This was a prospective observational study conducted on 200 patients admitted in two ICUs of department of Anaesthesia and Critical Care in the year 2022 & 2023.

Study included sepsis patients who had 2 or more SIRS criteria of either gender with age more than 18 years. It excluded those in which patients/ attendants refused for study or patients who had shock secondary to cardiogenic, hemorrhagic, anaphylactic or obstructive cause.

Results: The ROC (Receiver Operator Characteristic) curves for PIRO and SOFA scores for 21-day mortality showed Area Under Curve (AUC) for the PIRO score (0.58) to be superior than SOFA score (0.45). The mean score was higher in PIRO group (15.34 +/- 4.114) than SOFA group (10.52 +/- 3.56) with positive and significant correlation between PIRO and SOFA scores.

Conclusions: The PIRO scoring model, taking into account co-morbidities and septic source as well as physiologic status, performed better than SOFA score that only uses physiological and laboratory variables for predicting mortality in ICU patients with sepsis and septic shock.

Abstract ID: PP-50-L43

Topic: Critical Care Pain & Palliative Care

Title: Transcutaneous Pacing: A Lifesaving Intervention

Presenting Author: DR. MAYURI GOLHAR

Co-Authors: Dr Tarun Yadav

Background, Aims & Objectives: Introduction : Patients with complete heart block can present with wide clinical presentations from tiredness to syncope. Differentiation between cardiac and neurological origin of syncope may be challenging in patient who present with seizures.

Materials & Methods: Case Report : We present a case report where a 72-year-old presented with generalized seizures with hypotension followed by unconsciousness. Transcutaneous pacing played a vital role in saving his life.

Results: Discussion: His clinical management included Transcutaneous pacing followed by permanent pacemaker.

Conclusions: Conclusion: Transcutaneous pacing can be a lifesaving intervention when applied timely.

Abstract ID: PP-48-L40

Topic: Critical Care Pain & Palliative Care

Title: Determinant of Readmission in ICU Survivors.

Presenting Author: DR. RATNESH KUMAR

Co-Authors: Prof. Zia Arshad, Dr. Brijesh Pratap Singh

Background, Aims & Objectives: Objective- study the determinant of readmission in ICU survivors, to find out the incidence of readmission and to evaluate the effect of risk factor on morbidity and mortality

Background: The antecedents of readmission among survivors of intensive care units (ICUs) are complex and comprise an array of elements that impact the rehabilitation process after leaving the ICU. The aforementioned determinants may comprise socioeconomic factors, access to follow-up healthcare, the nature and severity of the initial illness or injury, the presence of comorbidities, the sufficiency of transitional care and rehabilitation services, as well as patient and family support systems. Added to this, the risk of readmission may be increased by complications that develop during the intensive care unit stay, including but not limited to infections, organ dysfunction, and psychological distress. Comprehending these determinants is of the utmost importance for healthcare providers in order to execute focused interventions that seek to diminish re-admission rates, enhance patient outcomes, and elevate the standard of care for survivors of intensive care units.

Methodology: This prospective observational study was conducted in a tertiary level intensive care unit. The duration of study was 1 year and we enrolled 108 ICU survivors in are study.

We have recorded patient demographic data, comorbidity, primary diagnosis, previous treatment history [vasopressor, sedation] and causes of readmission, duration of previous ICU stays and final outcome of readmitted patient [discharge, death, transfer to lower facility]

Results: Incidence of readmission in our ICU is 10.4%, 50-70 age group are more prone for readmission of which male sex predominant 64.81%. In our study hypertension [cardiac] 18.52% and diabetes Mellitus 11.11% were the most common comorbidities reported in readmitted patient. In majority of patient who get readmission were suffered from blunt trauma abdomen. In majority of readmitted patient, sedation was used in previous admission for ventilation and patient comfort [66.67%. Most of the readmitted patient [68.51%] have previous ICU stay of more than 5 days. Patient were readmitted mainly because of respiratory [30.56 %], neurological [25%] complications. In this study readmitted patient have high mortality [59.26%].

Conclusions: Conclusion- Incidence rate of readmitted patient was [10.4%]. Determinant of readmission was found to be older age, male predominance, prolonged ICU stays. Respiratory and neurological problem was main cause of readmission. In readmitted patient mortality was high [59.26%].

Abstract ID: PP-37-L29

Topic: Critical Care Pain & Palliative Care

Title: THE SLIPPING RIB SYNDROME: AN OFTEN OVERLOOKED DIAGNOSIS

Presenting Author: DR. AISHWARYA SHARMA

Background, Aims & Objectives: Slipping rib syndrome (SRS), also known as floating rib syndrome or Cyriax syndrome , is a condition that is often times overlooked and/or undiagnosed by clinicians. Cyriax described the syndrome in 1919 as a forward displacement of the inferior rib tips causing pain in the chest or upper abdomen. It is caused by hypermobile rib (typically the 8th, 9th or 10th rib) that generate pain when sliding anteriorly and posteriorly on the superior rib. The lifetime prevalence of the condition is estimated to be 20-40%. Typically, 8th to 10th ribs are involved in SRS because they are attached to each other by a cartilagenous cap (children) or a fibrous band (adults).

Materials & Methods: A 37-year-old, otherwise healthy female patient, presented to the pain clinic with complaints of worsening left side antero-lateral chest wall pain for the past 7 years. She localised the pain at the level of the 10th rib. And described the pain as sharp, insidious in onset without any provocative factors (i.e. truama), and progessively getting worse. The pain was aggravated by movement and deep breathing and not alleviated by conservative measures (ice pack, acetaminophen, NSAIDs). She underwent an “injection in her rib cage” from a general surgeon 3 years prior which caused the pain to subside.

Results: Physical exam was positive for hooking test on the left side. Patient was treated with trigger point injection, a lidocaine patch and acetaminophen. The patient reported 100% pain relief on the day of and for upto 3 months after.

Conclusions: In conclusion, slipping rib syndrome is an often overlooked diagnosis that can be very debilitating for the patient. Having a good knowledge about the different painful chest wall condition, a good history and physical examination as well as a good understanding of the different treatment modalities depending on the severity of the condition is crucial.

Abstract ID: PP-162-M170

Topic: Airway Management

Title: COMPARATIVE STUDY BETWEEN INFLATABLE AND NON-INFLATABLE SUPRAGLOTTIC AIRWAY DEVICES IN VARIOUS SURGERIES BY TRAINEE ANAESTHESIOLOGISTS: A PROSPECTIVE RANDOMISED CONTROL STUDY

Presenting Author: DR. ESTHER

Co-Authors: Dr. Amit Rastogi, Dr. Ashish Kannaujia, Dr. Divya Srivastava, Dr. Tapas Singh, Dr. Chetna Shamshery, Dr. Prabhaker Mishra

Background, Aims & Objectives: Aim of this study was to compare the oropharyngeal leak pressure (OLP) of Non-inflatable SAD i-gel and inflatable SAD Ambu Aura Gain when placed by trainee anaesthesiologists.

Materials & Methods: After approval from the institutional ethical committee, a Prospective randomised observational study was conducted on 200 ASA I ,II & III patients aged 18-65 years undergoing various surgeries of duration <3 hours under general anaesthesia. Patients were randomly allocated to two groups of 100 each i-gel and LMA Ambu Aura gain. Secondary parameters, such as first attempt success rate , Effective device insertion time , Ease of insertion by the performer , Fiberoptic bronchoscopic views , Ease of insertion of gastric tube , complications were measured.

Results: The mean OLP was 29.31+ 5.93 &30.03 +4.84 cm of H2O for I-gel & Ambu Aura gain respectively (p-value - 0.348).The first attempt success rate was 96 % for i-gel & 89% for Ambu aura gain (p-value : 0.06). Effective device insertion time was 30.5 + 5.9 sec for I-gel & 38.9 + 6.5 sec for Ambu aura gain, P-value < 0.001 . In Ambu Aura Gain group 7% ,49%,36% and 8% patients had 4,3,2,1 scores respectively and 9% ,54%,32% and 5% patients in I-gel group had scores of 4,3,2,1 respectively. Ease of insertion of gastric tube & complications were not statistically significant between two study groups.

Conclusions: We conclude that the I-gel is better in terms of placement by trainees in emergency situations easily with minimal training because of it's less insertion time . Both the devices showed comparable results in terms of ventilation efficacy ,Oropharyngeal leak pressure & with minor complications.

Abstract ID: PP-139-M143

Topic: Airway Management

Title: COMPARISON OF PRO-SEAL LARYNGEAL MASK AIRWAY AND AIR-Q LARYNGEAL MASK AIRWAY IN MECHANICALLY VENTILATED PATIENTS

Presenting Author: DR. SHUBHIKA SINGH

Co-Authors: Dr. Geeta Bhandari, Dr. K. S. Shahi

Background: Airway management is the cornerstone of safe anaesthesia practice which includes difficult airway management being the biggest challenge. SADs (supraglottic airway devices) are easily inserted and are safe ,better alternatives in cases of difficult mask ventilation and complex intubation especially in emergency scenarios.

Aims & Objective: Purpose of this study is to evaluate and compare the clinical performance of Pro-Seal LMA (laryngeal mask airway) and Air-Q LMA in terms of efficacy and safety in anaesthetized and paralysed patients on mechanical ventilation undergoing elective surgical procedures.

Materials & Methods:

1. Location of study- Government Medical College Haldwani.
2. Study design- Randomised single blinded comparative study.
3. Study population- Patients admitted in Dr. Sushila Tiwari Hospital for elective surgery requiring general anaesthesia
4. Data collection- All the patients were randomly assigned to two groups, each containing 50 patients

Method of Analysis: The qualitative data between two groups were compared using the Chi-square test and for comparison of the continuous variable independent t-test was used. $P < 0.05$ was considered statistically significant.

Results: There was no significant difference in device insertion attempt with similar insertion success rate. Airway Sealing Pressure in Pro-Seal LMA [31.0(28.0-32.0)] was significantly higher than air-Q LMA [27.0(25.5-28.00]. Percentage of Glottic Opening Score (POGO) was higher for Air-Q [100(95-100)] compared to Pro-seal LMA [100(80-100)].

Conclusions: The newer supraglottic device Air-Q is easy to insert with an acceptable airway sealing pressure. Hence can be used for controlled ventilation for short surgical procedures.

Abstract ID: PP-137-M142

Topic: Airway Management

Title: COMPARISON OF EFFICACY OF I-GEL AND BASKA MASK TO VENTILATE PATIENTS UNDERGOING ELECTIVE SURGERY

Presenting Author: DR. ANJALI PANWAR

Co-Authors: Dr. Anjali Panwar, Dr. Geeta Bhandari, Dr. K.S. Shahi

Background: Airway management is a crucial responsibility of the anaesthesiologists. Tracheal intubation is the gold standard, but it comes with side effects of sore throat, mucosal irritation, ulceration etc and has a learning curve. Supraglottic airway devices[SADs] are easily inserted, better tolerated ,lesser haemodynamic changes ,favourable respiratory mechanics and are especially beneficial in cases of difficult intubation.

Aims and Objectives: Purpose of study is to evaluate and compare the efficacy of I-gel and Baska mask to ventilate patients undergoing elective surgery

Materials & Methods: MATERIAL AND METHODS

1. Location of study- Government Medical College Haldwani.
2. Study design- Prospective observational study.
3. Study population- Patients admitted in Dr. Sushila Tiwari hospital for elective surgery requiring general anaesthesia
4. Data collection- All the patients were randomly assigned to two groups, each containing 35 patients

Method of Analysis: The qualitative data between two groups were compared using the Chi-square test and for comparison of the continuous variable independent t-test was used. $P < 0.05$ was considered statistically significant.

Results: There was no significant difference in haemodynamic parameters (MAP, SpO2, EtCO2,PR). The time taken for supraglottic device was significantly more for Baska mask (24.49+/-4.39). The oro-pharyngeal leak pressure was significantly more in Baska. There was 100% success for insertion of both the devices.

Conclusions: This study demonstrated that both Baska Mask and I-Gel provided similar performance of airway management. I- Gel has lesser time for insertion than Baska while Baska mask provides better oropharyngeal seal.

Abstract ID: PP-76-M70

Topic: Airway Management

Title: A COMPARATIVE STUDY OF UPPER LIP BITE TEST VERSUS THYROMENTAL HEIGHT AS PREDICTOR OF DIFFICULT INTUBATION IN PATIENT UNDERGOING GENERAL ANAESTHESIA

Presenting Author: DR. TARAN VEER SINGH

Co-Authors: Dr.Priyesh Bhaskar

Background, Aims & Objectives: The incidence of unsuspected difficult intubation is higher and potentially serious conscience of failed tracheal intubation, considerable attention has been focused on attempts to predict patients with difficult airway. To evaluate and compare the accuracy of upper lip bite test versus thyromental height in predicting difficult intubation in patients undergoing GA.

Materials & Methods: rospective non randomized observational study was conducted in 126 patients undergoing elective surgery under GA carried at Career Institute of Medical Sciences and hospital, Lucknow.The primary outcome was the measurement of clinical airway assessment preoperatively based on certain parameters- Upper lip bite test (ULBT),Thyromental height (TMH),Sternomental distance (SMD),Inter incisor gap (IIG),Thyromental distance (TMD),Neck circumference to ratio of thyromental distance(NC/TMD).The secondary outcome was the correlation of clinical airway assessment with Intubation Difficulty Scale.

The Sensitivity,Specificity,Positive predictive value (PPV) and Negative predictive values (NPV) of the parameters were assessed.

Results: The association between different predictors and difficult laryngoscopy was evaluated using binary univariate logistic regression and multivariate logistic regression and the significant clinical predictors were assessed by using Pearson's correlation. A p-value of < 0.05 was considered significant. The incidence of difficult intubation in this study was 13.3%.Among the clinical predictors,the upper lip bite test grade III has the maximum Receiver operating characteristic (ROC) with 96.64 % and Area under the curve (AUC) is 0.93 significantly higher to predict difficult laryngoscopy followed by Thyromental height.

Conclusions: ULBT grading still holds its significant value among new predictors in the assessment of difficult laryngoscopy.

Abstract ID: PP-68-M62

Topic: Airway Management

Title: I Gel as a conduit for endotracheal intubation compared with AIR Q as a conduit for endotracheal intubation: A Prospective Randomized Study

Presenting Author: DR. ALI HASBIR P

Co-Authors: Dr Obaid Ahmed Siddiqui, Dr Shahna Ali

Background, Aims & Objectives: Various supraglottic devices have been used as a conduit for tracheal intubation especially in difficult airway situations when an endotracheal tube is desired for ventilation. AIR Q and IGEL are two such devices. As per the study, the primary outcome measure shall be time required for successful tracheal intubation with Secondary Objectives Being The number of intubation attempts , The rate of successful placement of ET tube in the trachea, and looking for Complications like blood on endotracheal tube , dental trauma , sore throat

Materials & Methods: The study was conducted in 90 patients undergoing elective divided into two groups randomly and the parameters are assessed. Appropriate size cuffed polyvinyl chloride ET tube will be inserted through either of the device Intubation will be confirmed “successful” by bilateral lung field auscultation and capnography waveform. If the supraglottic airway couldn’t be placed in three attempts or SpO2 decreases to less than 90% any time during the procedure , direct laryngoscopy will be done for intubation and cases will be excluded.

Results: All 90 patients included is study was intubated using i gel and air q as conduit [45 each] out of which average time required for intubation was found to be 22.98 for air q and 28.02 for i gel.

66.67% intubated in first attempt in air q group compared to 42.22% in i gel group and remaining in second attempt

Conclusions: it was found out from our study that air q is superior to i gel in terms of time required for intubation and number of intubation attempts required , but in terms of complications both were found to be comparable

Abstract ID: PP-64-M59

Topic: Airway Management

Title: A CLINICAL COMPARISON OF BLIND INTUBATION USING LMA BLOCKBUSTER™ AND AMBU-AURAGAIN™ IN ADULT PATIENTS UNDER GENERAL ANAESTHESIA: A PROSPECTIVE RANDOMIZED COMPARATIVE CLINICAL STUDY.

Presenting Author: DR. JYOTI KUMARI

Co-Authors: Dr Tanmay Tiwari, Dr Prem Raj Singh, Dr Karan Kaushik

Background: SAD are designed to be used both for ventilation and as conduits for endotracheal intubation with standard ETT. This study aims to evaluate and compare the first attempt success rates of tracheal intubation utilizing the LMA BlockbusterTM and Ambu AuraGainTM as blind conduits and shed light on the comparative performance in achieving tracheal intubation.

Aim and Primary Objective:

Comparison of first attempt success rate of blind intubation through LMA BlockbusterTM v/s Ambu AuraGainTM in patients planned for tracheal intubation under general anaesthesia.

Secondary Objective:

a) Time of insertion of SAD and ETT
b) Ease of insertion of SAD and ETT
c) OLP
d) haemodynamics of the patient

Materials & Methods: This randomised controlled study was conducted on 102 patients, randomised into two groups. Appropriate sized AMBU AuraGainTM (Group A) and LMA blockbusterTM (Group B) were placed as per the manufacturer's recommendation under general anaesthesia. Appropriate size of the ETT was then chosen and inserted through the device. Maximum two attempts were allowed for placement of each. Time required for insertion of SAD and for blind intubation was recorded.

Results: Overall success rate of SAD placement was 96.1%(49/51) for Group A while 100%(51/51) for Group B. First attempt success rate for intubation using SAD as conduit was 15/51 (29.4%) for Group A compared to 34/51(66.7%) for Group B while overall success rate for blind intubation using SAD was 30/51(58.8%) for Group A and 41/51(80.4%) for Group B, p-value <0.001. There was a significant statistical difference in time taken to insert ETT, 20.8±3.4seconds for Group A and 18.8±3.4seconds in Group B, p-value=0.016. Other parameters were comparable for both groups.

Conclusions: With higher success rate and shorter ETT insertion time, LMA BlockbusterTM turned out to be a superior conduit for blind tracheal intubation as compared to Ambu AuraGainTM with comparable safety margin.

Abstract ID: PP-53-M45

Topic: Airway Management

Title: Comparison Between Video Laryngoscopy and Direct Laryngoscopy for Tracheal Intubation in Pediatric Patients with Hydrocephalus: A Randomized Control Study

Presenting Author: DR. MONA NAYAK

Co-Authors: Dr Sateesh Verma, Dr Prem Raj, Dr Ravi Prakash

Background, Aims & Objectives: Getting a child's airway secured is a difficult job for an anesthesiologist. Because the anatomy of newborns differs greatly from that of adults, intubating a patient in these age groups presents special challenges for medical professionals. Pediatric patients presenting with congenital hydrocephalus may further increase the challenge for anaesthesiologists due to increased head circumference.

We conducted this study to know whether Endotracheal tube intubation with video Laryngoscope would have advantage over direct laryngoscopy or not.

Primary:The primary outcome was the grade of glottis visualization with Cormack lehane & POGO scale during laryngoscopy in both groups.

Secondary: To compare the groups with respect to total time taken for successful endotracheal intubation,Laryngoscopy time to achieve the best view of the glottis.

Materials & Methods: In this randomized control study 38 patients <1 year of age belong to ASA grade 1 of either sex to undergo either elective or emergengy hydrocephalus surgery were included and were divided randomly into Direct and Video Laryngoscope group.

Results: Grade of glottis visualisaton with both score was higher in video in comparision to direct laryngoscope. Time taken to achive best view of glottis and endotracheal intubation was lower in Direct than video laryngoscopy. No major difference was observed between two groups for other secondry objective.

Conclusions: Glottic visualization assessed by CL grading and POGO Scale was better in Video than Direct Laryngoscope group. But the time required for the best visualization of the glottis and time required for intubation were significantly less in Direct as compared to the Video Laryngoscopy group. It can be concluded that Video Laryngoscopy was able to achieve better visualization of the glottis in paediatric patients with hydrocephalus but at the cost of more time required for securing endotracheal intubation

Abstract ID: PP-20-M72

Topic: Airway Management

Title: A randomised controlled trial to evaluate the effect of inhaled glycopyrrolate in improving the fibreoptic intubating conditions under general anaesthesia

Presenting Author: DR. SWAPNIL TIWARI

Co-Authors: Swapnil Tiwari, M N Pradhan, Abhyuday Kumar, Neeraj Kumar

Background, Aims & Objectives: As per recent Difficult Airway Society (DAS) guidelines for awake tracheal intubation, the use of im/iv antisialogogue is not mandatory due to its undesirable systematic side effects. [1] The aim of the study was to evaluate the effect of inhaled glycopyrrolate in improving the fiberoptic intubating condition under general anaesthesia.

Materials & Methods: We conducted a single-centre double blinded, randomized controlled trial with adult patients scheduled to undergo elective surgery with a plan of nasal fiberoptic intubation under general anaesthesia. Seventy patients were randomly allocated into two groups. Intervention group received nebulisation with 0.2 mg glycopyrrolate and the control group received saline nebulisation.

The primary outcome was the visual field grading according to airway secretion. Secondary outcomes were time to reach carina, change in haemodynamic parameters and incidence of laryngospasm/ bronchospasm post-extubation.

Results: Good glottic view (grade 1 & 2) was seen in 77% of the patients in inhaled glycopyrrolate group and 14% in control (p value = 0.001). Time to reach carina was shorter in inhaled glycopyrrolate group as compared to control (61 sec vs 72 sec; p value= 0.003). Post nebulisation change in heart rate and blood pressure was non-significant.

Conclusions: The nebulised glycopyrrolate can significantly improve the visual field during fibreoptic intubation without any haemodynamic derangements.

Abstract ID: PP-174-N182

Topic: Regional Anaesthesia

Title: COMPARISON OF DIFFERENT DOSES OF DEXMEDETOMIDINE ON INTRATHECAL BUPIVACAINE IN ORTHOPEDIC PATIENTS UNDERGOING LOWER LIMB SURGERIES

Presenting Author: DR. PRAGYASRI JAIN

Co-Authors: Dr. Raghavendra Vagyannavar, Dr. Pravin Singh Thakur

Background, Aims & Objectives: Dexmedetomidine is a highly selective potent alpha 2 agonist, which has ability to sedate and provide analgesia while maintaining patient arousability and respiratory function. Alpha 2 agonists are used as adjuvant to local anaesthetic in SAB. Bupivacaine is a local anaesthetic drug belonging to amino group. Bupivacaine is indicated for local anaesthesia including infiltration, nerve block, epidural and intra-thecal anaesthesia. Post operative pain may increase the length of stay in hospital, patients dissatisfaction, and delay in post operative rehabilitation. This study assessed the effect of intra-thecal administration of dexmedetomidine in 2 different doses of 5mcg and 10mcg on duration of sensory, motor block and post operative analgesic requirement.

Materials & Methods: A Prospective randomized double blind study was conducted on 40 orthopaedic patients, who were divided into 2 groups. Group 1 received 3ml 0.5% hyperbaric bupivacaine (15mg) with 5mcg dexmedetomidine and Group 2 received 3ml 0.5% hyperbaric bupivacaine (15mg) with 10mcg dexmedetomidine.

Heart rate, blood pressure, sensory level, motor block, pain and level of sedation were assessed intraoperatively and 24hrs post operatively.

Results: Dexmedetomidine significantly prolonged time to two segment regression, sensory regression to S1, regression of motor block to modified bromage scale grade 0 and time to first rescue analgesic. It significantly decreased post operative pain scores. The effects were greater in the group 2 with higher sedation scores and low post operative analgesia requirements. Haemodynamic stability was maintained in both the groups.

Conclusions: Intrathecal Dexmedetomidine in doses of 5mcg and 10mcg significantly prolonged the anaesthetic and analgesic effects of spinal hyperbaric bupivacaine in a dose dependent manner. A 10mcg dose may benefit for prolonged lower limb surgical procedures.

Abstract ID: PP-173-N181

Topic: Regional Anaesthesia

Title: A COMPARATIVE CLINICAL STUDY OF TWO DIFFERENT DOSES OF MAGNESIUM SULPHATE ADDED AS ADJUVANT TO ROPIVACAINE SOLUTION FOR INDUCING SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING UPPER LIMB SURGERY

Presenting Author: DR. RAJIV KUMAR SINGH

Co-Authors: Dr. P.S. Malviya (M.D.), Dr. Dharmendra Kumar Yadav (M.D.), Dr. Anil Singh (M.D.)

Background, Aims & Objectives: Supraclavicular nerve block is ideal for procedures of upper arm, from midhumeral level down to hand. Local anaesthetic drugs are widely used throughout anaesthetic practice, but the limited duration of action of various local anaesthetics continues to be a matter of concern for anaesthetists. Different additives have been used to prolong the duration like buprenorphine, dexamethasone, magnesium sulphate and midazolam.

Aim: This is a comparative clinical study of two different doses of magnesium sulphate added as adjuvant to Ropivacaine solution for inducing supraclavicular brachial plexus block in patients undergoing upper limb surgery.

Materials & Methods:

Study place : Moti Lal Nehru Medical College

Study design : Prospective, randomized controlled double blinded study

Study duration : Period of one year

After obtaining institutional ethical committee clearance and clearance from head of the department , the study was started on 90 patients who satisfy the inclusive criteria are selected and randomly divided into two groups .After getting informed consent under ultrasound guidance Group D1, D2 and D3 patients received block of Normal Saline, Magnesium sulphate 100mg and 150mg respectively. Patients were monitored for Onset and Duration motor and sensory block, Vitals and Side Effects (nausea, vomiting, respiratory depression)

Results: Patients in Group D2 and D3 had prolonged duration of sensory and motor block with a slight quick onset but with some side effects compared to patients in Group D1. But there was no such differences seen in Group D2 and D3. Intraoperative hemodynamics was comparable between all groups.

Conclusions: It can be concluded from this study that adding magnesium sulfate to supraclavicular brachial plexus block may increase the sensory and motor block duration and time to first analgesic use, and decrease total analgesic needs, with some side effects.

Abstract ID: PP-171-N180

Topic: Regional Anaesthesia

Title: Comparison of the Supraclavicular, Infraclavicular and Axillary Approaches for Ultrasound Guided Brachial Plexus Block for Surgical Anesthesia

Presenting Author: DR. SAKSHAT

Co-Authors: Dr. Vaibhav Singh, Dr. Neelam Singh, Dr. L.S. Mishra

Background, Aims & Objectives: Peripheral nerve blocks offer safe conditions for high risk situations due to their cost-effectiveness. Brachial plexus block using the classical approach is a blind technique with a higher failure rate and injury to the nerves. US-guided applications provide the best quality blocks due to the visualization of the nerves, sheath, interfascial spaces, as well as the spread of the local anesthetic compared with the conventional technique. It has been shown that USG brachial plexus blocks have high success rates and few complications. This was a prospective randomized controlled double blinded study. We aimed to compare the supraclavicular,infraclavicular and axillary approaches for ultrasound guided brachial plexus block for surgical anesthesia.

Materials & Methods: After obtaining institutional ethical committee clearance and clearance from head of the department, the study was started.210 patients who satisfy the inclusive criteria are selected and randomly divided into three groups. After getting informed consent, under ultrasound guidance Group SCL patients received supraclavicular block, Group ICL received infraclavicular block and Group AX received axillary block. Patients were monitored for Visual Analogue Scale (VAS) scores at 0, 15 minutes, 30 minutes, 1st, 2nd, 6th, 12th and 24th hour postoperatively, time for first analgesic requirement, and total analgesic requirement in 24 hours. VAS score of more than or equal to 4 received rescue analgesia.

Results: The duration of the axillary block performance was significantly longer than the other two approaches. There was no difference between the SCL and ICL groups. There was no statistically significant difference between groups concerning feelings of discomfort.

Conclusions: US-guided block can be performed by the three approaches, supraclavicular or infraclavicular or axillary, with a similar quality of surgical anesthesia for operations of the upper extremity below the shoulder. An additional block of intercostobrachial and medial brachial cutaneous nerves is strongly recommended in all cases, regardless of the approach used.

Abstract ID: PP-170-N179

Topic: Regional Anaesthesia

Title: A comparative study between hemodynamic stability in patients having impaired ejection fraction undergoing lower limb surgery in regional nerve block verses epidural block"

Presenting Author: DR. ASHUTOSH SINGH

Co-Authors: Dr . Ashutosh Singh, Dr. Neelam Singh

Background, Aims & Objectives: In a healthy heart, the ejection fraction is between 55 and 70 %. A low ejection fraction, also known as EF, is usually 45 percent or less and may indicate either heart failure or cardiomyopathy, a disease of the heart muscle

Because no fasting, special preparation, or preoperative optimization is required, regional block anaesthesia is the ideal choice for life-saving procedures in which both general and central neuraxial anaesthesia are dangerous

With the use of epidural anaesthesia and analgesia, it is possible to reduce or eliminate physiologic stress responses before surgery, thereby reducing the risk of complications and improving outcomes

Materials & Methods: After obtaining institutional ethical committee clearance and clearance from the head of the department, the study was started. 60 patients from either gender who satisfied the inclusion criteria are selected and randomly divided into two groups. After getting informed consent, group I Received epidural and group 2 received regions nerve block.

To compare the effects of regional nerve block and epidural block on hemodynamic stability in patients having impaired ejection fraction undergoing lower limb surgery.

Results: The chance of hypotension and bradycardia are somewhat high in group 1 as compared to group 2

Conclusions: Regional nerve block is safe for patient having low ejection fraction undergoing lower limb surgery than epidural

Abstract ID: PP-110-N112

Topic: Basic Anaesthesia

Title: Assessing the Information Requirements of the Patients undergoing Elective Surgery to alleviate Perioperative Anxiety.

Presenting Author: DR. PRIYA GOYAL

Co-Authors: Priya Goyal, Prisha, Jyotirmaya Jain, Dany Toumajan, Shikha Gupta, Suneet Kathuria

Background, Aims & Objectives: Perioperative anxiety prevalence remains high worldwide, around 50%, despite the routine verbal information and anxiolytics given anxiety. This prospective observational study aims to assess patients' perspectives on their information needs to reduce anxiety and various sociodemographic factors influencing it, to tailor effective management of anxiety.

Materials & Methods: Informed consent was obtained from 105 patients aged 18-65 years undergoing elective surgery, excluding those who were uncooperative or had psychiatric issues. The study included demographic performa and a questionnaire on information needs filled by patients 24 hours post surgery.

Results: Regarding anaesthesia, 73.3% of respondents felt adequately informed, while 26.7% did not. When asked if more information about anaesthesia would have made them more relaxed, 33.3% agreed, whereas 66.7% disagreed. For surgery, 78.1% of respondents believed they were adequately informed, compared to 21.9% who did not. When asked if additional information about surgery would have increased their relaxation, 28.6% responded affirmatively, while 71.4% responded negatively.

Subgroup analysis showed that females (33%), rural dwellers (29%), and those with ≤8th-grade education (54.5%) were significantly more likely to report receiving inadequate information about surgery compared to males (12.5%, p=0.018), urban residents (13%, p=0.036), and those with higher education (18%, p=0.022). Younger individuals (47%) are more likely to feel that more information about surgery would have relaxed them as compared to 41-50 age group (7.14%, p=0.016). Other variables like Marital status, occupation, type of anaesthesia, and medical or surgical history did not show any significance in any of the four questions.

Conclusions: A significant portion of the population still needs more information. However, the varying information needs across demographic groups emphasize the need for a personalized approach through interviewing to assess the need for information delivery to reduce preoperative anxiety and to avoid a paradoxical increase in anxiety.

Abstract ID: PP-110-N105

Topic: Basic Anaesthesia

Title: Assessment of Perioperative Anxiety levels at various times during hospital stay in patients undergoing Elective Surgery.

Presenting Author: DR. PRIYA GOYAL

Co-Authors: Priya Goyal, Prisha, Jyotirmaya Jain, Dany Toumajan, Shikha Gupta, Suneet Kathuria

Background, Aims & Objectives: Perioperative anxiety is associated with higher surgical complications, prolonged hospital stays, and long-term physical and cognitive decline. This prospective observational study aims to assess perioperative anxiety levels at different time points and identify various sociodemographic factors influencing them, for risk stratification and thus better management of anxiety.

Materials & Methods: Informed consent was obtained from 105 patients (18-65 years) undergoing elective surgery, excluding those with psychiatric impairments. Demographic data, reasons for feeling anxiety, and anxiety levels with the State-Trait Anxiety Inventory-State (STAI-S) form at three time-points: S1 (day before surgery), S2 (on day of surgery), and S3 (24 hours postoperatively) were collected.

Results: The average anxiety scores were S2 (18.06) > S1 (17.55) >S3 (16.38). The primary concerns were fear of feeling pain after surgery (41%), fear of results of surgery (33.30%), and concern about family (32.40%) followed by fear of something gone wrong (25.70%), fear of pain during surgery (24.80%), none (22.90%), and fear of unknown (20%). Waking up during surgery and financial burden were least concerning (11.40% each).

Unmarried individuals had significantly higher anxiety scores than married in S1 (20.80 vs. 16.79, p-0.009) and S2 (23.10 vs. 16.87, p-0.001). Females consistently scored higher than males, with a significant difference in S2 (19.51 vs. 16.79, p-0.05). Younger individuals (<30 years) exhibited the highest anxiety in S1 (20.47 vs. 15.26, p-value – 0.047) and S2 (22.53 vs. 15.19, value – 0.006) but not in S3 as compared to older individuals. Patients with a past medical history (18 vs 15.67, p-0.037) showed the highest anxiety in S3. Semi-skilled workers displayed the highest anxiety levels in S1 and S2, while professionals showed the highest in S3.

Conclusions: Anxiety levels vary across sociodemographic groups and time-points. Therefore, it is essential to identify patients through personal interviewing both preoperatively and postoperatively and tailor strategies to their needs for better outcomes.

Abstract ID: PP-49-N41

Topic: Airway Management

Title: A CLINICAL COMPARISION OF EFFICACY OF BASKA MASK AND LMA BLOCKBUSTER FOR AIRWAY MANAGEMENT IN PATIENTS UNDERGOING FOR LAPAROSCOPIC CHOLECYSTECTOMY: A RANDOMISED PROSPECTIVE COMPARATIVE STUDY

Presenting Author: DR. SEEMA RIYAZ

Co-Authors: Prof Ahsan Khaliq Siddiqui (MD)

Background, Aims & Objectives:

Aim: To compare Baska mask and LMA Blockbuster in patients undergoing general anaesthesia for laparoscopic cholecystectomy.

Primary Objective: To compare oropharyngeal leak pressure (OLP) between Baska mask and LMA Blockbuster in patients undergoing laparoscopic cholecystectomy..

Secondary Objective: To compare the effect of two different concentrations of oxygen in laparoscopic cholecystectomy patients on

Ease of insertion

Haemodynamic parameters

Complications during insertion like laryngospasm, trauma and blood staining

Materials & Methods: This prospective Randomized comparative study was conducted in collaboration of general surgery department of King George's Medical University after taking written and informed consent from the patients. TotalThis study involves two groups of patients.

Group A: Patients in which SAD used is Baska mask

Group B: Patients in which SAD used is LMA Blockbuster.

Results & Conclusions: In this study the oropharyngeal leak pressure of Baska mask was significantly higher than LMA Blockbustercompares at two-time points (just after insertion and 30 minutes after insertion)., we observed that the mean ± SD OLP in Baska mask was 32.05 ± 1.54 vs 30.81 ± 1.92 cmH2O, $P < 0.001$ just after insertion and 38.58 ± 1.75 vs 37.50 ± 1.77cmH2O, $P < 0.005$ after 30 min of insertionhad a statistically significant higher OLP compared to LMA Blockbuster.

Abstract ID: PP-17-N15

Topic: Airway Management

Title: "COMPARATIVE STUDY OF SPRAY-AS YOU-GO TECHNIQUE USING 2% LIGNOCAINE VERSUS 4% LIGNOCAINE FOR AWAKE FIBREOPTIC NASOTRACHEAL INTUBATION IN ORAL CANCER PATIENTS" - A RANDOMIZED, DOUBLE BLIND STUDY.

Presenting Author: DR. BHAVANAPRIYA H G

Co-Authors: Dr Manoj Kumar Chaurasiya, Dr Aayushi Agarwal

Background, Aims & Objectives: Airway management is a critical aspect of anesthesia, AFOI is recognized as the preffered method for addressing difficult airways. Hence, effective topical airway anesthesia is essential to ensure the comfort of awake patient and successful airway instrumentation. Lignocaine is frequently employed as primary medication for topical anesthesia during airway procedures. We designed this clinical study to compare the ease of intubation using 2% lignocaine versus 4% lignocaine for airway topical anaesthesia utilizing spray-as-you-go technique via fibreoptic bronchoscope in oral cancer patients.

Aim: To compare ease of intubation between 2 groups.

Primary Objecctive: Ease of intubation [intubation score by vocal cord movement, patient tolerance (facial grimace), comfort (gagging) and cough severity] between 2 groups.

Secondary Objective:

1. Intubation attempts.
2. Total intubation time.
3. Hemodynamic changes.
4. Postoperative adverse events.

Materials & Methods: Fifty adult oral cancer patients with difficult airways were randomly assigned to either Group1 (2%lidocaine) or Group2 (4%lidocaine) for airway topical anesthesia using spray-as-you-go technique with fiberoptic bronchoscope in double-blind manner. AFOI was then performed. Intubation ease, patients' tolerance, comfort, satisfaction, cough severity, attempts, intubation time, hemodynamic changes and postoperative adverse events were recorded.

Results: Both groups had similar intubating conditions, vocal cord movements, patient reactions, and hemodynamic changes. However, Group 2 experienced fewer instances of coughing, shorter intubation durations, and higher patient satisfaction compared to Group 1. Sore throat was the only adverse event observed, with Group 1 experiencing more instances.

Conclusions: Our study found that both 2% and 4%lignocaine, administered via the spray-as-you-go technique with fiberoptic bronchoscope, provide satisfactory intubating conditions for AFOI in difficult airway patients. There was no statistically significant difference between the effectiveness of the two concentrations in terms of vocal cord movements, patient reactions, comfort, cough severity, or

satisfaction. Although 4% lignocaine showed slightly better results, this was not statistically significant. Thus, either concentration can be used for airway topical anesthesia.

Abstract ID: PP-163-O172

Topic: Airway Management

Title: Submental intubation in maxillofacial procedure

Presenting Author: DR. NIKHIL KESHARWANI

Co-Authors: Dr. Rajnish Bajwa, Dr. Usman Gani

Background, Aims & Objectives: To achieve adequate airway management in maxillofacial surgery patient is very difficult. because airway is shared by both surgeon and anesthesiologist.so right intubation technique is very necessary.

Our aim is to check the benefit of submental intubation in patient undergoing maxillofacial surgery.

Materials & Methods: in this prospective study we perform submental intubation in many patient having age 18-60 year, ASA 1/2 undergoing maxillofacial surgery under general anesthesia . here i present case report of 2 patient.

Results: submental intubation produces less complication in maxillofacial surgery patient.

Conclusions: submental intubation is superior than orotracheal and nasotracheal intubation in patient undergoing maxillofacial surgery

Abstract ID: PP-36-O30

Topic: Critical Care Pain & Palliative Care

Title: SURVEY OF FAMILY SATISFACTION AND DECISION MAKING IN POLYTRAUMA PATIENTS IN INTENSIVE CARE UNIT

Presenting Author: DR. AHMAD AZIN

Co-Authors: Dr Ahmad Azin, Dr Vipin Kumar Singh, Dr Vaibhav Jaiswal

Background, Aims & Objectives: ICU patients are extremely ill, they cannot fully appreciate the care process and cannot actively participate in decisions about treatments and medical procedures. A reliable method for assessing family satisfaction in the ICU is the use of the Family Satisfaction in the ICU FS-ICU questionnaire. Aim of the study is to survey family satisfaction and decision making in polytrauma patients in intensive care unit, Objective-To assess family satisfaction with ICU care using the FS-ICU questionnaire and to assess family satisfaction with decision making around the care of critically ill polytrauma patients using the FS-ICU questionnaire.

Materials & Methods: The study was done at KGMU, Lucknow, with sample size of 66 participants. A minimum stay of 48 hours was used to provide adequate exposure of the patient's attendant to ICU. Study participant was designated to be the next of kin-NOK. Details of NOK was documented on the nursing chart at the time of admission. A copy of the questionnaire was given to the study participant after 48 hours of ICU admission of his/her family member. They were asked to complete the questionnaire and return it before the patient's ICU discharge.

Results: In this survey, we found that the level of satisfaction with patient care was 78.85, the level of information needed about the patient was 65.38, the level of satisfaction with the decision making process was 30.77 and the level of overall satisfaction with patient care was 57.00.

Conclusions: Family members in ICU expressed satisfaction with the quality of patient care and with the competence and skill of ICU staff. However, there is still room for improvement in family members' satisfaction with the care of their relatives and the way staffs treat them

Abstract ID: PP-16-O14

Topic: Airway Management

Title: Comparative study between dexmedetomidine versus fentanyl to facilitate awake fibreoptic nasal intubation under topical anaesthesia" : A randomized comparative end point blinding study

Presenting Author: DR. ABHISHEK

Co-Authors: Dr. Archana Aggarwal, Dr Amit srivastava, DR PARMINDER KAUR, Dr RAVINDRA VERMA

Background, Aims & Objectives: To compare the efficacy of dexmedetomidine and fentanyl

Materials & Methods: This was a randomized comparative end point blinding study carried out in the tertiary care hospital's anaesthesiology department at HIMS, Barabanki. A total of twenty eight patients underwent a six-month randomized comparative end point blinding study to compare the effectiveness of the procedure.

Results: Dexmedetomidine appeared to offer better patient tolerance to intubation , better ramsay sedation score , better cough score , and a reduced hemodynamic response to awake fibreoptic nasal intubation in elective surgery in comparison to fentanyl**.**

Conclusions: Dexmedetomidine appeared to offer better patient tolerance to intubation , better ramsay sedation score , better cough score , and a reduced hemodynamic response to awake fibreoptic nasal intubation in elective surgery in comparison to fentanyl

Abstract ID: PP-15-O13

Topic: Neuro Anaesthesia

Title: Anesthetic approach to traumatic brain injury

Presenting Author: DR. GAYATRI KUMARI

Background, Aims & Objectives: Background- Globally head injuries are the most common type of trauma, leading to a major cause of morbidity and mortality. India has over 1 million suffering from severe head injuries every year, with more than 1,00,000 lives lost. Moreover, half of the patients who die from traumatic brain injury (TBI) do so within the first 2 hours of injury. Therefore, even a slight reduction in head injury-related mortality and morbidity can significantly impact public health.

Aims- The anesthetic management aims to improve cerebral perfusion and oxygenation, avoid secondary neurological damage, maintain adequate surgical conditions intraoperatively, and provide hemodynamic and neurophysiological stability postoperatively.

Objectives- Current TBI management focuses on treating primary injuries and avoiding secondary injuries. The key elements of TBI management are early resuscitation and hemodynamic optimization, emergent surgical evacuation of mass lesions, control of ICP, support of cerebral perfusion pressure (CPP), and optimization of the physiological milieu.

Materials & Methods: The common anesthetic technique in TBI cases is given individually or in combination depending on the clinical scenarios.

Monitored anesthesia care (MAC).

Scalp block.

General anesthesia. –

Total inhalational anesthesia (TIHA).

Total intravenous anesthesia (TIVA).

Balanced general anesthesia (combination of inhaled anesthetic, injectable anesthetic, and anesthetic adjuvants).

Scalp block with TIVA.

Scalp block with balanced general anesthesia

Results: Though severe TBI poses many challenges to an anesthetist; timely emergency care, pre-and per-operative anesthetic care, skilled surgical intervention, and vigilant postoperative management contribute to a good outcome.

Conclusions: The patient outcomes are directly influenced by the combination of anesthetic agents, and anesthetic techniques along with the knowledge and skill of anesthesiologists and available technical gadgets. And efforts should be targeted to maintain physiological parameters within permissible range with appropriate anesthetic drugs and techniques rather than the selection of specific ones.

Abstract ID: PP-10-O9

Topic: Basic Anaesthesia

Title: Role of Precarb in Preoperative patients

Presenting Author: DR. SATI NATH MOHANTY

Co-Authors: Dr Savya Jayachandran, Dr Ketki Banger, Dr Naisha Verlekar, Dr Omkar Kulkarni, Dr Mara Pallavi

Background, Aims & Objectives: It has been observed that patients waiting for operation undergoes lots of stress which adversely affects outcome of surgery & post operative status. The enhanced ANS activity can be suppressed by administration of 180ml of Precacarb solution which provides 220 kilocalories which considerably reduces stress of surgery & anaesthesia thereby having a better outcome

Materials & Methods: 50 patients have been taken in either group(Precarb & Non Precarb) & Pre, intraoperative & Post operative Haemodynamic parameters, Post op recovery status, Blood sugar(Pre, Intraop & Post op) have been studied.

Results: It has been observed that the preop anxiety is very much reduced in Precarb group in addition to maintenance of stable haemodynamic parameters & enhanced recovery status of tha patient

Conclusions: Routine use of Precarb solution before surgical stress enhances recovery of the patient post operatively

Abstract ID: PP-7-O6

Topic: Basic Anaesthesia

Title: COMPARATIVE STUDY BETWEEN THIOPENTAL AND ETOMIDATE ON HAEMODYNAMIC CHARACTERISTICS DURING MODIFIED ELECTROCONVULSIVE THERAPY

Presenting Author: DR. ROSSAMMA KJ

Co-Authors: Dr Sudhir Rai, Dr Ram Gopal

Background, Aims & Objectives: This study was undertaken to compare the effects of Intravenous [IV] Sodium ThiopentoneandEtomidate used as IV anesthetic agents in Modified ECT as regards, Haemodynamic changes, duration of clinical seizure and adverse drug reactions between Thiopental and Etomidate.

Materials & Methods: A total of 60 patients in the age group of 18-60 of either sex, ASA I/II Patients scheduled to undergo ECT for various indications and haemodynamically stable at the time of ECT were divided randomly into two equal groups. Group E (n=30) –received 0.2 mg/kg Etomidate (0.2%) injected intravenously over 30 to 60 seconds.Group T (n=30) received 4 mg/kg (2.5%) Thiopental sodium injected intravenously over 30 to 60 seconds.All the patients were monitored for changes HR, SBP, DBP, MAP and SpO2 at baseline and after induction every minute for 15min and after that every 2 min till recovery of ECT. Duration of recovery was recorded from injection of anaesthetic agent to time taken to obey vocal commands such as opening of eyes, tongue protrusion, head lift, finger grasping. Adverse drug reactions, if any were also be noted. In post procedure room, patient was followed for next 60 minutes.

Results: We found that Etomidate offers superior hemodynamic stability during induction compared to Thiopentone. Etomidatehad definite advantage of longer seizure duration compared to Thiopentone.However, it was associated with myoclonic jerks during induction.

Conclusions: We found that Etomidate offers superior hemodynamic stability during induction compared to Thiopentone. Etomidatehad definite advantage of longer seizure duration compared to Thiopentone.However, it was associated with myoclonic jerks during induction.

Abstract ID: PP-5-O4

Topic: Basic Anaesthesia

Title: EFFECTS OF RECRUITMENT MANEUVERS ON HEMODYNAMICS IN UPPER ABDOMINAL SURGERY - A RANDOMISED CONTROLLED TRIAL

Presenting Author: DR. HEMALATHA BORA

Co-Authors: Dr Padmaja Durga, Dr Abhiruchi Patki

Background, Aims & Objectives: Various ventilation strategies like recruitment maneuver to reduce ventilator-induced lung injury, promote early recovery, and reduce postoperative complications have been attempted in patients undergoing abdominal surgery. Bohm S. and group showed that in intravascular volume-loaded patients, undergoing laparoscopic procedures, recruitment and high PEEP did not result in appreciable abnormalities in any hemodynamic measure.

To assess the feasibility and safety of intraoperative vital capacity recruitment maneuvers by studying the changes in the hemodynamics during recruitment. Second, to compare the intraoperative ventilation strategies – low tidal volume with PEEP and low volume with PEEP and additional intermittent vital capacity recruitment for their effects on ventilatory and gas exchange parameters in the peri-operative period.

Materials & Methods: Following approval from the Institutional Ethics board and informed consent from the patients, a randomized open labelled controlled study was conducted in 80 patients.40 patients in Group C were given low tidal volume of 6ml/kg and PEEP of 5 cm of H2O,and 40 patients in Recruitment group R were given low tidal volume 6ml/kg PEEP 5 cm of H2O and intermittent recruitment maneuver every half hour during the entire surgery. Respiratory mechanics, blood gas and hemodynamics were measured at baseline, 30min after intubation, 30min after abdominal retraction, 30min before extubation, 1hr post operatively and 24hr post op. Comparison of variables like HR, BP, airway pressures was compared between the groups with Independent sample t test. Comparison of continuous variables with the baseline values within the group was made with ANOVA for repeated mean.

Results: Within the Recruitment (R) group there was significant change in the SBP, DBP and MAP as compared to the beginning of the recruitment. P(A-a)O2 was lower than the postintubation record before extubation[Gr C 90 (40), Gr R 77 (64)]in both the groups.

Conclusions: There was a transient reduction in haemodynamics which did not require intervention.

Abstract ID: PP-149-P149

Topic: Airway Management

Title: SUCCESSFUL MANAGEMENT OF A CASE OF TRAUMATIC DIAPHRAGMATIC RUPTURE : ROLE OF ANESTHESIOLOGISTS

Presenting Author: DR. JITENDRA MARU

Co-Authors: DR.GEETA BHANDARI, DR.K.S.SHAHI, DR.SAKSHI ARYA

Background, Aims & Objectives: Diaphragmatic injuries occurred via either blunt trauma or penetrating trauma, and need emergency resuscitation and life-saving measures. Presenting a case of trauma, diaphragmatic rupture, with hypotension and tachypnoea. The patient was stabilized with intravenous fluids and infusion of norad. then operated for diaphragmatic rupture and shifted to ICU, kept on mechanical ventilation for 48 hours and weaned off . Denoting the undeniable and indispensable contributions of Anesthesiologists.

Materials & Methods: A 27-year-old male patient presented to emg dept after RTA with c/o pain in abdomen and chest, tachypnoea. On examination GCS-15,BP- 80/40 mmhg, pulse rate 122/min, respiratory rate 28/min, with oxygen saturation 84% on room air, . The patient was intubated and ventilated, resuscitated with crystalloids and blood products. Now bp was 86/42 mmhg , inj norad infusion started. CECT abdomen revealed left diaphragmatic rupture.Immediately 500ml of blood drained out through abdominal drain, then shifted to emergency ot for urgent laparotomy under GA. After that patient shifted to ICU, kept on mechanical ventilation and weaned off after 48hr,patient shifted to ward within 1 week.

Results: DISCUSSION- Patients with blunt abdominal trauma and polytrauma present with massive hemorrhagic shock and hemodynamic instability, necessitating intensive care for the management of a variety of problems..The appropriate and timely management place a crucial role and better outcomes of critical patients

Conclusions: Role of Anesthesiologists is not only challenging but it's extensive ranging from an emergency physician to perioperative physician extending to an intensivist.

Abstract ID: PP-138-P140

Topic: Airway Management

Title: USE OF AIRTRAQ FOR EMERGENCY EXPLORATORY LAPAROTOMY IN A PATIENT WITH DIFFICULT AIRWAY AND SCOLIOSIS

Presenting Author: DR. SHAHIL AHMED

Co-Authors: Dr. Shahil Ahmed, Dr. Geeta Bhandari, Dr. K.S Shahi, Dr. Jahanara, Dr. Sakshi Arya, Dr. Tanya Sethi

Background, Aims & Objectives: Scoliosis is a spine abnormality characterized by deviation and rotation of the normal curvature of spine , imposing multiple challenges for anaesthesiologist during airway management and regional anaesthesia . Appropriate positioning and proper use of rescue devices by an experienced anesthesiologist can significantly improve the chances of successful intubation. Airtraq optical laryngoscope provides a direct view of the glottis in a neutral neck position.

Materials & Methods: In emergency department , 35 year old male presented with C/O pain abdomen associated with non-passage of flatus and faeces for 2 days with suspected diagnosis of perforation peritonitis.

On examination, patient was short statured, having short neck with thoraco-lumbar scoliosis and restricted neck movement with slight extension and minimal flexion, mouth opening >2.5 and MPS III. Patient made to lie in supine position and during intubation, the neck flexed at approx. 35° and atlantooccipital joint extended at about 15 . OT done under General Anaesthesia and after induction patient was intubated using Airtraq laryngoscope. Intraoperatively patient was hemodynamically stable. Pt was shifted to PACU with stable vitals.

Results: DISCUSSION- As curved spinal curvature makes direct laryngoscopy and intubation difficult, making awake fibreoptic intubation the safest choice, or alternatively, Airtraq laryngoscope.

Conclusions: As severe spine curvature disorders present various challenges during anesthetic management. With newer techniques and devices, like Airtraq optical laryngoscope allows successful endotracheal intubation without direct visualization of the vocal cords.

Abstract ID: PP-132-P133

Topic: Airway Management

Title: Airway Management in a Patient With Post-burn Contracture of Neck.

Presenting Author: DR. PRABHAKAR KUMAR

Co-Authors: Dr. Anurag Srivastava

Background, Aims & Objectives: Thoracic burn with involvement of neck and mandibular region distorts the laryngeal and mandibular anatomy and make direct laryngoscopy challenging. In such patients awake fibre-optic bronchoscopy guided intubation is now considered gold standard of airway management.

To describe the role of airway anaesthesia along with awake fiber-optic intubation for successfully managing patient with thorax and neck burn contracture.

Materials & Methods: 35 years old female with post burn contracture involving face, neck and thorax was posted for contracture release and reconstruction. Patient had a fixed flexion deformity of the neck with no possible neck movement. Oral and nasal opening were spared. Our plan was to do awake fibre-optic guided nasal intubation with tracheostomy being a back-up plan. Before surgery patient was given Inj. Glycopyrolate and nebulized with 4% lignocaine solution. As appreciable landmarks were absent, spray as you go technique was preferred. 18 gauge epidural catheter was passed through the working channel of the fibre-optic bronchoscope to administer local anesthetics. After adequate sedation, bronchoscope was introduced through right nostril and advanced till epiglottis and vocal cord became visible. 2% lignocaine was instilled through epidural catheter to anesthetise the glottic structure. The tip of bronchoscope was maneuvered between the vocal cords into the trachea and advanced till the view of carina was obtained. The pre-loaded ETT was gently railroaded over bronchoscope. The bronchoscope was then withdrawn and patient connected to anesthesia breathing circuit. The patient was then induced as per institutional protocol and procedure progressed uneventfully.

Results: Airway of the Patient was managed successfully with awake fibreoptic intubation along with spray as you go technique.

Conclusions: Awake fibre-optic guided intubation with spray as you go technique for anesthetizing the airway is a safe and reliable method for airway management in post burn contracture involving face, neck and thorax.

Abstract ID: PP-130-P159

Topic: Airway Management

Title: A Challenge that needs a strategy... Pediatric Encephalocele

Presenting Author: DR. SHREYASHI YADAV

Co-Authors: Dr. Shreyashi Yadav, Dr. K.C Sharma, Dr. Alankrita Agarwal, Dr. Juhi Saran

Background, Aims & Objectives: Airway management in pediatric patient with cerebral malformations are of great concern for anaesthesiologist. Factors like disproportionate size of head, huge occipital masses, restricted neck movement pose great challenges and their management needs special expertise.

The aim of presenting this case is to highlight the difficulties encountered during airway management in such cases and successfully dealing them.

Materials & Methods: we are presenting a 12 year old male weighing 26kgs with large globular cystic swelling over occipitoparietal area, approximately 18-20cm in diameter with no neurological deficit or anomaly.

For surgery, the patient was intubated in lateral position as patient could not be laid supine. Patient was kept in Reverse Tredelenberg position with head stabilised in a large head ring for surgery.

Results: Surgery was uneventful. Patient was hemodynamically asymptomatic and well oriented post extubation and so was shifted to post operative Anaesthesia Care Unit.

Conclusions: improvisation of the technique for airway management with a thoughtful strategic plan preoperatively by the anaesthesiologist for such cases is the door to victory and hence, forwarding the experience for the future reference.

Abstract ID: PP-129-P145

Topic: Airway Management

Title: ANAESTHETIC MANAGEMENT FOR TEMPOROMANDIBULAR JOINT ANKYLOSIS REPLACEMENT

Presenting Author: DR. MANSI BHATIA

Co-Authors: Dr. Sarita Gohiya, Dr. PS Gandhi

Background, Aims & Objectives: A 22 year old female diagnosed with Temporomandibular joint Ankylosis with a history of fall at the age of 2 years.

Aim- To overcome difficulty during bag mask ventilation and difficulty in securing airway

Materials & Methods: Patient was induced as per institutional protocol, awake nasal fibre-optic intubation was done uneventfully and the patient remained hemodynamically stable throughout the procedure and was extubated uneventfully on POD 1. While intubation and extubation, emergency tracheostomy apparatus was kept ready.

Anaesthetic challenges were faced and were overcome using different techniques for proper mask ventilation, FIBER-OPTIC intubation and securing the airway.

Results: Procedure went uneventful under GA and the patient was vitally stable and was extubated.

Conclusions: These kind of challenging airways are to be dealt with pre-op preparation, prior anticipation of challenges, proper counselling of the patient and result in smooth post-operative period and recovery.

Awake fibre-optic intubation is the gold standard for difficult airway. Blind nasal intubation is an effective alternative in the hands of an expert anaesthesiologist in case of unavailability of fibre-optic bronchoscope. Retrograde intubation technique and use of light wand aided intubation technique also seem to be promising alternatives

Abstract ID: PP-126-P124

Topic: Airway Management

Title: Airway management of patient with carcinoma left upper alveolus and a large thyroid mass.

Presenting Author: DR. PRIYESH GUPTA

Co-Authors: Dr Priyesh Gupta, Dr Akash Gupta, Dr Nidhi Deswal

Background, Aims & Objectives: Patients presenting with two times difficult airway due to oromaxillofacial cancer and a large thyroid mass also, offer a unique opportunity for anesthesiologists to skilfully manage their airway in operating room with right equipments and manoeuvres.

We aim to discuss such a scenario in which we managed a double difficult airway with the aid of ultrasonography and fiberoptic bronchoscope. We also discuss the challenges that could be anticipated in a patient with oral cancer along with a large neck mass.

Materials & Methods: This is a case report of 77 years old male patient who presented with cancer in left upper alveolus along with a large neck mass. The patient was intubated in operation theatre using ultrasound guided transtracheal block and awake fiberoptic bronchoscope. The outcome includes better airway management in two times difficult airway in a patient with oromaxillofacial cancer and a large thyroid mass.

Results: It is crucial to carefully prepare how to handle challenging airways and provide perioperative care during a planned extubation after ensuring there is no airway compromise. Appropriate anesthetic plan is made possible by thorough airway examination and identification of challenging airway predictors. Usage of latest technology in the form of ultrasonography and fiberoptic bronchoscopy in the field of anesthesia is a major boon for the anesthesiologists and the patients.

Conclusions: Therefore, utilising technological advancements in the field of anesthesia and their subsequent availability in healthcare centres are necessary to tackle difficult and nearly impossible tracheal intubation successfully.

Abstract ID: PP-121-P131

Topic: Airway Management

Title: ANAESTHETIC MANAGEMENT FOR EXTENSIVE FACIAL TUBEROUS SCLEROSIS- A CASE REORT

Presenting Author: DR. JAYATI NEEMA

Co-Authors: Dr. Jayati Neema, Dr. Sarita Gohiya, Dr. Nupur Khare, Dr. Meghna Maheshwari Rathi

Background, Aims & Objectives: Tuberous sclerosis complex (TSC), also known as Bourneville disease, is an inherited, progressive neurocutaneous disorder.

Dermatological manisfestations- hypomelanotic macules, also known as ash leaf spots or Fitzpatrick patches. Facial angiofibromas are hamartomatous nodules of vascular and connective tissue and distributed over the centrofacial areas in a butterfly distribution. The lesions become more prominent with age.

Neurological manisfestations- The disease is associated with 4 characteristic neurologic lesions.- Glioneuronal hamartomas, Subependymal nodules, subependymal giant-cell astrocytomas (SEGAs), White matter lesions.

Cardiovascular Manisfestations-Rhabdomyoma

Renal Manisfestations- Renal cystic disease, Renal cell carcinoma

Pulmonary Manisfestations- Lymphangioleiomyomatosis (LAM)

45 year old male, 60kg posted for excision of facial tuberous lesions.

O/E- Patient was conscious, cooperative and oriented. On auscultation, chest was clear and heart sounds were normal.

Airway examination- Patient was edentulous and had extensive tuberous growth over entire naso-labial region that may result in difficult bag-mask ventilation.

ECG and 2D echo were normal. Rest of the investigations were within normal limits.

Aims & Objectives- To overcome difficulty during bag mask ventilation and difficulty in securing airway

Materials & Methods: Patient was induced as per institutional protocol and remained hemodynamically stable throughout the procedure and was extubated uneventfully. Various anaesthetic challenges were faced and were overcome using different techniques for proper mask ventilation, intubation and securing the airway.

Results: Despite having extensive growth over the face, smooth induction was performed via direct laryngoscopy followed by uneventful extubation.

Conclusions: These kind of challenging airways are to be dealt with great pre-op preparation, prior anticipation of challenges, proper counselling of the patient and result in smooth post-operative period and recovery.

Abstract ID: PP-103-P98

Topic: Airway Management

Title: An unusual complication encountered in Awake Nasotracheal Fiberoptic Intubation in a Case of Maxillary carcinoma : A Case Report

Presenting Author: DR. RUCHI SINGH

Co-Authors: Dr Nazia Nazir, Dr Wasimul Hoda

Background, Aims & Objectives: Awake intubation is the safest non invasive technique of choice in difficult airway scenarios.

Materials & Methods: Case:This case report describes a rare complication observed during the awake nasotracheal fiberoptic intubation in a 54-year-old male scheduled for maxillectomy due to maxillary carcinoma and less than 1 finger mouth opening.Inability to forward an Endotracheal tube(ETT) via the nasal route, over the fiber optic bronchoscope despite visualisation of the tracheal bifurcation was observed to be due to the ETT tip presentation through the murphy's eye .

Conclusions: In a pre inserted nasal ETT ,we recommend visualising the blue radiopaque line of the ETT during bronchoscopy in order to recognise the above complication. Additionally, a second bronchoscope(if available) can also be used to recognise this situation by forwarding it through the oral cavity.

Abstract ID: PP-95-Q89

Topic: Airway Management

Title: Facing the tough skin: an anaesthesiologist's triumph over scleroderma

Presenting Author: DR. SHREYA CHHABRA

Co-Authors: Dr Sanjay Kumar, Dr Ruchi Verma, Dr Chetna Shamshery

Background, Aims & Objectives: Scleroderma is a systemic, immune-mediated disease characterized by abnormal cutaneous and organ-based fibrosis resulting in end-organ dysfunction.

Materials & Methods: A 31-year-old female patient, a known case of systemic sclerosis with mild interstitial lung disease since 2009, was diagnosed with cholelithiasis, choledocholithiasis with hepatolithiasis mandating surgical management.

In her pre-operative assessment, she had a two-finger mouth opening, restricted neck movement, and thickened skin, addressing challenges posed by difficult airway and intravenous access. Her pulmonary function tests showed reduced lung volumes and diffusing capacity. In the intraoperative period, an intravenous cannula was secured using ultrasound guidance, warm ambient temperature was achieved, patient peripheries were covered well to have recordable saturation, and pressure area padding was done. Femoral artery cannulation was done due to Raynaud's phenomenon and positive modified Allen's test. Rapid sequence induction was carried out in such a way as to achieve hemodynamic stability and mitigate aspiration risk due to oesophageal dysmotility. Successful intubation was carried out using a videolaryngoscope.

The surgery proceeded without complications with meticulous fluid management and lung protective ventilation. The patient was extubated on table after ensuring adequate analgesia and respiratory efforts. Oxygen support continued for 24 hours in the post-operative period. The patient recovered well without significant respiratory issues and was discharged.

Results: Scleroderma is a multisystem disease that can affect every aspect of anaesthesia, especially airway management. Therefore, implementing a meticulous pre anaesthetic checkup is essential when making an anaesthetic plan.

Conclusions: This case underscores the intricate anaesthetic management in patients with scleroderma. Comprehensive peri-operative planning, advanced airway techniques, and vigilant monitoring are crucial in achieving favorable outcomes in such complex scenarios.

Abstract ID: PP-84-Q78

Topic: Airway Management

Title: Anaesthetic management of a patient with complete tracheal transection following bull horn injury to the neck

Presenting Author: DR. SHUBHADA BHAGAT

Co-Authors: Dr. Kirti Kshetrapal

Background, Aims & Objectives: Complete tracheal transection is an extremely rare and a life threatening emergency which poses an immense challenge to the anaesthesiologist. Concerns include management of the airway, maintenance of oxygenation and associated injuries to major blood vesssels, oesophagus and lung parenchyma.

Materials & Methods: A 22 year old male patient presented to the hospital emergency with a history of bull horn injury to the neck resulting in complete tracheal transection 2.8 cms above the carina. The patient was awake, breathing spontaneously and maintaining a SpO2 of 91% on oxygen supplementation. He had a HR of 118/min, BP of 132 mm Hg and a RR of 26/min. Bilateral pneumothorax and subcutaneous emphysema of the neck and chest wall were present. The proximal end of the trachea was seen but the distal end could not be visualised as it was retracted into the mediastinum. After discussion of the case with the cardiothoracic surgeon and the perfusionist it was decided to proceed with percutaneous femoro-femoral bypass with the patient awake and breathing spontaneously. The neck wound was explored and the retracted distal end of the trachea was identified. End to end anastomosis of the trachea was performed. The trachea was intubated following the anastomosis using direct laryngoscopy. After successfully ventilating the patient he was weaned off from bypass. Bilateral intercostal drains were secured. The patient was reversed and extubated on table and shifted to ICU with stable hemodynamics.

Rest of the postoperative period was uneventful and patient was discharged on postoperative day 13.

Results: Patient was successfully extubated on table and shifted to ICU with stable hemodynamics and discharged on post operative day 13

Conclusions: Patients with tracheal transection require a thorough preanaesthetic evaluation and a careful planning of the airway management and associated complications.

KEY WORDS : Airway management, complete tracheal transection, femoro –femoral cardiopulmonary bypass.

Abstract ID: PP-83-Q77

Topic: Airway Management

Title: Management of Difficult Airway in Complex Maxillofacial Trauma with Cleft Palate.

Presenting Author: DR. CHANDINI MISHRA

Co-Authors: Dr. CHANDINI MISHRA, Dr. MOUSAMI DAS

Background, Aims & Objectives: Management of Airway in patients with complex maxillofacial trauma is challenging due to disruption of components of upper airway. This is further complicated by presence of a cleft palate which leads to a difficult laryngoscopy. Submental intubation provides a secure airway and allows unimpeded surgical access to the oral cavity and midface, whilst avoiding the potential complications associated with nasal intubation and tracheostomy.

Materials & Methods: This is a case of a 25-year-old male patient with cleft palate associated with pan-facial fracture posted for ORIF under general anaesthesia. Difficult airway cart was kept ready. After administering premedication, induction was done and after successful bag and mask, muscle relaxant was given. A cotton pad pack rolled with gauze was given in the palate and the patient was intubated orally by direct laryngoscopy and a flexometallic tube with internal diameter of 8mm was inserted. The orotracheal intubation was then converted to submental intubation, bilateral air entry was checked and tube fixed at 20cm. Patient was shifted to ICU without extubation for further management.

Results: Absence of midline bone and abnormal muscle anatomy can complicate the management of mid-facial trauma and result in unusual pattern of injury. Nasal intubation is difficult due to nasal malformation and since patient refused for tracheostomy, hence submental intubation for airway maintenance is a better alternative method.

Conclusions: For better view of surgical field proper selection of route of intubation is important. Although submental scarring is an issue but can be recommended for orthrognathic surgeries.

Abstract ID: PP-81-Q94

Topic: Airway Management

Title: Left vallecular cyst with stridor- A Case Report

Presenting Author: DR. APOORVA JAISWAL

Co-Authors: Dr Apoorva Jaiswal, Dr BP Singh, Dr Parvathy S Nair

Background, Aims & Objectives: The aim of the study is to secure airway in such rare cases where airway is already compromised since birth.

Materials & Methods: Written informed consent taken from parents.

Inj ketamine, inj propofol & inj fentanyl used.

Sevoflurane used as inhalational agent.

After the surgery patient was reverted and sent tracheostomised on room air.

Case Report: A 4yr old girl presented with stridor since the age of 4 months diagnosed as a case of Left vallecular cyst was planned for tracheostomy with Marsupialization. She developed labored breathing since the age of 4 months which was gradually progressive so much so that for there was retraction of her chest accessory muscles. She always maintained room air saturation of 100%. The case presented as anesthetic challenge as the cyst was just lateral to epiglottis & there was severe narrowing of glottic opening. Instead of giving trial of intubation or fiberoptic bronchoscopy, we directly proceeded with tracheostomy as we wanted to secure the airway in single attempt. Tracheostomy was done under sedation with bag and mask ventilation. Intraoperatively when visualized with endoscope, profound edema was seen near epiglottis and there was severe narrowing of glottis that would have made intubation impossible. This was followed by marsupialization of the cyst. After the completion of procedure the patient was reverted and sent back to post op tracheostomized on room air.

This was an interesting case and challenging one too as we had to secure the airway in an already compromised patient without taking multiple attempts or different trials of securing the airway.

Results: Patient was tracheostomised under sedation and then surgery was proceeded.

Conclusions: It is always advisable to secure airway in least attempts where airway is already compromised and taking more chances can be life threatening.

Abstract ID: PP-71-Q71

Topic: Airway Management

Title: Frasers Syndrome With Subglottic Stenosis Posted For Palatoplasty- Anesthetic Challenge?

Presenting Author: DR. SAINATH VEERANKI

Co-Authors: Ramkumar Rupavath, Shailendra Kumar

Background, Aims & Objectives: Fraser syndrome is a rare disorder with an autosomal recessive mode of inheritance that affects development and increases the risk of intrauterine death. Less severely affected people can live into childhood or adulthood, but their quality of life is poor and they must undergo numerous corrective surgeries throughout childhood.

Materials & Methods: A 2-year-old, 8kg male with Fraser's syndrome, diagnosed with a myriad of physical anomalies, including dysmorphic facies, cryptophthalmos, cleft palate, syndactyly, ambiguous genitalia, and more, presented for palatoplasty. Diagnostic imaging revealed abnormalities in the head and face, with genetic testing confirming FRAS1 and EXON66 gene mutations. Notably, a past failed intubation at another hospital prompted the referral. Despite normal cardiac and blood parameters, the comprehensive clinical picture underscores the complexities associated with Fraser's syndrome, necessitating specialized care at the Burns and Plastics Surgery Department at AIIMS New Delhi.

Results: This case emphasizes the need to anticipate and prepare for difficult tracheal intubation in Fraser's syndrome patients. Our primary concern was the anticipated difficulty in bag and mask ventilation due to factors like dysmorphic facies, depressed nasal bridge, cleft palate, mid-facial hypoplasia, and inappropriate face mask fit. Difficulty in intubation was also expected, given conditions like cleft palate, along with the history of airway surgery (cleft palate repair) and recurrent upper respiratory infections. Despite meticulous precautions, challenging tracheal intubation was encountered, with the inability to secure an appropriately sized endotracheal tube due to the presence of grade 1 stenosis.

Conclusions: Ophthalmic, cosmetic, and genitourinary procedures could be planned for the patient with Fraser syndrome. The anaesthetist may face significant difficulties due to the involvement of several systems. Successful anaesthesia administration requires careful planning and postoperative care

Abstract ID: PP-46-Q38

Topic: Airway Management

Title: Difficult intubation in a patient with grade-4 tonsillar hypertrophy with right-sided deviated nasal septum with b/l inferior turbinate hypertrophy

Presenting Author: DR. RUCHITA SUNIL RAIKAR

Background:

Difficult intubation in a patient with grade-4 tonsillar hypertrophy with right-sided deviated nasal septum with b/l inferior turbinate hypertrophy.

Aims and Objectives

To present a case report detailing the challenges encountered during the management of difficult intubation in a patient with a unique combination of anatomical abnormalities, including grade-4 tonsillar hypertrophy, right-sided deviated nasal septum, and bilateral inferior turbinate hypertrophy.

Materials & Methods:

- Midazolam 1 mg IV with transtracheal nerve block (2 ml of lidocaine 2%) done. IV fentanyl 2 mcg/kg was given to attentuate sympathetic response to bronchoscopy.
- Fibreoptic bronchoscope was used for nasal intubation and after some maneuver of bronchoscope, the vocal cords was visualized and intubation was successfully achieved. Anaesthesia was maintained as usual.
- Patient was extubated after doing the leak test to check for patency and was shifted to post operative ward

Results:

- After a difficult airway is identified, one needs to determine what equipment is available to make informed decisions about how to proceed.
- If the primary attempt at intubation fails, a clear plan that addresses the reason for failure should exist for subsequent attempts. The abilities to ventilate, oxygenate, and maintain a patent airway are crucial in patient survival

Conclusions:

- Fibreoptic intubation is an effective technique for establishing airway access in patients with both anticipated and unanticipated difficult airway.
- Local spray, transtracheal nerve block and superior laryngeal nerve block can provide minimal hemodynamic changes due to fibreoptic intubation

Abstract ID: PP-21-Q19

Topic: Airway Management

Title: Management of Tracheoesophageal injury during percutaneous tracheostomy; an institutional approach

Presenting Author: DR. AJITABH SUMAN

Co-Authors: Wg Cdr A. K. Patra

Background, Aims & Objectives: Percutaneous tracheostomy procedure conducted in ICU in patients planned for prolonged ventilation as a bed side procedure.Complications of such procedure are known but rare; usual complications may be bleeding at site, hypoxia ,desaturation, loss of airway etc.

Materials & Methods: We had a patient of Pul Tb, LRTI, Rt sided pneumothorax and HTN requiring multidisciplinary approach management, who was received from other hospital after 14 days of mechanical ventilation with neuro glycopenic symptoms with poor GCS of E1VTM1.Elective percutaneous tracheostomy was scheduled by serial dilatation technique. The intratracheal needle position was confirmed by continuous aspiration of air; the guide wire introduced and stoma was created by series of dilators. A 7.5mm ID tracheostomy tube was introduced. The intratracheal position of tracheal tube confirmed by bilateral chest rise and auscultation of bilateral breath sounds. However, the patient started desaturating after 5 mins.Initial fibreoptic bronchoscope evaluation through the tracheostomy tube revealed displacement of the tube in the esophageal lumen, the tracheostomy tube was removed and ETT was introduced to secure the airway.The surgical consultation was obtained to evaluate the injury which was found to be 0.75 to 1 cm rent in the anterior esophageal wall and posterior tracheostomy wall. The exploration was done, leftstenocleidomastoid muscle flap harvested using harmonic scalpel and the superior end of flap butteressed around the tracheal rent area and secured with sutures. Primary repair of esophagus done and pt. shifted to ICU for further ventilation and management.

Conclusions: In the present day scenario, though FOB and EtCO2 monitoring are the key aids during such procedure, availability of such equipments always has been a challenge in the periphery Government health care set ups. Also, a timely diagnosis of such rare but possible complication with multidisciplinary approach in the management of such case may improve the outcome of patients

Abstract ID: PP-187-R199

Topic: Airway Management

Title: A Comparative Study of Supraglottic Airway Devices Baska Mask and Proseal-Laryngeal Mask Airway in Surgical Procedures

Presenting Author: DR. MD PARWEZ ALAM

Co-authors: Dr Md Parwez Alam, Dr Syed Hussain Amir, Dr Nishant Varshney

Background Aims & Objectives: Having a proper airway is the most important factor in establishing normal respiration during surgery under general anaesthesia. SAD airway devices are claimed to produce no cardiopulmonary response during intubation, nor stimulate laryngeal reflexes, require fewer anaesthetic medications, and to have fewer complications and side effects such as coughing during awakening or sore throat. We conducted this study comparing ProSeal LMA with Baska Mask as a ventilatory device. This study was designed to assess oropharyngeal leak pressure, time of insertion, hemodynamic changes and to compare post-operative complications after insertion of Baska mask and Proseal LMA.

Material & Methods: Prospective, randomized, comparative study was carried out at 50 patients undergoing various elective surgeries under General Anaesthesia. Patients was allocated after randomization into two groups. Group A: BASKA ProSeal LMA Group B: ProSeal LMA.

Results: The mean OLP (cm H_2O) after 5 minute of insertion of the SAD, observed (33.5 ± 3.01 vs. 31.06 ± 2.82; $P < 0.0001$) was significantly higher in group A (BASKA mask). The mean time of insertion of SAD was significantly higher as compared with BASKA Mask group (26.36 ± 8.66 sec vs 22.2 ± 6.91 sec). Ease of insertion grade –I noted in 84 % in BASKA-Group while 82% in PLMA-Group. There was no statistically significant difference observed in the intraoperative values with regard to vitals between the BASKA mask and ProSeal LMA group at various time intervals. Post op complications were statistically not significant.

Conclusions: The mean OLP was significantly higher in group A (BASKA mask) as compared to Proseal LMA. Time taken for successful insertion was significantly less with Baska Mask. Haemodynamic changes and incidence of post op complications was similar between both groups

Abstract ID: PP-183-R196

Topic: Airway Management

Title: PREDICTIVE UTILITY OF DYNAMIC AIRWAY MEASUREMENT INDICES IN OBESE PATIENTS FOR DIFFICULT LARYNGOSCOPY

Presenting Author: DR. KIRTI MEHRA

Co-authors: Dr Bharti Wadhwa, Dr Amit Kohli, Dr Aditya Karanth Uchila

Background Aims & Objectives: Difficult laryngoscopy and intubation in obese patients are significant causes of anaesthesia-related morbidity and mortality. While several predictors for difficult laryngoscopy have been proposed, such as obstructive sleep apnoea history, high Mallampati score, and increased neck circumference, none have shown high diagnostic accuracy, particularly in obese patients. This study aims to compare the efficacy of bedside measurement indices, specifically the hyo-mental distance ratio (HMDR) and sterno-mental displacement (SMDD), in predicting difficult laryngoscopic views (DLV) in obese Indian adults.

Primary Objective:

To evaluate the correlation between the sterno-mental distance ratio (SMDR) and the incidence of difficult laryngoscopic views in obese surgical patients.

Secondary Objectives:

1. To assess the correlation of the hyo-mental distance ratio (HMDR) with difficult laryngoscopic views in obese patients.

2. To evaluate the sterno-mental displacement (SMDD) as a predictor for difficult laryngoscopy.

3. To examine the hyo-mental distance displacement (HMDD) as a predictor for difficult laryngoscopy.

4. To determine which of these indices is the best predictor of difficult laryngoscopy.

Material & Methods: This prospective, comparative observational study included 80 obese patients scheduled for elective surgeries under general anaesthesia. Airway measurements were taken preoperatively, and the intubation process was monitored during induction. An experienced anaesthesiologist recorded the intubation time and noted instances of difficult laryngoscopic views (DLV) or failed tracheal intubation (FTI). The predictive power of the indices was then assessed.

Results: The study found a statistically significant association between the measured indices and the incidence of difficult laryngoscopy, as well as prolonged intubation times. The indices demonstrated a high negative predictive value for DLV when optimal cutoff points were applied preoperatively.

Conclusions: Preoperative assessment of airway indices in obese patients can serve as a reliable predictor for difficult laryngoscopy and prolonged intubation during anaesthesia induction.

Abstract ID: PP-184-R194

Topic: Basic Anaesthesia

Title: Comparative evaluation of intraperitoneal instillation of bupivacaine with magnesium sulphate versus bupivacaine with Dexmedetomidine for post-operative pain relief after laparoscopic cholecystectomy.

Presenting Author: DR. SOMYA GOEL

Co-authors: Dr Abhishek Yadav, Dr Bharti Wadhwa, Dr Amit Kohli

Background Aims & Objectives: Different modalities of perioperative pain management are being used for laproscopic surgeries. Three components of pain after laparoscopic surgery: parietal pain, visceral pain & shoulder tip pain. Intraperitoneal instillation of local anesthetic agents alone or in combination with opioids, magnesium sulphate, alpha-2 agonists have been found to reduce post-operative pain.

Aims and Objectives: To evaluate the efficacy of intraperitoneal instillation of magnesium sulphate and dexmedetomidine for postoperative analgesia for patient undergoing laparoscopic cholecystectomy with respect to VAS at rest and effort, total Diclofenac consumption and shoulder tip pain.

Material & Methods: Sixty ASA-I & II patients aged between 20-60 years who were scheduled for laparoscopic cholecystectomy were randomly assigned to one of the two groups. Patients in Group M received 20 ml of 0.25% bupivacaine plus 50mg/kg magnesium sulphate to total volume of 30 ml and in Group S patient received 20 ml of 0.25% bupivacaine plus1mcg/Kg of dexmedetomidine to total volume of 30 ml at the end of the surgical dissection.

Results: We observed that the VAS at rest was significantly lower at 8 hour in magnesium group as compared to dexmedetomidine whereas VAS with effort showed no significant difference between the two groups. Also, time of first rescue analgesia was later in magnesium group as compared to dexmedetomidine group. Shoulder tip pain was 10% in group dexmedetomidine as compared to 6.66% in magnesium group.

Conclusions: Intraperitoneal instillation of 50 mg/kg of magnesium sulphate with20mL of 0.25% bupivacaine is superior to intraperitoneal instillation of1microgram/kg of dexmedetomidine plus 20ml of 0.25% Bupivacaine for postoperative analgesia in first 24hours after laparoscopic cholecystectomy as reflected by a lower post operative VAS score and longer duration of analgesia along with lesser consumption of analgesic.

Abstract ID: PP-184-R193

Topic: Basic Anaesthesia

Title: Determination of the optimal ratio of ketamine-propofol combination for peri-induction hemodynamics.

Presenting Author: DR. SOMYA GOEL

Co-authors: Dr Bharti Wadhwa

Background Aims & Objectives: Propofol has several advantages including rapid onset, short duration, smooth emergence and clearheaded recovery with antiemetic action. However, it can cause cardiovascular depressive effect, leading to hemodynamic instability during anesthesia. Ketamine, a fastacting dissociative anesthetic with psychotomimetic effects, has no cardiovascular depressive effect and rather stimulates the sympathetic nervous system.

A combination of ketamine and may balance the undesirable side effect of each other, thereby providing better peri operative hemodynamics. Furthermore, the drug combination may also reduce the dose of each individual drug, leading to a decrease in adverse effects.

Aims & objectives: To evaluate the effect of different ratios of ketamine propofol induction dose on the MAP, SBP, DBP, HR, the occurrence of postoperative emergence delirium, postoperative nausea and vomiting at 2, 4 and 6 hours after end of surgery.

Material & Methods: Ninety ASA-I & II patients aged between 20-60 years who were scheduled for elective surgery under GA were randomly assigned to one of the three groups. Group 1 , Group 2 and Group 3 patients received ketamine propofol in the ratio of 1:1 , 1:2 and 1:3 respectively.

Results: We observed no significant difference in hemodynamic parameters amongst the three groups. The occurrence of postoperative emergence delirium & PONV was found to be lower in group 3 when compared with group 1. Also, the mean value of time till loss of verbal contact and time till loss of eyelash reflex was lower in both group 2 and group 3 when compared with group 1.

Conclusions: All the three groups provided stable hemodynamics , the group with the maximum propofol and minimum ketamine concentration has the fastest induction time with minimal episodes of post operative emergence delirium & PONV.

Abstract ID: PP-180-R190

Topic: Regional Anaesthesia

Title: Analgesic efficacy of levobupivacaine and buprenorphine v/s levobupivacaine and dexmedetomidine in ultrasound guided transversus abdominis plane block following lower abdominal surgeries; a comparative prospective study

Presenting Author: DR. PRACHI BHAGERIA

Co-authors: Dr. Prachi Bhageria, Dr. Sunil Kumar Arya(MD), Dr. Satish Kumar(MD), Dr. Shahbaz Ahmed(MD), Dr. Santosh Kumar Sharma(MD)

Background Aims & Objectives: Postoperative analgesia for lower abdominal surgeries is crucial for patient recovery. Traditional methods like epidural analgesia have complications, while TAP blocks with adjuvants like buprenorphine or dexmedetomidine offer a promising alternative, enhancing analgesia and reducing opioid use. The aim of the study is to compare the efficacy of dexmedetomidine and buprenorphine as adjuvant to levobupivacaine for TAP Block in lower abdominal surgeries.

Material & Methods: This Prospective comparative study was done to assess the analgesic efficacy of levobupivacaine and buprenorphine v/s levobupivacaine and dexmedetomidine in ultrasound guided transversus abdominis plane block following lower abdominal surgeries. 60 adult patients ASA Class I and II undergoing lower abdomen surgery were randomly assigned into two groups, to receive either dexmedetomidine (0.5 µg/kg diluted with 2ml normal saline) or buprenorphine (150 µg diluted with 2ml normal saline) with 0.25% isobaric levobupivacaine (18ml) with total volume of 20 ml on each side for TAP block.

Results: Based on the VAS score of the patients and time taken for rescue analgesia, it was found that better post-operative analgesia was provided for longer duration by dexmedetomidine than buprenorphine. Though no significant differences have been observed based on the hemodynamic parameters between both the groups of the patients, dexmedetomidine has shown better hemodynamic stability as compared to buprenorphine

Conclusions: It can be concluded that in patients undergoing lower abdominal surgeries, administration of TAP block with 0.25% of Levobupivacaine with dexmedetomidine provided better and longer post-operative analgesia as compared to Buprenorphine.

Abstract ID : PP-178-R189

Topic: Basic Anaesthesia

Title: Ultrasonographic evaluation of early respiratory muscle strength recovery following neuromuscular reversal with Neostigmine versus Sugammadex

Presenting Author: DR. PRIYANKA

Co-Authors: Dr. Priyanka, Dr. Bharti Wadhwa, Dr. Kirti Nath Saxena, Dr. Amit Kohli

Background Aims & Objectives: BACKGROUND-Effective reversal of neuromuscular blockade is crucial to ensure adequate respiratory function post-surgery. Neostigmine and Sugammadex are commonly used agents for reversal, but their effects on respiratory muscle recovery, as assessed through ultrasonographic techniques, remain inadequately explored.

AIMS-To evaluate the early respiratory muscle strength recovery by ultrasonographic evaluation following reversal with neostigmine versus sugammadex.

OBJECTIVES- The objective is to assess the change in thickness fraction of internal oblique and diaghragmatic thickness fraction at baseline, 5 minutes and 30 minutes post extubation and the time to achieve a Train of Four (TOF) ratio greater than 0.9 after reversal with neostigmine versus sugammadex .

Material & Methods: MATERIALS AND METHODS-A total of 30 patients undergoing elective surgeries with neuromuscular blockade were assigned to receive either Neostigmine or Sugammadex for neuromuscular reversal following vecuronium administration. Ultrasonographic measurements of the thickness fraction of internal oblique and diaphragmatic thickness fraction were taken at baseline, and at 5 and 30 minutes post-extubation. Additionally, the time to reach a TOF ratio greater than 0.9 was recorded for both reversal agents.

Results: The Sugammadex group demonstrated significantly greater DTF and TFIO at both 5 minutes and 30 minutes post-extubation compared to the Neostigmine. The Sugammadex group also achieved a TOF ratio greater than 0.9 in a significantly shorter time than the Neostigmine group.

Conclusions: Sugammadex provides more effective and rapid recovery of respiratory muscle strength compared to Neostigmine, as evidenced by ultrasonographic measures of muscle thickness and a shorter time to TOF ratio recovery.

Abstract ID: PP-182-R188

Topic: Airway Management

Title: A COMPARATIVE EVALUATION OF I-GEL AND BASKA MASK IN PATIENTS UNDERGOING ENT SURGERIES

Presenting Author: DR. MATA PRASAD MAURYA

Co-authors: Dr Mata Prasad Maurya, Dr Santosh Kumar Sharma, Dr Sunil Kumar Arya, Dr Satish Kumar, Dr Shahbaz Ahmad,

Background Aims & Objectives: Airway management is an important part of anaesthesia and for years it has been dominated by use of endotracheal intubation But it is associated with some shortcomings such as increase in arterial blood pressure and heart rate. These events are serious in patient with cardiovascular deceases and Hypertension. Airway management has recently progressed from using an endotracheal tube to supraglottic airway device (SAD) because of quick and easy placement of the airway device itself, a lesser requirement of neuromuscular blockade and lower incidence of Hemodynamic change & postoperative adverse outcomes. In our study we compare I-gel and Baska mask in patient undergoing ENT surgery in respect to hemodynamic changes and leak fraction.

Material & Methods: From March 2023 to March 2024, a prospective observational study was conducted at Nehru Hospital, B.R.D. Medical College, Gorakhpur U.P. 80 Adult patients meeting inclusion and exclusion criteria were enrolled. In our study we compare I-gel and Baska mask in patient undergoing ENT surgery in respect to hemodynamic changes and leak fraction. Statistical analyses were performed using SPSS version 28.0.

Results: It was observed from our study that there is no statistically significant difference seen in hemodynamic stability of both group patients ($P > 0.05$) But the leak fraction between both the groups is statistically significant ($P < 0.01$),Baska mask maintain lower leak fraction as compared to I-gel. I-gel is easier to insert with lesser insertion time as compared to Baska mask which is statistically not significant ($P > 0.05$).

Conclusions: We conclude from our study that both group show almost equal hemodynamic stability but the leak fraction of Baska Mask was significantly lower than I-Gel. I-GEL is easier to insert with lesser insertion time as compared to BASKA MASK.

Abstract ID: PP-179-R186

Topic: Critical Care Pain & Palliative Care

Title: COMPARISION OF APACHE - II, SAPS - II AND SAPS - III SCORING SYSTEM TO PREDICT THE MORTALITY RATE OF POST OPERATIVE INTENSIVE CARE UNIT PATIENTS

Presenting Author: DR. DHILIPSHANKAR PUVUTHUMUTIL MADHU

Co-authors: Dr. Dhilipshankar Puvuthumutil Madhu, Professor, Dr. Shahbaz Ahmad

Background Aims & Objectives: Predictive scoring systems are sophisticated tools employed in intensive care units (ICUs) to evaluate the severity of a patient's illness and predict their prognosis, with a primary focus on estimating mortality rates. These predictive models assist healthcare professionals in making informed decisions about patient care, resource allocation, and treatment strategies. Clinical scoring systems like APACHE II, SAPS II, and SAPS III classify patient risks, predict health outcomes, and enhance clinical activities.

Aim & Objectives

The primary aim of this study was to compare the observed mortality with the mortality predicted by the APACHE II, SAPS II, and SAPS III scoring systems for postoperative patients admitted to the ICU.

Material & Methods: From March 2023 to March 2024, a prospective observational study was conducted at Nehru Hospital, B.R.D. Medical College, Gorakhpur. Adult postoperative patients meeting inclusion and exclusion criteria were enrolled. The study involved reviewing medical charts, calculating scores for APACHE II, SAPS II, and SAPS III, and estimating the risk of death. Statistical analyses were performed using SPSS version 28.0. Patients were followed until discharge or death, and the primary endpoint was in-hospital mortality.

Results: The study included 151 postoperative ICU patients. 45.7% were aged 18-30, and 64.2% were female. The mortality rate during ICU stays or hospitalization was 17.22% of patients dying. The mean APACHE II score was 12.7, the mean SAPS II score was 30.4, and the mean SAPS III score was 42.2, all showing considerable variability. Predicted mortality rates were 22.3% for APACHE II, 21.2% for SAPS II, and 16.7% for SAPS III.

Conclusions: The study concluded that "All three scoring systems, APACHE-2, SAPS-2, and SAPS-3, can distinguish between discharged and deceased patients based on predicted mortality rates". SAPS-3 showed the closest alignment with observed mortality, indicated by the smallest mean difference. This makes SAPS-3 the most accurate predictor of mortality in this study. These findings underscore the reliability of SAPS-3 in clinical settings for assessing patient outcomes.

Abstract ID: PP-177-R185

Topic: Basic Anaesthesia

Title: The role of opioid-sparing anesthesia in post-operative cognitive dysfunction among elderly patients undergoing laparoscopic surgery, a double blinded randomized control study.

Presenting Author: DR. DIPAYAN MISTRY

Co-authors: Dipayan Mistry, Puneet Khanna

Background Aims & Objectives: Postoperative cognitive decline (POCD) affects up to 40% of non-cardiac surgery patients. Opioids, crucial for anesthesia, raise concerns about cognitive effects, prompting a shift towards opioid-free anesthesia (OFA). Elderly patients undergoing laparoscopic gastrointestinal surgeries face heightened cognitive risks. Opioid-sparing analgesia is need of the hour, owing to the studies linking cognitive impairment to opioid dosage. OFA, using non-opioid adjuncts, shows feasibility in reducing morphine consumption and improving postoperative well-being.

Material & Methods: On inclusion, consent obtained and preoperatively, cognitive dysfunction and delirium assessed using ACE-3 and DRS-R- 98 scale of patients over 60 years undergoing laparoscopic abdominal surgeries and randomised into two groups, in group A, where fentanyl and morphine was used and group B, where lignocaine and dexmedetomidine used intraoperatively, with paracetamol and NSAIDs common in both groups for analgesia. Post operative delirium was assessed twice, immediately and 24 hours post operatively, and POCD assessed 24-48 hours and 30 days post surgery respectively. Analysis has been done for 96 patients in total, 48 from each group using Independent Samples Students T-test.

Results: DRS R 98 scores are significantly different between opioid sparing and opioid using anesthesia immediately post operatively, and ACE3 scores are significantly different at 24-48 hours post operatively, whereas both the scores are not significantly different at 24 hours and 30 days post operatively respectively

Conclusions: Conclusion(s): Opioids and opioid sparing anesthesia shows significant difference in both post operative delirium and post operative cognitive dysfunction whereas the scores of delirium after 24 hours and cognitive dysfunction 30 days postoperatively respectively show no significant difference.

Abstract ID : PP-177-R184

Topic: Basic Anaesthesia

Title: Perioperative opioid consumption and post operative neurocognitive dysfunction in elderly patients undergoing laparoscopic surgeries: An observational study

Presenting Author: DR. DIPAYAN MISTRY

Co-authors: Dipayan Mistry, Puneet Khanna, Nitin Choudhary

Background Aims & Objectives:

Background: Opioids are essential component of balanced anaesthesia with significant role in the successful management of intraoperative and postoperative pain. But lately there have been growing concerns regarding the adverse effects of opioids on postoperative cognitive outcome with higher postoperative morbidity show that significant cognitive impairment is associated with parenterally administered opioids and that these decrements are dose related.

Aims and objectives

To determine association between opioid consumption and postoperative cognitive dysfunction in elderly patients undergoing laparoscopic surgeries

Material & Methods: In this regard, a study was conducted on 100 patients above 60 years age of either sex belonging to American Society of Anaesthesiologist's (ASA) physical status I-III undergoing laparoscopic surgery lasting more than 60 minutes. The postoperative cognitive dysfunction (POCD) of these patients were assessed using Addenbrooke Clinical Examination (ACE-III) questionnaire at the end of 48 hours and at 30 days of surgery along with correlating it with the total amount of opioids used intraoperatively and post operatively. POCD was defined as postoperative ACE-III score of less than 83 and score between 83-87 is taken as inconclusive. .

Results: In this study, we found no significant positive or negative correlation between the POCD and opioid consumption however, the patients who received morphine did not have clinically significant effect on incidence of POCD 24 hours postoperatively($p=0.139$) but significant difference was observed in incidence of POCD 30 days postoperatively. ($p<0.05$)

Conclusions: These findings underscore the need for personalized approaches to pain management in the perioperative setting, taking into account factors such as opioid type and patient characteristics.

Abstract ID: PP-178-S200

Topic: Obstetric Anaesthesia

Title: Sterile water injection for second stage labor analgesia in high risk cardiac parturient: step towards safe and respectful childbirth

Presenting Author: DR. PRIYANKA

Co-Authors: Dr. Priyanka, Dr. Bharti Wadhwa, Dr. Amit Kohli, Dr. Nity N Ekka, Dr Ashwin C S

Background Aims & Objectives: Introduction: Labor analgesia in high-risk parturients with cardiac disease mitigates catecholamine surge. We managed a primigravida with severe valvular heart disease using a multimodal approach including sterile water injection for safe labor.

Material & Methods: A 27-year-old primigravida in active labor with severe mitral stenosis, tricuspid regurgitation, and moderate pulmonary arterial hypertension, was posted for controlled vaginal delivery under epidural labour analgesia. Unfortunately due to logistic constraints, epidural catheter could not be administered. An alternative multimodal approach was adopted, including systemic analgesics and sterile water injection over Michaelis rhomboid points. A successful vaginal delivery assisted with outlet forceps was achieved with good maternal fetal outcomes with good maternal fetal outcomes. This case highlights the adaptability and efficacy of alternative analgesic strategies in managing high-risk obstetric patients, particularly in settings where dedicated labor analgesia services may not be available.

Results: Effective labor pain management is essential in patients with MS and PAH to prevent increased sympathetic activity and potential cardiac complications. In this case, SWI, combined with systemic analgesia, provided substantial pain relief and maintained stable hemodynamics. This approach is particularly useful in resource-limited settings, where traditional analgesic options may be limited.

Conclusions: Sterile water block in combination with systemic analgesia can be a suitable alternative for 2nd stage analgesia especially in resource limited settings

Abstract ID: PP-186-S198

Topic: Paediatric Anaesthesia

Title: Anaesthetic management of a child with congenital diaphragmatic hernia scheduled for herniorrhaphy

Presenting Author: DR. SHRADDHA SRIVASTAVA

Co-Authors: Dr Shraddha Srivastava, Dr Shishir Agarwal, Dr Meenakshi Moorthy

Background Aims & Objectives: A congenital diaphragmatic hernia occurs when there is a defect in the diaphragm causing protrusion of abdominal organs in the thoracic cavity. It is a potentially life threatening condition, the severity of which can be dependent on the extent of lung hypoplasia and pulmonary hypertension. The immaturity of the respiratory and cardiovascular systems contributes to high morbidity and mortality.

Intraoperative management should ensure adequate gas exchange, close monitoring, prevention of aspiration, and pain management after procedure

Material & Methods: In this case presentation of a 11 Years old male with left sided congenital diaphragmatic hernia scheduled for correction of hernia who came with symptoms of gastritis and mild dyspnea on exertion and diagnosed on a chest X ray . We discuss the intraoperative management for surgery. The surgery was performed without any clinically significant hemodynamic or respiratory adverse effects. The child was then shifted to the pediatric ICU on mechanical ventilator support for further management.

Results: Late onset CDH are more difficult to diagnose as sign and symptoms become chronic, vague, and inconsistent.

Conclusions: This case report details the successful intraoperative and postoperative management of a rare late onset CDH and importance of a tailored anesthetic approach.

Abstract ID : PP-185-S197

Topic: Onco-anaesthesia

Title: Evolving trends in the perioperative management of myasthenia gravis – our experience, a case series

Presenting Author: DR. SHRUTI RAJA

Co-authors: Dr Basanth Kumar Rayani, Dr Vibhavari Naik

Background Aims & Objectives: Myasthenia gravis poses a significant challenge to anaesthesiologists in the perioperative period1. Out of 21 thymectomies in the past 3 years, we have had 5 patients who presented with Myasthenia gravis of varying degrees of severity. Here we present the perioperative course of these five patients who underwent thymectomies.

Material & Methods: This is a retrospective review of 5 patients of myasthenia gravis who underwent thymectomy. The symptom burden, anaesthetic technique, surgical procedure, duration of mechanical ventilation after surgery, duration of ICU stay and length of hospital stay was recorded.

Results: Out of the five patients, two were known cases of Myasthenia gravis on immunosuppressive therapy. One of them had late severe myasthenia gravis (Grade IV Osserman Genkins classification) with a history of multiple myasthenic crises requiring mechanical ventilation in the past, who was successfully managed with remifentanil and propofol, a technique where neuromuscular blockade could be avoided2,3. The other patient presented with a concurrent renal cell carcinoma requiring nephrectomy which further posed a challenge in anaesthetic management. Neuromuscular blockade varied among patients; one received a Rocuronium – Sugamadex anaesthesia neuromuscular blockade technique4,5. Two out of five patients developed respiratory infections in the post operative period, one patient developed post operative atrial fibrillation

Conclusions: Anaesthesia, especially the neuromuscular blockade can be challenging for the anaesthesiologists in settings. Here, we present our experience in the peri operative management with Myasthenia gravis and the changes in our practice with the advent of neuromuscular blockade reversal with Sugamadex and target controlled Remifentanil-Propofol infusions.

Abstract ID: PP-112-S195

Topic: Basic Anaesthesia

Title: MANAGEMENT OF CASE OF ACTINOMYCOSIS OF SCALP POSTED FOR DEBRIDMENT.

Presenting Author: DR. KASTURI DASH

Co-Authors: Dr Kasturi Dash, Prof. (Dr.) Lingaraj Sahu

Background Aims & Objectives: Actinomycosis are a group of Gram-positive anaerobic bacteria, typically presenting as abscesses and soft tissue destruction. Scalp is highly vascular part & risk of Bleeding is more.

This is a Case Report of 21Year Old Male Presented to the Surgical OPD with sustained trauma & wound on back of head few years back. . PLAN– Debridment under GA.

Material & Methods: Patient was Shifted to Operation Theatre after councelling & consent regarding the procedure. Airway was assessed. Preoperatively adequate fluid resuscitation was given with Ringer Lactate. Two 18G IV lines were secured. IBP(Radial artery), SpO2, ECG monitor connected. Inj. Glycopyrrolate 0.2mg iv, Inj Midazolam 1mg iv, Inj Nalbuphine 10mg iv given as premedicants. As the patient unable to sleep in supine position Inj. Ketamin 30 mg i.v. given.After preoxygenation with 100% O2,the patient was induced with Inj Propofol 120mg iv & intubated with Inj Succinylcholine 100mg iv. Wire reinforced flexometallic of 7.5 size was used for intubation. After conforming equal bilateral air entry the tube was fixed at 21 mark. Catheterisation done to monitor urine output.The surgery was started in prone position. The patient developed haemorrhagic shock (>2 L loss with in 30 minutes) intra-operatively. This was managed with rapid infusion of crystalloid, colloid and blood. No iontropes required intra-operatively.

Results: The heart rate and blood pressure settled with in 1 hour of treatment. ABG was done at the end of surgery and found with in normal limit. There was slight hypothermia (35.2.C). urine output was 70 ml during surgery. The patient was extubated and shited to HDU for monitoring purpose.

Conclusions: Timely volume replacement in patient of haemorrhagic shock improves the outcome of patient and decreases morbidity.

Abstract ID: PP-43-S192

Topic: Airway Management

Title: Airway management options in adult tracheo-oesophageal Fistula

Presenting Author: DR. MANDEEP SINGH

Co-Authors: Dr Mandeepsingh, Dr Sangeeta Khanna, Dr Jyotirmoy Dass

Background Aims & Objectives: The aetiology of acquired tracheo-oesophageal fistula (TOF) can be divided into benign and malignant causes. Malignancy arising from trachea, oesophagus, larynx and lymph nodes contribute to approximately 50% cases of acquired TOF. Iatrogenic causes, trauma and infection (tuberculosis, HIV) contribute to the rest 50% cases. More than 75% of the benign aetiology arises from the endotracheal cuff related trauma following prolonged mechanical ventilation. The fistulous communication can develop as early as 12 days to as late as 200 days after intubation. Spontaneous closure is rare in benign TOF and patients are often posted for surgical repair or placement of stents. Anaesthetic management is challenging in terms of malnutrition, poor lung function, airway management and oxygenation issues and peri operative pulmonary rehabilitation.

Material & Methods: The three cases highlight the challenges faced by the anaesthesiologists during airway management and oxygenation.

Results: The three cases highlight the challenges faced by the anaesthesiologists during airway management and oxygenation.

Conclusions: The three cases represent various airway management techniques in such challenging surgeries. In addition, jet ventilation can be used if available. Moreover, the patient should be fast tracked to protect the repaired site from prolonged post operative ventilation. A close communication between the anaesthesiologist and the surgeon and the endoscopist is essential for smooth perioperative management of such patients.

Abstract ID: PP-183-S191

Topic: Airway Management

Title: Oropharyngeal bleed control in Refractory ITP patient with severe Thrombocytopenia for Laparoscopic Splenectomy

Presenting Author: DR. KIRTI MEHRA

Co-authors: Dr Bharti Wadhwa, Dr Ankita Verma

Background Aims & Objectives: A 44-year-old female with Idiopathic Thrombocytopenic Purpura (ITP) presented for laparoscopic splenectomy due to refractory thrombocytopenia, despite treatment with methylprednisone and Dapsone. Her condition was complicated by a history of easy bruising, gum bleeding, rectal bleeding, and menorrhagia, with a computed tomography scan showing a normal spleen and two accessory spleens.The primary objective was to manage the patient's airway safely during laparoscopic splenectomy while minimizing the risk of bleeding and maintaining stable perioperative haemodynamics.

Material & Methods: Preoperatively, the patient received eight units of random donor platelet concentrate, with additional units prepared for intraoperative use. General anaesthesia was induced using fentanyl, thiopentone sodium, and vecuronium, with an i-gel® supraglottic device chosen for initial airway management to reduce the risk of airway trauma. During the procedure, an airway complication arose, indicated by a leak from the supraglottic device, increased airway pressures, and elevated end-tidal CO2. The i-gel® was replaced with a 6.5 mm cuffed endotracheal tube under video laryngoscopy, performed by an expert anaesthesiologist. Ventilation was restored, and surgery continued without further airway issues.

Results: Despite the airway complication, the patient was extubated awake postoperatively, maintaining stable oxygenation. Postoperative care included pain management with intravenous tramadol, and the patient had an uneventful recovery.

Conclusions: This case underscores the importance of careful airway management in patients with ITP undergoing surgery. The initial use of a supraglottic device minimized trauma risks, while the timely switch to an endotracheal tube effectively managed intraoperative airway complications. Meticulous planning, expert anaesthetic intervention, and proactive management of potential bleeding risks were critical to the successful outcome.

Abstract ID: PP-181-S187

Topic: Paediatric Anaesthesia

Title: Anaesthetic Management in a Patient with Kabuki Syndrome

Presenting Author: DR. ISHA GUPTA

Co-authors: Dr. Isha Gupta

Background Aims & Objectives: Kabuki Syndrome is one of the rare congenital syndrome presenting with multiple organ abnormalities, peculiar facial features and mental retardation. The aim of this case was to describe the anaesthetic approach to a patient with Kabuki Syndrome

Material & Methods: Case report: A patient with Kabuki syndrome was posted for open orchidopexy. On physical examination, shown were long palpebral fissure, arched eyebrows, prominent malformed ears, short nasal septum and a short neck. There were also deformities in the fingers and toes, poor oral hygiene with loose incisor teeth. The skin was elastic and joints were lax. The laryngoscopy showed Grade 2 Cormack and Lehane view of the larynx. The patient remained stable intraoperatively and was extubated without any complications. The patient was then transported to the post anaesthetic care unit.

Results: Anaesthetist should be aware of any possible difficult intubation, cardiac lesions, respiratory problems, neurological, and musculoskeletal disorder when managing patient with Kabuki Syndrome.

Conclusions: Anaesthetist should be aware of any possible difficult intubation, cardiac lesions, respiratory problems, neurological, and musculoskeletal disorder when managing patient with Kabuki Syndrome.

Abstract ID: PP-176-S183

Topic: Regional Anaesthesia

Title: ANAESTHESTIC MANAGEMENT OF A PATIENT WITH KYPHOSCOLIOSIS WITH CARCINOMA PROSTATE POSTED FOR TRANSURETHRAL RESECTION OF PROSTATE

Presenting Author: DR. MEDIDI SREE RAMA MANIKANTA PAVAN

Co-authors: Dr. Anurag Srivastava, Dr. Gyan Prakash Singh, Dr. Prem Kumari Bhamri, Dr. S.K.Mukherjee, Dr. Neha Sharma, Dr. Prakrithi Gupta

Background Aims & Objectives: The aim of presenting this case is to report the encountered problems and how the case was managed successfully with taylors approach

Material & Methods: 55-year-old male patient with complaints of lower abdominal pain and difficulty in micturition since 6 months.

- Patient was moderately built, poorly nourished, Height – 148 cm, weight – 65kgs, BMI – 30.9kg/m2. MPG – Grade 2, adequate mouth opening and full range of neck movements. Thorough preoperative evaluation was done. All investigations were normal except pulmonary function tests shows severe restrictive pattern.
- Chest X-ray shows kyphosis with trachea shifted to right with normal lung fields. PFT showed a restrictive pattern, 2D ECHO – EF -66%, mild AR , and mild PAH.
- Surgery was planned under spinal anaesthesia. Standard ASA monitoring was connected. Intravenous access was secured by using 18 G IV cannula on left forearm.
- Spinal anaesthesia 3ml of 0.5% Bupivacaine with 25mcg of fentanyl was given through Taylor's approach.
- Intraoperative events are uneventful, & patient shifted to the post-operative ward

Results: successful management of anesthesia for a patient with kyphoscoliosis.

Conclusions: We are pleased to present our successful management of anesthesia for a patient with kyphoscoliosis.

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