



News Letter

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INDIAN SOCIETY OF NEUROANAESTHESIOLOGY AND CRITICAL CARE



Editor in Chief : Hari Hara Dash

Dept. of Neuroanaesthesiology & Chief, Neurosciences Centre

All India Institute of Medical Sciences, New Delhi-110 029



*Indian Society of Neuroanaesthesiology
and Critical Care*

*Wishes
Happy & Prosperous*

New Year
2009



Indian Society of Neuroanaesthesiology and Critical Care

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From the Editor's desk

Dear Friends,

Ten years in the life of a society seems to be adequate enough for the healthy growth of a society. Our ISNACC has just put its feet on the threshold of 10 years from 1st January 2009. Therefore, It is imperative to look back and evaluate our progress and plan for further progress.

*In the **membership drive** we are marching slowly and very slowly. All the members should take cognizance of this and try to motivate their junior colleagues to enroll as members of ISNACC. If each member can enroll one or two members then it would be great for our society. May I appeal to all our members to please motivate your junior colleagues to be a member of our society.*

*Ours is the only society which encourages the junior colleagues and post graduates **to visit different centres** and accrue the recent development in the field of neuroanaesthesia and critical care. The response this time, however, is totally disheartening and appalling. May I appeal our senior members to take proactive steps in this regard and encourage their junior colleagues to visit other centres and reap the maximum benefit not only for their own self but also for their institution.*

*Our dreams to have our **own journal** is also facing lot of road blocks. To overcome these stumbling blocks I encourage my junior colleagues and others to write scientific papers which were published in 2008. But, all my efforts went in vain. Despite my long wait I am yet to receive any scientific papers till the fall of 2008. May I once again appeal all our members to submit their scientific research and observations to our News Letter so that their work is published and recognized.*

Last year, 2008, will be remembered by us in India because of our 1st individual gold in shooting in the Beijing Olympics, crowning glory in 1st 20-20 World Cup Cricket and conquering the non-invincible cricketing giant (Australian) in their backyard and also in the home turf.

*Beijing will be remembered for years to come not only for its extravaganza in organizing Olympics in the 2008 but also for organizing the **1st Asian Congress of Neuroanaesthesia and the Critical Care (Nov. 28th-1st Dec.)**. Four Indian speakers were invited to deliver lecture in that conference and 6 delegates from India participated. The formation of Asian Society of Neuroanaesthesia has become a reality and the 2nd Annual Conference will be held in Delhi.*

Every year bring its own delight, excitement, dream and new resolutions. What about our dreams and new objectives in 2009? As members of ISNACC we have the potential of raising audacious hope. In fact the 2008 gloom (economic and extremist attack in Mumbai) would give way to distinct optimism. When our Cricketers are confident of emerging as No. 1 team in 2009 why not our ISNACC? Let's apply our minds in a focused way so that our society achieve a healthy and prosperous growth.

I wish all our members a very happy and peaceful new year.

H.H. DASH

Editor-in-Chief

President's Address

Dear Colleagues

I want to start by wishing all the members of our society a very happy prosperous and above all a peaceful new year. It is 10 years since the Indian Society of Neuroanaesthesia and Critical Care was formed. It seems only yesterday that we met in Delhi for the first meeting. The first meeting was in the capital of India in the north of our country. It is apt that we celebrate the 10th anniversary in the south in this beautiful setting of 'God's own country'.

At this juncture when we have finished 10 years of our existence, perhaps it is time for some introspection. What were our initial goals and how far have we accomplished them? . We have achieved many things. We have a common bond not only among our society members but also with a few international faculty and friends. We have a website, a common platform to discuss issues though it has not been utilized optimally. We have a newsletter which Prof. Dash has taken a keen interest in bringing out, though the contribution by us the members need improvement. Our membership has risen slowly but steadily. However what is important is not the numbers as much as the quality. Our aim should be to get together a group that is committed to the advancement of the society. What is our role as specialists in this country with diverse practices and opportunities? Our members come from different backgrounds. We have some institutions which require the services of a full time neuroanaesthetist, and others which have non-neuroanaesthetists giving neuroanaesthesia occasionally. Therefore I envisage the role of our Society as two.

1. To encourage advances in neuroanaesthesia and critical care including training and research relevant to our country.

There are very few books available on neurosciences relevant to neuroanaesthesia practice. Even the ones which are available are old editions. Is it because the progress has been slow in this field and there is nothing new to write? If it is so, is it time that we Indian anaesthetists get involved in more research? We may not be rich in resources but we have great clinical wealth.

2. To give an opportunity for the occasional neuroanaesthetist to have access to materials in order to improve his or her practice.

In my opinion we are a long way away from only neuroanaesthetists managing neuro related procedures. Most people in our country don't have access to some of the anaesthetic agents that the developed countries have, or even if available, they are prohibitively expensive. Can we come out with a handbook on Neuroanaesthesia which will take into account this fact and modify perhaps the anaesthetic to our circumstances which will be useful for not only full time neuroanaesthetists, but the occasional neuroanaesthetist as well?

What is our role as specialists and teachers in our country? Have our practices become defensive? Do we teach our youngsters cost effective care? With the economic slowdown looming large in every sphere, what is our role? Do we make an active effort to reduce cost to our patients? Do we ensure that we don't waste our resources? Where do we draw the line between meaningful research and drug promotion? These are easy questions to ask but difficult to practice. But as long as these questions are frequently asked, perhaps with every anesthetic, seeds will be sown in our juniors. For anybody to be happy, one has to feel one is making a difference. Let us try to make that difference wherever we are, whether in service, teaching, research or administration.

We had our 1st meeting of the Asian Society of Neuroanaesthesia in Beijing, China at the end of November 2008. Considering this was the first meeting, the representation was good. This was an opportunity for us to build ties with other Asian countries but some of our close neighbours were not present. Though we are not politicians we have a role as responsible citizens to unite people in our country, as well as to care for our neighbours... I am sure all of us are looking forward to strengthening our bond with each other in Trivandrum. Let us extend it to Delhi in 2010.

Let me take this opportunity to thank all the office bearers for their support and active participation in all the activities of the Society. Special thanks are due to the organizers of this conference for the meticulous and advanced planning. I am sure an excellent meeting is awaiting us.

Grace Korula

Abstracts

Nimodipine in aneurysmal subarachnoid hemorrhage: a randomized study of intravenous or peroral administration

Kronvall E, Undrén P, Romner B, Säveland H, Cronqvist M, Nilsson OG

J Neurosurgery 2008, Oct 10

Object: The calcium antagonist nimodipine has been shown to reduce the incidence of ischemic complications following aneurysmal subarachnoid hemorrhage (SAH). Although most randomized studies have been focused on the effect of the peroral administration of nimodipine, intravenous infusion is an alternative and the preferred mode of treatment in many centers. It is unknown whether the route of administration is of any importance for the clinical efficacy of the drug.

Methods: One hundred six patients with acute aneurysmal SAH were randomized to receive either peroral or intravenous nimodipine treatment. The patients were monitored for at least 10 days after bleeding in terms of delayed ischemic neurological deficits (DINDs) and with daily measurements of blood flow velocities in the middle cerebral arteries by using transcranial Doppler ultrasonography. Three months after SAH, clinical outcome and new cerebral infarctions according to MR imaging studies were recorded.

Results: Baseline characteristics (age, sex distribution, clinical status on admission, radiological findings, and aneurysm treatment) did not differ between the treatment groups. There was no significant difference in the incidence of DINDs (28 vs 30% in the peroral and intravenous groups, respectively) or middle cerebral artery blood flow velocities (> 120 cm/second, 50 vs 45%, respectively). Clinical outcome according to the Glasgow Outcome Scale was the same in both groups, and there was no difference in the number of patients with new infarctions on MR imaging.

Conclusions: The results suggest that there is no clinically relevant difference in efficacy between peroral and intravenous administration of nimodipine in preventing DINDs or cerebral vasospasm following SAH.

Abnormal Responses of the Human Cerebral Microcirculation to Papaverin During Aneurysm Surgery

Pennings FA, Albrecht KW, Muizelaar JP, Schuurman PR, Bouma GJ.

Stroke 2008, Oct 9

Background and Purpose: The role of the cerebral microcirculation in delayed ischemia after subarachnoid hemorrhage remains obscure. To test the hypothesis that cerebral arterioles have a reduced capacity to dilate after subarachnoid hemorrhage, we studied the microvascular responses to papaverine (PPV) in patients undergoing aneurysm surgery. Method-In 14 patients undergoing aneurysm surgery, the diameter changes of cortical microvessels after topical application of PPV were observed using orthogonal polarizing spectral imaging.

Results: In control subjects, neither arterioles nor venules showed diameter changes in response to topical PPV. In patients operated < 48 hours after subarachnoid hemorrhage, PPV resulted in vasodilatation of arterioles with $45 \pm 41\%$ increase in arteriolar diameter ($P=0.012$). In 2 of these patients, arteriolar diameter returned below baseline value. In patients undergoing late aneurysm clipping, the diameter increase of the arterioles after PPV was $25 \pm 24\%$ (not significant). In 2 patients of this group, no vasodilatation but focal arteriolar narrowing occurred.

Conclusions: In patients with subarachnoid hemorrhage, unpredictable response patterns to PPV were observed with "rebound" vasoconstriction suggesting increased contractility of the microcirculation. Yet, diminished vasodilatory capacity of the cerebral microcirculation after subarachnoid hemorrhage was not confirmed by this study.

Hypothermia Pediatric Head Injury Trial Investigators and the Canadian Critical Care Trials Group. Hypothermia therapy after traumatic brain injury in children

Hutchison JS, Ward RE, Lacroix J, Hébert PC, Barnes MA, Bohn DJ, Dirks PB, Doucette S, Fergusson D, Gottesman R, Joffe AR, Kirpalani HM, Meyer PG, Morris KP, Moher D, Singh RN, Skippen PW

N Engl J Med. 2008 Jun 5; 358(23):2447-56

Background: Hypothermia therapy improves survival and the neurologic outcome in animal models of traumatic brain injury. However, the effect of hypothermia therapy on the neurologic outcome and mortality among children who have severe traumatic brain injury is unknown.

Methods: In a multicenter, international trial, we randomly assigned children with severe traumatic brain injury to either hypothermia therapy (32.5 degrees C for 24 hours) initiated within 8 hours after injury or to normothermia (37.0 degrees C). The primary outcome was the proportion of children who had an unfavorable outcome (i.e., severe disability, persistent vegetative state, or death), as assessed on the basis of the Pediatric Cerebral Performance Category score at 6 months.

Results: A total of 225 children were randomly assigned to the hypothermia group or the normothermia group; the mean temperatures achieved in the two groups were 33.1+/-1.2 degrees C and 36.9+/-0.5 degrees C, respectively. At 6 months, 31% of the patients in the hypothermia group, as compared with 22% of the patients in the normothermia group, had an unfavorable outcome (relative risk, 1.41; 95% confidence interval [CI], 0.89 to 2.22; P=0.14). There were 23 deaths (21%) in the hypothermia group and 14 deaths (12%) in the normothermia group (relative risk, 1.40; 95% CI, 0.90 to 2.27; P=0.06). There was more hypotension (P=0.047) and more vasoactive agents were administered (P<0.001) in the hypothermia group during the rewarming period than in the normothermia group. Lengths of stay in the intensive care unit and in the hospital and other adverse events were similar in the two groups.

Conclusions: In children with severe traumatic brain injury, hypothermia therapy that is initiated within 8 hours after injury and continued for 24 hours does not improve the neurologic outcome and may increase mortality.

General anaesthesia versus local anaesthesia for carotid surgery (GALA): a multicentre, randomised controlled trial

GALA Trial Collaborative Group

Lancet 2008 Nov 26

Background: The effect of carotid endarterectomy in lowering the risk of stroke ipsilateral to severe atherosclerotic carotid-artery stenosis is offset by complications during or soon after surgery. We compared surgery under general anaesthesia with that under local anaesthesia because prediction and avoidance of perioperative strokes might be easier under local anaesthesia than under general anaesthesia.

Methods: We undertook a parallel group, multicentre, randomized controlled trial of 3526 patients with symptomatic or asymptomatic carotid stenosis from 95 centres in 24 countries. Participants were randomly assigned to surgery under general (n=1753) or local (n=1773) anaesthesia between June, 1999 and October, 2007. The primary outcome was the proportion of patients with stroke (including retinal infarction), myocardial infarction, or death between randomisation and 30 days after surgery. Analysis was by intention to treat. The trial is registered with Current Control Trials number ISRCTN00525237.

Findings: A primary outcome occurred in 84 (4.8%) patients assigned to surgery under general anaesthesia and 80 (4.5%) of those assigned to surgery under local anaesthesia; three events per 1000 treated were prevented with local anaesthesia (95% CI -11 to 17; risk ratio [RR] 0.94 [95% CI 0.70 to 1.27]). The two groups did not significantly differ for quality of life, length of hospital stay, or the primary outcome in the prespecified subgroups of age, contralateral carotid occlusion, and baseline surgical risk.

Interpretation: We have not shown a definite difference in outcomes between general and local anaesthesia for carotid surgery. The anaesthetist and surgeon, in consultation with the patient, should decide which anaesthetic technique to use on an individual basis.

Perioperative beta blockers in patients having non-cardiac surgery: a meta-analysis

Bangalore S, Wetterslev J, Pranesh S, Sawhney S, Gluud C, Messerli
FH Division of Cardiology, Brigham and Women's Hospital, Boston, MA, USA

Lancet 2008 Nov 10

Background: American College of Cardiology and American Heart Association (ACC/AHA) guidelines on perioperative assessment recommend perioperative beta blockers for non-cardiac surgery, although results of some clinical trials seem not to support this recommendation. We aimed to critically review the evidence to assess the use of perioperative beta blockers in patients having non-cardiac surgery.

Methods: We searched Pubmed and Embase for randomised controlled trials investigating the use of beta blockers in non-cardiac surgery. We extracted data for 30-day all-cause mortality, cardiovascular mortality, non-fatal myocardial infarction, non-fatal stroke, heart failure, and myocardial ischaemia, safety outcomes of perioperative bradycardia, hypotension, and bronchospasm.

Findings: 33 trials included 12 306 patients. beta blockers were not associated with any significant reduction in the risk of all-cause mortality, cardiovascular mortality, or heart failure, but were associated with a decrease (odds ratio [OR] 0.65, 95% CI 0.54-0.79) in non-fatal myocardial infarction (number needed to treat [NNT] 63) and decrease (OR 0.36, 0.26-0.50) in myocardial ischaemia (NNT 16) at the expense of an increase (OR 2.01, 1.27-3.68) in non-fatal strokes (number needed to harm [NNH] 293). The beneficial effects were driven mainly by trials with high risk of bias. For the safety outcomes, beta blockers were associated with a high risk of perioperative bradycardia requiring treatment (NNH 22), and perioperative hypotension requiring treatment (NNH 17). We recorded no increased risk of bronchospasm.

Interpretation: Evidence does not support the use of beta-blocker therapy for the prevention of perioperative clinical outcomes in patients having non-cardiac surgery. The ACC/AHA guidelines committee should often their advocacy for this intervention until conclusive evidence is available.

NEWS LETTER RETURNED BACK

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Elegy for a legendary Anaesthesiologist

Anaesthesiology, to be more specific the sub-speciality of Cardiovascular Anaesthesia lost one of its legends in the early hours of 10th September 2008 when Dr. Varikaplamoottil Abraham Punnoose passed away at the age of 73. He was born in a village called Mallapally in Kerala on 23rd February 1935. After an internship and a brief flirtation with Biochemistry at Kasturba Medical College, Manipal, he became one of the anaesthesiologist in Manipal Hospital in 1961. He started the Department of Anaesthesiology at Manipal and was virtually running 4 to 5 operation theatre at a time. In 1963, it was his dedicated effort which witnessed the first open heart surgery to be carried out at Manipal Hospital.

By this time, he had made up his mind to be a part and parcel of the Anaesthesiology discipline. Soon he joined the M.D. (Anaesthesiology) at AIIMS in 1965 and passed out the final examination in flying colours in 1967. His sincerity and dedication towards patient instrumental in getting him the steadily he became the not only the "apple of eye" of G.R. Gode, who had sent him for Green Lane Hospital, New Anaesthesia till 1983.

He had a cherished desire to see Anaesthesiology to blossom. not liked by most including I. a great visionary of

Teaching in the class, inside the was his passion and I think he and guidance during the thesis for the post-graduates. His

surgery under cardiopulmonary bypass and anaesthetic management of patients for thymectomy in patients with myasthenia gravis are still considered as outstanding clinical research papers.

After resigning from AIIMS he joined University of Jos, Nigeria as Prof. and Head of Anaesthesiology from 1983-1989. Again he joined University of Jos in 1992 and worked till 1996 after working as a Commonwealth Professor of Anaesthesiology in Ghana (1989-1992). He joined St. Stephen's Hospital in 1996. He continued his academic addiction till he breathed his last breath in St. Stephen's Hospital. All his life he never accepted accolades or rewards. Despite his reluctance he was honoured with "Lifetime Achievement Award" by the Indian Association of Cardiovascular Thoracic Anaesthesiology (IACTA).

Behind the success of every great person there always is a great lady. Dr Padmini, his wife, a paediatrician was of tremendous and unfaltering support to him since their marriage in 1960. His son, Anil was so motivated by his father's dedication towards "Anaesthesiology" he took up Anaesthesia as carrier and now a Cardiac Anaesthesiologist.

He is no more with us. But, he will continue to twinkle in the distant sky as a bright star. Best way to remember such a great master and pay our humble tribute is to follow his foot steps and let's dedicate ourselves to teaching and training of postgraduates in Anaesthesia like our great teacher. May his soul rest in peace.



Dr. (Prof.) V. A. Punnoose
(23.02.1935 – 10.09.2008)

care during postgraduation was faculty position at AIIMS. Slowly and backbone of the Department. He was Prof. (Col.) G.C. Tandon but also of Prof. training in cardiac anaesthesia at Zealand. He was the Chief of Cardiac

the superspeciality in Though, his idea of separation was Now, when I look back I admire him as superspecialities in Anaesthesiology.

OT and during preoperative round was addicted to academics. His help work was like a dose of vasopressure publication pertaining to open heart

TRAVEL GRANT

ISNACC will award Travel Grant to suitable candidates to either visit one of the premier Neuroanaesthesiology centres in India or to present one or more free papers in the ISNACC annual conference. A fixed sum of Rs. 10,000/- each will be awarded to 2 candidates who must fulfill the following criteria:

- Should be a life member of ISNACC.
- If the grant is for attending the annual conference, he or she must present a free paper as first author.
- Should provide a certificate attesting that he or she is a Junior Resident or Senior Resident.

Application along with documents supporting your candidature should reach the ISNACC Secretariat by 31 December 2009.

RESEARCH GRANT

ISNACC will award one research grant to a suitable candidate to carry out clinical research in the field of Neuroanaesthesia and critical care in India. A fixed sum of Rs. 10,000/- will be awarded to one candidate who must fulfill the following criteria:

- Candidate must be a life member of ISNACC
- Working certificate in Dept. of Neuroanaesthesia has to be submitted from the HOD.
- Ethics committee's approval is mandatory.
- Information pertaining to any other financial assistance for the project from other sources must be provided.
- Four copies of the research project, in the proper format should be submitted to the Secretariat on or before 31st December 2009.

NEWS ITEM

1. Dr Zulfiqar Ali, Dr Deepak Singh and Dr P.K.S. Laithangbam have passed D.M. Neuroanaesthesia in December 2008 from AIIMS, New Delhi.
2. Dr Sriganesh K has passed D.M. Neuroanaesthesia in December 2008 from SCTIMST, Thiruvananthapuram, Kerala

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Scientific Sessions

Day 1 (29.1.09)

- 8 A.M. – 6 P.M **Registration**
6.30 – 6.35 P.M Formal Inauguration of CME
6.35 P.M – 7.15 P.M Pre dinner Session I

Oration I – Prof. G.R.Gode Oration

Chairpersons: *Prof.H.H.Dash / Dr.Padmaja Durga*

Topic: **Resuscitation of Ischemic brain**
 By Dr.Mary Abraham

- 7.20 P.M – 7.50 P.M Session II

Chairpersons: *Prof. Parmod Bithal / Dr. Nidhi Panda*

Topic: **"Anesthesia for Neurosurgical Procedures requiring evoked potential monitoring"**
 By Dr.Grace Korula

- 08.00 P.M –10.30 P.M **Dinner**

Day 2 (30.1.09)

- 9 A.M. – 10.00 A.M Session I:

Chairpersons: *Dr. K.J.Choudhury / Dr.Laxmi L Kamat*

Topic 1: **"Current concepts on osmotherapy in a brain injured patient"**
 By Prof G.Umamaheswar Rao

Topic 2: **"Recent Trends in the Management of Intracerebral vasospasm following Aneurysm Surgery"**
 By Prof H.H.Dash

Oration II – Dr. Malathi Memorial Orations

- 10.00 A.M –10.45 A.M

Chairpersons: *Prof G.Umamaheswar Rao/Dr.Badrinarayan V*

Topic: **"Airway management of patients with cervical spine disease "**
 By Dr.Pirjo Manninen

- 10.45 A.M –11.00 A.M **Tea Break**

- 11.00 A.M – 12.00 P.M Session II

Chairpersons: *Dr. V. Bibhukalyani Das / Dr.P.K.Dash*

Topic 1: **Advances in management of head injuries**
 By Dr. Luzius Steiner

Topic 2: **"Transspenoidal hypophysectomy and endocrine problems"**
 By Dr. Karen B Domino

- 12.00 Noon– 01.00 P.M

Chairpersons: *Dr.Parmeswara / Dr. Chidanand Swamy*

Topic 1: **What's new for brain function monitoring? (for anaesthesia awareness)?"**
 By Dr. Matthew Chan

Topic 2: **Of mice and men: anesthetic neurotoxicity in neonates**
 By Dr. Piyush M Patel

- 12.30 P.M – 3.00 P.M **Lunch Time**
- 1.30 P.M – 2.30 P.M **Poster Presentation session (1)**
Judges: *Prof G.UmamaheswarRao /Dr.Rajashree U Gandhe / Dr.Sriganesh*
- Poster Presentation session (2)**
Judges: *Dr. Rajiv Chawala / Dr.Shashi Rao/ Dr.Sriganesh*
- 02.00 P.M –3.30P.M. Session III
Chairpersons: *Dr. C.E.Deopujari / Dr. Rajashreee Deopujari*
Topic 1: **Neurally Adjusted Ventilatory Assist (NAVA)**
By Dr. Arne Lindy
Topic 2: **Neuropathic pain- current management options**
By Dr. K.J.Choudhury
Topic 3: **"Acute Pain Services After Neurosurgical Interventions".**
By Dr. Rajiv Chawla
- 03.30 P.M –4.00P.M. **Tea break**
- 04.00 P.M –5.30P.M Session IV
Chairpersons: *Dr.Rathod RC/ Dr. P.K.Neema*
 "Practice of Neuroanesthesia in various countries"
 1. Dr. Pirjo Manninen
 2. Dr. Luzius Steiner
 3. Dr. Karen B Domino
 4. Dr. Matthew Chan
- 7.00- 08.00 P.M Inauguration of Conference.
- 8.00 –10.30P.M **Dinner**

Day 3 (31.1.09)

- 9 A.M. – 10.00 A.M Session I:
Chairpersons: *Dr.K.Jagger / Dr.Anil Parakh*
Topic 1: **Intravenous versus inhalation anesthetics for intracranial surgery**
By Dr. Deepak Sharma
Topic 2: **Perioperative Management of pediatric patients for spine surgery**
By Dr. Mary Cunliffe

Oration III – Prof. Hari Wir Singh Orations

- 10.00 A.M –10.45 A.M
Chairpersons: *Dr.Jyotsna Wig / Dr. V.K.Grover*
Topic: **"Neuro anaesthesia in India – present scenario and future"**
By Dr. Bibhukalyani Das
- 09.30 – 11.30 A.M **Work Shop (TEE in Neuroanesthesia practice)**
By Dr. S.Manikandan
- 10.45 A.M –11.00 A.M **Tea Break**
- 11.00 A.M – 12.00 P.M Session II
Chairpersons: *Dr. V.B.Datar / Dr Jyostna Meshri*
Topic1: **"Cognitive Function Recovery after Subarachnoid Hemorrhage"**
By Dr. Satwant Samra

	Topic 2:	"Anesthesia for interventional radiology " <i>By Dr. M.K.Varma</i>
12.00 P.M– 01.00 P.M	Session II:	
	Chairpersons:	Dr.Pradeep A. Joshi / Dr.Rajashree U Gandhe
	Topic1:	"Pain following craniotomy: assessment and management" <i>By Dr.Jyotsna Wig</i>
	Topic2:	"Anesthetic management for Movement Disorder surgery" <i>By Dr J.N.Monteiro</i>
12.30 P.M – 3.00 P.M	Lunch Time	
1.30 P.M – 2.30 P.M	Poster Presentation (3)	
	Judges:	Dr.Davendra Gupta / Dr.Himansu Prabhakar / Dr.Sriganesh
02.00 P.M.- 03.00 P.M	Governing body Meeting	
02.00 P.M –3.00P.M.	Session III	
	Chairpersons:	Dr. Lalita V Tuteja / Dr. Rupa S
	Topic 1:	Mechanical ventilation in traumatic brain injury patients <i>By Dr.Amna Goswami</i>
	Topic 2:	Recent trends in management of Neurogenic pulmonary edema <i>By Dr.Smita Sharma</i>
03.00 P.M – 04.30 P.M	Session IV	
	Chairpersons:	Dr. S.A.Karapurkar / Dr.Monica Tandon
	Topic 1:	" Invasive Vs. Noninvasive ventilation in Myasthenia Gravis patients" <i>By Dr.V.K Grover</i>
	Topic 2:	"Perioperative complications in Neurosurgery-detection & management" <i>By Dr.Badrinarayan V</i>
	Topic 3:	"Anesthetic considerations in Carotid Endarterectomy" <i>By Dr. L.D.Misra</i>
03.30 P.M. – 04.00 P.M	Tea	
04.30 P.M –5.30P.M.	Session V	
	How I do it :	(15 minutes presentation only)
	Chairpersons:	Dr.Grace Korula / Dr. Bharati Kondwilkar
	Topic 1:	Myocardial ischemia with low ejection fraction patient presenting for emergency major tumor Neurosurgery. <i>By Dr.Pragati Ganjoo</i>
	Topic 2:	Pregnant patient with left CP Angle tumor – anesthesia management <i>By Dr.Shashi Srivastava</i>
	Topic 3:	Morbid obesity patient for posterior fossa surgery- anesthesia implications <i>By Dr.Padmaja Durga</i>
	Topic 4:	Cardiac arrest during prone position – Resuscitation and further Management <i>By Dr. Kavita Sandhu</i>
05.30 P.M.- 06.30 P.M	General Body Meeting	
7.30 -10.30 P.M	Valedictory Function followed by Gala Dinner at Estuary Island	

Day 4 (01.2.09)

09.00 A.M - 10.00 A.M **Poster Presentation (4)**

Judges: *Dr.Rathod RC / Dr.P.K.Neema / Dr.Sriganesh*

9 A.M. – 10.00 A.M Session I:

Chairpersons: Dr. Chacko Ramacha / Dr.Subrata Singha

Topic 1: "Emerging issues in Neuroanesthesia"
By Dr. G. Parmeswara

Topic 2: Recent advances in anesthetic management of patients for awake craniotomy"
By Dr. P. Bithal

10.00 A.M –11.00A.M Session II Pros & Con

Chairperson: *Dr. Thomas Koshy / Dr.Satyajeet*

Topic: "Antiplatelet drugs in Neurosurgery: To continue or to discontinue; to accept risk of bleeding Vs perioperative MI"

Pro Aspect (To Continue) - By Dr. Dilip Kulkurni

Con Aspect (To Discontinue)- By Dr. H.K.Venkatesh

12.00 P.M onwards Lunch & Departure

Tour Programme during Conference: (Free by A/C bus coach to all who registered for the conference)

30.1.09 1st Tour to City sight seeing

2nd Tour to Kanyakumari

All tours 9 A.M departure from Estuary Island & return back by 6.30 P.M

31.1.09 1st Tour to City sight seeing

2nd Tour to Kanyakumari

All tours 9 A.M departure from Estuary Island & return back by 6.30 P.M

Poster Presentation

Date 30-01-2009

SESSION 1 (1.30 TO 2.30 PM)

1. Initial Experience of Transesophageal echocardiography imaging in identifying new cardiac problems in neurosurgery

Dr S Manikandan, Dr PK Neema, Dr RC Rathod

Department of Anaesthesiology,

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum

2. Comparison of efficacy of percutaneous retrogasserian glycerol rhizolysis (PRGR) and radiofrequency ablation (RF) techniques in the treatment of trigeminal neuralgia (TN)

Dr Bidkar Prasanna Udupi, Dash HH, Chouhan RS, Pandia MP

All India Institute of Medical Sciences New Delhi

3. Comparative Study of Thiopentone sodium and Propofol for Brain Protection during Temporary clipping in intracranial aneurysm surgery

Dr Bidkar Prasanna Udupi, Dash HH, Chouhan RS, Dr BS Sharma, Dr AS Suri

All India Institute of Medical Sciences. New Delhi

4. Evaluation of Transcranial Doppler flow velocity changes during endotracheal suctioning with and without pretreatment using lignocaine hydrochloride.

Dr Sriganesh K, Dr P K Dash, and Dr R C Rathod

Department of Anaesthesiology

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum

5. Reverse herniation of brain: A possibility less well recognized in a patient with midline posterior fossa tumour post-endoscopic third Ventriculostomy

Dr Subrata Kumar Singha, Dr Nilay Chatterjee

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram

6. A Modified 'Over-The-Needle' Technique For Arterial Cannulation

Dr Thomas Koshy, Dr PK Sinha, Dr Satyajeet Misra, Dr PR Suneel

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram

7. Sudden cardiac arrest in an infant with giant occipital encephalocele

Dr Suman Arora, Dr InduBala

Dept. of Anaesthesia, Postgraduate Institute of Medical Education and Research, Chandigarh

Date 30-01-2009

Session II (1.30 To 2.30 PM)

1. Propofol dose requirements with and without nitrous oxide in neurosurgical patients using BIS for monitoring depth of anaesthesia

Dr. LD Mishra, SK Dube

Banarus Hindu University, Varanasi

2. Cardiovascular changes during Venous Air Embolism: Comparison between TEE and EtCO₂ Monitoring.

Dr. Mihir P. Pandia, Parmod K. Bithal, Hari H. Dash, A Chaturvedi

Department of Neuroanaesthesia, All India Institute of Medical Sciences, New Delhi

3. Comparison Of Low Dose Anaesthetics In Early Awakening Of Neurosurgical patients

Dr. Ravi Kumar R, Dr. Kolli Chalam

Sri Satya Sai Institute of Higher Medical Sciences, Bangalore

4. Arterial desaturation during operations in the sellar region

Dr. Rupa Sreedhar, Dr. Shrinivas Vitthal Gadhinglajkar

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala, India

5. Systemic tranexamic acid as a haemostatic agent for oozy tumor bed in neurosurgical patients- Report of three cases

Dr. Satyajeet Misra, Dr. Prasanta K Dash, Dr. Suparna Acharya

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala, India

6. Preoperative Anxiety In Craniotomy Patients

Sucharita Chakravarti MD, Anna Perks MBChB FRCA, Pirjo Manninen MD FRCPC

National Neurosciences Centre, Kolkata

7. Management of Unexpected difficult intubation caused by laryngeal mass in a patient presenting for neurosurgery

Dr RC Rathod, Dr Suparna A, Dr S Manikandan, Dr PK Neema

Department of Anaesthesiology

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum



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1. Schramm et al. Effects of Rocuronium and Vecuronium on intracranial pressure, mean arterial pressure and heart rate in neurosurgical patients. *British Journal of Anaesthesia* 1996; 77: 607-11 2. Esmeron pack insert / prescribing information

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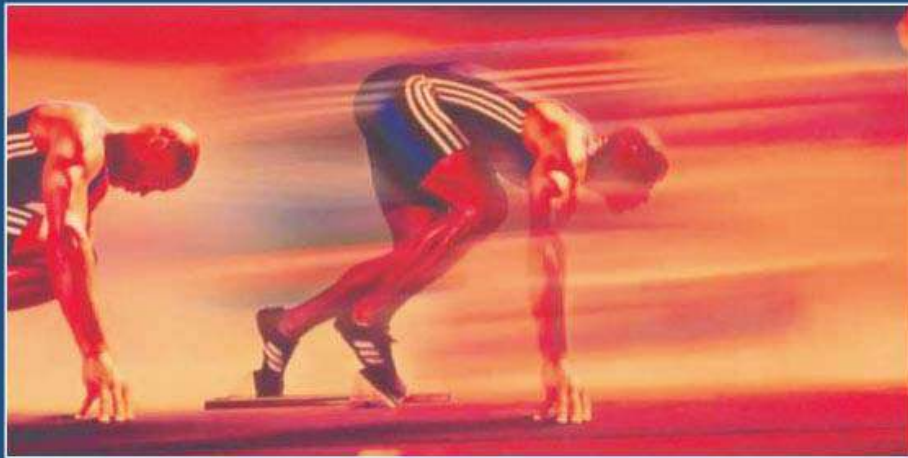
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