

.....*Synapse*.....



ISNACC

January 2013

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From the Secretarial Desk

Dear Members

*Season's Greetings and a very Happy New Year!
Perfect time to start everything fresh!*

*It's also the time for new beginnings.
Time to make new resolutions for most of us!
As we welcome the New Year with enthusiasm
and excitement, let us reflect back on the year
that 2012 was. It was a year of change and a
year of achievements. After a span of nearly 10
years, the Secretariat of the ISNACC shifted
from Bengaluru to New Delhi. After
successfully managing various activities of the
Society over the years, Dr. G Parameswara
(Secretary) and Dr. H K Venkatesh (Treasurer)
handed the Secretariat to us in 2012. With a
view to expand our Society we encouraged the
membership drive. We are now happy to
welcome 70 new members who joined our family.*

*We aimed to spread the awareness and
knowledge of neuroanaesthesia all over India.
We are happy to announce that today, there are
6 centres in the country offering post-doctoral
fellowship course in neuroanaesthesia, an
initiative accredited by ISNACC. We plan to
start the fellowship course in more centres in the
next few months.*

*Measures are being taken to start the
SNACC panel in ISNACC Annual conference.
Dr. Deepak Sharma (USA) is actively
supporting the project. If results turn favourable
for us, then we may have the SNACC panel
during the ISNACC conference in Jaipur next
year. We hope to achieve new academic
standards and greater international recognition.*

*From this issue of Synapse, we
have introduced a new section 'In
conversation with'. This will contain
excerpts of an interview with the authors
of recently published article in
international journals. It is our pleasure to
feature Dr. V Ramesh (NIMHANS,
Bengaluru) in this introductory section. We
invite comments and queries from our
readers if directed towards the author.*

*We would like to acknowledge
and extend special thanks to our members
from Mumbai who are actively involved in
spreading awareness of our superspeciality.
This issue of Synapse publishes views by
Dr. Anil Parakh and Dr. Rajashree Gandhe
on the activities of Neuroanaesthesia
Forum formed by the neuroanaesthesia
practitioners in Mumbai. The Secretariat
wishes to congratulate them for their
efforts and dedication. We encourage more
of such activities in different parts of the
country. If you are organizing such
neuroanaesthesia meets on your city, then
do share it with us.*

*Our future plans include
formation of various committees in our
Society, publishing the Journal,
collaborative activities with International
and National Anaesthesia Societies and
encouraging research and academic
activities among members.*

*Help and support our cause.
Best wishes!*

*Hemanshu Prabhakar (Secretary - ISNACC)
Girija P Rath (Treasurer - ISNACC)*

January 2013

Report of the Education Committee

The Education Committee of the Indian Society of Neuroanaesthesiology and Critical Care (ISNACC) was formed at Hyderabad in February 2008. It consists of the following members

*Dr. H H Dash, Director of Anesthesia. Department of Anesthesia, Fortis Hospital, Gurgaon.

*Dr. R C Rathod, Prof and Head, Department of Anesthesia, SCTIMST, Thiruvananthapuram

*Dr. G S Umamaheswara Rao, Prof of Neuroanaesthesia, NIMHANS, Bangalore

*Dr. Grace Korula, Professor, Department of Anaesthesia, CMC, Vellore

*Dr. Bibhu Kalyani Das, Institute of Neurosciences Kolkata

At present, education committee is functioning with 6 goals in their mind and they are

1. Identify the educational needs of Neuroanaesthesia in the country
2. Suggest different courses that may be undertaken in the country
3. Suggest the curriculum for each of these courses
4. Suggest the infrastructure needs of each course
5. Define the structure of the courses and entry and exit criteria for each course
6. Identify the measures to ensure uniformity of standard of each course

The first report of the committee appeared in the July 2012 issue of Synapse of ISNACC. This report contains the activities of the committee in the last 6 months (July-December, 2012).

Education committee of ISNACC had recommended earlier 3 different courses in Neuroanesthesia (Post-doctoral Fellowship [PDF], DNB and DM in Neuroanesthesia).

It appears that various institutions and hospitals across the country are opting for PDF course in Neuroanesthesia. During review period, 4 Institutions (**Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Mumbai; Park Clinic, Kolkata; Institute of Neurosciences Kolkata, Kolkata; P D Hinduja National Hospital and Medical Research Center, Mumbai**) were permitted to admit 2 candidates each for PDF programme. One more hospital is awaiting approval to start PDF course in January, 2013. The committee is still actively pursuing its efforts to encourage various institutions to take up different courses pertinent to their infrastructural facilities. The PDF course will be conducted from January through December, each year. Candidates will have to appear for an exit examination in February; during the Annual conference of ISNACC. The Secretariat now plans to issue log-books which be maintained by the candidates. The Education Committee also encourages post-doctoral fellows to conduct research during their course.

The evolution of neuroanaesthesia as a separate specialty has improved the outcome of neurosurgery. It has been a general experience that institutions with a separate dedicated neuroanaesthesia service have better outcomes for patients with neurological diseases. The neuroanaesthesiologist will have to keep pace with ever expanding knowledge in neurosciences, to provide optimal care to a neurological or neurosurgical patient. The Education Committee of ISNACC is now actively making efforts spread the knowledge and awareness of neuroanaesthesia as a superspeciality throughout the country.

R C Rathod
Prof. and Head
Department of Anesthesia
SCTIMST, Thiruvananthapuram

January 2013

Meeting Report of the 40th Annual Conference of Society for Neuroscience in Anesthesiology & Critical Care (SNACC)

The 40th Anniversary Annual Meeting of SNACC (Society for Neuroscience in Anesthesiology and Critical Care) was held at the Omni Shoreham Hotel in Washington, DC on October 11-12, 2012. This year, the meeting was attended by a record number of attendees, over 330 although the participation from India and ISNACC remained rather low. Dr. Kristin Engelhard organized the scientific program for the conference. The registrants learned about many important and emerging topics in Neuroanesthesiology including quality and safety issues, the relationship between the brain, heart and lungs, Common Data Elements (CDEs) project of the National Institute of Neurological Disease and Stroke (NINDS), patient perspective of Traumatic Brain Injury and participated in workshops, problem based learning discussions (PBLDs) and scientific poster sessions. They also had the unique opportunity to be involved in Special Interest Groups (SIGs), which provided a mechanism for networking and for engaging the expertise and enthusiasm of the SNACC membership in society activities.

This year, for the first time, the SNACC conference included three PBLDs conducted by Dr. Sulpicio Soriano (Intraoperative management of decompressive craniectomy for elevated Intracranial Pressure in pediatric patient with ARDS), Dr. Cynthia Lien (Preoperative Strategies for reversal of anticoagulation in a patient with acute subdural hematoma) and Dr. Ines Korner (Brain Code). The PBLDs were held on Thursday, Oct 11. The meeting attendees also had the opportunity to choose from three interactive workshops on Neurophysiologic Monitoring, Transcranial Doppler (TCD) Ultrasonography and a How to Write a Paper, which were also held on Thursday, Oct 11. Drs. Antoun Koht and Tod Sloan organized the Neurophysiologic Monitoring Workshop and the participants were taught monitoring methods for spine cases (Drs. Linda Aglio, Daniel Janik, and Richard Toleikis), brain tumors and vascular lesions (Drs. Laura Hemmer, Christopher Seubert, and Gerhard Schneider), and posterior fossa operations (Drs. Leslie Jameson, John McAuliffe, Michael Mahla, and Kenneth Van Dyke). Dr. Deepak Sharma organized the TCD Ultrasonography Workshop with participation and presentations by Drs.

Andrew Kofke, Deepak Sharma, Luzius Steiner, and Arthur Lam. The workshop included brief interactive lectures on cerebrovascular anatomy and principles of TCD, performing basic TCD examination, interpretation of TCD waveforms and results, and application of TCD for cerebrovascular reactivity testing, cerebral emboli monitoring, carotid endarterectomy, cerebral vasospasm and cerebral circulatory arrest. This was followed by hands-on experience for participants with opportunity to perform TCD examination on professional models under faculty supervision. The "How to Write a Paper" workshop was organized by Dr. Deborah Culley with contributions by Drs. William Lanier, Da-vid Warner, John Hartung, and Michael Todd, who discussed issues in overcoming writer's block, pitfalls that will prevent a paper from being published, how to prepare a publishable and valid manuscript and what to do when a paper is rejected.

The Annual Dinner Symposium this year was a celebration of 40 years of SNACC. It began with a champagne reception followed by a welcome address by President Ansgar Brambrink. This was then followed by two memorable talks by Drs. Jim Cottrell and Bill Lanier who outlined the history and likely future trajectory of SNACC. Dr. Cottrell reminded the attendees of the roots of SNACC and recollected the seminal contributions in the history and the genesis of SNACC 40 years ago. Dr. Lanier presented his vision for the next 40 years for SNACC outlining desirable areas of importance and focus. This was followed by a tribute to all the Past Presidents of SNACC by Drs. Deborah Culley and Monica Vavilala, was a pleasant reminder of the commitment to SNACC of numerous pre-eminent Neuroanesthesiologists.

The second day of conference, October 12, consisted of two Mini Symposia and poster sessions. Dr. Timothy McDonald, MD, JD (University of Illinois, Chicago) delivered the keynote lecture and presented an overview of issues facing neuroanesthesiologists with respect to quality and clinical outcome. The Mini-Symposium on "The Brain, the Heart, and the Lung Cross-Talk" was organized in collaboration with the Neurocritical Care Society and the Society of Cardiovascular Anesthesiologists and was moderated by Drs. Piyush Patel and Christian Werner.

The speakers emphasized the evidence and the importance of interactions between neurological, cardiovascular and pulmonary functions in perioperative and critical care environment. G. Burkhard Mackensen lectured on “Perioperative Brain Heart Cross-talk” and discussed the impact of neurological disease on the heart and vice-versa. Dr. Jonathan Rhodes lectured on “Cross-talk Between the Injured Brain and the Lung” and Dr. Claude Hemphill discussed “Therapeutic Challenges of Brain, Heart and Lung Cross-talk”.

The two poster sessions organized by Dr. Jeffrey Pasternak on behalf of the Scientific Committee of SNACC consisted of poster presentations moderated by leading experts in Neurosciences along with the SNACC past presidents. The Business Luncheon included presentation of the John Mitchenfelder New Investigator Award to Un Cheol Lee, PhD (University of Michigan Medical School) for his outstanding work on “Effects of Ketamine on Feed-forward and Feedback Connectivity in Humans”. The 2012 Teacher of the Year Award was presented to Dr. Michael E. Mahla, MD from the University of Florida at Gainesville. Dr. Martin Smith took over the responsibility of the President of SNACC and Dr. Ansgar Brambrink passed the gavel to him. The results of election for officers were announced. Dr. W. Andrew Kofke, (University of Pennsylvania, Philadelphia, PA) was elected as the Secretary-Treasurer and Dr. Deepak Sharma (University of Washington, Seattle, WA) was elected as Director-at-large on the Board of Directors.

The afternoon Mini-Symposium began with an overview on the NINDS common data element project. The speakers, Drs. Scott Janis, Monica Vavilala and Martin Smith presented issues pertaining to this important initiative of the NINDS and its relevance to Neuroanesthesia research with Traumatic Brain Injury as an example. Another unique aspect of this year’s conference was a presentation of a patient’s perspective of traumatic brain injury by mother and daughter Christine and Ariel Soule. The meeting ended with a very interesting and entertaining Pro/Con Debate on “Striving for Culture of Quality and Safety” moderated by Drs. Adrian Gelb and Arthur Lam. Drs. Cor Kalkman and Greg Crosby de-bated the issue with emphatic participation from the audience. Dr. Kalkman argued for furthering the culture of quality and safety while Dr. Crosby questioned the “quality” of evidence behind such initiatives. Finally, Dr. Ansgar Brambrink, outgoing President, made closing remarks.

The wine and cheese reception was followed by inaugural meetings of the special interest groups (SIGS) organized by Dr. Deborah Cully. These groups focused on the following areas: 1) POCD, Delirium, Anesthetic Neurotoxicity, 2) Stroke, Traumatic Brain Injury, Neuroprotection 3) Neuromonitoring, 4) Outcome Research, 5) Perioperative Medicine & Critical Care 6) Intracranial Surgery and, 7) Spine Surgery. The SIGs provided a unique opportunity for the SNACC members to network and interact with Neuroscientists with similar areas of interest.

The 41st annual meeting will be held next year on Oct 10-11, 2013 in San Francisco, CA.



Deepak Sharma MD, DM
University of Washington
Seattle, WA.

In conversation with.....

The recent issue of Journal of Neurosurgical Anesthesiology [October 2012] features a clinical report by Dr. V J Ramesh from NIMHANS, Bengaluru.

CLINICAL REPORT

Fentanyl Co-administration Decreases the Induction Dose Requirement of Propofol in Patients With Supratentorial Tumors and not in Patients With Spinal Lesions

Sonia Bansal, MD, DNB, PDFC, Venkatapura J. Ramesh, MD, and Ganne S. Umamaheswara Rao, MD

(J Neurosurg Anesthesiol 2012;24:345-349)

We took this opportunity to interview him and gather information on his research.

SB: Sonia Bansal (First author)

The Secretariat wishes to congratulate and thank him and his co-authors for their contribution.

In conversation with.....

HP: *How was the idea of conducting this trial conceived?*

VJR: During course of our discussion (VJR & SB) for a subject for PDF dissertation, we thought about anaesthetic drug dosage for induction of anaesthesia in patients with brain tumor. We found that there was very little literature on this topic. To be precise there was only one study which directly assessed induction dosage in supratentorial tumor patients. It was a surprise for us. During the discussion with GSUM, he added the effect of fentanyl. Thus, we had four groups in our study. Initially, we thought of including BIS for assessment of loss of consciousness. As the BIS sensors were expensive and getting the funding will delay the project. Another issue was, BIS values gives us slightly delayed information. Thus, we decided for only clinical assessment.

HP: *How did you randomize your patients? Tell us briefly about your randomization technique*

VJR: We used Tippett's random number table. We used one chart for tumor patients and another chart for spinal patients, dividing them into only propofol or fentanyl-propofol groups.

HP: *Your study is not a blinded one. Do you think that could have affected the results in some way?*

VJR: As the endpoints are objective, we do not think that blinding would have made any difference.

HP: *One of the limitations of your study is the sample size. Could you please specify more clearly as to what should have been the number of patients in each study group?*

VJR: For our study we did not calculate the required sample size *a priori*. There were no studies on similar lines earlier. It would have been better if the sample size was estimated scientifically before starting the study. However, our posthoc estimation showed a good power with the current sample size.

HP: *Do you think your study will have some clinical relevance and would change the current knowledge or practice?*

VJR: Our data points out that there is a need to look at the way we use induction agents. The practice of giving an opioid followed immediately by a hypnotic should be looked at carefully. Our data, as explained in our discussion, suggests that we need to wait after giving an opioid to assess the correct dose requirement of the hypnotic. This will avoid unnecessary increased depth of anaesthesia during induction and its consequences.

HP: *Do you have data on the final outcome of your patients, especially, in terms of condition at discharge from hospital?*

VJR: No. We do not have data on outcome. We do not think outcomes at discharge are relevant to our study. There is no theoretical basis to think that observations of this study will have any impact on the outcome.

HP: *What are your suggestions for further trials on the present subject?*

VJR: The current study leads to a hypothesis that fentanyl acts faster in tumor patients. Extending the concept a little further, may be there is a lower requirement of anaesthetic drugs even during maintenance phase in tumor patients. With the appropriate anaesthetic dosage in supratentorial tumor patients, the recovery profile may be similar to non tumor patients.

V J Ramesh
Associate Professor
NIMHANS
Bengaluru



Beyond the boundaries

International representation of ISNACC

Society for Neuroscience in Anesthesiology and Critical Care (SNACC) , October 12 2012, Washington DC

Fortis Hospital, Gurgaon

- **Dr. H H Dash presented his paper titled ‘Does nitrous oxide influence infection and brain ischemia biomarkers?’**

PGI, Chandigarh

- **Nidhi Panda presented her paper titled ‘Early Post-operative Cognitive Dysfunction (POCD) in middle aged hypertensive patients after General Anesthesia- A pilot study.’**

Congratulations!!

Dr. G S Umamaheswara Rao, Senior Professor in Department of Neuroanaesthesia has been nominated ***Associate Editor*** of Neurology India.

Dr. Deepak Sharma, Associate Professor, Department of Anesthesiology and Pain Medicine, Harborview Medical Center, University of Washington, Seattle, has been elected to the ***SNACC Board of Directors***.

Dr. Deepak Sharma, Associate Professor, Department of Anesthesiology and Pain Medicine, Harborview Medical Center, University of Washington, Seattle, received the prestigious ASA Mentoring Award 2012

Dr. Hemanshu Prabhakar, Associate Professor, Department of Neuroanaesthesiology, AIIMS, New Delhi, was awarded the Certificate for Notable Contribution in Research under ***AIIMS-Excellence Awards 2012***



January 2013

Messages

Think about it!!

Mumbai, as a city for medical tourism has evolved on the global map. The 21st century has been described by many as the era of neuroscience. Neuroanaesthesia as a superspeciality is progressing at a snail's pace compared to development in neurosurgery, neurology, neuroradiology and neurointervention. Most anaesthesiologists follow the paradigm "everybody should do everything". But the yearning of being a superspeciality in a speciality is always there.

Can dedicated neuroanesthetists improve neurosurgical outcomes? Whether neuroanesthesiology should aspire to official superspeciality status, including dedicated fellowship training, exams and certification?

Majority of government-run and also the privately-run centers do not encourage young anesthesiologists to pursue neuroanesthesiology as a superspeciality. There is certainly a growing sentiment among younger colleagues that "everybody can do neuroanesthesia because there is nothing special to it...". But at the end of more than two decades of dedication for neuroanesthesia, I can say proudly "**everything in neuroanesthesia is special**". We need to be very passionate about this superspeciality. I first saw this passion in Dr H.H Dash during my residency. That is where I got the inspiration to pursue this superspeciality.

I would like to repeat motto of ISNACC.....

"Coming together is a beginning, keeping together is a progress and working together is success"

With this motto in mind the Mumbai Neuroanaesthesiology group conceived the idea of having a forum. We hold regular meets and take measures to promote neuroanaesthesia as a superspeciality.

Rajashree Gandhe
Neuroanaesthesia Unit
Department of Anaesthesia
Kokilaben Dhirubhai Ambani Hospital
and Medical Research Center



January 2013

Messages.....

Mumbai is both the financial capital and the medical hub of India. Every year, thousands of neurosurgical cases are performed in the city. Yet, we the neuroanaesthesiologists of this city did not, till recently have a platform to discuss and share our experiences.

In 2006, the 6th Annual Conference of Indian Society of Neuroanaesthesiologist and Critical Care at Bombay Hospital, Mumbai gave 319 attendees this opportunity. An update and half day meet in Neuroanaesthesia held on 26th January, 2009 at Bombay Hospital attended by 209 delegates, was graced by the presence of renowned international faculty Dr Michael Souter (USA), Dr Deepak Sharma (USA) and Dr Andrew Baker (Canada). The resounding success and the overwhelming response at the two meetings were instrumental in the conception of a local society, the “NEUROANAESTHESIA FORUM-MUMBAI” (NAF-MUMBAI) – an academic forum for the neuroanaesthesiologist of the city of the Mumbai. It is intended to spread awareness about neuroanaesthesiology among the younger anesthesiologists.

The course was arduous; it took two years before the first meeting of the society, attended by 18 anaesthesiologists of the city, and could be called in May 2011 at the Seven Hills Hospital, Mumbai. It was decided to organize a NAF meeting every two months. A decision to rotate the venue of the meeting among the various city hospitals was taken with a view to spreading awareness about NAF and encouraging new enrolments.

The first academic meeting NAF-MUMBAI was held on 18th June, 2011 at Bombay Hospital saw Dr Vasumati Divekar, one of the senior most Neuroanaesthesiologist, inject new spirit into the fledgling society. Subsequent meeting as decided have thereafter been conducted at KEM Hospital, the Kokilaben Dhirubhai Ambani Hospital, Nair Hospital, Sion Hospital, Jaslok Hospital, P.D Hinduja Hospital and INH Asvini Hospital.

Every meeting sees a variety of interesting cases and topics being discussed. I now propose to organize an annual update meeting graced by international faculty.

It has been said, “*The things you do for yourself are gone when you are gone, but the things you do for others remain as your legacy.*” —Kalu Ndukwe Kalu

I hope that the success story of NAF-MUMBAI acts as inspiration to others to establish more such academic forums.

Dr Anil Parakh
Senior Consultant
Global Hospitals
Mumbai



January 2013

Announcements

- Dr. ***M. Radhakrishnan***, Additional Professor, Department of Neuroanaesthesia, NIMHANS Bangalore, returned back after a one-year Fellowship at London Health Sciences Centre, University of Western Ontario, Canada
- Dr. ***KN Gopalakrishna*** joined as Assistant Professor of Neuroanaesthesia at NIMHANS, Bangalore in Nov 2012
- Dr. ***Navdeep Sokhal*** successfully completed his DM (Neuroanaesthesia) course from the All India Institute of Medical Sciences, New Delhi, in December 2012.
- Dr. ***Arimanickam G*** and Dr. ***Georgene Singh*** successfully completed DM degree in Neuroanesthesia from Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram (Kerala)
- Dr ***Unnikrishnan P*** has completed PDCC (Neuroanesthesia) from Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram (Kerala)

Plan your visit.....

The 14th Annual Conference of Indian Society of Neuroanaesthesiology and Critical Care (ISNACC - 2013) is at Varanasi (BHU) from February 8 - 10, 2013.



January 2013

ISNACC welcomes the new life-members....

1. Saurabh Anand	LMA - 9
2. Richa Aggarwal	LMA - 10
3. Zulfiqar Ali	LMA - 11
4. Amruta Ajgaonkar	LMA - 12
5. Renu Bala	LMB - 22
6. Neelesh Bhatnagar	LMB - 23
7. Ashish Bindra	LMB - 24
8. Ishwar Bhukal	LMB - 25
9. Sujoy Banik	LMB - 26
10. Meyong Bhatia	LMB - 27
11. Anshul Bhatia	LMB - 28
12. Binesh Badyal	LMB - 29
13. Vidhu Bhatnagar	LMB - 30
14. Sachidanand J Bharati	LMB - 31
15. Vinay B	LMB - 32
16. Madhusudhan B Rao	LMB - 33
17. Madhur Chauhan	LMC - 14
18. Tumul Choudhury	LMC - 15
19. Kolli Chalam	LMC - 16
20. Surya K Dube	LMD - 21
21. Arnab Dasgupta	LMD - 22
22. Nidhi Gupta	LMG - 23
23. Sunny Gupta	LMG - 24
24. Priyanka Gupta	LMG - 25
25. Keshav Goyal	LMG - 26
26. Shwetal U Goraksha	LMG - 27
27. Indranil Ghosh	LMG - 28
28. Preeti T Gupta	LMG - 29
29. Bhavna Hooda	LMH - 2
30. Indu	LMI - 2
31. Varun Jain	LMJ - 9
32. Sritam S Jena	LMJ - 10
33. Tanmay A Jadhav	LMJ - 11
34. Niraj Kumar	LMK - 33
35. Shailendra Kumar	LMK - 34



ISNACC welcomes the new life-members....

36. Pallav Kumar	LMK – 35
37. Raj Kumar	LMK – 36
38. Neeta V Karmarkar	LMK – 37
39. Prachi Kar	LMK – 38
40. Sumit Kalra	LMK - 39
41. Ankur Luthra	LML – 5
42. Arun Mathur	LMM – 24
43. Ausim S Mohammad	LMM – 25
44. Mohit Mittal	LMM – 26
45. Sanjay K Nihalani	LMN – 7
46. Shweta S Naik	LMN – 8
47. Prabhakar S Prakash	LMP – 37
48. Priti Patel	LMP – 38
49. Meenoti Potdar	LMP – 39
50. Vandana P Purandare	LMP – 40
51. P Rankaj Rout	LMR - 24
52. B Kiran Reddy	LMR – 25
53. Vanitha Rajagopalan	LMR - 26
54. Arati Rai	LMR – 27
55. Abhijeet Raha	LMR – 28
56. Mhd Meesam Rizvi	LMR – 29
57. Rajani M Ramakrishnan	LMR - 30
58. Vivek B Sharma	LMS – 57
59. Kapil Dev Soni	LMS – 58
60. Harsh Sapra	LMS – 59
61. Vasudha Singhal	LMS – 60
62. Manisha Singh	LMS – 61
63. Dhaval P Shukla	LMS – 62
64. Rohini M Surve	LMS – 63
65. Satyanarayana Vulchi	LMV – 6
66. Sudhir Venkataramaiah	LMV – 7
67. Tariq Majid Wani	LMW – 3
68. Jaya Wanchoo	LMW – 4
69. Ashoo Wadehra	LMW – 5
70. Naveen Yadav	LMY – 6



Travel/ Visit Grant

ISNACC provides Travel/ Visit Grant to suitable candidates to either visit one of the premier Neurosciences (Neuroanaesthesiology) Centers abroad or to present scientific paper(s) in an International forum. A fixed sum of Rs.20,000/- will be awarded to two candidates who must fulfill the following criteria –

1. Should be a life-member for more than a year at the time of application.
2. He/she should not have availed the grant from ISNACC in previous 2 years.

Research Grant

ISNACC awards research grant to suitable candidates to carry out clinical research in the field of Neuroanaesthesia and Neurocritical Care in India. A fixed sum of Rs.25,000/- will be awarded to candidates who fulfill the following criteria –

1. Should be a life-member for more than a year at the time of application.
2. He/she should not have availed the grant from ISNACC in previous 2 years
3. Should provide a copy of Ethics Committee approval
4. Financial assistance from other sources must be disclosed
5. Should present the results of the research in the Annual conference of ISNACC in the same year as completion of study.
6. Should acknowledge ISNACC as the funding source if the paper is sent for publication in a journal.

Application form may be downloaded from the website (www.isnacc.org).

Contact Secretariat for assistance
Email: isnaccsecretariat@yahoo.in

January 2013

Save the date!



**14th National
Conference & CME
of
Indian Society
of Neuroanaesthesiology
& Critical Care**

February 8 to 10, 2013

Organized by

Department of Anaesthesiology
Institute of Medical Sciences
BANARAS HINDU UNIVERSITY
Varanasi 221005, India

Visit us at: www.isnacc2013bhu.com



ISNACC-2013

January 2013

Scientific Programme ISNACC 2013

February 8, 2013 - WORKSHOPS & CME

8.30 AM – 1.00 PM: Workshops on Neuromonitoring

Venue: OT Complex, Ist Floor, Sir Sunderlal Hospital, BHU

Workshop - 1: Trans-cranial Doppler Monitoring

Faculty: Hemanshu Prabhakar & Devendra Gupta

Workshop - 2: Intra-cranial Pressure Monitoring

Faculty: Bhadrinarayan, HK Venkatesh, Dr Sriganesh K

Workshop - 3: Cerebral Oxygen Monitoring

Faculty: Bhadrinarayan, HK Venkatesh, Sriganesh K

1.00 PM – 2.30 PM: Lunch at Swatantrata Bhawan Lawns, BHU

2.30 PM – 5.30 PM: CME Sessions

Venue: Hall B (Senate Hall), Swatantrata Bhawan, BHU

CME Session - 1: 2.30 – 3.45 PM (15 +3) min

Chairpersons: D Kulkarni & Bharati Kondvikar

- Cerebral perfusion pressure in neurotrauma: What is optimum?: **Smita Sharma**
- Predicting Survival in Neurointensive Care patients: **P Bhattacharyya**
- Oxygen therapy in head trauma patients: **Hemangi Karnik**
- Guidelines for brain death: **Amna Goswami**

CME Session - 2: 4.00 – 5.30 PM (15 +3) min

Chairpersons: Bibhu K Das & S Bergese

- Anaesthetic issues in cervical spine surgery: **JN Monterio**
- Anaesthesia for awake craniotomy: **Arvind Chaturvedi**
- Anaesthesia for epilepsy surgery: Newer strategies & concerns: **Katherine Gil**
- Deep brain stimulation: Indications & anaesthetic concerns: **Rajshree Deopujari**
- Perioperative complications in endovascular neurosurgery: **Pragati Ganjoo**

5.30 PM: Executive Body Meeting, Board Room, Swatantrata Bhawan

6.30 – 7.30 PM: Conference Inauguration, Hall A (Auditorium), Swatantrata Bhawan

7.30 – 8.30 PM: Cultural Programme, Hall A (Auditorium), Swatantrata Bhawan

8.30 PM onwards: Inaugural Dinner at Swatantrata Bhawan Lawns

February 9, 2013
(HALL A)

9.00 AM to 9.45 AM: Dr Malathi Oration

Chairpersons : Uma M Rao & Bhadrinarayan

Orator : Yoram Shapira

Title : Role of female gender hormones in Neuroprotection

9.45 AM to 10.30 AM: Prof Gode Oration

Chairpersons : KJ Choudhury & A Chaturvedi

Orator: Parmod Bithal

10.30 to 12.15 PM: Newer Technologies in Neuroanaesth & Critical Care: 20 (+5)

Chairpersons: Manorama Singh & S Karapurkar

1. Role of jugular bulb catheter in management of traumatic brain injury: **Yoram Shapira**
2. Xenon anaesthesia for neurosurgery- Future prospects: **Kavita Sandhu**
3. Monitoring & therapeutic strategies for intraoperative spinal cord protection: **P Durga**
4. Advantages of newer technology use in clinical practice & research: **H Bhagat**

12.15 PM to 1.30 PM: Newer Technologies in Neuroanaesth & Critical Care: 20 (+5)

Chairpersons: L Kamath & R Gandhe

1. Use of newer technology in neuroanaesthetic practice: **Sergio Bergese**
2. Use of tee in neuroanaesthesia & critical care: **Rupa Sridhar**
3. Thinking beyond material resources: **Rajiv Chawla**

February 9, 2013

(HALL B)

10.45 AM to 12.00 Noon: Research based Practice Forum: (20+5) min

Chairpersons: Shashi Srivastava & Mihir Pandia

1. Conducting research in Anaesthesiology: P Amorim
2. Neuroprotection by scavenging of blood glutamate: Alexander Zlotnik
3. Translating research in clinical practice: In ref to neuroanesthesia & NICU: UM Rao

12.00 Noon to 01.15 PM: Paediatric & Neonatal Neuroanaesthesia & Pain (15 + 3)

Chairpersons: Pramila Kurkal & Dayal Singh

1. Anaesthetic considerations in paediatric neurosurgery: GP Rath
2. Anaesthesia for neuroendoscopic procedures in children: D Gupta
3. Postoperative pain management following neurosurgery: Monica Tandon
4. Neuralgias & neuropathies: What's new; KJ Choudhury

01.15 PM to 02.00 PM: Lunch

02.00 PM to 04.00 PM: Free Papers: Platform Presentations (details given below).

4.15 PM: GB Meeting in Hall A (Auditorium)

February 10, 2013 (FOYER)

10.00 AM to 1.00 PM: Poster presentations in the foyer (details given below).

**February 10, 2013
(HALL A)**

09.00 TO 09.45 AM: Prof Hariwir Singh Oration

Chairpersons: Surendra Singh & Ishwar Bhukal

Orator : Dilip Kulkarni

Title : Prognostication in neurosurgical anaesthesia: An insight

09.45 AM to 11.00 AM: Session on Neurointensive Care 15 (+3) min

Chairpersons: R Deopujaree & P Gujjar

1. Respiratory complications in neurosurgical patients: **Mihir Pandia**
2. Ventilatory strategy for post craniotomy patients: **Bhadrinarayan**
3. Ventilatory support in stroke patients: **Mukul Jain**
4. Electrolyte imbalance & its management in N-ICU: **Sandeep Sahu**

11.00AM to 11.15 AM: Tea Break

11.15 AM to 01.00 PM: Session on Neurointensive Care: 15 (+3) min

Chairpersons: Pradeep Joshi & BK Bhattarai

1. Postoperative & intensive care following posterior fossa surgery: **Shobha Purohit**
2. Management of pain & sedation in neurointensive care: **B Ray**
3. Neuro-critical care of high risk cardiac patients undergoing neuro-surgery: **Kolli Chalam**
4. Misconceptions in neuro-critical care: **S Saseedharan**

01.00 PM to 02.00 PM: Lunch

02.00 PM to 03.00 PM: Session on Spine, including Spinal Trauma (15 + 3)

Chairpersons: Lalita Tuteja & S Sahu

1. Airway management in cervical injury: **M Srilata**
2. Anaesthetic consideration in spinal trauma: **Kamal Kishore**
3. Minimally invasive spine surgery: Surgeon's expectations from anaesthesiologist: **CS Deopujaree**

03.00 PM: Valedictory Function & Prize Distribution

**February 10, 2013
(HALL B)**

10.00 AM to 11.00 AM: Session on Cerebral Protection (15 + 3)

Chairpersons : Parmod Bithal & R Chelani

1. Newer strategies for cerebral protection: **G Parameswara**
2. Improving survival after successful CPR: **Narayan Y**
3. Preconditions for developing cerebral insult: **Manikandan**

11.00 AM to 11.15 AM: Tea Break

11.15 AM to 01.00 PM: Pro & Cons Session (10+2 min each)

Chairpersons : SP Sharma & S Poddar

1. Sitting position is useful in Neurosurgery:
Pro : **Lalita Tuteja**
Con : **Prasanna Bidkar**
2. Steroids are useful in spinal cord injury
Pro : **Naveen Malhotra**
Con : **Sanjay Agrawal**
3. Tight glyceic control is necessary in N-ICU
Pro : **Sandeep Kundra**
Con : **Nidhi Panda**
4. Low molecular weight heparin is useful in N-ICU
Pro : **Harsh Sapra**
Con : **Aruna Bharti**

01.00 PM to 02.00 PM: Lunch

02.00 PM to 03.00 PM: Pro & Cons Session (10+2 min each)

Chairpersons : Vivek Sharma & GP Rath

1. Colloids have a role in fluid resuscitation of TBI patients.
Pro : **Sanjeev Kr**
Con : **Tumul Chowdhury**
2. IV Paracetamol is good for postoperative analgesia following neurosurgery
Pro : **P Gujjar**
Con : **Prashant Kr**

03.00 PM: Valedictory Function & Prize Distribution

List of Scheduled Platform Presentations

1. A randomised controlled trial to compare the effects of oral clonidine and oral gabapentin as a premedication to reduce stress response to pin insertion in patients undergoing craniotomy. Presenter - **Yatrik A. Ganatra**
2. Effect of different dosage of dexmedetomidine infusion on hemodynamic parameters in patients undergoing supratentorial tumors surgery. Presenter - **Anshul Yadav**
3. A randomized comparison of two intranasal dexmedetomidine doses as premedication in pediatric age group undergoing neurosurgery Presenter - **Arun Kumar**
4. Comparison of Dexmedetomidine and Lignocaine on attenuation of airway and pressor responses following tracheal extubation – a prospective study. Presenter – **Vivek Bharti Sharma**
5. External validation of a prognostic model to predict mortality after traumatic brain injury. Presenter – **Dhaval Shukla**
6. Effect of intraoperative dexmedetomidine on postoperative recovery profile of children undergoing surgery for spinal dysraphism. Presenter - **Nidhi Gupta**
7. Dexmedetomidine as a sole maintenance drug for awake craniotomies. Presenter - **Hitendra C Mahajan**
8. Complex Regional Pain syndrome. Presenter – **Rupa Sreedhar**
9. Comparison of propofol, sevoflurane and desflurane for maintenance of anaesthesia in trans-sphenoidal surgery for resection of pituitary tumors. Presenter - **Sujay Samanta**
10. Comparison of intraoperative brain condition, hemodynamics and postoperative recovery between desflurane and sevoflurane in patients undergoing supratentorial craniotomy: early observations. Presenter - **Surya K Dube**
11. Drain associated CSF infections in the neuro Intensive Care Unit are reduced by cost effective and simple protocol for sampling: a prospective study. Presenter – **S. Tripathy**
12. A comparison of 3% hypertonic saline and mannitol 20% for brain relaxation during elective supratentorial brain tumor surgery. Presenter – **Raghava**
13. Clonidine vs Dexmedetomidine in intracranial surgeries: Comparison of hemodynamic stability, brain relaxation and emergence. Presenter - **Amrita Kohli**

List of Scheduled Poster Presentations

1. Preliminary evaluation of C-MAC videolaryngoscope with or without use of stylet in patients with cervical spine instability. Presenter - **Nidhi Gupta**
2. A treatable cause of headache – often misdiagnosed. Presenter – **Ashima Malhotra**
3. The effect of pre-medication of inj. dexmedetomidine HCl on hemodynamic stress response due to laryngoscopy and intubation in patient undergoing craniotomy. Presenter - **Bhavin V. Patel**
4. Outcome after decompressive craniectomy following evacuation of traumatic intradural mass lesions. Presenter –**Dhaval Shukla**
5. Perioperative management of Koch's spine posted for thoracotomy with anterolateral transpleural approach – A case report. Presenter - **Don Jose P**
6. Anaesthetic management for Trans-Sphenoidal Surgery for Acromegaly associated with Sickle Cell Disease. Presenter - **Gandhi Komal Anil**
7. Perioperative management of right sided carotid body tumor excision a case report. Presenter - **Yatrik A Ganatra**
8. A Giant Lumbosacral Meningomyelocele with pressure effects necessitating preoperative CSF drainage: a case report. Presenter - **Ravi Shihurkar**
9. A comparative study of epidural ropivacaine with dexmedetomidine and ropivacaine with clonidine for post operative analgesia in spine surgeries. Presenter – **Saravana Babu**
10. Juvenile nasopharyngeal angiofibroma with intracranial extension – a review of 29 cases. Presenter - **Varun Jain**
11. Continuous electroencephalography (cEEG): A sensitive bedside guide in the intensive care unit when computed tomogram is clueless. Presenter – **Veena Sheshadri**
12. Tracheostomy in posterior fossa cerebellopontine angle tumors in neurosurgery: SCTIMST Experience. Presenter –**Vidhu Bhatnagar**
13. A case report: chemotherapy induced neuropathy. Presenter – **Vipul Patel**
14. A retrospective analysis of patients undergoing deep brain stimulation surgery : our institutional experience. Presenter - Renu Bala
15. Milrinone for the Treatment of Cerebral Vasospasm. Presenter – **Saurabh Anand**
16. Perioperative anesthetic implications of epilepsy surgery - A Retrospective analysis. Presenter – **Ashish Bindra**

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Next meet.....



January 2013