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VAPOUR

(Formerly *The ISAian*)



**The official E-Newsletter of the Indian Society of
Anaesthesiologists**

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From the President's Desk

Dear ISA colleagues,
Greetings to you all!

This is my second address to you after my taking over as Honorary President at ISACON 2022 in Shillong. It has been four months since then and ISA activities at national, state and city branch level have been going on in full swing. My Governing council members and fellow ISA colleagues have been busy participating in regular meetings, CMEs and other programmes of the ISA.

It gives me great pleasure to bring to you 'Vapour', the official newsletter of the ISA. This newsletter is being regularly published since 2019. This 2023 version of the newsletter is replenished with several newer sections which aim to bring to the fore both the academic and non-academic pursuits of the members of the ISA. At this juncture, we need to remember that we all need to work as a team and strive hard to project ISA as an educational and scientific organisation directed towards improving the clinical practice and life of its members and also towards improving patient safety. This newsletter will be an instrument that can help us in this endeavour.

I am sure that the newly constituted editorial team of this newsletter will live up to its expectations and come out with regular issues full of interesting news and knowledge. I wish the team members all the very best. 'Vapour' will spread and diffuse to all parts of our nation and the world to connect with all fellow anaesthesiologists academically, culturally and emotionally in a holistic way.

Long live ISA!

Dr MV Bhimeshwar

Honorary President ISA National



Message by the Chairman Academic Committee ISA National



Dear ISA members,

Namasthe.

I am happy to note about the restarting of the ISA Newsletter. It is a welcome move. Members will come to know about ISA activities at various levels (National, Zone, State & City) through this Newsletter. I wish this Newsletter will contain activity reports from every part of India. Conference & CME Calendar can be kept in the front page itself so that members will know about upcoming academic activities as soon as they open the Newsletter.

All the best

Thank you,

Regards

A handwritten signature in blue ink, appearing to read 'Venkatagiri K. M.', with a stylized flourish at the end.

Dr. Venkatagiri K. M.
Imm. Past President & Chairman Academic Committee

From the Desk of the Honorary Secretary ISA National



Dear esteemed members,

Warm greetings from the Editorial team of 'VAPOUR'!

At the outset, I would like to thank each and every one of you for your support that helped me to take up this prestigious post of Honorary Secretary ISA National 2023-25. I have always been deeply passionate about three things since several years : scientific writing, fitness and our esteemed national body the ISA. I am certain that this passion will make me work hard and render selfless service to the organization and its members.

I feel proud at this moment to present before you 'Vapour', the official newsletter of the ISA. 'VAPOUR' is a redesigned version of the existing newsletter 'The ISAian'. The ISA is an enormous body with scientific, academic and extracurricular goals. This newsletter will be a great platform for all of you to showcase your ISA related activities at national, state and city branch levels. Nevertheless, I believe that the Governing council of the ISA should have a vision of promoting the academic talent in the country and give academic opportunities to new faces in our speciality. Every ISAian, be it a practitioner, a teacher or a postgraduate student needs to be aware about the academic progress and improvement in clinical expertise that is taking place in our nation and around the world. This newsletter will try to deliver the latest news in our speciality and provide practice-changing clinical information. Important and clinically useful topics will be addressed in the newsletter by both, national and international academic experts and practitioners. This is the 125 th anniversary year of spinal anaesthesia. Spinal anaesthesia has progressed steadily since then. Segmental spinal is currently an area of growing clinical and research interest. The ISA Clinical Practice Oriented Webinar series (The "CLI P") has begun and the first of these webinars is on the topic of failed spinal anaesthesia. Nevertheless, articles on segmental spinal and Fluoroscopy are featured in this issue of the newsletter.

I urge all of you to actively participate and give your valuable contributions to the different sections of this newsletter. 'Vapour' will spread the rich aroma of your academic and non - academic activities around the world and strengthen the bonds between ISAians in our nation and the globe.

Long live ISA!

Dr Sukhminder Jit Singh Bajwa

Honorary Secretary ISA National

Editor-in-Chief

'VAPOUR'

(The official newsletter of the ISA National)

ISA NOTICE – BOARD

CONFERENCE CALENDER OF ISA (2023)

Conference	Location	Hosted by	Dates
YUVACON DELHI 2023	New Delhi	ISA Delhi	6th-7th May 2023
ISACON Telangana 2023	Khammam, Telangana	ISA Khammam city branch	14th – 16th July 2023
ISACON Tamilnadu 2023	Thanjavur, Tamilnadu	ISA Tamilnadu state	21st to 23rd July 2023
South Zone ISACON 2023	Mysuru, Karnataka	ISA Karnataka state	9th to 13th August 2023
32nd East Zone conference & 50th State Annual Conference 2023	Berhampur, Ganjam Odisha	ISA Odisha state	8th to 10th September 2023
ISACON Maharashtra 2023	Pune, Maharashtra	ISA Maharashtra state & SAP Pune	5th to 8th October 2023
ISACON Kerala 2023	Thiruvananthapuram, Kerala	ISA Trivandrum city branch	13th to 15th October 2023
ISACON Gujarat	Abu Road, Rajasthan	ISA Mehsana city branch	13th to 15th October 2023
ISACON 2023 (Annual conference of ISA)	Gurugram, Haryana	ISA Haryana state	22nd to 26th November 2023

Note: The dates mentioned in the above table are tentative & as per information received. The list of upcoming conferences will be updated in subsequent issues.

Indian Journal of Anaesthesia-The first ISA-IJA West zone supplement was inaugurated at RAJWISACON, Jaipur on 11th February 2023. The ISA-IJA REAP academic webinar series has begun.

The 1st Midterm meeting of the Governing Council of the ISA was held physically at Patna on 1st & 2nd April 2023. GC members also did inspection of the venue for ISACON Patna 2024.

ISA National PG online classes: These are being regularly conducted every Monday between 6.30 to 8pm. Experienced PG teachers are taking PG oriented classes including exam-oriented topics.

Installation of Bidar city branch of ISA

On 8th April 2023, ISA Bidar branch was installed by the chief guest, ISA national President Dr Bheemeshwar and Karnataka state ISA President Dr. Gurulingappa Patil who presided over the ceremony. This ceremony was attended by Karnataka state Secretary Dr Shivkumar MC, ISA Kalburgi Bidar city branch President Dr Gajendra Singh. The ceremony was graced by the past National Presidents of ISA Dr PF Kotur, Dr SS Harsoor, Dr. S Bala Bhaskar & Dr Muralidhar Joshi. The Director of Bidar Institute of Medical Sciences Dr Shivkumar Shetkar was the guest of honour. Dr Mallikarjun Panshetty was installed as the President and Dr Sangmesh Kunakeri as the Secretary of the newly installed branch. The installation ceremony was followed by academic activities(lectures) which included the following- 1) Dr P F Kotur - Ethics in anaesthesia practice 2) Dr Muralidhar Joshi- Recent advances in pain management 3) Dr S Bala Bhaskar- ISA guidelines on fasting and preoperative investigations 4) Dr Shivkumar Kumbar - What's new in medicolegal aspects of anaesthesia. The programme concluded with a vote of thanks by Dr Sangmesh Kunakeri, Secretary ISA Bidar branch.



Segmental Thoracic Spinal Anaesthesia

An interview with an international expert

Professor André VAN ZUNDELT, MD PhD MSc FHEA FRCA EDRA FANZCA
Honorary Fellow Royal College of Anaesthetists – London UK

Lennard Travers Professor, Chair of Anaesthesiology, 'Burns, Trauma & Critical Care Research Centre' & 'Centre for Excellence & Innovation in Anaesthesia' Department of Anaesthesia and Perioperative Medicine, Royal Brisbane and Women's Hospital & The University of Queensland, Brisbane, QLD, Australia
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Sir,

Warm greetings from the Editorial team of 'VAPOUR'!

You have done a lot of pioneering work in segmental spinal block, especially for laparoscopic cholecystectomy. Please enlighten us with your experiences & opinions regarding the segmental spinal technique about which our practitioners are currently interested.

1) In the feasibility study conducted by you and published in 2007, you have mentioned that segmental spinal anaesthesia, using the thoracic interspace, can be used successfully and effectively for laparoscopic surgery in healthy patients. However, the use of an anaesthetic technique involving needle insertion into the vertebral canal above the level of termination of the spinal cord requires great caution and should be restricted in application until much larger numbers of patients have been studied.

15 years have passed since then. Has segmental spinal block technique become popular worldwide both in terms of research and clinical application? Are anaesthesiologists adopting this approach more commonly now?

Yes, we published two articles on this topic in The British Journal of Anaesthesia in 2006–2007.

In the first report, a patient was scheduled to undergo lung transplantation. The transplant surgeon found out that he had gallstones and requested cholecystectomy, but surgery and anaesthesia were denied in two university hospitals. They asked me whether I had a solution. I had done a similar difficult case, who underwent partial gastrectomy successfully.

I do acknowledge the danger of direct trauma to the spinal cord at the thoracic level. This case report triggered me to do a more extensive trial using the thoracic approach in a series of cholecystectomies. Following the publications, I did receive several comments from other colleagues around the world.

Segmental spinal anaesthesia in the thoracic region has still not become a popular technique that is practised everywhere. There are many case reports and few randomised trials; there is no systematic review thus far.

2) What is the type of patient that should be considered for undergoing thoracic segmental spinal anesthesia?

I believe, patients with limited cardiovascular and respiratory physiologic reserves are the indications for segmental spinal anaesthesia via the thoracic approach, provided the anaesthetist is well versed about the technique, and knows its limitations. The anaesthetist needs to be very skilled in both spinal, epidural and combined spinal epidural techniques.

The limited physical reserves of the patient should be as such that general anaesthesia is no longer the best option.

3) Which are the type of surgeries wherein you think that segmental spinal is beneficial over other regional techniques?

A good example is cholecystectomy or limited abdominal surgery such as appendectomy (limited in time). As the patient is fully awake; the surgeon needs to perform gentle surgery and limits the intraabdominal pressure. Any surgery that the surgeon can do using minimally invasive techniques on the bowel (provided restriction in time is taken into account) are good choices.

I do not believe that laparoscopic surgeries in the pelvic region (e.g., bladder) are good indications for this kind of surgery under thoracic spinal anaesthesia.

4) What should be the ideal duration of surgeries chosen for segmental spinal anaesthesia?

In my experience, operations that last 1h to 1h15 min (max 1h30 min) are ideal. All depends on the dose you inject in the subarachnoid space. A larger dose means a longer duration of action, but potentially also a larger extent of the block. Hence, more haemodynamic effects such as hypotension can occur.

5) You have done magnetic resonance imaging investigation on the anatomy of the thoracic spinal canal in different postures. What patient position do you think is the best for giving a thoracic segmental spinal block?

In this particular case (especially with severe cardiovascular compromise), I suggest putting the patient in the lateral recumbent position on his left side. Do the puncture, inject the local anaesthetic, insert the epidural catheter, fix it on the patient's back and immediately thereafter put the patient on his back, to make sure that the local anaesthetic solution stays within the curvature of the spinal canal (and does not go up on either side, i.e., the sacral area and the occipital area are higher than the thoracic and lumbar regions).

Therefore, refrain from putting the spinal in with the patient in the sitting position. You need the lower lumbar region and the sacral nerves to be unaffected to compensate for the sympathetic loss, and consequently to prevent hypotension from happening.

6) Which technique is preferable and safer?—Combined spinal epidural with needle through needle or a direct puncture?

I recommend using the combined spinal epidural technique. Do not inject anything under pressure; use the normal injection speed.

7) Which thoracic level is safer?

I believe that the Th9–Th10 level is safe for a cholecystectomy; perhaps Th10–Th11 interspace will also be equally good. Other interspaces can be used for other indications (Figure). I use plain bupivacaine for cholecystectomies, while others recommend hyperbaric bupivacaine for other levels. This aspect still needs further exploration to make a final decision about which way to go.



High Thoracic Surgery: T5–T6	Level needle insertion	LA volume range	Sensory Level
Breast Surgery	T5–T6	1.1 to 1.4 mL	T1–T12
Upper Abdominal Surgery: T4–T11	Level needle insertion	LA volume range	Sensory Level
Gastrectomy	T6–T8	0.9–1.2 mL	T4
Laparoscopic cholecystectomy	T8–T11	1.5–2.5 mL	T2–L5
Colon surgery	T4–T5	1.7 mL	T3–L5
Laparotomy for abdominal malignancies	T9–T10	2 mL	T2–L3
Lower Abdominal Surgery: T5–L1	Level needle insertion	LA volume range	Sensory Level
Caesarean Delivery	T8–T9	1.4 mL	T4–L2
Cystectomy	T10–T11	1 mL	T6–L2
Nephrectomy	T10–T11	1.3–2 mL	T3–T12
Uro-Genital Surgery: L1–S5	Level needle insertion	LA volume range	Sensory Level
TUR / TURP	L3–L4	2.5–3.5 mL	T10–S5
Phimosis	L3–L4	2.5–3.0 mL	L1–S5
Anal region	L4–L5	2.5–3.0 mL	L1–S5

Image is original and provided by Professor André VAN ZUNDERT

The above solutions are preliminary suggestions of a potential technique for certain indications. They need further research to demonstrate efficacy and safety. Therefore, practitioners need to check their own guidelines regarding indications, the technique used, the positioning of the patient and the choice and dose of the local anaesthetic solution, which match best for their patient. The author does not accept any legal implications from using the discussed technique in this article on their patients.

8) What type of spinal needle and gauge of needle do you recommend for segmental spinal?

Spinal needle: Both Quincke type or Pencil point type needles are ok.

Gauge: 25G or even better: 27G. You need a long spinal needle which fits accurately into the Tuohy (epidural) needle.

Everything depends on your practice and your experience in using these needles. Do not do anything special; use the technique you are most familiar with.

9) What are your choices regarding the local anaesthetic, the baricity, volume and concentration for segmental spinal? What additives can be used and in what volumes and concentrations?

I have used in all these cases; 1 ml bupivacaine 0.5% (plain) plus 0.5 ml sufentanil.

My goal was to limit the volume of the local anaesthetic solution and to restrict the spread in the subarachnoid space.

10) What are the most common complications associated with thoracic segmental spinal anaesthesia?

- Some shoulder discomfort
- itching

11) In a thoracic spinal, what is your experience regarding haemodynamic stability? Are the chances of hypotension more or less?

This depends on the extent of the block. Here follows information gathered from a series of cholecystectomies (published in Br J Anaesth in 2007):

van Zundert AA, Stultiens G, Jakimowicz JJ, Peek D, van der Ham WG, Korsten HH, Wildsmith JA. Laparoscopic cholecystectomy under segmental thoracic spinal anaesthesia: a feasibility study. Br J Anaesth. 2007 May;98(5):682-6. doi: 10.1093/bja/aem058. Epub 2007 Mar 19. PMID: 17371777.

On average, the sensory block was T3-L3; so, leaving the L4-S5 region intact.

On average, 2135 ml of fluids were administered in the first 2 hours; only 2 patients did receive ephedrine 5 or 10 mg IV; Blood pressures were all within normal limits.

12) A major concern about the thoracic approach of spinal anesthesia is the interference of the ventilatory function due to the extensive blockade of spinal nerves at the thoracic level. What is your experience and opinion regarding this?

Indeed, this is a concern; although I did not have any problem in the patients I included in my study, using this technique. Segmental thoracic spinal, if carefully executed, should not impair the ventilatory function of the patient, as was demonstrated in a case report in a patient with severe lung disease: van Zundert AA, Stultiens G, Jakimowicz JJ, van den Borne BE, van der Ham WG, Wildsmith JA. Segmental spinal anaesthesia for cholecystectomy in a patient with severe lung disease. Br J Anaesth. 2006 Apr;96(4):464-6. doi: 10.1093/bja/ael036. PMID: 16549626.

13) How can one immediately identify that there has been spinal cord trauma? What should be the plan of management in case of trauma?

The spinal cord is very sensitive neural tissue, that will cause immediate (sharp) pain when you touch it; and if the needle penetrates the spinal cord, this can elicit shooting pain. Avoid further trauma, by immediately stopping the needle from progressing further; and withdraw the needle slightly till the pain goes away. If pain occurs during the injection of the local anaesthetic solution, stop further injection of the local anaesthetic solution. Injection of any solution directly into the spinal cord, will cause oedema and temporary loss of function of that area.

In case of a trauma, perhaps inject some corticosteroids, after consulting a neurologist. Neurologic evaluation/follow-up in the following days is warranted.

14) What should one keep in mind while doing a segmental spinal for laparoscopic surgeries such as laparoscopic cholecystectomy? Can you give us some additional tips and tricks in segmental spinal block?

- Use a meticulous technique that is known and practiced by you. This means you need to have extensive experience in doing CSE techniques in the lumbar region and epidurals in the thoracic region.
- Do not rush in the epidural Tuohy needle, nor the spinal needle. Be always in control of the needle!

15) Do you think that segmental spinal will become a routinely used technique even in healthy patients with no comorbidities and risk factors for general anaesthesia?

I am afraid that thoracic segmental spinal anaesthesia will never become routine practice as too many anaesthetists are afraid of causing harm to the patient's spinal cord and fear litigation. It is a pity that because of legal reasons, sometimes a potentially good new technique (but with potentially adverse effects), will not be used.

Only if all anaesthetists are trained in a sufficient way to do combined spinal-epidural techniques in different regions of the back, and become proficient in all aspects of neuraxial anaesthesia, the tide will change.

Thank you, Sir!

Editorial team, VAPOUR

EXPERT TALK

MY EXPERIENCES WITH SEGMENTAL SPINAL ANAESTHESIA

DR. TARUN VAGHELA, MD
Freelancer consultant anaesthesiologist
Navsari, Gujarat, India



Segmental spinal anaesthesia is the blocking of the required dermatome essential for the proposed surgical procedure.

I have been practising anaesthesiology for the last 26 years. I ventured into the technique of thoracic segmental spinal anaesthesia (TSSA) initially in the pre-coronavirus disease (COVID)-19 era. The first patient in whom I administered TSSA had respiratory comorbidities and he had been posted for laparoscopic cholecystectomy. The outcome was uneventful and this further motivated me to use this technique with many more patients. I have used this technique successfully in 1500 cases so far, the majority of whom had some comorbidity.

This technique can be used for open abdominal, laparoscopic gynaecological, urological, thoracic and spine surgeries. Appropriate selection of the patient and the taking of all due precautions will help in avoiding routine complications and untoward events in this otherwise highly risky procedure.

The spinal cord lies more anteriorly in the thoracic region, so more anatomical space is available between the posterior dura and spinal cord. The accurate determination of the dermatome pre-operatively is of utmost importance.

A majority of the patients in whom I have attempted TSSA belonged to American Society of Anesthesiologists (ASA) physical status class I to III, ranging from 7 years to 90 years of age. I preferred paramedian approach with 45° angulation at the thoracic level. Strict monitoring of all vital signs was ensured before and during the procedure in all the cases.

Baricity influences the spread of the drug and I used an isobaric drug solution of levobupivacaine or ropivacaine in most of the cases, especially in all laparoscopic and superficial thoraco-abdominal surgeries. 1ml of drug can spread 2 to 3 segments above and below. Also, the thoracic nerve roots are thinner than their lumbar counterparts and hence, high levels of block can be attained by using lower doses, maybe just half the dose. 1.5 to 2 hours of action was available with an isobaric local anaesthetic. Use of adjuvants like fentanyl, dexmedetomidine and clonidine can extend the duration of action further. Hyperbaric bupivacaine was used in open laparotomies. Discolouration of the solution in the syringe which is usually observed while we aspirate during intrathecal injection was not observed with the isobaric drug.

The intraoperative haemodynamic fluctuations that were observed were minimal and this may be due to lumbosacral sparing and less vasodilatation in the lower limbs. 1 out of 1500 patients had respiratory arrest. Hypotension along with bradycardia was observed in 5-7% cases. Switch-over to general anaesthesia took place in 2 cases.

In total laparoscopic hysterectomy, I use a two-drug technique in which I first administer a hyperbaric drug to block the lumbosacral route, followed by an isobaric drug in sitting position. Baricity can be changed with distilled water. I have used hypobaric drugs in high-risk orthopaedic surgery, with excellent outcomes. I have also administered continuous TSSA in 10 cases for high-risk laparotomies.

The local anaesthetic and adjuvant drug doses will vary according to the surgery as follows-

SURGERY	LEVEL	DOSE
Laparoscopic Surgeries	T9-10	Isobaric levobupivacaine(0.5%)10 mg with adjuvant fentanyl 25µg / dexmedetomidine 3-5µg
Open Abdominal Surgery	T12-L1	Isobaric/ hyperbaric bupivacaine with adjuvant
Total Laparoscopic Hysterectomy	T9-10	Initially, hyperbaric levobupivacaine 2.5 mg (0.5 ml) in the sitting position followed by isobaric levobupivacaine 10 mg .
Spine Surgery	T11-12	Isobaric bupivacaine with adjuvant (modifiable as per level of disc)
Percutaneous Nephrolithotomy	T9-10	Isobaric levobupivacaine with adjuvant.
Breast Surgery	T6-7	5-7 mg isobaric levobupivacaine with adjuvant. (reduce dose as you go higher)

Note: The above drug doses and levels are based on the author's practical experiences. The author does not accept any legal implications from using the discussed technique in this article.

Dr Poonam S Ghodki

Consultant anaesthesiologist, Deenanath Mangeshkar
Hospital & Research Centre, Pune, Maharashtra



Segmental Spinal

After days of refusal and high end denial;

In full form is Segmental Spinal!!

Conventional lumbar to targeted thoracic;

Giving segmental spinal is nothing less than classic!

Meticulous spinal with drug isobaric

The hemodynamic variability is less dramatic!

Brace yourself to face any adversity

As we still lack support from medical fraternity!

Giving segmental spinal may be your plan A

Perhaps it keeps airway handling at a bay!

Don't give Segmental Spinal just cos GA you can't afford...

Be careful with the needle cos beneath lies the (spinal) cord!

Dr Poonam Ghodki

Deenanath Mangeshkar Hospital, Pune

ISA city branches: MONTHLY ACADEMIC ACTIVITIES

ISA Navi Mumbai



TEE workshop was conducted on 14th & 15th of April in association with Skills lab and Department of Anaesthesiology, MGM Medical College, Navi Mumbai under the leadership of Prof Dr Deepak Tempe. It was attended by 40 delegates.

Expert Talk

Fluoroscopy-guided Central Neuraxial Block: an upcoming promising technique!

Dr. Shantanu Mallick DA, MD (Anat.), FIPP (UK), FIAPM, MBA (HealthCare)

Anaesthesiologist, Pain physician & Anatomist

MGM Medical College & Hospitals, Navi Mumbai

Fortis Hiranandani Hospital & Reliance Hospital, Navi Mumbai



I have been practising regional anesthesia since the year 2000. From the initial days of my anaesthesia practice, I am successfully using the peripheral nerve stimulator for upper as well as lower limb blocks for all high-risk cases to avoid the complications of general anaesthesia. In due time, I also learnt ultrasonography (USG) to make my peripheral nerve blocks more perfect. But the fact that I was giving epidural/spinal block blindly would keep coming to my mind. In complicated spinal anatomy (eg. scoliosis, etc.) when we fail to give spinal, we invariably change the plan of anaesthesia and give general anaesthesia. Why do we fail to give neuraxial anaesthesia? Do we not put the patient as well as ourselves into risk by changing the plan of anaesthesia?

In most of the operation theatres, including those in remote places, though an ultrasound machine may not be available, a Fluoroscopic C-arm is usually available. Legally, the use of ultrasound is not permitted easily everywhere. If that is the case, why are we not learning Fluoroscopic C-arm technique to give spinal/epidural in failed cases? We are taking advantages of lumbar epidural but why are we scared to take the advantages of high thoracic or cervical epidural technique? We are getting ourselves trained in video laryngoscopy, ventilator mechanics and ultrasonography to upgrade and perfect our anaesthesia practice, but why are we not accepting Fluoroscopic C-arm as another tool in our armamentarium in anaesthesia practice to give epidural safely and perfectly. It is not that the use of Fluoroscopic C-arm is restricted to orthopaedicians or to pain physicians. Anaesthesiologists should also learn the technique of using Fluoroscopic C-arm for guiding central neuraxial block.

Fluoroscopy is a type of medical imaging that shows a continuous X-ray image on a monitor, much like an X-ray movie. In this technique, 2-3 ml of a non-ionic dye such as iohexol (Omnipaque) is injected into the epidural catheter to confirm the placement of the catheter or the needle. The most important advantage in fluoroscopy-guided epidural is that one can see the direction of the needle in the anteroposterior (AP) view and after hitting the upper border of the lamina in AP view, the depth of the needle tip can be seen in the lateral view. Then in the lateral view, one can enter into the epidural space with the help of loss of resistance technique. Lateral view gives the anaesthesiologist the confidence to know about the depth of the needle tip. The chances of dural puncture are almost nil as one can see the depth.

In comparison to USG guided spinal/epidural technique, I realised that Fluoro-guided spinal/epidural technique is much easier to learn and practise as both the hands are free to hold the needle and for catheter insertion. Confirmation of the position of needle tip or catheter by dye spread is more perfect in fluoroscopy. It is much easier to understand abnormal spine-anatomy under fluoroscopy. The working window is much better in fluoroscopy.

Regular cadaveric workshops on “Fluoroscopy guided Neuraxial Anesthesia” for anaesthesiologists are being held. Videos of fluoroscopy-guided lumbar, thoracic and cervical epidural are available on YouTube channel (<https://youtu.be/dVBbXxjyaHK>) (https://youtu.be/Uu_jzKu-Dn8). I suggest that every practising anaesthesiologist and postgraduate student should learn to perform a lumbar, thoracic and cervical epidural block safely and scientifically under fluoroscopy guidance.

Note: The author of the above article has declared that he has no conflict of interest

Some interesting quotes in Regional anaesthesia

Regional anaesthesia is simply an exercise in applied anatomy.
-Alon Winnie

Two conditions are absolutely necessary to produce spinal anaesthesia : puncture of the dura mater and subarachnoid injection of the anaesthetic agent

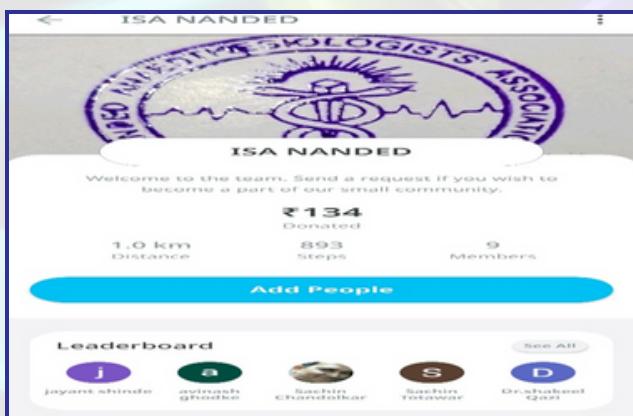
-Gaston Labat

ISA FIT Anaesthesiologist campaign & use of Impact App

ISA Nanded city branch has started working on FIT Anaesthesiologist campaign which was started by ISA National in 2019.

The ISA Nanded city branch members are now being motivated regarding fitness and about the use of the Impact App. This App is a free playstore app for health, fitness and charity. Every step walked or jogged can raise money for a social cause with the help of this App. The workouts are sponsored by companies and the money that is raised goes directly to the partnered NGOs.

Dr Sachin Chandolkar, Secretary of the branch has reported that till now they had donated 80000 /- (in the last month) through Impact App.



ISA KARAD COLS ACTIVITY



COLS activity for hospital staff and patient relatives on 9th January 2023. Anaesthesiologist Dr. Jaywant Patil was the COLS trainer.

COLS for security guards & gym trainers (21st to 24th March 2023). Dr Shraddha Naik & Dr Belapure were the trainers.



COLS training for 350 girl students at Malkapur. Trainers: Dr Shraddha Naik, Dr Belapure



ISA Nagpur City Branch: COLS Activities



ISA Nagpur city branch(NCB) conducted a BCLS activity for the staff of Bhende Dental Clinic , Nandanvan, Nagpur on 10th March 2023. Dr. Vijay Patil gave the demonstration and did the supervision of the hands on training.



ISA NCB conducted BCLS & Hands on training Session at Shri Ayurved College Nagpur on 9/3/2023. The demonstration was given by Dr. Devayani Thakur Hon. Secretary ISA NCB and hands on was supervised by Dr. Ketki Ramteke, executive member ISA NCB. Around 100 Ayurveda UG students and PG students attended the session. ISA NCB donated BLS chart to Principal Dr Mohan Yeole Sir to be displayed in the college.

ISA Karad Women's Day Activities

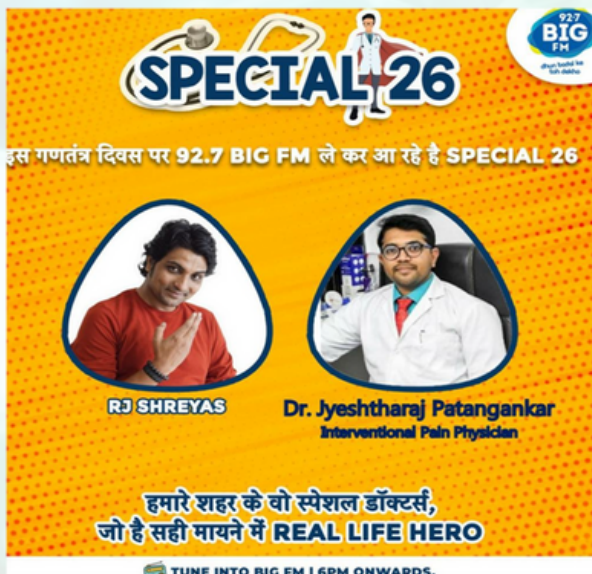


Seminar on 'Make-up Basics' by MUA Ritu: It was a super-hit! It was followed by high tea at ISA member Dr Belapure's house.



Ladies Lunch date on Women's Day: All ladies of ISA Karad including female postgraduate students had lunch together, while the males managed cases in the Operation Room!

ISA AURANGABAD Branch Activities



Pain awareness talk by Dr. Jyeshtharaj on Radio FM



IMA Cricket: ISA Aurangabad members participated in it. Blue Titans versus Pink Blasters. Dr Sujata Zine was Captain of the Blue Titans.

Fitness activity by ISA Aurangabad members



WALKATHON FOR PUBLIC AWARENESS ABOUT ANAESTHESIA



TheHitavada

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ehitavada.com

ISA NCB to hold walkathon today

ANESTHESIOLOGISTS from the city will walk together to create awareness among public about anaesthesia. Dr Rashmi Shingade, President, ISA NCB informed that Anaesthesiologists played a crucial role in pre-operative management of patient.

The 3 km walkathon will be flagged off at the hands of Dr Pramod Padole, Director, Visvesvaraya National Institute of Technology (VNIT) Nagpur at 6.30 am from Tirpude College, Civil Lines. Executive Members Dr Shital Samel and Dr Dilip Wasnik are the Coordinators for the event.

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ISA Nagpur city branch(NCB) conducted a Public awareness Walkathon on Sunday 19th February 2023. The programme started with the welcome by the President ISA NCB, Dr. Rashmi Shingade followed by warm-up Zumba Session by Mr. Pratik Julme. All ISA NCB members very enthusiastically participated in the session filled with fun, frolic and fitness. Prof. P M Padole with his better half Mrs. Pallavi Padole, flagged off the walkathon. All the members walked for the cause of Anaesthesia awareness with banners and slogan placards in their hands.

The walk was followed with a skit on 'Each one can save one life' our motto for COLS, performed by ISA NCB Members Dr. Ravi Mundada, Dr. Sheetal Samel, Dr. Dilip Wasnik, Dr. Sonali Bhagat, Dr. Vijay Patil. The narration was given by Dr. Neha Gulkari. Dr. Anjali Borkar executed the skit. The event was coordinated by Dr. Sheetal Samel and Dr. Dilip Wasnik. Dr. Devayani Thakur Hon. Secretary gave the formal vote of thanks.

HOBBIES: The Talented Anaesthesiologist

RANGABHRAMANTI: A date with water colours!



A **Watercolour** Paintings Exhibition '**Rangabhramanti**' was organised by Dr Maya Bhalerao Coordinator of ISA Art and Literary club at Balgandharva Kala Dalan,Pune on 5th 6th 7th March 23.The exhibition was inaugurated by International Watercolour artist Shri. Milind Mulick in the gracious presence of Maharashtra state ISA President Dr H K Sale, State IMA President Dr Ravindra Kute and many other eminent dignitaries.

109 watercolour paintings were displayed depicting the white continent Antarctica, different floral and landscapes.

This was a Charity Activity under the tag line 'Art for Good'.The proceedings collected out of sale of the paintings (Rs 2 Lakhs) were donated to Mahatma Gandhi Tribal Hospital,Utavali,Melghat for improving the healthcare services of tribal people of Melghat. At the same time Free Surgery Camp was organised and 49 surgeries were performed in one and a half day which included 28 endoscopic dacryocystorhinostomies and other general surgical procedures.

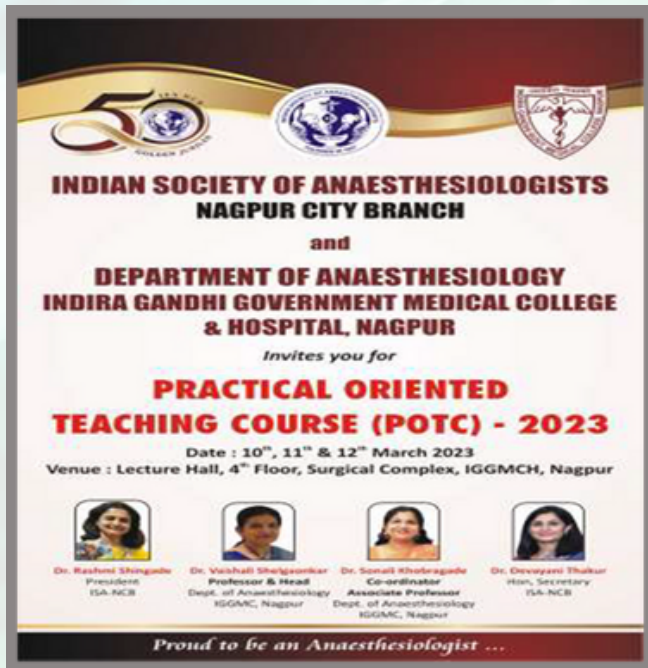
One day CME-ISA Srikakulam (12th March 2023)



A CME on 'Anaesthetic implications in laparoscopic and ENT surgeries' was organised by Department of Anaesthesiology, Government Medical College, Srikakulam in association with ISA Srikakulam at GMC Srikakulam. Dr B Murali Krishna, HOD Anaesthesiology GMC Srikakulam was the Organising Chairperson. Dr Janaki Babu K, Associate Professor GMC Srikakulam was the Organising Secretary. ISA support was by Dr P Bhanu, President ISA Srikakulam.

ISA Nagpur City branch: Practical Oriented Teaching Course (POTC)

ISA Nagpur city branch(NCB) recently conducted the **Practical Oriented Training Programme (POCTS)** for post graduate students at IGGMC, Nagpur on 10th, 11th and 12th March, 2023. The programme was inaugurated by the Chief Guest, Dr. Sanjay Bijwe, Dean IGGMC, Nagpur along with the Guest of Honour Dr. Chandrakant Bokade, Vice Dean, PG, IGGMC, Nagpur. ISA NCB President Dr. Rashmi Shingade welcomed the gathering. Around 62 post graduate students from Nagpur, Sawangi and Yavatmal attended the POCTS.



ISA Nagpur: WORKSHOP AND CME ON PAEDIATRIC ANAESTHESIA



ISA Nagpur city branch (NCB) conducted a CME and workshop on 19th March 2023 on Paediatric Anaesthesia. It was attended by around 100 delegates from in and around Nagpur. Dr. Tushar Thakre, renowned paediatric surgeon trained the delegates on surgical airway access during the workshop. The delegates got hands on training on paediatric airways and vascular access on simulation mannequins. E-SENSE <https://esense.isanagpur.org/> on paediatric anaesthesia was released on the occasion.

Conferences & Post graduate oriented academic events of ISA

Rajwisacon, the 16th West zone ISA & 23rd Rajasthan State Chapter academic meet was held at B M Birla Auditorium, Jaipur on 11th & 12th February 2023. Dr. Sushil Bhati was the Organising Chairman and Dr Vandana Mangal was the Organising Secretary. Preconference workshops were held on 10th February 2023.

The ISA Sponsored 6th CENTRAL ZONE POST-GRADUATE ASSEMBLY 2023 was held from 15th Feb to 19th Feb 2023 at KN Udappa Auditorium of Banaras Hindu University, Varanasi. It was attended by postgraduate students and faculty. Eminent faculty and post graduate teachers covered different examination-oriented topics for the students.

ISA East Zone PG Assembly was held in Bhubaneswar from 3rd to 5th March 2023.

PG IMPACT 2023 : This postgraduate teaching event was organised by ISA Andhra Pradesh on April 1st & 2nd at Visakhapatnam.



ISA SOUTH ZONE PG ASSEMBLY



ISA Tirunelveli hosted the two day event ISA South zone PG assembly on 25th and 26th February 2023 at Tirunelveli Medical College Thamirabharani Auditorium. Eminent faculty participated in it. Postgraduate students from South India attended the assembly in large numbers.

ISA MIDKON and SOUTH ZONE PG Assembly 2023



ISA South zone PG assembly & ISA MIDKON 2023 was organised by ISA Malappuram branch on 10th-12th March 2023. It included a workshop on USG guided nerve blocks.

Official inauguration was done by ISA National President Dr. Bhimeswar, ISA National GC member Dr. Ashok Deshpande, National scientific coordinator Dr. Venkatagiri, ISA state president Dr. Joe Kuruvila and Secretary Dr. Paul. O. Raphael, city branch president Dr. Muraleedharan A. K, and secretary Dr. Anand Sriram, organising chairperson Dr. Shamshad Beegum, organizing secretary Dr. Brijesh, MES medical college Dean Dr. Girish Raj MS, Dr. Sajid and others.

Scientific sessions by invited faculties, paper presentation, poster presentation by the PG students & quiz for PG students were conducted. Awards were given for the various events.

CROSSWORD(on spinal anaesthesia)

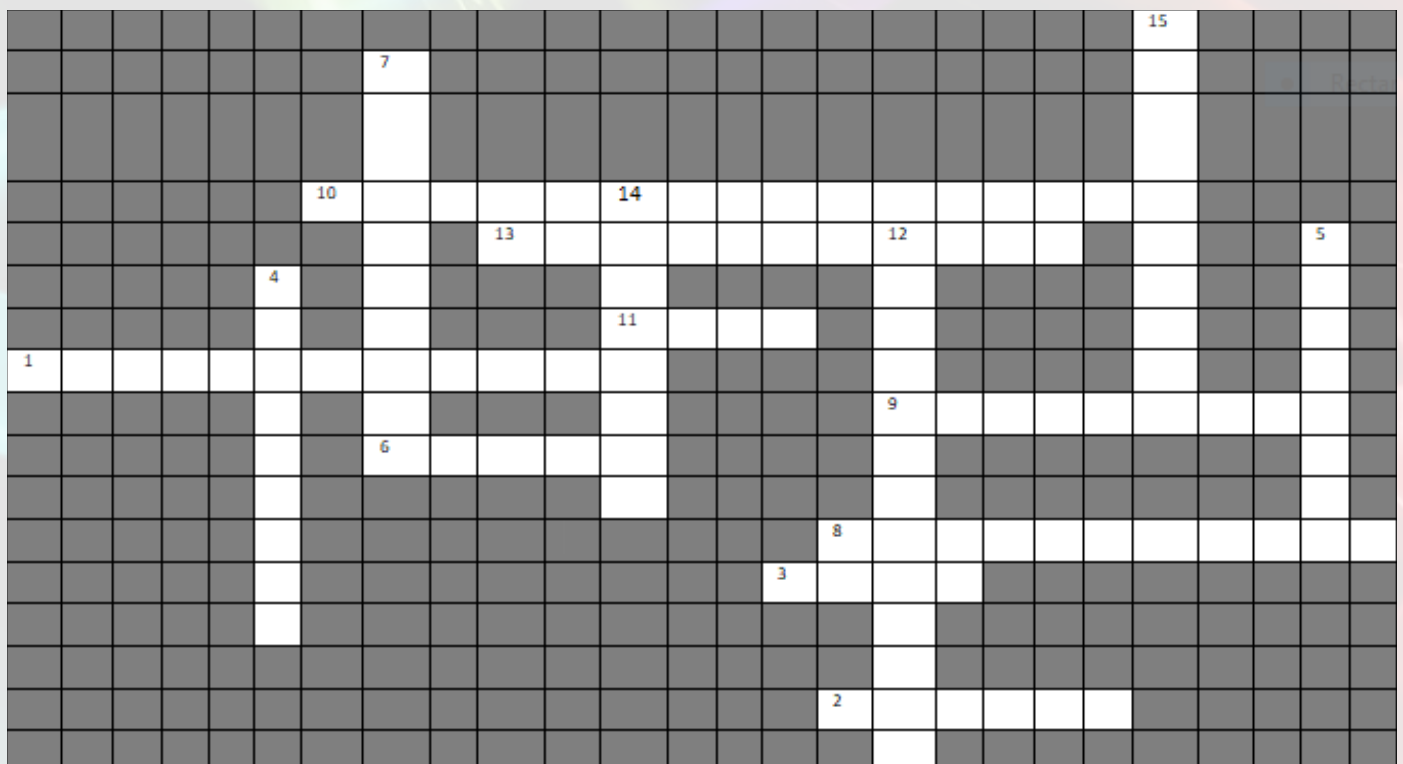
By Dr Ridhima Sharma, MAMC, New Delhi

ACROSS

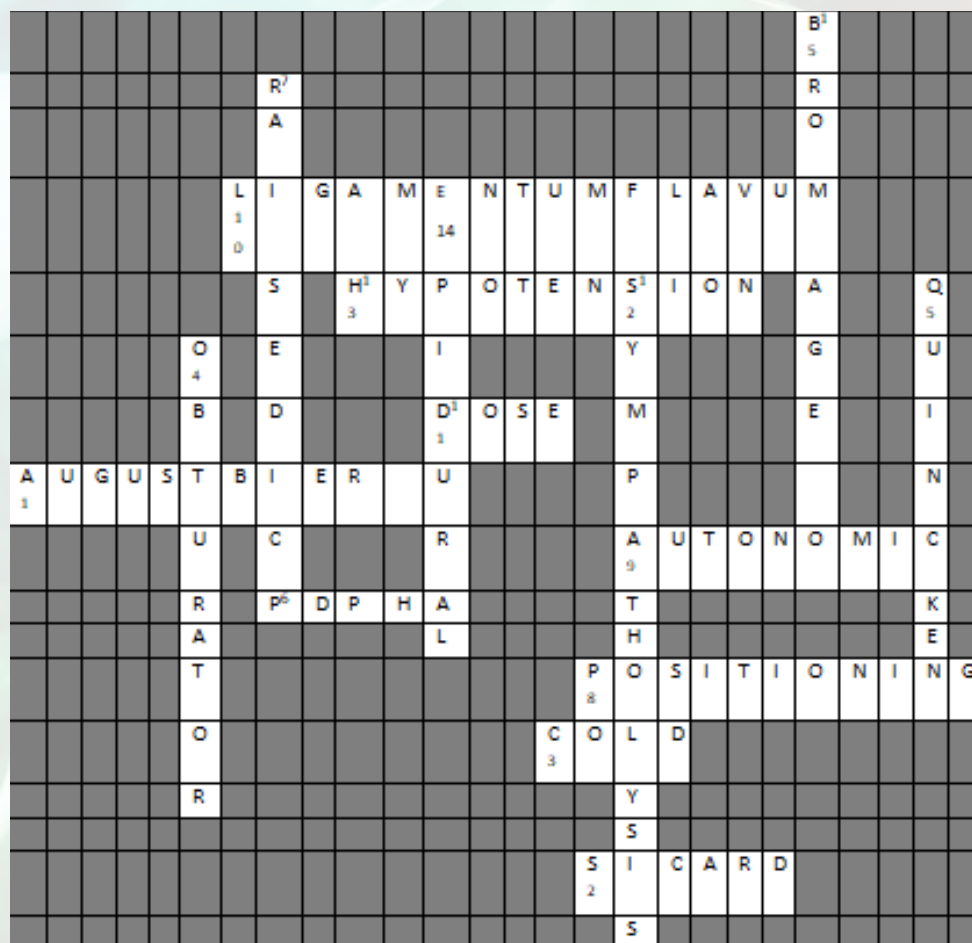
1. Father of Spinal anaesthesia
2. Father of Epidural anesthesia
3. First sensation lost in Subarachnoid block(SAB)
6. Most common side effect associated with SAB
- 8.Success of a SAB largely determined by
- 9.Earliest order of blockade in SAB
- 10.Loss of resistance felt in SAB due to piercing
- 11.Most important factor affecting height of block
- 13.Most common complication associated with SAB

DOWN

- 4.Nerve most commonly spared in SAB
- 5.Dura cutting needle used in SAB
- 7.Absolute contraindication to SAB
- 12.Effect of SAB occurs by causing
- 14.Curative management of PDPH by injecting autologous blood in space
- 15.Assessment of SAB



CROSSWORD(on spinal anaesthesia)



ACROSS ANSWER KEYS

1. August Bier
2. Sicard
3. Cold
- 6.PDPH
- 8.Positioning
- 9.Autonomic
- 10.Ligamentum flavum
11. Dose
13. Hypotension

DOWN ANSWER KEYS

- 4.Obturator nerve
- 5.Quincke
- 7.Raised ICP
- 12.Sympatholysis
- 14.Epidural
15. BROMAGE scale

1. Father of Spinal anesthesia: August Bier.
2. Father of Epidural anesthesia: Sicard.
3. First sensation lost in SAB: Cold.
4. Nerve most commonly spared in SAB: Obturator nerve.
5. Dura cutting needle used in SAB: Quincke.
6. Most common side effect associated with SAB: PDPH.
7. Absolute contraindication to SAB: Raised ICP.
8. Success of a SAB largely determined by: Positioning.
9. Earliest order of blockade in SAB: Autonomic.
10. Loss of resistance felt in SAB due to piercing: Ligamentum flavum.
11. Most important factor affecting height of block: Dose.
12. Effects of SAB occurs by causing: Sympatholysis.
13. Most common complication associated with SAB: Hypotension.
14. Curative management of PDPH by injecting autologous blood in space: Epidural.
15. Assessment of SAB: BROMAGE scale.

INVITATION TO CONTRIBUTE



'Vapour', the official newsletter of the Indian Society of Anaesthesiologists invites contribution of articles originally written by ISA members (Life and associate). The articles can be in the form of interesting case reports for discussion, articles on topics of current clinical relevance, photo-essays, articles on medicolegal /health/ financial/extracurricular issues of interest to the anaesthesiologists. Original literary works such as poems, funny cartoons or paintings on topics of anaesthesia are also welcome. Information about extraordinary achievements/experiences of ISA members, book publication can be sent. The articles should be brief and written in font Times New Roman 12-14 size and presented in Microsoft office word document (rtf/doc files). Plagiarism and violation of copyrights should be strictly avoided. The articles should be e-mailed to isanewslettervapour@gmail.com with a covering letter addressed to the Honorary Secretary ISA National.

Dr Sukhminder Jit Singh Bajwa
Honorary Secretary ISA National & Editor-in-Chief
VAPOUR
(The official newsletter of the ISA National)





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