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Vapour

The official E-Newsletter of the
Indian Society of Anaesthesiologists

HIGHLIGHTS

ISA Activities

Education for and of Patient Safety in Anaesthesiology and Critical Care

Lt Col (Dr) Shibu Sasidharan

Promoting a Patient Safety Learning Culture

Dr. Raksha Kundal

Preoperative patient instructions: How they can improve patient safety?

Dr. Parul Jindal

Patient Safety: an important goal in Undergraduate and Postgraduate Anaesthesia Education

Dr. Madhuri Kurdi & Dr. Ridhima Sharma



How Interprofessional Learning can improve Patient Safety?

Dr. Mayank Massand

Case Discussions

Dr. Anirudh Elayat

Dr. Mayank Massand

KALEIDOSCOPE

A tryst with Dr. Ranju Singh



**World
Patient Safety
Day** 17 September

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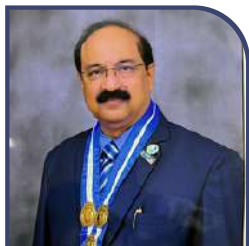
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EDITOR'S NOTE

Dear esteemed members,

Warm greetings from Indian Society of Anaesthesiologists (ISA)

National Headquarters!



Yet another month has passed and the ISA activities continued last month with zeal and interest. VAPOUR brings to you glimpses of some of these activities.

This month's issue of VAPOUR is based on the theme 'Education for and of the Patient Safety'. Most of us are aware of patient safety and its importance especially in the current growing landscape of healthcare wherein the environment is becoming increasingly complex with advancing technology. However, not many of us know about strategies related to education for and of the patient safety. Not many of us will attempt to implement novel plans and programmes related to training and education for patient safety. As per the World Health Organization (WHO), patient safety is a framework of organised activities in healthcare that lowers patient risk, makes errors less likely and reduces the impact when errors do occur.[1] A recently published systematic review by the WHO on the global burden of preventable medication-related harm in health care included 100 studies and 487 162 patients. An analysis of the studies in the review showed that at least one in 20 patients are affected by preventable medication-related harm globally and that more than one fourth of preventable harm is severe or life-threatening. Overall, the highest estimated prevalence of preventable medication-related harm was observed in geriatric care units followed by highly specialised or surgical care and emergency departments. The prevalence of preventable medication-related harm in low middle income countries was almost twice as high as in high income countries.[2]

Initiatives are taking place across the world to educate and promote patient safety. The first-ever Patient's Safety Rights Charter was developed at the WHO-hosted global conference at Geneva in 2023. It has been reiterated by the WHO time and again that patient safety is a collective responsibility. Nevertheless, patient engagement and empowerment is at the core of the Global Patient Safety Action Plan 2021–2030. It is one of the most powerful tools to improve patient safety and the quality of care, and it is now our duty to strengthen this link in the implementation of patient safety measures and strategies. A storytelling toolkit that will guide patients and families through the process of sharing their experiences, especially those related to harmful events within healthcare was launched in the conference. A Global Knowledge Sharing Platform that supports the exchange of global resources, best practices, tools and resources related to patient safety was also unveiled at the conference. Celebration of Patient Safety Day on 17th September every year is another initiative of the WHO in its endeavour to educate people regarding patient safety.[3] Health Education England (HEE) in the National Health Service is playing an important role in supporting quality improvement and patient safety by developing, commissioning and supporting many initiatives to enhance the culture of patient safety. This includes the development of a National Patient Safety Syllabus to

promote safe health care practice, recruitment of Quality Improvement Fellows and Patient Safety Fellows to explore and share good practice in patient safety training, education and development.[4]

As anaesthesiologists, our prime concern is perioperative patient safety and we should work to educate the entire perioperative team including the patient and the caregivers regarding perioperative patient safety. The recently concluded World Congress of Anaesthesiologists at Singapore in March 2024 had a separate academic session on Patient Safety and Quality. The session included talks based on 'Partnership with Patients', simulation, medication without harm, checklists, organising a culture of safety, maintaining patient safety during disasters, the Helsinki Declaration, research on patient safety and special E-poster sessions related to adverse events, medications, monitoring, logistics, patients and experiences.

We, in our nation too, need to strengthen our educational initiatives for patient safety. Conferences and Continued Medical Education Programmes have been traditional modes of education for us. The Clinical Practice oriented webinar series (CLIP) and Clinical Reasoning and Problem Solving webinar series (CRISP) that are being conducted by the ISA National since the last year are an earnest attempt by the ISA to educate its members with topics that can improve patient safety. The national guidelines that are published from time to time regarding clinical issues are an attempt to educate the practitioners to ensure patient safety. The training on Basic Life Support imparted by our ISA colleagues through various branch activities to laypersons and others is another strategy of education for patient safety. Furthermore, patient safety has been emphasised in the specific learning objectives of our speciality in the new competency based medical education curriculum of the National Medical Commission. Simulation is now an important mode of education that saves real life patients from unintended harm by trainees.[5]

Nonetheless, these attempts are not enough and we anaesthesiologists need to focus more on patient involvement in safety education. A cross-sectional questionnaire-based study found that although the overall awareness about patient safety among Indian urban patients is high, there is a lack of awareness about ways of dealing with patient safety issues.[6] Establishment of a database by the ISA wherein surgical patients and their caregivers who have suffered because of perioperative errors and mishaps can speak up and share their stories can be one such way of guiding educational strategies for perioperative patient safety. Street-plays, newspaper articles, radio-talks, blogs, YouTube videos, sessions on X Spaces Twitter, WhatsApp posts, role plays/ videos in preoperative waiting rooms and outpatient departments can help educate and involve patients in the safety process. ISA podcasts on patient safety can be useful for practitioners, students, paramedical staff, nurses, technicians and patients. Symposiums and conferences dedicated to anaesthesia safety can help in promoting education for and of patient safety. Robust research should be conducted on perioperative medication and device-related harm. Nevertheless, there can be several more innovative strategies and this issue of VAPOUR brings to you interesting articles related to education for and of patient safety. I am sure that this will help ignite the zeal for education for and of the patient safety. I congratulate all the authors and my editorial team for the efforts put into this theme.

Happy reading! Thank you and bye till we meet again with the April 2024 issue of 'VAPOUR'.

Long live ISA!

Dr Sukhminder Jit Singh Bajwa

Honorary Secretary, ISA National

Editor-in-Chief

'VAPOUR'

(The official newsletter of the ISA National)

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ISA NOTICE BOARD

CONFERENCE & CME CALENDER OF ISA (2024)

Conference/CME (Coming up)	Location	Organised by	Dates
ISACON TELANGANA	SVS Medical College, Mahabubnagar	ISA Mahabubnagar city branch & SVS Medical College, Mahabubnagar	5th to 7th July 2024
39th ISA Annual South Zone conference & 46th annual Tamilnadu State Conference	Yercaud, Salem	ISA Salem City branch	18th to 21st July 2024
3rd Yuva ISACON & 13th UK ISACON	HIMS, SRHU, Dehradun	Department of Anaesthesia. HIMS, SRHU, Dehradun	2nd to 4th August 2024
ISACON KARNATAKA 2024	JN Tata Auditorium Complex, Malleshwaram, Bengaluru	ISA Bangalore Metro branch & Department of Anaesthesiology, BMCRI, Bangalore	9th to 11th August 2024
ISACON West Bengal	Novotel Hotel, Kolkata	ISA West Bengal state & Apollo Hospitals, Kolkata	30th August to 1st September 2024
RAJISACON 2024	Jodhpur	Dr. SN Medical College, Jodhpur & ISA Jodhpur city branch	13th to 15th September 2024
ISACON North zone 2024	Jammu	Govt. Medical College, Jammu, Jammu & Kashmir (UT)	20th to 22nd September 2024
ISACON AP 2024	Tirupati	ISA Tirupati	26th to 28th September 2024
ISACON GUJARAT 2024	The Deltin, Daman	ISA Gujarat state branch	28th to 29th September 2024
UPCZ ISACON 2024	Jhansi, Uttar Pradesh	MLB Medical College, Jhansi & ISA Jhansi city branch	25th to 27th October 2024
71st ISACON 2024 (National Conference of ISA)	Samrat Ashok Convention Center, Patna	Patna Society of Anaesthesiologists (PSA)	20th to 24th November 2024

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 ISA-IJA REAP academic
webinar series (fortnightly),
every Thursday between 5pm
to 6pm is being conducted.

ISA National PG online classes

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

ISA academic webinar series
The ISA conducts Clinical
Practice oriented webinar
series (CLIP) and Clinical
Reasoning and Problem Solving
webinar series (CRISP) on
Thursdays between 6.30pm to
8.30pm.

Education for and of Patient Safety in Anaesthesiology and Critical Care

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Introduction

Patient safety is a fundamental aspect of healthcare delivery, particularly in the fields of anaesthesiology and critical care. Ensuring the safety of patients requires a comprehensive and multifaceted approach that encompasses not only the education and training of healthcare professionals but also the active engagement of patients, family members, and the public. Education for patient safety involves imparting knowledge and skills to healthcare professionals to enhance their ability to provide safe and effective care. On the other hand, education of patients, family members, and the public is equally important to empower them to actively participate in their own care and promote a culture of safety in the healthcare environment. Changing the culture of safety is a crucial component of patient safety education. It involves shifting the mindset and attitudes of healthcare professionals, patients, and the public towards a greater emphasis on safety. This can be achieved through educational initiatives that promote a culture of open communication, trust, and accountability. This article explores the importance of education for and of patient safety in anaesthesiology and critical care, focusing on strategies to engage patients, family members, and the public, as well as the design and delivery of education and training for enhancing patient safety.

Importance of Patient Safety Education

Patient safety education encompasses efforts to equip healthcare professionals, patients, and their families with the knowledge, skills, and attitudes necessary to identify and mitigate risks, prevent errors, and promote safe practices.[1] In anaesthesiology and critical care,

where complex procedures and high-risk interventions are common, the need for robust patient safety education is particularly pronounced.[2]

Healthcare Professional Education

Healthcare professionals working in anaesthesiology and critical care settings require comprehensive education and training to ensure competence in patient safety practices. This includes knowledge of relevant protocols, guidelines, and best practices for medication administration, infection control, monitoring, and emergency response. Simulation-based training, interdisciplinary collaboration, and ongoing professional development are essential components of effective education for healthcare professionals in these settings.[3]

Patient and Family Education

In addition to healthcare professionals, patients and their families play a vital role in ensuring patient safety. Educating patients and their families about their conditions, treatment options, potential risks, and how to effectively communicate with healthcare providers can empower them to actively participate in their care and advocate for their safety.[4] Patient education materials, clear communication strategies, and opportunities for shared decision-making can enhance patient and family engagement in safety processes.

Engaging Patients, Family Members, and the Public

Engagement of patients, family members, and the public is integral to promoting a culture of safety in anaesthesiology and critical care.

Strategies to engage these stakeholders include:

a) Patient and Family Advisory Councils

Establishing patient and family advisory councils allows healthcare organisations to collaborate with patients and their families in decision-making processes related to patient safety. These councils provide a platform for sharing experiences, identifying safety concerns, and co-designing solutions to improve the quality and safety of care.

b) Educational Workshops and Seminars

Hosting educational workshops and seminars on patient safety topics enables healthcare organisations to disseminate information, address common concerns, and facilitate dialogue between healthcare providers, patients, and their families. These events can cover a range of topics, including medication safety, infection prevention, and communication skills. In order to deepen the impact of patient safety education, it is essential to integrate real-life examples and case studies into educational materials and workshops. By illustrating the consequences of safety lapses and the benefits of proactive patient engagement, these narratives can create a more profound understanding of the importance of patient safety.

c) Digital Health Tools

Leveraging technology can play a significant role in patient safety education. Mobile applications and online platforms can be utilised to deliver interactive educational content, quizzes, and self-assessment tools to patients and their families.[5] These resources can empower individuals to become more proactive in managing their care and recognising any potential safety issues.

Design and Delivery of Education and Training

Effective education and training programmes for patient safety in anaesthesiology and critical care should be tailored to the needs of diverse stakeholders and delivered using a

variety of methods. Key considerations for the design and delivery of education and training include:

a) Inter-professional Collaboration

Collaboration among healthcare professionals from different disciplines, including anaesthesiologists, intensivists, nurses, and pharmacists, is essential for addressing the multifaceted nature of patient safety. Inter-professional education programmes promote teamwork, communication, and a shared understanding of roles and responsibilities in ensuring patient safety.[6]

b) Simulation-Based Training

Simulation-based training provides healthcare professionals with opportunities to practise critical skills and decision-making in realistic clinical scenarios without compromising patient safety.[7] High-fidelity simulators, task trainers, and virtual reality technology can be used to simulate complex clinical situations and emergencies, allowing participants to apply knowledge and skills in a safe learning environment.

c) Continuous Quality Improvement

Education and training programmes should be informed by principles of continuous quality improvement, with regular evaluation and feedback mechanisms to monitor their effectiveness and identify areas for improvement. Incorporating feedback from participants, patient safety indicators, and clinical outcomes data enables healthcare organisations to refine educational initiatives and ensure their alignment with evolving patient safety priorities.

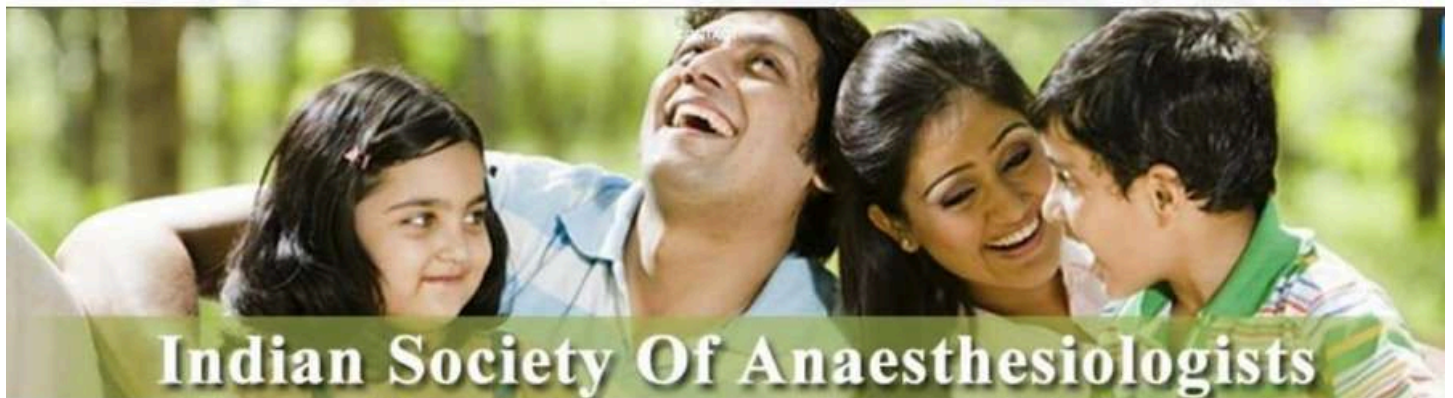
Conclusion

Education for and of patient safety in anaesthesiology and critical care is essential for promoting the well-being of patients and enhancing the competency of healthcare professionals. By engaging patients, family members, and the public, and incorporating

principles of inter-professional collaboration, simulation-based training, and continuous quality improvement, healthcare organisations can cultivate a culture of safety and improve outcomes for patients in these high-risk settings.

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Indian Society Of Anaesthesiologists Family Benevolent Fund



Promoting a patient safety learning culture

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When I was pursuing MBBS, I had a notion in my mind that the safety of patients is the responsibility of nurses. When I joined post-graduation in Anaesthesia, I realised that the safety of patients is the responsibility of doctors, too. Today, as a consultant anaesthesiologist, I feel I did not have the correct knowledge during my graduation and post-graduation tenure. Patient safety is a broader perspective; we, as students, only knew the tip of the iceberg. Patient safety culture must be taught from the beginning of one's medical career journey.

First, we can create comprehensive patient safety education and training programmes for healthcare professionals at all levels, including undergraduate and postgraduate medical education, nursing schools, and continuing professional development courses.

Make patient safety a significant component of medical and nursing education, including themes like error avoidance, communication skills, teamwork, and patient participation.

Encourage attendance at patient safety training, seminars, and conferences to foster ongoing learning and knowledge sharing.

Integrating patient safety in the healthcare system will ensure the implementation of patient safety principles in healthcare policies, legislation, and accrediting requirements. Healthcare organisations should prioritise patient safety efforts and distribute resources appropriately.

A sound reporting system should be adopted for adverse occurrences, near misses, and

sentinel events, with confidentiality and non-punitive approaches to reporting[1] We must nurture leaders at all levels and encourage commitment to patient safety. We must enable leaders to advocate patient safety efforts, establish clear goals, and assign dedicated teams and resources. Be compliant with patient safety committees or task forces inside healthcare organisations that oversee patient safety operations, track progress, and adopt improvement measures.

The way forward is to take the initiative by promoting a culture of continual quality improvement with an emphasis on patient safety. We need to encourage healthcare providers to do regular safety assessments, audits, and root cause analyses to uncover system flaws and take corrective action. We also need to adopt evidence-based methods, defined protocols, and checklists to limit the likelihood of errors and adverse occurrences.

Technology plays a significant role in improving patient safety. We should learn and start accepting and using electronic health record (EHR) systems in our hospitals to the fullest possible extent. EHRs have integrated safety features like drug management systems and decision assistance tools, which reduce the chances of errors. Appropriate use of telemedicine and digital health technology is to be done to enhance access to healthcare while protecting patients.

It is always fruitful to collaborate and ask for help. Collaboration and networking among

healthcare professionals, organisations, and academic institutions to share best practices, lessons learned, and research findings on patient safety will be a welcoming step to ensure learning patient safety culture. We should encourage research on patient safety to develop evidence on effective interventions, best practices, and emerging trends.[2]

Establishing a safety culture is only possible with the contribution of the public, so they should be informed about their rights, how to ask questions about treatments, how to report safety issues, etc.

To summarise, building a patient safety learning culture necessitates a comprehensive and coordinated effort from all levels of healthcare. We could promote a culture of continuous improvement and patient well-being by incorporating patient safety education into medical and nursing curricula, cultivating committed leadership, adopting robust reporting systems, and successfully using technology. Collaboration among healthcare stakeholders, including the general public, is critical for encouraging openness, accountability, and shared responsibility regarding patient safety.

Through these joint activities and commitments, we can work toward a healthcare system in which patient safety is instilled from the start of medical careers, resulting in safer and more effective care for everybody.

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Preoperative patient instructions: How can they improve patient safety?

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Preoperative education refers to different aspects of the information provided to patients before surgery, including the type of surgery and anaesthesia, the current status of the patient, and how it will affect the outcome. Inadequate preoperative patient preparation causes physical, financial, and psychological problems to patients and administrative and logistics concerns for the professionals along with medicolegal implications. [1] It may also lead to increased morbidity, increased rates of patient transfers, cancellations, or postponement of the surgery.

It is essential to establish institutional and departmental guidelines for conducting preoperative assessments and investigations. [2] To help ensure good post-operative consequences, it is essential to provide complete preoperative instructions. The instructions should be written in clear legible writing and explained to the patient in a language she or she understands. The educational background of the patients should be kept in mind while communicating with them. If there is someone with the patient who understands the instructions, they should be explained in detail and asked to explain the instructions to the patient.

The early pre-operative screening will also help to identify patients with special health needs who would benefit from extra support

both before and after surgery e.g. stopping smoking or getting physically fitter, or engaging with mental health services. A screening review of systems may identify symptoms that could lead to the establishment of previously undiagnosed conditions. Prime emphasis is on airway

abnormalities; a personal or family history of adverse events related to anaesthesia; and symptoms of any systemic illness. A history or records of a patient who has experienced headaches after spinal, excessive sore throat, post-operative nausea and vomiting, dental injuries, or “the need to have a small tube” should be mentioned in the current anaesthesia chart. Questioning the patient about snoring and daytime somnolence may indicate obstructive sleep apnoea and warrant further evaluation.

During a preoperative visit, two distinct examinations are performed. The first is a general examination which is done to identify any underlying undiagnosed pathology and the second is an airway or spine examination to predict difficult procedures and to plan well in advance.

The nil per oral diktat should be painstakingly given to the patient to avoid the risk of aspiration and last-minute cancellation.

In the era of enhanced recovery after surgery (ERAS), where clear fluids are allowed up to one hour before surgery, the instructions have to be crystal clear regarding what food and how much of it is allowed. The premedications should be mentioned with clarity. The dose, route and time should be mentioned comprehensively so that the maximum therapeutic effect is achieved. If the patient is on polypharmacy (eg- an elderly patient or a patient on an anticoagulant) and requires regional anaesthesia, clear instructions regarding the continuation or discontinuation of medication should be given.

The preoperative evaluation provides an important opportunity to discuss and plan for the management of acute postoperative pain for several reasons as pain management is a common concern for patients. It may improve postoperative pain control in surgical patients as it may increase patient compliance for perioperative regional techniques and patient-controlled analgesia. Preoperative assessment may help in planning the perioperative care of patients with chronic pain conditions.

Surgery involves considerable planning and coordination, which means the integration of multiple clinicians in the care team and utilising their expertise in prehabilitation and optimising the patient. The pre-anaesthetic time can be used to educate the patient regarding the post-operative management of chronic co-morbid conditions.

Educating patients using aids like pamphlets, and audiovisual aids can teach them how to prepare for surgery and help them take responsibility for improving their health to reduce perioperative complications. [3] The execution of safety checklists, patient involvement, team-based care, and evaluation of adverse events has been shown to reduce unfavourable outcomes. [4]

To conclude, evaluating the preoperative risks and optimising outcomes for patients undergoing procedures has been spearheaded and to achieve this goal a holistic approach incorporating essential elements such as effective patient communication, patient education and multidisciplinary involvement is necessary.

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Patient Safety: an important goal in Undergraduate and Postgraduate Anaesthesia Education



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A common comment that one often gets to hear from the examiners during the postgraduate examination in anaesthesiology is 'I want to be sure that the student who passes the examination should be able to practise anaesthesia that will be safe to the patient. I do not want him/ her to be unsafe to any patient' This only means that anaesthesia education has to be centred on patient safety. Nevertheless, the traditional curriculae focused on basic science and medical knowledge. However, patient safety has been given prime importance in the current competency based medical education (CBME) curriculum. In fact, as soon as soon as the undergraduate student enters medical school, he/ she has to undergo the Foundation Course and one of the objectives of the Foundation Course is to orient the learner to patient safety. This is done by teaching them several topics including first aid and basic life support.[1]

The goal of postgraduate anaesthesia education as mentioned in the CBME curriculum

is to produce a postgraduate who can practise independently the art and science of Anaesthesiology and Resuscitation effectively and ethically, backed by scientific knowledge and skill base. [2] The subject specific learning objective for anaesthesiology states that the postgraduate training will have special emphasis on patient safety. The acquisition of knowledge related to multiple disciplines such as anatomy, physiology, pharmacology, general medicine, basics of surgery, physics and radiodiagnosis is mandatory and so is the acquisition of communication, decision-making and leadership skills which can all collectively contribute to patient safety in clinical practice. The student has to develop a high level of competence with reference to a broad range of clinical skills and the emphasis on skill acquisition is said to be the soul of the CBME curriculum for post graduation in anaesthesiology. The National Medical Commission provides a comprehensive list of certifiable procedural skills that have to be

acquired in a stepwise and graded manner both for undergraduate and postgraduate medical education. Traditionally, skill acquisition was acquired on patients and this would often jeopardise patient safety. However, in the modern scientifically designed CBME curriculum, skill acquisition takes place through the stepwise practical sessions of Demonstration-Observation-Assistance-Performance (DOAP). This practical session allows the student to observe demonstration of a skill, assist the performer, perform in a simulated environment, perform under supervision or perform independently. Each skill session is planned with definition of objectives, derivation of a clear lesson plan, planning of assessment and creation of resources. The skill assessment session assesses the skill of the student in the skills lab, skills station using mannequins/ paper cases/ simulated patients / real patients as per the context. [3]

Skill labs are now a mandatory requirement of every medical college and the simulators in the labs are the saviours who save the real life patients from harm caused during clinical skill teaching-learning and assessment. Similar to the simulators, are the cadavers in medical education. The cadaver is said to be the first teacher because the undergraduate student learns anatomy on the cadaver in the first year of medical school.[4,5] In postgraduate anaesthesia education, the cadaver serves as a teacher for learning regional anaesthesia techniques and thus saves the real life patient from the dangers of unskilled techniques of the trainee students. Ultrasonography is another saviour that has revolutionised and made the practice of anaesthesia more safe. Modern anaesthesia postgraduates are well trained in the clinical use of ultrasonography. It has been mentioned by medical educationists that schools in the health professions, including medicine, nursing, pharmacy, dentistry and others, provide limited education on patient safety. None pay sufficient attention to the key concepts, attitudes and skills necessary to practising safely. However, as mentioned by Stefan Lindgren, President of the World Federation for Medical Education, "Patient safety is a core attitude and

thus needs to be introduced early and then reinforced throughout postgraduate education and continuing professional development." [6] Nonetheless, there is accumulating evidence that education can help to improve patient safety and health care quality. Medical schools are beginning to introduce patient safety training into the undergraduate curriculum. [7,8] A recent review summarised that patient safety education is crucial to the field of anaesthesiology, particularly with the advancement of surgical and anaesthesia technologies and the increasing complexity of patients and procedures. The ideal patient safety curriculum in anaesthesiology consists of simulation, adverse event investigation and analysis, and participation in process improvement.[9] Safety curricula are generally popular among trainees and have resulted in increased knowledge of safety and quality improvement concepts, and led to improvement in the health care process.[10] This concept of education regarding patient safety can be applied to perioperative health care too. Certainly, we in India are truly blessed to have an undergraduate and postgraduate medical education curriculum that emphasises patient safety.

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How Interprofessional Learning can improve Patient Safety?

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Interprofessional education occurs when two or more learn about a topic from and with each other to enable effective collaboration and improve health outcomes. The health care system is becoming increasingly complex and hence the need of the hour is that the health service delivery team should collaborate to accomplish common goals and improve patient safety. Our profession as anaesthesiologists involves conducting surgeries of various specialities. Thus as a part of our profession, we are automatically involved in learning about other specialties in our study curriculum. We, as anesthesiologists, will always remain a fulcrum in the interprofessional learning facility due to our range of knowledge and at the same time the capacity to execute that knowledge at the appropriate time to attain patient safety.

Interprofessional Competency Development can be summarised into five themes

- 1) Roles and Responsibilities
- 2) Ethical practice
- 3) Conflict resolution
- 4) Communication
- 5) Collaboration and team work

These five themes are important in any hospital setting to establish a protocol for patient safety. "To err is human"; that means the people are not bad but the system needs to be safer. This interprofessional learning has many advantages such as

1) Enhancement of patient care and outcome - Many hospitals are promoting patient centric rounds in which the intensivist, endocrinologist, surgeon, cardiologist and other doctors involved in the care of the patient take rounds

together and work in tandem for good results.

2) Mitigation of medical error-Medication management is faster and specific with collaboration as the doctors are clear about which prescription is to be started and the nurses are also conveyed the same.

3) Expedition of initiation of treatment - A clinical collaboration platform efficiently delivers pertinent information to the right individuals at the right time via secure messaging, voice or video.

4) Diminution of inefficiencies and healthcare costs-This practice reduces the financial burden on the patient as well as on the hospital system cost as many unnecessary investigations are avoided. Implementation of modern healthcare technology is a great investment for healthcare facility.

5) Advancement of staff relations and job satisfaction- Healthcare professionals with the right tools and resources, can easily communicate with each other and share knowledge to enhance their skills in a better way.

At the end of the day, what matters is patient care and with the advent of technology and artificial intelligence, we will definitely see advancements in this direction in the near future where all the information will be available to the concerned doctors on the mobile phone and the treatment module can also be advised on the mobile phone to the nursing staff.

Indian E- Posters at World Congress of Anaesthesiologists, 2024

Congratulations to all the Presenters!

Name	Institute	Title	Track	Award
Dr. Shivanghi Gaur	Rajiv Gandhi Cancer Care Institute, Delhi	HIPEC In Post Liver Transplant Recipient: Anaesthesia Concerns	Critical Care & Trauma	
Dr. Satish Kumar	Madras Medical Mission, Chennai	Ultrasonography-A Life Saving Tool in Cardiac Intensive Care	Critical Care & Trauma	
Dr. Gaurie Srivastava	ABVIMS and RML Hospital , New Delhi	A Case of Postpartum Female with Non Hepatic Hyperammonemia	Critical Care & Trauma	
Dr. Anoop Sebastian	Ng Teng Fong General Hospital, Singapore	Our Experience With Extracorporeal Membrane Oxygenation (ECMO) in Respiratory and Cardiac Failure in a Paediatric Liver Transplant Recipient - A Single Case Report	Critical Care & Trauma	
Dr. Saloni Chugh	Ng Teng Fong General Hospital, Singapore	An Observational Study to Predict Successful Weaning From Mechanical Ventilation in Post Surgical Patients by Comparison of Ultrasound Assessment of Diaphragm and Parasternal Intercostal Muscle Thickness with Rapid Shallow Breathing Index	Critical Care & Trauma	
Dr. Karan Singla	PGIMER, Chandigarh	Co-Relation Between Prior Airway Management and Incidence of Ventilator Associated Pneumonia in Traumatic Brain Injury Patients: A Prospective Observational Study	Critical Care & Trauma	
Dr. Rashmi Jain	Sir Ganga Ram Hospital, New Delhi	Predictive Ability of Lung Comet Count for Successful Tracheal Extubation in Renal Allograft Recipients - A Prospective Observational Study	Critical Care & Trauma	
Dr. Arushi Goyal	Govt Medical College, Chandigarh	Ultrasound Guided Optic Nerve Sheath Diameter in Comparison to CT Scan for Assessment of Raised Intracranial Pressure in Adult Traumatic Brain Injury Patients	Critical Care & Trauma	
Dr. Meshwa Desai	NIMHANS Bangalore	Predicting Intraoperative Hypotension Using Preoperative Scoring Systems in Patients With TBI < A Prospective Observational Study>	Critical Care & Trauma	
Dr. Vidya Sriram	NIMHANS Bangalore	Prediction of the Success of Spontaneous Breathing Trial using Heart Rate Variability Indices in Patients Admitted to Neurosurgical Intensive Care Unit-A Prospective Observational Study	Critical Care & Trauma	Best Track Abstracts 2nd Prize
Dr. Swathy Asokan	PGIMER, Chandigarh	D-Dimer Levels at the Time of Admission to Hospital as Predictor of Outcome in Trauma Patients. A Prospective Observational Stud	Critical Care & Trauma	
Dr.Yudhyavir Singh	JPNATC, AIIMS , New Delhi	Frailty as a Predictor of Adverse Discharge Outcomes in Geriatric Trauma Patients Undergoing Surgery: A Prospective Observational Study	Critical Care & Trauma	
Dr. Haasith Dara	AIIMS, Patna	Comparison between Helmet-CPAP versus High Flow Nasal Cannula in Early Post-operative Period on Arterial Oxygenation in Adult Patients after Upper Abdominal Surgeries	Critical Care & Trauma	
Dr. Bala Bhaskar	VIMS, Ballari	Estimation of Gastric Emptying Times in Pregnant Women After Consumption of Water vs Clear Liquid - A Serial Ultrasound Based Comparative Study	Obstetric Anaesthesia	
Dr. Shefali Gautam	King Georges Medical University, Lucknow	Effect of Preoperative Oral Carbohydrate Supplement on Maternal and Neonatal Outcome in Cesarean Section under Spinal Anesthesia	Obstetric Anaesthesia	
Dr. Tridha Majumdar	ABVIMS and RML Hospital , New Delhi	Comparison of Inferior Vena Cava Collapsibility Index and Internal Jugular Vein Collapsibility Index by Point of Care Ultrasound to predict Post Spinal Hypotension in Pregnant Women undergoing Elective Lower Segment Caesarean Section. A Cross Sectional Observational Study	Obstetric Anaesthesia	
Dr. Chandni Sinha	AIIMS, Patna	Neonatal Outcomes following Prophylactic Phenylephrine or Noradrenaline Infusion during Spinal Anaesthesia for Emergency Caesarean Delivery: A Randomised Controlled Trial	Obstetric Anaesthesia	
Dr. Aswini Kuberan	JIPMER Puducherry	Effect Of Perioperative Intravenous Fluid Administration With Normal Saline Versus Lactated Ringer On Urinary Neutrophil Gelatinase Associated Lipocalin And Kidney Injury Molecule In Preeclamptic Women Undergoing Caesarean Section: A Randomized Clinical Trial	Obstetric Anaesthesia	

Name	Institute	Title	Track	Award
Dr. Suvarna K	Calicut Medical College	Segmental Spinal Anaesthesia In High Risk Obstetrics - A Case Series	Obstetric Anaesthesia	
Dr. Anoop Sebastian	Ng Teng Fong General Hospital, Singapore,	Intubation in Ex Utero Intrapartum Treatment - Our Experience	Obstetric Anaesthesia	
Dr. Parul Gupta	Rama Hospital, Budaun	Emergency Caesarean Section in Patient with Klippel Feil Syndrome	Obstetric Anaesthesia	
Dr. Shreya Adhikari	KMC, Manipal	Double Trouble- Anesthetic Challenges in a Patient With Twin Pregnancy With Posterior Mediastinal Mass	Obstetric Anaesthesia	
Dr. Smriti Warriar	Kokilaben Dhirubai Ambani Hospital, Mumbai	Successful Anaesthetic Management Of Patients With Pulmonary Hypertension Undergoing Elective Caesarean Section: A Series of 4 Cases	Obstetric Anaesthesia	
Dr. Shreyas Agrawal	ABVIMS and RML Hospital , New Delhi	Anaesthetic Management of a Parturient With Uncorrected Pentalogy of Fallot for Cesarean Section	Obstetric Anaesthesia	
Dr. Prakriti Singh	RNT Medical College Udaipur	Anaesthesia Management in an Operated Case of Supracardiac Tapvc Posted for Emergency Caesarean Section: A Case Report	Obstetric Anaesthesia	
Dr. Safna CT	Govt Medical College, Manjeri	Cesarean Section In A Neurofibromatosis Patient : Anaesthetic Challenges And Management - A Case Study	Obstetric Anaesthesia	
Dr. Deepak Borde	Ozone Anaesthesia Group, Aurangabad	Utility Of Machine Learning with MyoVistawavECG For Detection Of Left Ventricular Diastolic Dysfunction In Preoperative Patients	Technology,Pharmacology & AI	
Dr. Shreyas Chawathey	TMH, Mumbai	Utility of Variation in End-Tidal Carbon Dioxide to detect Fluid Responsiveness during Abdominal Cancer Surgery: An Observational Study	Technology,Pharmacology & AI	
Dr. Padma Priya	MAMC, New Delhi	Virtual Reality as an Adjunctive Non-pharmacological Anxiolytic in Patients undergoing Surgery under Regional Anaesthesia	Technology,Pharmacology & AI	
Dr. Megha Ranjan	MAMC, New Delhi	Comparative Evaluation of Onset and Recovery Characteristics of Minimal Flow Sevoflurane and Desflurane Anaesthesia	Technology,Pharmacology & AI	
Dr. Neha Garg	AIIMS, Delhi	Comparison of Target Concentration of Propofol During Three Phases of Liver Transplant Surgery Using Target Controlled Infusion of Propofol Total Intravenous Anaesthesia -A Prospective, Observational Study	Technology,Pharmacology & AI	
Dr. Pooja Patil	LH Hiranandani Hospital, Mumbai	Balancing Control : Exploring the Parallels Between Target Controlled Infusion(TCI) and Manual Bolus Method in Induction with Propofol : A Prospective Randomized Double Blinded Study	Technology,Pharmacology & AI	
Dr. Prashanth Prabhu	Vydehi Institute of Medical Science, Bangalore	Neonate for Pyeloplasty - Analgesia by TAP Block from Surgeon	Regional Anaesthesia	
Dr. Smriti Warriar	Kokilaben Dhirubai Ambani Hospital, Mumbai	Combined Lumbosacral Plexus Blocks As A Sole Anaesthetic Technique For Hip Hemiarthroplasty In 3 High Risk Patients	Regional Anaesthesia	
Dr. Sushil Krishnan	Northern Railway Central Hospital	Intermittent Boluses of Local Anaesthetics through Pericapsular Nerve Group [PENG] Block Catheters - an Optimal Analgesic Strategy for Hip Fractures ?	Regional Anaesthesia	
Dr. Chandni Sinha	AIIMS, Patna	Role of Flexor Digitorum Plane Block in Pediatric Patients Undergoing Syndactyly Release: A Case Series	Regional Anaesthesia	
Dr. Sandip Kapadiya	Divine Life Hospital, Gujarat	Low Dose Saddle Spinal Anaesthesia in A Case With Low Ejection Fraction Scheduled for Turp.---A Case Report	Regional Anaesthesia	

Name	Institute	Title	Track	Award
Dr. Arun Krishna	Daya Hospital, Thrissur	Segmental Thoracic Spinal Anaesthesia in a High Risk Patient With Severe Pah, Type 2 Respiratory Failure ,Difficult Airway for an Open Umbilical Hernia Repair: A Case Report	Regional Anaesthesia	
Dr. Sandip Kapadiya	Divine Life Hospital, Gujarat	Role of Spinal Anaesthesia in a Case of Severe Kyphoscoliosis Scheduled for Cystolithotripsy. A Case Report	Regional Anaesthesia	
Dr. Anuja Sharma	SMBT institute, Igatpuri	Benefits of Segmental Spinal Anaesthesia in Patients Undergoing Laproscopic Cholecystectomy: A Retrospective Study	Regional Anaesthesia	
Dr. Lakshmi praba Manavalan	Manipal Hospital, Bangalore	The Puzzling Case Of Xanthochromic Cerebrospinal fluid And Inadvertent Spinal Cord Tumour	Regional Anaesthesia	
Dr. Amol Kodlikar	Aster Aadhar Hospital, Kolhapur	Case Report On Post-Spinal Sub-Dural Hematoma	Regional Anaesthesia	
Dr. Neha Garg	AIIMS, Delhi	Comparison of Continuous Thoracic Epidural Analgesia and Ultrasound Guided Continuous Bilateral Erector Spinae Plane Block for Postoperative Pain Management in Patients Undergoing Major Abdominal Surgeries- a Randomized Controlled Trial	Regional Anaesthesia	
Dr. Gayatri Sagdeo	AIIMS, Patna	Ultrasound Guided Bilateral Internal Branch of Superior Laryngeal Nerve Block for Suppression of Postoperative Cough in Adults Undergoing Endoscopic Micro Laryngeal Laser Surgeries: A Randomized Controlled Trial	Regional Anaesthesia	Best Track Abstracts 2nd Prize
Dr. Harsha Binu	AIIMS, Delhi	90% Effective Dose (ED 90) of 0.75% Intrathecal Ropivacaine for Day Care Surgery in Patients Undergoing Lower Abdominal, Inguinal and Urological Surgery- Estimation with Biased Coin Up-and-Down Sequential Method	Regional Anaesthesia	
Dr. Sunil Jacob	MAMC, New Delhi	Effect of Baricity on Subarachnoid Block Characteristics of Ropivacaine in Infraumbilical Surgeries	Regional Anaesthesia	
Dr. Sriparna Madnal	MAMC, New Delhi	Comparative Study Of Pre procedural Ultrasound Screening Of Lumbar Epidural Space Vs Manual Palpation Technique For Epidural Catheter Insertion In Middle Age And Older Adult Patients	Regional Anaesthesia	
Dr. Surbhi Goswami	MAMC, New Delhi	Comparing Block Characteristics Between Hyperbaric 0.75% Ropivacaine & Hyperbaric 0.5% Bupivacaine for Surgeries Under Spinal Anaesthesia	Regional Anaesthesia	
Dr. Nivedha Palanisamy n	Rajarajeswari Medical College, Bangalore	Comparative Evaluation Between Ropivacaine And Ropivacaine With Dexamethasone For Post Operative Analgesia In Patients Undergoing percutaneous nephrolithotomy Using Ultrasound Guided Erector Spinae Block:A Randomised Prospective Clinical Study	Regional Anaesthesia	
Dr. Mona Bilandani	KIMS-Sunshine Hospital, Hyderabad	A Comparative Study of Inj. Ropivacaine 0.2 % Versus Inj Ropivacaine 0.2 % and Dexmedetomidine 0.5 mcg per kg in Transversus Abdominis Plane (TAP) Block for Postoperative Analgesia in Patients Undergoing Laparoscopic Surgeries	Regional Anaesthesia	
Dr. Bharati Adhye	Sancheti Hospital, Pune	Comparison of Ultrasound Guided Supra-Inguinal Fascia Iliaca Block and Ultrasound Guided Lumbar Erector Spina Plane Block for Post-Operative Pain Relief After Hip Arthroplasty - A Randomized Controlled Trial	Regional Anaesthesia	
Dr. Sivashanmugham T	MGMRI Puducheri	Lignocaine Permeability through the Paraneural Sheath and local anaesthetic uptake of Human Sciatic Nerve- A Study on In Vitro Biological Membrane and Nerve Model	Regional Anaesthesia	
Dr. Nachiketa Bharadwaj	SMS Medical College Jaipur	Adductor Canal Block for Post Operative Pain in Knee Arthroscopy Surgeries: A Comparison of Two Different Doses of Ropivacaine	Regional Anaesthesia	
Dr. Kritika Singh	Indira Gandhi Insitute of Medical Science, Patna	Efficacy of Continuous PENG Block in Paediatric Patients for Analgesia - A Case Series	Regional Anaesthesia	
Dr. Uma Gowri Sankar Dadi	AIIMS, Delhi	Comparison of Superior Brachial Trunk Block With Pericapsular Nerve Group Block in Arthroscopic Shoulder Surgeries - A Randomized Non-inferiority Trial	Regional Anaesthesia	

Name	Institute	Title	Track	Award
Dr. Sourav Saha	AIIMS, Delhi	Comparison of Single Versus Triple Injection Costoclavicular Block in Upper Limb Surgery: Randomised Controlled Trial	Regional Anaesthesia	
Dr. Honneshwari Suresh	KLE Jawaharlal Medical College, Belagavi	To Determine the Minimum Effective Volume of Local Anesthetic in 50% Patients(MEAV50)Using Dixon's Up and Down Method for Ultrasound Guided Supraclavicular Brachial Plexus Block: One Year Hospital Based Clinical Study	Regional Anaesthesia	
Dr. Swati Singh	Indira Gandhi Institute of Medical Science, Patna	Comparison of Parasagittal Oblique in- plane Approach to Paravertebral space and Mid-point Transverse Process to Pleura Approach for Thoracic Paravertebral Block: A Randomized Controlled Trial	Regional Anaesthesia	Best Track Abstracts 1st Prize
Dr. Gaurang Kothari	Aster CMI, Bangalore	Comparison of Efficacy of Postoperative Analgesia of Ultrasound Guided Bilateral Quadratus Lumborum Block Vs Transverse Abdominal Plane Block in Patients Undergoing Total Laparoscopic Hysterectomy	Cardiac, Thoracic & Vascular	
Dr. Sonalika Tudimilla	Dr DY PATIL Vidhyapeeth, Pune	Navigating Complexity: Anesthesia for Coarctation of Aorta and VSD Repair with Heterotaxy Polysplenia Syndrome	Cardiac, Thoracic & Vascular	
Dr. Samzai Lungalang	Christian Institute of Health, Dimapur	Perioperative Serum-Lactate Levels in Predicting Postoperative Outcome, Increased Morbidity and Mortality in Patients Undergoing Open Heart Surgery under Cardiopulmonary Bypass	Cardiac, Thoracic & Vascular	
Dr. Sonalika Tudimilla	Dr DY PATIL Vidhyapeeth, Pune	From Discovery to Recovery: A Journey through High-Volume Chylous Pleura Post-Coronary Artery Bypass Grafting	Cardiac, Thoracic & Vascular	Best Track Abstracts 2nd Prize
Dr. VIBHA SAKHARE	KEM Hospital, Mumbai	Retrospective Comparative Study of Topical Tranexamic acid v/s Intravenous Tranexamic acid in Off-pump Coronary Artery Bypass Grafting	Cardiac, Thoracic & Vascular	
Dr. Ayana Paulson	Dr K M Cherian Institute of Medical Science, Chengannur	Postoperative Blood Requirement in Elderly Population in a Rural Cardiac Center in India: A Retrospective Observational Study	Cardiac, Thoracic & Vascular	
Dr. Virendra Kumar	RML insititue of Medical Sciences, Lucknow	Comparative Study of Conventional Versus Ultrasound Assisted Femoral Arterial Cannulation: A Prospective Observational Study	Cardiac, Thoracic & Vascular	
Dr. Saravana Babu Madhur Sampooranam	SCT Institute of medical science, Trivandrum	Superior Vena Cava and Right Pulmonary Artery Junction- an Intraoperative Transoesophageal Echocardiographic Landmark for Central Venous Catheter Tip Position in Patients Undergoing Cardiac Surgery	Cardiac, Thoracic & Vascular	
Dr. Kulsum Alam	Jawaharlal Nehru Medical College, Aligarh	A Prospective Observational Study to Estimate the Validity of Transoesophageal Echocardiography for the Measurement of Right Ventricular Outflow Tract Gradient in Tetralogy of Fallot Repair Under General Endotracheal Anaesthesia and Mechanical Ventilation	Cardiac, Thoracic & Vascular	Best Track Abstracts 3rd Prize
Dr. Mathew Tom	KMC, Manipal	Beyond Convention: A Novel VV ECMO Cannulation Technique, Supraclavicular Approach of Subclavian Vein for Reinfusion Cannula Placement	Cardiac, Thoracic & Vascular	
Dr. Shashank Kumar	King Georges Medical University, Lucknow	Comparative Analysis of Pressure and Volume Controlled Ventilation Modes During One Lung Ventilation for Empyema Thoracis	Cardiac, Thoracic & Vascular	
Dr. Susmitha Vellanki	KMC, Mahe Manipal	Painful Heartbreaks and Painless Repairs: A Stress Free Mode of Induction and Airway Control in A Case of Left Ventricle Free Wall Rupture	Cardiac, Thoracic & Vascular	
Dr. Sanjana Sivakumar	Aishwaryam Speciality Hospital, Salem	Video Assisted Thoracoscopic Surgery in a Patient With Concurrent Cardiac Disease and Renal Disease: A Real Challenge for the Anaesthesiologist	Cardiac, Thoracic & Vascular	
Dr. Shreya Adhikari	KMC, Manipal	Non-Operating Room Anaesthesia in A Patient With Kearns Sayre Syndrome	Cardiac, Thoracic & Vascular	
Dr. Karthik AR	Adyar Cancer Institute	Intriguing and Unexpected Haemothorax following Induction of Anaesthesia and One Lung Ventilation in Pulmonary Metastasectomy by Video Assisted Thoracoscopic Surgery	Cardiac, Thoracic & Vascular	

Name	Institute	Title	Track	Award
Dr. Sargam Kant	TMH, Mumbai	An Observational Study to Find Out the Incidence, Causes and Effects of Intraoperative Hypothermia During Elective Esophagectomy Surgeries at A Tertiary Care Cancer Centre	Cardiac, Thoracic & Vascular	
Dr. Smrithi Warriar	Kokilaben Dhirubai Ambani Hospital, Mumbai	Efficacy Of EZ-Blocker® For One Lung Ventilation In A Patient With Post Total Laryngectomy Stoma	Cardiac, Thoracic & Vascular	
Dr. Anshuman Mishra	Yatharth Superspeciality Hospital, Noida	Non Intubated Video Assisted Thoracic Surgery with Supra Glottic Device	Cardiac, Thoracic & Vascular	
Dr. SHIRLEY D'SOUZA	Goa Medical College	Successful Mitigation of Anesthesia Challenges and Complications in a Patient with Pulmonary Bullae for Nasal Endoscopy	Cardiac, Thoracic & Vascular	
Dr. MUTHUKUMAR E	Royal Care Superspeciality Hospital, Coimbatore	Video Assisted Thoracoscopy for Mechanical Abrasion & Chemical Pleurodesis in a Patient With Pneumothorax After Previous Contralateral Pneumonectomy Managed by Selective Lobar Collapse & Lobar Oxygenation Technique With Dual Segment Erector Spinae Block in a Patient With Severe Kyphoscoliosis (Developmenta	Cardiac, Thoracic & Vascular	
Dr. URVASHI YADAV	UP. UMS. Saifai	Efficacy of Ultrasound Guided Erector Spinae Plane Block in Percutaneous Nephrolithotomy	Pain	
Dr. Sonam Monpa	MAMC, New Delhi	Comparison of Ultrasound Guided PENG Block and SIFI Block to Facilitate Positioning for Subarachnoid Block and for Postoperative Analgesia in Patients With Intertrochanteric Femur Fracture	Pain	
Dr. Shirish Rao,	SETH GS Medical College	Adequacy of Essential Opioid Analgesic Consumption Across 137 Countries and Territories From 2017 to 2021	Pain	
Dr. ANJU GHAI	PGIMS Rohtak	Transcutaneous Electrical Nerve Stimulation for Postoperative Pain Relief in Breast Cancer Surgery	Pain	
Dr. T.Monica Daisy	Saveetha Medical College and Hospital	Evaluation Of Local Anaesthetic With Adjuvants For Postoperative Analgesia Through Ultrasound Guided Fascia Iliaca Block In Hip Procedures	Pain	
Dr. Sheetal Gaikwad	TMH, Mumbai	Effect of Pain Management Protocol on Patient Outcomes in Gynecological Cancer Surgeries	Pain	
Dr. Madhusudan Upadya	KMC, Mangalore	Pre Emptive Analgesia in Total Knee Arthroplasty using Pregabalin and Celecoxib	Pain	
Dr. T.Monica Daisyom	Saveetha Medical College and Hospital	A Comparison Of Analgesic Efficacy Between Oral Pregabalin, Gabapentin And Melatonin As Non-opioid Anaesthesia For Robotic Assisted Laparoscopic Surgeries : A Prospective Randomised Double Blinded Study	Pain	
Dr. SURBHI GOSWAMI	MAMC, New Delhi	Transnasal Sphenopalatine Ganglion Block for the Treatment of Postdural Puncture Headache Case Series	Pain	
Dr. Sohini Ray	AIIMS, Delhi	Erector Spinae Plane Block for Low Back Pain With Radiation to Thigh in a Patient With Germ Cell Tumor Left Testis With Retroperitoneal Metastasis	Pain	
Dr. BABITA GHAI	PGIMER, Chandigarh	Comparison Of Suprascapular Nerve Neuromodulation Using Pulsed Radiofrequency Ablation Vs Local Anaesthetic With Steroid In Patients With Chronic Shoulder Pain: A Randomized Controlled Trial	Pain	
Dr. Reena	IMS BHU	A Comparative Study Between Transforaminal Epidural Steroid Injection with High Volume Lumbar Erector Spinae Plane Block in Patients with Low Backache and Radicular Pain: A Prospective Randomised Study	Pain	
Dr. Soumya Sarkar	AIIMS, Kalyani	Enhanced Recovery After Surgery (ERAS) Protocols in Idiopathic Scoliosis of Adolescents and Children: A Systematic Review with Meta-Analysis and Trial Sequential Analysis	Paediatric Anaesthesia	

Name	Institute	Title	Track	Award
DR. Shamshad Beegum	MES Medical College, Kerala	Anesthetic Management of a Child with Skraban-Deadroff Syndrome	Paediatric Anaesthesia	
Dr. Bharathi Sunil	Manipal Hospital, Bangalore	Anaesthesia Management for Tracheal Stenting in a Pediatric Patient for Anterior Andsuperior Mediastinal Mass- A Challenging Case	Paediatric Anaesthesia	
Dr. Pranita Mandal	AIIMS, Bhopal	Parasagittal Versus Transverse Approach Of Ultrasound Guided Erector Spinae Plane Block In Paediatric Patients Undergoing Abdominal Surgery Under General Anaesthesia	Paediatric Anaesthesia	
Dr. Ridhima Sharma	Lok Nayak Hospital, New Delhi	Rajyoga Meditation Based Healing Laboratory for Reducing Stress, Anxiety and Fasterrecovery in Pediatric Subset Following Elective Surgeryrecovery in Pediatric Subset Following Elective Surgery	Paediatric Anaesthesia	
Dr. Ayushi Agarwal	AIIMS, Delhi	A Comparative Study to Evaluate the Analgesic Efficacy and Safety of Caudal Versus Intranasal Dexmedetomidine as an Adjuvant to Caudal Ropivacaine in Paediatric Patients Undergoing Infraumbilical Surgeries ": A Randomised Controlled Double Blind Non-Inferiority Trial	Paediatric Anaesthesia	
Dr. ARMANULLAH KHAN	AIIMS, Delhi	Comparison of Pharmacokinetics and Sedative Effect of Sublingual and Intranasal Dexmedetomidine in Children: A Double Blind Randomised Controlled Study	Paediatric Anaesthesia	
Dr. Sai Dharani Turaka	AIIMS, Delhi	Neurodevelopmental Assessment in Children/Adolescents with Retinoblastoma Exposed to Multiple General Anesthesia Before the Age Of 5 Years: A Cross-Sectional Study	Paediatric Anaesthesia	
Dr. Swarnika Singh	Indira Gandhi Insitute of Medical Science, Patna	Comparison of Transversalis Fascia Plane Block With Caudal Block for Inguinal Hernia Surgery in Pediatric Patient - A Randomized Control Trial	Paediatric Anaesthesia	
Dr. Heena Garg	AIIMS, Delhi	Efficacy of Ophthalmic Nerve Blocks in Paediatric Patients Undergoing Ophthalmic Surgery Under General Anaesthesia: A Meta-Analysis	Paediatric Anaesthesia	
Dr. Mridul Dhar	AIIMS, Rishikesh	The Impact of Early Postoperative Oral Hydration in Paediatric Patients undergoing Elective Surgery after General Anaesthesia. A Randomized Controlled Trial	Paediatric Anaesthesia	Best Track Abstracts 3rd Prize
Dr. Namitha Lal	AIIMS, Delhi	Can Nasopharyngeal Suction Prior to Supraglottic Airway Removal Reduce the Incidence of Post-Supraglottic Airway Removal Adverse Airway Events in Children? - a Randomised Controlled Trial	Paediatric Anaesthesia	
Dr. Sreetama Sanyal	Sir Ganga Ram Hospital, New Delhi	Efficacy of Erector Spinae Plane Block vs Caudal Epidural Block for Perioperative Analgesia in Children Undergoing Open Pyeloplasty: A Randomized Controlled Study	Paediatric Anaesthesia	
Dr. SWATHI RAMANARAYAN	Bangalore Medical College	Anesthetic Management of Brain Abscess in a Pediatric Patient with Uncorrected Cyanotic Congenital Heart Disease	Paediatric Anaesthesia	
Dr. Jyothi John	Lady Hardinge, New Delhi	A Case of Huge Hydrocephalus: Perioperative Challenges and Anaesthetic Management	Paediatric Anaesthesia	
Dr. Anupama Srikanth	Manipal Hospital, Bangalore	Ultrasound-guided Bilateral Brachial Plexus Block In A Pediatric Patient With A Pre-existing Cardiac Condition Undergoing Bilateral Upper Limb Surgery	Paediatric Anaesthesia	
Dr. S Aarthi	Manipal Hospital, Bangalore	Nasal Insufflation Technique for Percutaneous Endoscopic Gastrostomy Insertion in an Infant With Bilateral Vocal Cord Abductor Palsy	Paediatric Anaesthesia	
Dr. HITYSHINI S	AIIMS, Delhi	Anaesthetic Management of a Child with Pulmonary Agenesis for Laparoscopic Cholecystectomy	Paediatric Anaesthesia	
Dr. YUKTI SHAH	MAMC, New Delhi	Adrenal Ganglioneuroma - Anaesthetic Challenge?	Paediatric Anaesthesia	
Dr. Coralie Gracias Flor	Goa Medical College	Anaesthetic Management Of A Neonate With A Giant Occipital Meningoencephalocele: A Case Report	Paediatric Anaesthesia	
Dr. Shreya Walke	Goa Medical College	Anaesthetic Management of 11 year old with Limb Girdle Muscular Dystrophy presenting with Perforated Appendix	Paediatric Anaesthesia	

Name	Institute	Title	Track	Award
Dr. ASHWELL CORREIA	Goa Medical College	Navigating the Complexities of a Difficult Airway in a Pediatric Patient with Temporomandibular Joint Ankylosis, An Anaesthetic Conundrum	Paediatric Anaesthesia	
Dr. Vishnu Narayanan M R	AIIMS, Delhi	Elective Postoperative Non Invasive Ventilation in Scoliosis patients with Cor pulmonale Our Experience	Paediatric Anaesthesia	
Dr. Jestu Kurian	Cleveland Clinic Dubai	A Child With Sulfite Oxidase Deficiency Coming for Gastrostomy Tube Exchange - an Anesthetic Challenge	Paediatric Anaesthesia	
Dr. Saira Mathew	AIIMS, Delhi	STRIVE-HI: New Thoroughfare in Paediatric Tubeless Surgeries	Paediatric Anaesthesia	
Dr. Arshpreet Grewal	Lady Hardinge, New Delhi	A Rare Entity: Case Report on Anaesthetic Management in Robinow Syndrome	Paediatric Anaesthesia	
Dr. Shirish Rao	SETH GS Medical College	Estimating Anesthesia Workforce Density for 2019: Modeling and Validation Analysis of 153 Countries	Global Health	
Dr. SUMAN ARORA	PGIMER, Chandigarh	Effect Of Addition Of Low Dose Midazolam To Propofol Dexmedetomidine Based Sedation For Drug Induced Sleep Endoscopy In Obstructive Sleep Apnea Patients. A Randomised Double Blind Controlled Trial	Perioperative & Ambulatory Anaesthesia	
Dr. Anjali Gera	Sir Ganga Ram Hospital, New Delhi	Lignocaine versus Dexmedetomidine Infusion for Postoperative Pain Relief in Patients undergoing Laparoscopic Cholecystectomy- A Randomised Controlled Study	Perioperative & Ambulatory Anaesthesia	
Dr. Ankur Yadav	AIIMS, Jodhpur	Comparison of Intravenous Dexmedetomidine and Magnesium infusion for Prevention of Postoperative Catheter-Related Bladder Discomfort (CRBD): A Randomized, Double-Blind, Controlled Trial	Perioperative & Ambulatory Anaesthesia	
Dr. Tanvi Goel	MAMC, New Delhi	Effect of Patient Selected Music Therapy on Perioperative Anaesthetic Requirement in Laparoscopic Cholecystectomy Under Total Intravenous Anaesthesia	Perioperative & Ambulatory Anaesthesia	
Dr. Nikhil Karthik	KMC, Manipal	Overcoming Opioid-induced Pruritis with Opioid Sparing Anesthesia for Major Neurological Surgery	Perioperative & Ambulatory Anaesthesia	
Dr. Muhsina Basheer	Manipal Hospital, Bangalore	Comparison of Opioid Based Anaesthesia and Opioid Free Anaesthesia in Laparoscopic Surgeries - A Prospective Randomized Comparative Study	Perioperative & Ambulatory Anaesthesia	
Dr. DEEPAK MALVIYA	RML insititue of Medical Sciences Lucknow	A Comparative Study of Hemoglobin Values in Non Invasive Continuous Hemoglobin Monitor and Quantitative Point of Care Whole Blood Hemoglobin Monitor in Major Oncosurgery for Guiding Blood Transfusion	Perioperative & Ambulatory Anaesthesia	
Dr. Anita Pramod Nair	Lady Hardinge, New Delhi	A Case of Huge Hydrocephalus: Perioperative Challenges and Anaesthetic Management	Perioperative & Ambulatory Anaesthesia	
Dr. Radhika Mathiyazhagan	Manipal Hospital, Bangalore	Ultrasound-guided Bilateral Brachial Plexus Block In A Pediatric Patient With A Pre-existing Cardiac Condition Undergoing Bilateral Upper Limb Surgery	Perioperative & Ambulatory Anaesthesia	
Dr. Parul Gupta	Rama Hospital, Budaun	Anesthesia in a Patient of Myasthenia Gravis	Perioperative & Ambulatory Anaesthesia	
Dr. DEVENDRA GUPTA	SGPGI Lucknow	Comparative Evaluation of Intra Operative Lung Protective Strategy in COVID 19 Recovered Patient Undergoing Surgery Under GA to Reduce Short Term and Long Term Pulmonary Complications: A Prospective, Randomized, Double-Blind Clinical Trial	Paediatric Anaesthesia	
Dr. Jalaja Koppa Ramegowda	Manipal Hospital, Bangalore	Cognitive Recovery After Laparoscopic Surgeries: A Randomized Trial Comparing TotalIntravenous and Inhalational Anaesthesia Using Postoperative Quality Of Recovery Scale	Paediatric Anaesthesia	
Dr. Jalaja Koppa Ramegowda	Manipal Hospital, Bangalore	A Randomized Controlled Study Evaluating The Effect Of Intraoperative Lignocaine Infusion On Propofol Consumption During Laparoscopic Cholecystectomy	Perioperative & Ambulatory Anaesthesia	
Dr. Bharat Yalla	AIIMS, Delhi	Effect of Perioperative Systemic Dexamethasone on Postoperative Glycemic Control in Patients Undergoing Arthroplasty: A Systematic Review and Meta-Analysis	Perioperative & Ambulatory Anaesthesia	

Name	Institute	Title	Track	Award
Dr. Nayana Amin	TMH, Mumbai	Incidence and Risk Factors of Perioperative Hypothermia in Adults Undergoing Cancer Surgery - A Quality Improvement Audit	Perioperative & Ambulatory Anaesthesia	
Dr. Mritunjay Kumar	AIIMS, Delhi	Evaluation and Comparison of Sonographic Difficult Airway Assessment Parameters With Clinical Airway Predictors	Airway Management	
Dr. Jatin Lal	Pt BD Sharma UHS, Rohtak	Evaluation of Pre-Anesthetic Ultrasonographic Measurement of Tongue and Anterior Neck Soft Tissue Thickness as Predictor of Difficult Laryngoscopy	Airway Management	
Dr. Swarnika Singh	Indira Gandhi Insitute of Medical Science, Patna	Comparison of Nasal Mask and Nasal Cannula During Intravenous Anesthesia for Diagnostic and Therapeutic Gastrointestinal Procedure: A Randomized Control Trial	Airway Management	
Dr. George Paul	AIIMS, Patna	A Randomized Control Study on Rocuronium with Magnesium Sulphate versus Succinylcholine on Time of Onset of Paralysis in Adult Patients undergoing Rapid Sequence Induction	Airway Management	
Dr. Anjali Thomas	Jubilee Mission Hospital, Kerala	A Randomised Double Blinded Study to Compare the Intubating Conditions of Cisatracurium and Rocuronium for Rapid Sequence Intubation	Airway Management	
Dr. Shikha Jain	AIIMS, Delhi	Airway Ultrasonography for Pediatric Endotracheal Intubation Confirmation: A Prospective Observational Study	Airway Management	
Dr. Neha Thamadapalle Gnana	KLE's Dr Prabhakar Kore Hospital and Medical Research Centre, Belgavi	Cmac Videolaryngoscopy Vs Direct Laryngoscopy: Comparing the Mouth-To-Mouth Distance Between the Patient and Laryngoscopist	Airway Management	
Dr. HITYSHINI S	AIIMS, Delhi	Comparison of CMAC-D Blade and CMAC-Macintosh Blade for Nasotracheal Intubation in Patients with Limited Mouth Opening - A Prospective Randomized Controlled Trial	Airway Management	
Dr. Heena Garg	AIIMS, Delhi	Correlation of Ultrasound Examination with Flexible Bronchoscopy for Airway Assessment in Burns Patients with Inhalational Injury	Airway Management	
Dr. Pradhan MN	AIIMS, Patna	A Randomised Controlled Trial to Evaluate the Effect of Inhaled Glycopyrrrolate in Improving the Fiberoptic Intubating Conditions Under General Anaesthesia	Airway Management	Best Track Abstracts 2nd Prize
Dr. Aritra Kundu	AIIMS, Delhi	Comparison of Awake Nasotracheal Intubation Using Flexible Fibre-Optic Bronchoscope Versus C-MAC D-Blade Video-Laryngoscope in Patients Having Anticipated Difficult Airway Under Topical Local Anaesthesia and Dexmedetomidine Infusion	Airway Management	Best Track Abstracts 1st Prize
Dr. ASHISH KANNAUJIA	SGPGI Lucknow	Smartphone Compatible Flexible Bronchoscope	Airway Management	
Dr. Stalin Vinayagam	JIPMER Puducherry	Comparison of LMA [®] Gastro [™] and Low Flow Nasal Cannula for Upper Gastro-intestinal Endoscopic Procedures under Total Intravenous Anaesthesia: A Randomized Controlled Trial	Airway Management	
Dr. Sanjana K.V.L.	Saveetha Medical College and Hospital	Evaluation of Airway Isolation With Two Cuffless Supraglottic Airway Devices: A Randomised Clinical Study	Airway Management	
Dr. Merlin Shalini Ruth S	Chetnad Hospital and Research institute	Comparison of LMA Fastrach and LMA Protector as Conduit for Blind Tracheal Intubation - A Randomised Clinical Trial	Paediatric Anaesthesia	
Dr. Ajay Kannan	National Institute of Tuberculosis and Respiratory disease	A Comparison Between the Clinical Efficacy of BASKA Mask and I-Gel for Surgical Procedures Under General Anaesthesia	Paediatric Anaesthesia	
Dr. Kanika Chauhan	MAMC, New Delhi	Ease of Supraglottic Device Removal Following Fiberoptic Guided Tracheal Intubation in Pediatric Patients; A Comparison of LMA Blockbuster vs Air-Q	Paediatric Anaesthesia	
Dr. Aswathy MN	Manipal Hospital, Bangalore	Evaluation of the Use of Topical Lignocaine as 10% Spray or 4% Transtracheal Injection for the Control of Postoperative Cough in Patients Undergoing EBUS(Endobronchial Ultrasound) Procedures Under General Anaesthesia		

Name	Institute	Title	Track	Award
Dr. Kritika Singh	Indira Gandhi Insitute of Medical Science, Patna	Predicting the Probability for Intubation in Patients After Intensive Care Unit Admission	Paediatric Anaesthesia	
Dr. Pranita Mandal	AIIMS, Bhopal	Intubating the Occipital Encephalocele Infant: A Step-by-Step Guide to Success	Airway Management	
Dr. Keerthana Kalaichelvan	TMH, Mumbai	Dynamic Airway Management of a Child with Chest Wall Ewing Sarcoma	Airway Management	
Dr. SAINATH VEERANKI	AIIMS, Delhi	Fraser's Syndrome With Subglottic Stenosis Posted For Palatoplasty- Anesthetic Challenge?	Airway Management	
Dr. Teena Peter	Rajagiri Hospital, Cochin	Perioperative Airway Management of Papillate Pterygium Syndrome	Airway Management	
Dr. Gaurang Kothari	Aster CMI, Bangalore	Challenges in Anaesthesia for Interventional Paediatric Airway a Case Series	Airway Management	
Dr. Honneshwari Suresh	KLE Jawaharlal Medical College, Belagavi	Case Series - Difficult Airway Management in Patients with Klippel Feil Syndrome posted for Palatal Repair	Airway Management	
Dr. Anula Dsouza	Kasturba Medical College, Udupi	Difficult Airway in a Paediatric Case With Downs Syndrome	Airway Management	
Dr. Prashanth Prabhu	Vydehi Institute of Medical Science, Bangalore	Temporomandibular Joint Ankylosis in Children - Our Experience in Six Cases	Airway Management	
Dr. Nitya Reddivari	Basavataarakam Indo American Cancer Hospital and Research Institute, Hyderabad	Ultrasonography Guided Sellick's Maneuver in Post Esophagectomy Patients - A Case Series	Airway Management	
Dr. SATHISH KUMAR	Madras Medical Mission, Chennai	The Point Of Care Ultrasound (POCUS) In Extubation Of Difficult Airway	Airway Management	
Dr. Anjali Thomas	Jubilee Mission Hospital, Kerala	A Nick in Time Saves a Life.. But, What Next?	Airway Management	Best Track Abstracts 2nd Prize
Dr. Kiran Nadakuduru	vijayanagar Institute of Medical Sciences	Accidental Airway Anomaly during Anaesthetic Management of Intracranial Abscess	Airway Management	Best Track Abstracts 1st Prize
Dr. Ananya Raju Kalidindi	Bombay Hospital	Navigating Stridor: Managing a Challenging Airway with Enlarged Lingual Tonsils	Airway Management	
Dr. Prashanth Prabhu	Vydehi Institute of Medical Science, Bangalore	Sleeping Epiglottis during Fibre Optic Bronchoscopy in an Anticipated Difficult Airway Patient	Airway Management	
Dr. Arjun Sreekumar	Dr K M Cherian Institute of Medical Science, Chengannur	Awake Intubation with Combined Technique of Videolaryngoscope and Fiberoptic Bronchoscope for Anticipated Difficult Airway	Airway Management	
Dr.SUVARNA Kaniyil	Calicut Medical College	Modified Hybrid Technique of Retrograde Catheter Assisted Flexible Endoscopic Intubation in Previous Failed Intubation- A Case Report	Paediatric Anaesthesia	
Dr. Nikhil George	Dr K M Cherian Institute of Medical Science, Chengannur	Awake Intubation with Combined Technique of Videolaryngoscope and Fiberoptic Bronchoscope for Anticipated Difficult Airway	Paediatric Anaesthesia	
Dr. Resmy John Varghese	Krishan Vishwa Vidhyapeeth	Retrograde Intubation in a Case of Right Temporomandibular Ankylosis	Paediatric Anaesthesia	
Dr. Kiran joshi	Freelancer, AP-Haripur Sangli	Anaesthesia Challenges and Management of Tracheal Reconstruction Surgeries in Two_Tier City Hospital Setup in India	Paediatric Anaesthesia	
Dr. Shruti Garg	Gandhi Medical College, Bhopal	Anesthetic Management of a Massive Papillary Thyroid Carcinoma Scheduled for Radical Thyroidectomy		

Name	Institute	Title	Track	Award
Dr. shivangi gaur	Rajiv Gandhi Cancer Care Institute, Delhi	Sharing Airway With Pulmonologists: A Case Of Rigid Bronchoscopic Debulking	Airway Management	
Dr. ANKITA SHAH	K D Hospital, Gujarat	Anaesthesia for Rigid Bronchoscopy & Airway Stenting in a Bilateral Lung & Heart Transplant Patient- A Case Report	Airway Management	
Dr. Sandip Kapadiya	Divine Life Hospital, Gujarat	Submental Intubation: A Valuable Technique for Airway Management in Complex Head and Maxillofacial Trauma: A Case Report	Airway Management	
Dr. Sandip Kapadiya	Divine Life Hospital, Gujarat	Submental Intubation as an Alternative to Tracheostomy in Selected Cases of Maxillofacial Fracture: A Case Report	Airway Management	
Dr. GAYATRI SASIKUMAR	Manipal Hospital, Bangalore	Transnasal Humidified Rapid Insufflation Ventilatory Exchange (Thrive): A Boon for Airway Surgeries	Airway Management	
Dr. Vrintha SUNNY	Manipal Hospital, Bangalore	Unanticipated Difficult Airway (Idiopathic Subglottic Stenosis) Management Using Proseal® LMA for Major Surgery: A Case Report.	Airway Management	
Dr. Pranita Mandal	AIIMS, Bhopal	A Breach of Breath: Challenges and Strategies in Anesthetic Management of Boerhaave Syndrome, a Case Study	Airway Management	
Dr. Kanika Chauhan	MAMC, New Delhi	A Unique Method of Pediatric One Lung Ventilation	Airway Management	
Dr. Anjana Kashyap	Manipal Hospital, Bangalore	Innovative Approach to Airway Management Using Transnasal Humidified Rapid Insufflation Ventilatory Exchange (THRIVE) Technique and C-MAC Video Laryngoscope in a Patient with Klippel Feil Syndrome Scheduled for Revision Cervical Spine Surgery	Airway Management	
Dr. BIJAL FERNANDES	Goa Medical College	Post COVID-19 Mucormycosis: Its Challenges on the Armamentarium of an Anaesthesiologist	Airway Management	
Dr. Mamta Chadha	Northern Railway Central Hospital	Recovery of 14 years Old Post Traumatic Facial Nerve Palsy Using Acupuncture Therapy	Neuroscience	
Dr. Manisha Katikar	Balwant Institute of Neurosurgery and Intensive Care, Solapur	Balancing the Risks and Benefits of Oxygen Therapy in a Patient with Symptomatic Pneumocephalus with Severe Kyphoscoliosis and Congenital Heart Disease	Neuroscience	
Dr. Archana Raichurkar	Manipal Hospital, Bangalore	Epidural Blood Patch for Intracranial Hypotension: Case Series	Neuroscience	
Dr. Anjum Naz	AIIMS, Kalyani	Anaesthetic Management of Spine Surgery in a Thalassemia Patient: a Path Less Travelled!	Neuroscience	
Dr. Sangeetha RP	NIMHANS Bangalore	Prevalence, Predictors and Impact of Preoperative Cardiac Autonomic Dysfunction on Perioperative Outcomes Among Elective Neurosurgical Patients. A Prospective Observational Study	Neuroscience	
Dr. Kiran Jangra	PGIMER, Chandigarh	Comparison of Single-Handed & Bimanual Cricoid Pressure for Cervical Spine Movement- A Prospective Randomised Trial	Neuroscience	
Dr. Rajeeb Mishra	NIMHANS Bangalore	Impact of Variations in Optic Nerve Sheath Diameter on Respiratory Mechanics in Mechanically Ventilated Patients with Traumatic Brain Injury	Neuroscience	
Dr. AJAY HRISHI PUZHANKARA	SCT Institute of medical science, Trivandrum	A Prospective Study to Evaluate the Efficacy of Virtual Patient and Airway Evaluation During the Preoperative Phase for Neurosurgery Patients: Pioneering a Safer Preoperative Approach in Neuroanesthesia Practice	Neuroscience	
Dr. Manisha Katikar	Balwant Institute of Neurosurgery and Intensive Care, Solapur	Clinically Alarming Reflex Bradycardia During Lumbar Spine Surgery : A Retrospective Observational Study	Neuroscience	
Dr. Manoj Giri	RML Institute of Medical Sciences Lucknow	Effect Of Loading Dose Of Dexmedetomidine On Cerebral Hemodynamics And Dynamic Autoregulation By Transcranial Doppler During Endovascular Coiling Of Cerebral Aneurysm -A Prospective Observational Study	Neuroscience	

Name	Institute	Title	Track	Award
Dr. Somsubhra Pal	PGIMER, Chandigarh	Comparison of the Effect of Different Doses of Dexmedetomidine on Neurological Outcomes in Patients with Aneurysmal Subarachnoid Hemorrhage: A Prospective Randomized Controlled Trial	Neuroscience	
Dr. Keshav Goyal	AIIMS, Delhi	Comparative Study of Automated Quantitative Pupillometry and Clinical Pupillometry in Neurocritical Care	Neuroscience	
Dr. Anjaleekrishna	AIIMS, Delhi	Association Between Preoperative Frailty and Post Operative Neurocognitive Disorders After Major Surgery Under General Anaesthesia: A Prospective Observational Study	Neuroscience	
Dr. Priya Pakal	NIMHANS Bangalore	A Prospective Observational Study to Assess the Quality of Recovery Among Patients Undergoing Intracranial and Spinal Surgery Using the "Quality of Recovery-40" Score	Neuroscience	
Dr. TEJASWI G.M	NIMHANS Bangalore	Pain Analysis in Critically Brain Injured Patients Admitted to Neuro-Intensive Care Unit - A Prospective Research	Neuroscience	
Dr. AMRUTA NIRALE	NIMHANS Bangalore	Dysnatremia After Paediatric Neurosurgery: A Prospective Observational Study From India	Neuroscience	
Dr. Salihundam Baby Deepthi Chandana	NIMHANS Bangalore	Postoperative Pulmonary Complications in Elective Adult Neurosurgical Patients - a Prospective Observational Study	Neuroscience	
Dr. Gyaninder Singh	AIIMS, Delhi	A Randomized Control Trial to Evaluate the Effects of Ketofol and Propofol on Cerebral Oxygenation in Patients Undergoing Trans-Sphenoidal Pituitary Surgery Under Total Intravenous Anaesthesia	Neuroscience	
Dr. Smiley Jagadeesan	Gleneagles Global Hospital, Chennai	The Utility of Rotational Thromboelastometry in Predicting Acute Trauma Induced Coagulopathy in Patients With Isolated Brain Injury - A Prospective Observational Study	Neuroscience	
Dr. Malini Joshi	TMH, Mumbai	Utility Of Modified Frailty Index For Predicting Postoperative Complications After Cytoreductive Surgery With Hyperthermic Intraperitoneal Chemotherapy	Perioperative & Ambulatory Anaesthesia	
Dr. Jaya Jacob	Lakeshore Hospital, Cochin	Comparison Between American Society Of Anesthesiologists Physical Status Scoring System & FRAIL Scale In Assessing Postoperative Outcome In Patients Older Than 65 Years Undergoing Colorectal Surgeries - A Prospective Analytical Study	Perioperative & Ambulatory Anaesthesia	
Dr. Ira Sharma	Vardhman Mahavir Medical College	Effects of Preoperative Anxiety on Perioperative Hemodynamic Parameters, Anaesthetic Drug Requirements, and Postoperative Pain	Perioperative & Ambulatory Anaesthesia	
Dr. Lakshmi Sagar Vijayakumar	Bedfordshire Hospital, NHS	The Impact of Left-Handedness: A Survey among Anesthesia Trainees and Practitioners	Perioperative & Ambulatory Anaesthesia	
Dr. Ankita Chauhan	PGIMER, Chandigarh	Effect of Heparin and Blood Volume on Arterial Blood Gases, Electrolytes and Oximetric Values	Perioperative & Ambulatory Anaesthesia	
Dr. Amruta Datye	Sevasadan Lifeline Superpeciality Hospital, Sangli	Acute Spontaneous SDH Complicating Post-operative Laparoscopic Cholecystectomy: a Rare occurrence Case Report	Perioperative & Ambulatory Anaesthesia	
Dr. SUVARNA Kaniyil	Calicut Medical College	Hybrid Segmental Spinal Anaesthesia in Gynaecological Laparoscopic Surgeries- A Case Series	Perioperative & Ambulatory Anaesthesia	
Dr. Anita Pramod Nair	Manipal Hospital, Bangalore	Evaluation Of Optic Nerve Sheath Diameter As A Guide For Raised Intracranial Pressure In Patients Undergoing Robotic Surgeries In Steep Trendelenberg Position- A Case Series	Perioperative & Ambulatory Anaesthesia	

Name	Institute	Title	Track	Award
Dr. Neha Thamadapalle Gnana	KLE's Dr Prabhakar Kore Hospital and Medical Research Centre, Belgavi	Atypical Management of Patient with Myasthenia Gravis Undergoing Lumbar Interbody Fusion - A Case Report	Perioperative & Ambulatory Anaesthesia	
Dr. Madhusudan Upadya,	KMC, Mangalore	Glanzmann Thrombasthenia : A Case Series	Perioperative & Ambulatory Anaesthesia	
Dr. Rajnish Kumar	AIIMS, Patna	Effect of Combination of Subcutaneous Lignocaine with Two Different Doses of Nitroglycerin Versus Subcutaneous Lignocaine Alone for Ultrasound Guided Radial Artery Cannulation. A Randomized Controlled Trial	Perioperative & Ambulatory Anaesthesia	
Dr. Deep Vinod	Manipal Hospital, Bangalore	Effects of Intravenous Lignocaine Infusion on Sevoflurane Consumption in Inhalation Maintained Anaesthesia by Monitoring Entropy - A Randomised Controlled Study	Perioperative & Ambulatory Anaesthesia	
Dr. Madhushree Barla	Kauvery Hospital, Bangalore	A Randomized Controlled Study to Evaluate the Efficacy of Intraoperative Lignocaine Infusion for Controlled Hypotension during ENT Surgeries	Perioperative & Ambulatory Anaesthesia	
Dr. Sohini Ray	AIIMS, Delhi	Anaesthetic Management of a Rare Case of Massive Abdominopelvic Hydatid Cyst	Perioperative & Ambulatory Anaesthesia	
Dr. Jaya Jacob	Lakeshore Hospital, Cochin	Spinal Anaesthesia Vs General Anaesthesia For Retrograde Intrarenal Surgery	Perioperative & Ambulatory Anaesthesia	
Dr. Shemeema Mundeekat,	Manipal Hospital, Bangalore	Randomized Controlled Trial on the Effect of Pre-operative Carbohydrate Drink on Peri-Operative Blood Sugar Levels of Patients Undergoing Elective Laparoscopic Surgeries Under General Anaesthesia	Perioperative & Ambulatory Anaesthesia	
Dr. Jalaja Ramegowda	Manipal Hospital, Bangalore	Adherence To Enhanced Recovery After Surgery-Protocol Reduces Duration Of Hospitalisation In Microdiscectomy	Perioperative & Ambulatory Anaesthesia	
Dr. ANUPAMA SRIKANTH	Manipal Hospital, Bangalore	The Anaesthetist's Perspective Of Epidermolysis Bullosa	Safety and Quality	
Dr. YUKTI SHAH	MAMC, New Delhi	Respiratory Mechanics in COVID-19 Recovered Patients undergoing Urgent/Time-Sensitive Surgery under General Anaesthesia	Safety and Quality	
Dr. Lenin Babu Elakkumanan	JIPMER Puduchery	LINEPUB Device to Identify the Integrity of Inner Tube of Bain's Circuit: A Patented Innovation	Safety and Quality	
Dr. Umaid Mirza	K.D. Medical College, Hospital and Research Centre, Mathura	Sedation for MRI: Efficacy and Safety of Intravenous Dexmedetomidine-Ketamine Combination in Diverse Patient Demographics: A Case Series	Safety and Quality	
Dr. Bhavita Panjwani	BAPS Shastriji Maharaj Hospital, Vadodara	Clinical Audit of Perioperative Adverse Events in Pediatric Patients at 125 Bedded Tertiary Care Hospital Based on WHO Operational Guidelines	Safety and Quality	
Dr. Swati Singh	Indira Gandhi Insitute of Medical Science, Patna	Fatal Air Embolism in an Infant During Vitrectomy - A Case Report and Review of Literature	Safety and Quality	
Dr. Manshad Showkath	Rajagiri Hospital, Cochin	Pushing for Walking Epidural - Walking that Extra Mile Using Audit Based Review Systems	Safety and Quality	
Dr. Nivedha Giridharan	AIIMS, Delhi	Comparison Of Hands-On ORSIM Simulator Training Versus High Fidelity Mannequin Training of Novice Anaesthesiology Residents For Fiberoptic Intubation Proficiency And Retention Ability- A Randomised Controlled Trial	Education, Simulation & Development	
Dr. Jasmine Joseph	St Johns Medical College, Bangalore	Comparison of Mc Coy Laryngoscope With King Vision Video Laryngoscope in Simulated Cervical Spine Trauma	Education, Simulation & Development	
Dr. Ayesha Goyal	Sri Sathya Sai Sanjeevani Hospital, Naya Raipur	Simulation Based Teaching Versus Point Of Care Teaching Of Basic Transthoracic Echocardiography - A Prospective Randomised Superiority Study	Education, Simulation & Development	

71st Annual Conference of Indian Society of Anaesthesiologists

20th 21st 22nd 23rd 24th November 2024
Venue: Samrat Ashok Convention Center, Patna

REGISTRATION TARIFF

Slabs	ISA Member			Non ISA Member			Indian Accompanying Person	Overseas Delegate	Overseas Accompanying Person
	Conf	Conf + CME	PG Conf + CME	Conf	Conf + CME	PG Conf + CME			
Regular 01st Mar to 31st Jul 2024	₹ 12500	₹ 14000	₹ 11000	₹ 25000	₹ 28000	₹ 21000	₹ 8500	\$ 160	\$ 130
Late 01st Aug to 31st Oct 2024	₹ 15500	₹ 17000	₹ 13000	₹ 31000	₹ 34000	₹ 24000	₹ 9500	\$ 190	\$ 150
Spot Registration 01 Nov onwards	₹ 18000	₹ 19500	₹ 15000	₹ 36000	₹ 39000	₹ 29000	₹ 11000	\$ 220	\$ 160

**above rates are inclusive of GST 18%.*

Conference Workshops

Workshop Name	Course Director	Fees	Date
Comprehensive Cardiac Life Support	Dr. SSC Chakra Rao	5000	19 th & 20 th Nov 2024
Hemodynamic Monitoring	Dr. J. V. Divatia	3000	20 th Nov 2024
Practitioners Module: Managing the Common Crisis	Dr. Sukhminder Jit Singh Bajwa	2500	20 th Nov 2024
Regional Anaesthesia	Dr. J Balavenkata Subramanian	3000	20 th Nov 2024
Research and Publication	Dr. Rakesh Garg	2500	20 th Nov 2024
Interventions in Chronic Pain	Dr. Murlidhar Joshi	3000	20 th Nov 2024
Airway Management	Dr. Sheila Nainan Myatra	3000	20 th Nov 2024
TIVA and TCI	Dr. G.D. Puri	3000	20 th Nov 2024
Mechanical Ventilation	Dr. Pradip K. Bhattacharya	3000	20 th Nov 2024
ITLS- Immediate Trauma Life Support	Dr. Kajal Jain	3000	20 th Nov 2024
Leadership and Communication Skills	Dr. P. L. Gautam	2500	20 th Nov 2024
Simulation Based Perioperative Crisis Management	Dr. Vivek Chakole	3000	20 th Nov 2024
POCUS	Dr. Pankaj Kundra	3000	20 th Nov 2024



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ESSAY CONTEST 2024

To Commemorate World Environment Day,
5th June 2024



Topic: **Climate change and
the Anaesthesiologist**

Word limit: **1500 with Title of choice**

Eligibility Criteria:

- **Anaesthesiologists & Anaesthesia Postgraduates from India**
- **Must be a Member of ISA**

Submission should be in either
of the Categories.

- **Category A <35 years**
- **Category B >35 years**

Last date for submission:

May 7th 2024

Submit Essays to both Email IDs:

isaessaycontest2024@gmail.com

Isanhq@gmail.com

Results Announcement:

June 5th 2024

Cash Prize for each category

1st Prize: INR 50,000

2nd Prize: INR 30,000

3rd Prize: INR 20,000

(Besides cash prizes, many other attractive
surprise prizes at stake)

PROGRAM TEAM MEMBERS

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Hon. Secretary

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Submit the essay with details: **Name, Age, Date of Birth, ISA No, Mobile number, Email, City**

TRULY ACCURATE

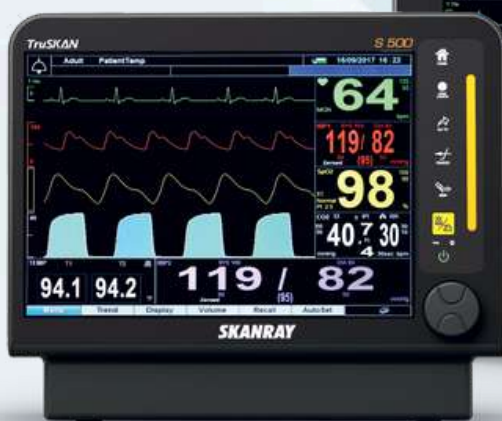
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ISA ACTIVITIES

Organised by ISA NAGPUR city branch (NCB)

Supported Society Of Cardiothoracic Anaesthesiologists, Nagpur to organise 27th Annual National Conference of Association of Cardiovascular and Thoracic Anaesthesiologists 2024 (IACTACON) (9th February 2024 to 11th February 2024)



Workshop on 'Segmental Spinal' at NKPSIMS and Lata Mangeshkar Hospital, Nagpur on 18th February 2024.



NKP Salve Institute of Medical Sciences & Research Centre and Lata Mangeshkar Hospital, Nagpur
DEPARTMENT OF ANAESTHESIOLOGY
In Association with
INDIAN SOCIETY OF ANESTHESIOLOGISTS, NAGPUR CITY BRANCH
WORKSHOP ON
Segmental Spinal
Sunday, 18th February, 2024
VENUE
Main OT Complex, and Inspire hall NKPSIMS & LMH Nagpur.

COURSE DIRECTOR

LIMITED SEATS AVAILABLE

Dr. Naresh Palwal

Dr. Minal V. Kokate (bulkhead) **Dr. Nandini A. Deshpande** **Dr. Dipali Goity**

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Felicitation Of Padmashree Awardee Dr Chandrashekhar Meshram, renowned Neurophysician Nagpur on 18th February 2024.



Radio Interview by Dr Priyanka Deshmukh on All India Radio on the Topic "Anaesthesia : Myths and Facts" on 23rd February 2024.



Compression Only Life Support activities done by ISA Nagpur branch at

1. University Girls Hostel, Nagpur
2. Khemka X Ray and Ultrasound Clinic, Nagpur
3. New Health City Hospital, Nagpur



Social outreach programme at Vidyarthi Unnati Gruha under Maitree Parivar Sanstha. All the students belonged to small villages from Gadchiroli, Gondia, Nanded where education and such facilities are very hard to get. ISA NCB donated school bags, laptop bags, stationaries etc to the students. Sweets were also distributed.

13th February 2024



Organised by ISA Visakhapatnam city branch (16th March 2024)

Topic- 1. Environmental sustainability of drugs and gases in operating room

(Dr. Vishnu Mahesh Babu, Retired HOD, Guntur)

2. Case discussion on Awake Craniotomy

Total 80 members attended the meeting.



Organised by ISA Uttar Pradesh and ISA Lucknow City branch

The Central Zone Postgraduate Assembly was conducted by the Department of Anesthesiology and Critical Care at King George's Medical University. The assembly's first four days featured lectures on core topics, while the last day included over 20 table sessions showcasing various instruments and drugs. It was attended by approximately 120 students and 100 faculty members

12th-16th March 2024



Activities of ISA Loni City Branch

A new ISA branch was established at Loni on 25th February 2024. 'Update in Anaesthesia', a day long CME programme was held on this occasion. The logo and the e-newsletter of ISA Maharashtra state was released that day by ISA National President Dr. Jigeeshu Vasishtha Divatia who was the Guest of Honour. The much-awaited website of the Society of Anaesthesiologists Maharashtra State (SAMS) was also launched. The occasion was also graced by members of the ISA governing council Dr Indrani Hemant Kumar and Dr Chandrashekharan Cham. A plethora of interesting topics by esteemed faculty were discussed. A rangoli competition was also organised.



CME on Advancement in Anaesthesia and Newer Drugs in Reversal *BY Jhunjhunu branch of ISA*

Venue: Hotel Green Umbrella

03/03/2024



The branch secretary, Dr. Ajay Kumar Dhaka, talked and stressed the use of the newer drugs. Further, the President of the branch, Dr. Anjana Mathur, honoured Dr. Jitendra Sharma with the Lifetime Achievement Award.

ISA Malappuram City Branch

Activities: February 2024

ISA Malappuram city ranch of Kerala conducted several academic programs during February 2024. They conducted COLS training and a CPR awareness programme for doctors and families of Moulana Hospital, Perinthalmanna, on 02-02-24 and for members of IMA Malappuram on 25/2/24. BCLS training for Nursing officers of HMS Hospital was conducted on the 9th, and the ELS training programme (Session I) was organised by IMA Manjeri & ISA Malappuram on 13/2/24. Further, AHA-certified BLS was conducted on 16-02-24, and ACLS was conducted on 17 and 18 February at Moulana Hospital. The monthly GB meeting was held on 29th February. The President, Secretary, and a few other members also attended the ISA-MIDCON 2024 conducted by ISA Trissur on 10th and 11th February 2024.



ISA MALAPPURAM CITY BRANCH, KERALA ACTIVITIES (6th, 8th, 21st , 22nd & 29th March 2024)

Multiple COLS and first aid programmes were conducted by ISA Malappuram city branch for veterinary doctors, business groups, and paramedical staff of Manjeri Medical College, Railway Hospital Shoranur, and Luster Eye Hospital. In total, more than 300 people were trained.



ISA Guwahati city branch COLS activities (16th March 2024)
&
Panel Discussion on Postoperative Pain Management (21st March 2024)



ISA Palanpur Branch, Gujarat

COLS Programme Details of March –2024

02-03-2024, Venue – Navjivan B.Ed. College, Deesa

COLS Training Programme was conducted for students of Navjivan B.Ed. College, Deesa. Around 300 students were trained along with Professors and college staff.



16-03-2024

COLS Awareness Programme was held for Patidar Samaj, Palanpur. 600 people were present.



ISA TRIVANDRUM city branch (March 2024)

City branch meeting on 9/3/2024

Remifentanyl, the most awaited opioid was launched. Dr. Somnath Chatterjee, Medical director, Prakriya hospital, Bangalore shared his knowledge and experience with remifentanyl through his excellent talk.



ISA Delhi YUVACON SPORTS MEET

31st March 2024



International Women's Day celebrations by ISA National

To honour and salute the determination, resilience, strength, empathy and multitasking abilities of women anaesthesiologists, the ISA National celebrated the International Women's Day (8th March) on 10th March, 2024 on virtual mode. The celebrations started with the welcome address by the Hon. Secretary of ISA, Dr. S S Bajwa. Thereafter, the ISA President Dr. Jigeeshu V Divatia addressed the gathering and shared pearls of wisdom. It was followed by speeches from the ISA Vice President, Dr. SC Ganesh Prabu, Editor in chief (IJA), Dr. Rakesh Garg and past President, Dr. M V Bhimeshwar. It was equally great to witness the lady past Presidents of ISA Dr. V M Divekar, Dr. Pramila Chari and Dr. Manjushree Ray sharing their vast experiences as anaesthesiologists and as ISA past presidents.

The most crucial moment of the programme included felicitation and brief interview of Padma Shri Dr. Maya Tandon. Her words inspired and motivated one and all. Further, Dr. Rekha Das and Dr. Manisha Katikar, GC Members of ISA, highlighted the significant contributions of Dr. Rupabai Furdoonji and Dr. Anandibai Joshi, respectively in uplifting the women cadre in medical science. The cherry on top was the release of the February issue of VAPOUR that was based on the theme of 'International Women's Day' and a video featuring songs contributed by ISA members from around the nation. It was followed by recitation of poetry by ISA members on the theme of International Women's Day, 2024. The programme concluded with the vote of thanks delivered by Hon. Treasurer of ISA, Dr. Manoj Kumar.

**Celebration by ISA: IWD 2024**

10th March 2024, 6.30 PM

Welcome address by Honorary Secretary : Dr. Sukhminder Bajwa
Address by : President, Dr. J V Divatia

Words of Wisdom
Vice President : Dr. Ganesh Prabu
President elect : Dr. J. Balavenkata
Editor in Chief IJA : Dr. Rakesh Garg
Past President : Dr. M V Bhimshwar



Dr. V. M. Divekar Dr. Premilatha Dr. Pramila Chari Dr. Manjushree Ray
Words of wisdom & guidance by Lady past Presidents of ISA



**Felicitation and brief interview of Padamshri Dr. Maya Tandon
by ISA National.**

- ✓ Remembering Dr. Rupabai Furdoonji- Dr. Rekha Das
- ✓ Remembering Dr. Anandibai Joshi: Dr. Manisha Katikar
- ✓ Release of video of Songs by Members of ISA Cultural Club.
- ✓ Recitation of Poetry by ISA members on Theme of IWD 2024.

VOTE OF THANKS by Hon Treasurer ISA National, Dr. Manoj Kumar

First Midterm Governing Council Meeting of ISA National

30th-31st March, 2024 at Raipur, Chhattisgarh



Awards

Congratulations!

Prof. (Dr.) Debashish Swain, Past Secretary ISA Odisha state branch was awarded a certificate of Appreciation for Excellence in Healthcare Services by the Health Minister & Health Secretary, Odisha.



Our team at World Congress of Anaesthesiologists, Singapore (3rd- 7th March 24)



Practitioners' Pages



It happened to my case.....

Title: Iatrogenic intraperitoneal bladder perforation during Transurethral Resection of Bladder Tumour.



Dr Anirudh
ISA: A3353



Dr R Surendranath
Reddy
ISA: R2395

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Dr Elangovan

Introduction:

Transurethral resection of bladder tumour (TURBT) has been the mainstay in the management of symptomatic bladder masses since its introduction to surgical practice in the early 1900s. Since then, several improvements have been made with the view of improving surgical clearance of the tumour, while at the same time reducing procedure-related complications. Bleeding is the most common surgical complication followed by bladder perforation which in some cases may lead on to immediate or late transurethral resection (TUR) syndrome.

Early reports of bladder perforation have been reported during diagnostic cystoscopies in outpatient settings with mortalities close to 80%, prompting surgeons to conduct such procedures inside operating theatres for patient safety. Though heavily underreported, the incidence of intraoperative bladder perforation is close to 5%. The significance of this issue is twofold: 1) intraoperative bladder perforation carries the risk of tumour dissemination inside the peritoneum which can lead to metastasis and tumour recurrences

outside the bladder. 2) The seeping of the irrigation fluid leads to the accumulation of non-conducting hypotonic/isotonic solutions into the peritoneum causing TUR syndrome which can lead to severe dyselectrolytemia, acidosis and even patient death.

Several published articles have described management protocols for post operative bladder perforation but there has been no consensus regarding the role of anaesthesia in the detection as well as outcome following these complications. While bladder tumours not involving the lateral wall can be managed with simple subarachnoid blocks, those involving the lateral bladder walls require general anaesthesia (GA) with muscle relaxation or neuraxial block with obturator nerve block (ONB) in order to prevent reflex adductor muscle jerks during resection.

Case description:

A 50-year-old female patient, 145 cm in height and weighing 48 kg with chronic obstructive pulmonary disease (COPD) and systemic hypertension complaining of bleeding during

micturition was diagnosed with bladder tumour and was posted for TURBT. Her on table oxygen saturation on room air was 94% with a blood pressure of 150/90mmHg. Since the tumour was occupying the lateral bladder wall on both sides, a combined subarachnoid block with bilateral transadductor ONB was given.

After 30 minutes into the procedure, the patient complained of sharp pain in the shoulder bilaterally. Due to the patient's subjective complaint, the surgeon was asked to examine for possible rent on the bladder surface. When the initial examination was doubtful, the surgeon performed an intraoperative cystogram under C-arm guidance showing extra-vesicular contrast spread (Figure 1a). Owing to the risk of extra-vesicular tumour spread, the patient was immediately shifted to computed tomography (CT) scan to differentiate between extra and intraperitoneal perforation (Figure 1b).

The patient's vitals were stable throughout. Post confirmation, decision was taken to perform laparotomy to drain the irrigation fluid and repair the bladder rent under GA. An I-gel (size 3) was placed and an arterial cannula was inserted into the left radial artery to check for intraoperative and post operative electrolyte disturbances. A thorough peritoneal lavage was done and the bladder rent was closed in layers. A 20 Fr indwelling Foley catheter was placed, the I-gel was removed as the patient regained consciousness and was shifted to the post operative surgical care unit for overnight monitoring.

Discussion:

Published literature on bladder perforation during cystoscopy dates back to the early 20th century. Second to bleeding, perforation is the most common complication with an incidence of 1.3-5%, [1] though the actual incidence may reach up to 58% depending upon the tumour size when evaluated by cystogram after every TURBT.[2] They are generally classified into extraperitoneal (83%), intraperitoneal (17%) or combined which has both surgical and oncological consequences.

The logic behind formulating an anaesthesia plan for any procedure is traditionally dependent on patient and procedure-centric factors. Excluding definite contraindications, when choice has to be made between GA or neuraxial anaesthesia for TURBT, an additional weightage has to be given for early detection of life-threatening complications like TUR syndrome and bladder perforation. This is because of the late onset of systemic manifestations of TUR syndrome (roughly 1-6 hours) compared to transurethral resection of prostate (TURP) syndrome due to relatively slow extravascular absorption of irrigation fluid mandating extra vigilance in the post operative care unit due to the possible risk of arrhythmias, circulatory disturbances including cerebral or pulmonary oedema. 'Solute shift' into the electrolyte-free intraperitoneal fluid leads to hyponatraemia.[3] Bladder perforation, if missed, may also be detrimental due to risk of extravascular tumour recurrence and the possibility of severe intraperitoneal inflammatory reaction to post operative intravesicular mitomycin instillation, which is the standard of care for most low-grade tumours.

In addition to tumour size and site, the female gender and body mass index are also considered as independent risk factors for intraoperative bladder perforation during transurethral surgery.[4]

This was a middle-aged lady with chronic cough due to long standing COPD. It was decided to avoid GA for the following reasons: 1) history of COPD with possible hyper-reactive airway disease. 2) Resource limited setting and use of monopolar cautery with 1.5 % glycine posing risk for TUR syndrome. 3) Availability of ultrasonogram and feasibility of administering satisfactory ONB. 4) Facilitation of subjective feedback from the patient in the event of diaphragmatic irritation due to possible bladder perforation.

With the introduction of ONB, now most cases of bladder carcinoma are satisfactorily managed by combining subarachnoid blocks with ONBs to prevent inadvertent adductor contractions during TURBT.

A number of methods have been described in literature including: 1) Blind anatomic approach (inter-adductor approach or Wassef approach) using peripheral nerve stimulator. 2) Intra-vesical approach (through cystoscope). 3) Landmark based / Classic pubic approach (Labat approach) 4) Khorrami approach (trans-vesical approach using nerve stimulator through cystoscope). 5) Ultrasound guided approaches – proximal and distal. Few complications reported in literature associated with ONB include procedure failure and haemorrhage following obturator artery injury. [5]

This patient underwent TURBT under subarachnoid block with ultrasound guided bilateral trans-adductor ONB. This enabled adequate relaxation for performing cystoscopy while obtunding bilateral obturator response to prevent sudden adductor jerks. However, as the procedure was done after spinal drug was administered, the qualitative assessment of block (by sphygmomanometer squeeze test) could not be evaluated. [6] However, as the surgeon attested, the obturator response was not elicited during resection of tumour and the rent might have been caused by a transient cough due to the patient's long-standing COPD, which was not suppressed by the neuraxial blockade.

By avoiding GA, the patient was able to immediately report shoulder pain leading to early suspicion of bladder perforation. In most of the literature reviewed, unless the perforation was big, the urologist often missed the diagnosis and corrective management almost always began in post operative care units. This time delay, if contributed by general anaesthesia could lead to further tumour cell metastasis which can change the long term outcome for the patient. [7] A recent study by Dale Jang et al comparing the effects of GA versus regional anaesthesia on cancer recurrence for bladder tumours based on analysis of retrospective data found higher five-year survival rate for patients under regional compared to GA although larger

prospective studies are required to confirm this. [8]

From the surgical point of view, resection of the tumour from the lateral bladder wall can be modified by using the lateral portion of right-angled loop electrode rather than the central portion to avoid resecting too deeply. This is due to the fact that the lateral portion of the loop conforms to the bladder contour. [9]

The gold standard for identification of bladder perforation is via CT of the abdomen and pelvis and demonstration of free fluid around the liver. In this case, an intraoperative cystogram was obtained under C-arm guidance which indicated the possibility of extra-vesicular contrast spread. To differentiate intra from extraperitoneal perforation, the patient was subjected to CT scan confirming the diagnosis of intra peritoneal bladder perforation.

After confirmation, GA was induced and laparotomy was performed to suction out all the irrigation fluid as well as to repair the rent to prevent any more irrigation fluid as well as tumoural cell spread. An arterial line was placed after administering GA to look for electrolyte disturbances intraoperatively and for repeat sampling in the post operative care unit.

The patient recovered smoothly and was shifted to the surgical intensive care unit for overnight monitoring and later discharged from ward after three days with an indwelling Foley catheter to be removed after 21 days. Timely management and apt decision-making were instrumental in the prompt diagnosis and management of this patient.

In conclusion, though GA and regional anaesthetic modalities work satisfactorily for TURBT with lateral bladder wall tumours, the faster detection of complications with regional modality cannot be overlooked. Whether early detection and prompt treatment actually change long term outcome is a question yet to be answered. So far only retrospective data is available and the result is ambiguous. Larger, more robust randomised controlled trials evaluating both short- and long-term outcomes may be needed to address this issue.

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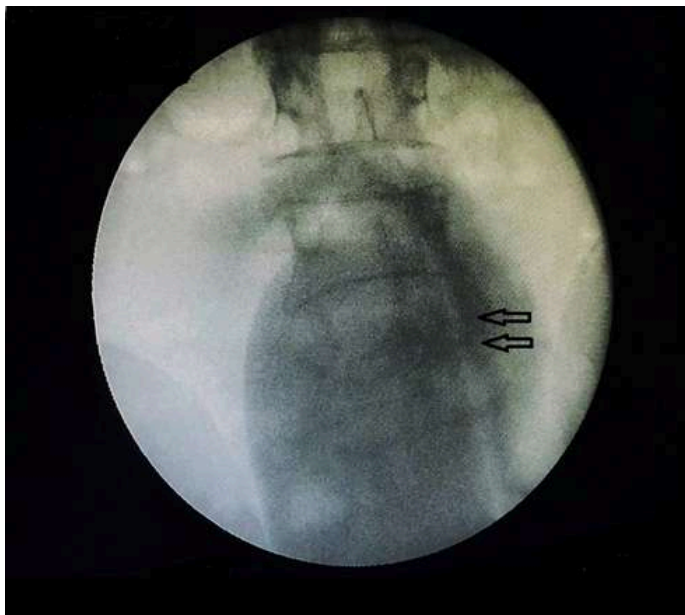


Figure 1a: C-arm image of intraoperative cystogram showing extra vesicular contrast spread (double arrow). Note the 'pine cone' distorted bladder anatomy due to bladder cancer

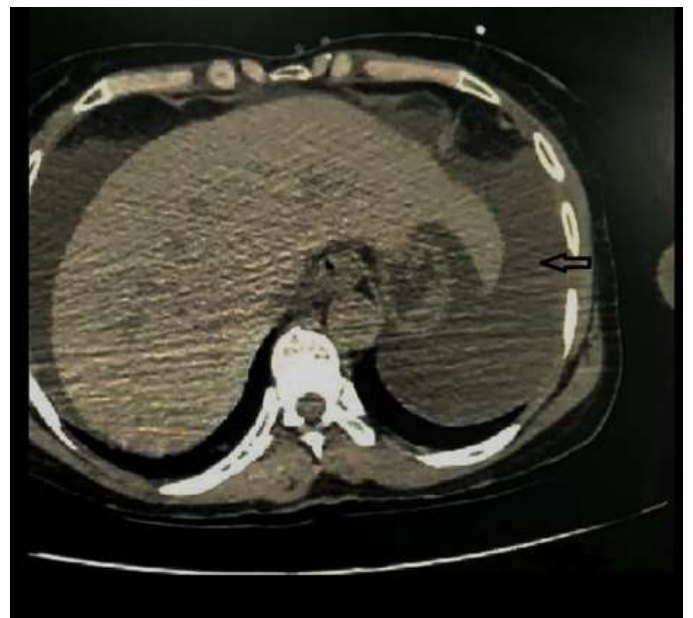


Figure 1b: CT image of abdomen and pelvis showing fluid collection around the liver

How I managed it.....

Case discussion – Anaesthesia management of a giant pheochromocytoma

Dr. MAYANK MASSAND
SENIOR CONSULTANT
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CARE CHL
ISA No. M1892



Question: What is pheochromocytoma, and what are the symptoms?

Answer: Pheochromocytomas and paragangliomas are well-vascularised tumours arising from the sympathetic (e.g. adrenal medulla or sympathetic trunk) or parasympathetic (e.g. carotid body, glomus tympanicum, glomus jugulare, glomus vagale). The name pheochromocytoma reflects the formerly used black-coloured staining caused by chromaffin oxidation of catecholamines. The mean age of diagnosis is 40 years, although the tumours can occur from early childhood until late in life. The classic "rule of tens" for pheochromocytoma is that 10% are bilateral, 10% are extra-adrenal, and 10% are malignant. These tumours arise sporadically or are inherited as multiple endocrine neoplasia (MEN) type-2, Von Hippel-Lindau (VHL) disease.

The clinical features are so variable that it has been termed 'the great masquerader'. The most common presenting symptoms are headache, profuse sweating, palpitations and tachycardia, hypertension, anxiety and panic attacks, nausea and abdominal pain, weakness, orthostatic hypotension, hyperglycaemia, etc.

Question: Why is the perioperative management of pheochromocytoma concerning?

Answer: The tumour produces catecholamines such as norepinephrine, epinephrine and dopamine, which have a significant impact on the haemodynamics and vasculature tone,

which in turn also affects the fluid management. Therefore, it poses a significant challenge.

Question: How is a pheochromocytoma diagnosed?

Answer: In a suspected patient, the presence of the tumour can be ascertained using various modalities like 24-hour urinary tests of catecholamines, total metanephrines, fractionated metanephrines, imaging – computed tomography (CT), magnetic resonance imaging (MRI), and metaiodobenzylguanidine (MIBG) scintigraphy. Histopathological examination (HPE) usually makes the definitive diagnosis.

Question: You indicated that you have managed a giant pheochromocytoma recently. Can you let us know about the case in brief?

Answer: In our institution, we dealt with a case of giant pheochromocytoma in a 42 year old patient. He complained of headache, dizziness, postural hypotension and vague abdominal symptoms. On examination, his blood pressure (BP) was 260/100 mm Hg, and heart rate (HR) was 120 beats /min. Ultrasonography (USG) and CT abdomen revealed a 14 x 16cm adrenal mass. 24-hour urinary vanillylmandelic acid (VMA) levels were 21mg, confirming the diagnosis of pheochromocytoma. He was also anaemic (Haemoglobin 7gm%) and hyperglycaemic [random blood sugar (RBS) level 320mg%].

Question: How did you optimise and prepare the patient for surgery?

Answer: A multi-disciplinary approach was followed for preoperative optimisation. A urologist, a senior endocrinologist, and an anaesthesiologist were involved. The endocrinologist decided to admit the patient, and he was started on tablet prazosin 2.5 mg for alpha blockade, which was slowly elevated to 10 mg over two weeks. So, in the beginning, he was admitted for ten days. During the last two days of the first hospitalisation, he was started on tablet metoprolol 25 mg for beta-blockade and was discharged. He was readmitted after two weeks, and this time, two units of packed red blood cells (PRBCs) over two days were transfused. His BP and RBS were within control now.

Question: What are the extra steps or interventions that you did for anaesthesia management in this case?

Answer: A high-risk informed written consent was obtained. Considering preoperative anaemia and possible blood loss, four units of PRBCs and four units of fresh frozen plasma were arranged. Preoperative hydration was maintained; insulin was titrated. Considering the surgeon's mid-line approach, the case was taken up under general anaesthesia and epidural technique. We also secured and used invasive monitoring of arterial BP and central venous pressure. Blood sugar monitoring was also done, considering the hyperglycaemia. Further, drugs like injection nitroglycerine, noradrenaline, labetalol, and vasopressin were also ready, considering the expected haemodynamic turbulences.

Question: You indicated anticipated haemodynamic turbulence. Was it there in your case? If yes, how did you manage?

Answer: Intraoperatively, there were three episodes of accelerated hypertension with the BP reaching 240/120mm Hg and HR reaching 130/min. These episodes were dealt with an intravenous infusion of nitroglycerine (NTG) and intravenous boluses of labetalol 4mg.

As soon as the adrenal vein was tied, there was a sudden blood loss from the inferior part of the tumour, and the bleeding point was not accessible. Hypotension ensued and was managed with fluid boluses of balanced salt solutions. Blood products were held back till tumour resection and haemostasis.

The tumour was resected in toto, the BP was 120/70 mm Hg, and the pulse rate was 100/min with a CVP of 4mm Hg. As soon as the tumour was removed, the systolic BP went down to 60mm Hg due to sudden loss of sympathetic drive and loss of blood. This episode was managed with a transfusion of 2 PRBCs and 4 units of fresh frozen plasma. Norepinephrine infusion was started at 7ml/hour and slowly increased to 10ml/hour. Slowly, the BP reached 130/80mm Hg and pulse rate to 78/min with a CVP of 10 mm Hg.

Question: How was the postoperative period?

Answer: The patient was shifted to the intensive care unit (ICU) with inotropic support of injection norepinephrine 7ml/hour and on respiratory support: Tidal volume 450 ml, respiratory rate 18/min, fractional concentration of inspired oxygen of 0.6 and positive end expiratory pressure of 5 cm of water. 3rd unit of PRBCs was infused as the haemoglobin level was eight gm%. Injection vecuronium infusion was stopped, and the patient slowly regained consciousness over the next 1 ½ hours. The BP was maintained at 130/80 mm Hg, HR 88/min and CVP of 12mm Hg. Injection norepinephrine was slowly tapered over 2 hours, and finally, the patient was extubated after another 1 hour.

Question: Is there any message that you want to deliver to our readers?

Answer: Giant pheochromocytomas are described as being more than 7 cm in size and are rare to find. Often, they are non-catecholamine secreting tumours. However, even when symptomatic and functional, modern-day anaesthesia practice and multi-disciplinary teamwork make the challenges easy to tackle. Preoperative optimisation is crucial, especially when using alpha-blockers before starting the beta-blockade.

Editorial team of VAPOUR: Thank you very much for sharing your clinical case experience.

Yuva Parnika (Youth Zone)



Oration in medical field : Do's and Dont's

Dr. ASEEM SHARMA

**Assistant Professor,
Anaesthesiology,
MGM Medical College, Indore
ISA No. A3321**



Many of us are involved in public speaking in the form of regular classroom teaching or as guest speakers in continuing medical education (CME) programmes and conferences.. Acquisition of oratory skills requires regular practice. It also requires attention to details.

Here are some points that need emphasis to improve one's oration:

1) Overemphasis on Powerpoint (PPT) presentations : PPT presentation is meant to be an aid in delivering a lecture. It should not be used to replace the lecture altogether. There are speakers who on the pretense of taking a lecture just recite a PPT as it is in front of an audience. The speaker should focus on sharing his knowledge in his own words rather than reading a PPT.

2) PPT making skills should not be thought of as synonymous to a good oration. Colourful animated images may look attractive. But nothing is more attractive than the complexion of a confident speaker.

3) Images of people displayed in a PPT should not be of foreign ethnicity. It is high time that we showcase our own people in the images, videos and animations.

4) Avoid using a "Thank You" slide. You don't need a slide to express your gratitude to the audience. "Thank You" should be spoken by the speaker using his own voice box. Only then can he express his thankfulness to his esteemed teachers, seniors and colleagues.

5) " A lecture is a lecture, an interactive session is an interactive session": For a session to be interactive, certain conditions should be met.

To name a few, all the participants should be given equal respect, they should be seated on same platform as the speaker and should be free to speak without the fear of consequences. These necessary conditions are not fulfilled by merely the declaration by the speaker that the session is an interactive one. Don't force the audience to participate. It only makes them uncomfortable. Instead, raise their curiosity. Tell them something they don't know about and they will start participating on their own.

6) The power of a good starting statement: Don't start your lecture with something as listless as the incidence or prevalence of a disease in a population. Nobody cares about ratios or proportions. The usual introductory prototypes used in textbooks are boring. Hit the audience with a powerful starting statement that should prove useful to them in their practice. A good start will make subsequent listening highly interesting.

7) What you mention, mention it completely: Avoid using the phrases like " will be covered in next lecture" or "as already explained in the last lecture". The present lecture is the most important for the audience. Complete your explanation of the topic in question without procrastinating it. Transferring the responsibility to other speakers should be avoided. If explanation is not possible, refrain from mentioning that topic altogether in your lecture.

8) Humour is good, mockery is not: There is a very fine line between humour and mockery. Do not ridicule your colleagues. Do not mock medical terms or other fields of medical science just to make people laugh. It only belittles you as a speaker. Needless to say, offensive cartoons or animations must be avoided.

9) Mind your language: Don't mix the words of vernacular language with standard English. If you start in English, you must continue in English right up to the end.

10) Contemplate after concluding: The speaker must contemplate what did he give to the audience that will stay with them and help them in clinical scenarios. If there is one point in your lecture that will benefit even one doctor in the audience and save the life of even one patient, then your lecture is one hundred percent a success to celebrate.

To conclude, nobody can be a perfect speaker. But continued improvement is what we should strive for to be an influential speaker.

Dr. Gannoji Akhila
MD Anaesthesia
Senior resident
Government General Hospital
Mahabubnagar
ISA No. : A4759/A



Is the trend of picking a career in anaesthesiology swinging towards girls?

Yes!!!

The trend of picking a career in Anaesthesiology is swinging towards girls.

First, let me tell you a short story:

An intern was posted in the emergency ward. On her first day of internship, she saw a patient coming to the casualty with shortness of breath and a collapsing pulse. Everyone around the patient was screaming out of fear. Even the doctors of other branches were screaming for an anaesthesiologist. She wondered who it might be and why other department doctors were in search of an anaesthesiologist rather than rescuing the patient!

There comes the anaesthesiologist with eyes filled with confidence, graciously securing the airway and fighting with the death till the last minute.

The little girl, who is still a trainee, is amazed to see the one who is rescuing rather than happy about the patient's survival.

That day, she decided to become an anaesthesiologist, and here I am today, with a broad smile, writing this article!

An anaesthesiologist not only provides end-care but also pain-free elective procedures, which are like treasures to the patient.

The presence of mind, multitasking, and positive attitude only help deal with all situations.

This branch will offer immense work-life satisfaction and equal work pressure.

Now tell me who can gracefully balance work and family. And who can understand the value of pain in a family if someone goes through it?

I can proudly say any woman can understand and handle all things smoothly and with immense grace.

I have heard somewhere someone saying, “An anaesthesiologist is the only doctor who will be respected even by death”. Even in the Puranas, there is a story of the greatest woman, Savithri. Savithri successfully restored the life of her husband by fighting with Lord YAMA. I feel she was also an anaesthesiologist (just kidding)!!

Gone are those where people say
“ye ladki ka kaam nahi hein!”

Nowadays, everyone is supporting females to

take up emergency end branches, and there is no such thing that women cannot handle.

Even the families of lady doctors encourage them to take this kind of branch and are supportive in every possible way. In recent times, women have chosen anaesthesia as their top priority. So, the career picking in anaesthesiology is swinging towards girls. With much pleasure, I encourage all the young girls to take up the emergency branches and feel the immense satisfaction of saving someone’s life.

Here I conclude that there is very little room for you boys ... TRY HARD TO COMPETE WITH US!!!

Dr. Ankur Khandelwal

Associate Professor

Department of Anaesthesiology,

Critical Care and Pain Medicine

AIIMS, Guwahati

ISA No. A1907



My Quotes

1. Self-introspection is the art of peering into the recesses of our own consciousness, for within the depths of self-awareness lies the power to transform and nurture our souls.
2. Success is the result of relentless pursuit, not the tranquilising comfort of complacency.
3. Let neither the shadow of failure nor the shine of success sway away your gaze from the path that lies ahead.
4. Passion is the heartbeat of a purpose driven soul, a relentless force that transforms aspirations into achievements and dreams into destinies.
5. Don't let the noise of others drown out the symphony of your dreams.

6. When hundred weak reasons drag you down, find one powerful reason to rise.
7. In the symphony of human interactions, the art of 'acknowledging' is the melody that harmonises the soul.
8. Only cast your gaze back upon the past when there is wisdom to glean and growth to achieve.
9. Prioritisation is the art of sacrificing the good over the great.
10. When it comes to working hard and exerting yourself, do not cut corners.

Quiz (Multiple Choice Questions)

Dr. M Rama Krishna Reddy
Professor of Anaesthesia
PMRIMS, Hyderabad
GC Member, ISA



Dr. Abhyuday Kumar
Associate Professor,
Anaesthesia
AIIMS, Patna

1. "Time out" is done

- A. Before induction of anaesthesia
- B. Before surgical incision
- C. Just after the last stitch
- D. Before the patient leaves the operating room

2. The recently released National Audit Project Report (NAP)-7 examined:

- A. Complications of airway management
- B. Life-threatening allergic reactions
- C. Perioperative cardiac arrest
- D. Accidental awareness during anaesthesia

3. As per ASA practice guidelines for neuromuscular blockage, extubation should be done at a

- A. Train of four ratio of ≥ 0.4
- B. Train of four ratio of ≥ 0.7
- C. Train of four ratio of ≥ 0.9
- D. Train of four count of 4

4. As per ASA basic anaesthetic monitoring, blood pressure should be evaluated at least every:

- A. 5 minutes
- B. 10 minutes
- C. 15 minutes
- D. Depends on the surgery

5. According to the guidelines published by the Indian Council of Medical Research (ICMR) for clinical trials, Children's written assent is compulsory at an age of :

- A. ≥ 5 years
- B. ≥ 8 years
- C. ≥ 10 years
- D. ≥ 13 years

Answers:

- 1. B
- 2. C
- 3. C
- 4. A
- 5. D



ART & LITERATURE PAGES



Prize winning write-ups on the occasion of International Women's Day organised by ISA Art and Literary Club

Congratulations to all the winners!

First Prize

Dr. P. Veena
Deputy commandant Anaesthesiology
CRPF under Ministry of Home affairs (recently posted)
ISA Trivandrum City Branch, Kerala

My success story as Deputy commandant in Anaesthesiology

"Everything is possible to a willing Heart"

I was very passionate to join the force, but I was so particular that I will complete PG in Anaesthesiology (Regional cancer centre, Trivandrum, Kerala) as a Ninja of Operation theatre will handle any crisis in battlefield.

During PG time, I cleared ISA Inland fellowship 2018 (Apollo speciality Jaynagar).

I learned Taekwondo (Blue one belt now) from 2019.

Finally the dream come true posting order to join CRPF came in 2023, posted as Specialist medical officer Deputy commandant Anaesthesiology in CRPF. Its not just a job for me to be the part of force is an emotion for me. I was fortunate to restart operation theatre with cases under anaesthesia in place of posting in CRPF, which was dormant for few long years.

Have initiated roadside CPR for RTA victims as I was able to tackle the mob who were criticising - that's the power of doctor with uniform.

Coming from a very struggled family setup, this uniform is my identity, as I am not just a specialist Anaesthesiologist but a unique one with combatisation.

JAI Hind

Second prize

Moni Ann Thomas

ISA Kottayam City Branch, Kerala state

IWD INFLUENCER STATEMENT

Close your eyes and dream a dream.

Hold it tightly in your hand and your heart.

Watch it grow, then let it go.

See the magic it creates.

That's you, that's me...

The woman, the dreamer, the warrior, the survivor.

Let us not restrict ourselves to our homes.

We are destined to make the world.

So don't allow the world to break us.

Every breath we breathe, every word we speak, every step we take,

Carries a challenge.

Remember, the sky belongs to you if you are there for you.

Third prize (Tie)

DR. DHANYA RAVINDRAN

ISA AHMEDNAGAR, MAHARASHTRA



This International Women's Day, let's amplify change. Let's uplift each other, inspire and break barriers together. From providing a pain free child birth to ensuring surgical safety in critical events, let's continue our contribution towards women's health care. Today let us jointly celebrate women's strength and resilience, and let this not be limited to a day or a year for we stand the pillars of care ensuring women's well being. Happy International Women's Day to all the incredible women " MAKING A DIFFERENCE ONE HEART BEAT AT A TIME !".



Dr. Aishwarya Ramanathan

Associate Professor

Department of Anaesthesia

Bhaarith Medical College and Hospital

INTERNATIONAL WOMEN'S DAY

INFLUENCER STATEMENT

She is wholesome, stop changing her

She is optimistic, stop demotivating her

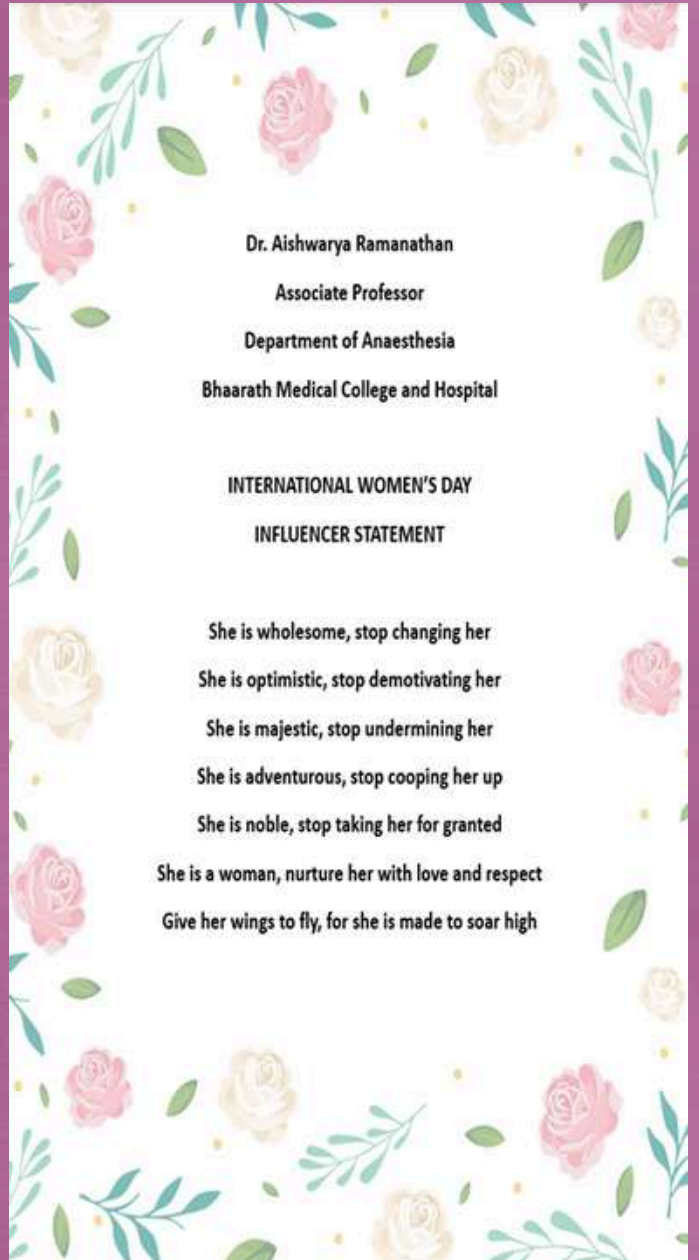
She is majestic, stop undermining her

She is adventurous, stop cooping her up

She is noble, stop taking her for granted

She is a woman, nurture her with love and respect

Give her wings to fly, for she is made to soar high



Kaleidoscope: *A tryst with..... Dr. Ranju Singh*

Dr. Ranju Singh

**Director Professor,
Lady Hardinge Medical College &
Associated Hospitals,
New Delhi
ISA No. R1214**



Dear Madam,

Warm Greetings to you from ISA National Head Quarters and the editorial team of VAPOUR!

You are well known as an academician, dynamic postgraduate teacher, and a multifaceted personality or 'all rounder'. It is indeed a pleasure to have you on the forum of 'Kaleidoscope'.

1) How did you get into the teaching field? Was it your goal from first? Were you always interested in teaching? Are you happy that you got into teaching? Would you advise everybody to go into the teaching field?

Yes, I was always interested in teaching. When I was a resident, I took an active interest in the academic activities of the department and welcomed the opportunities that I got. I had good communication skills and a good command over the language. My teachers realised my potential and encouraged me. I soon realised that I could manage to hold the interest of the students I interacted with. That encouraged me further. With the passage of time, and with experience, my confidence grew and I became better. The happiness and satisfaction I achieved from my teaching sessions was evident in my classes. I feel so alive, so joyful and stimulated when I'm interacting with students. Yes, I am so happy and contented with my decision. I never wanted to go into private practice and the economic

benefits of practice were never a motivating factor. But no, teaching is not for everybody. There are three basic requirements that can ensure that you become a good teacher, one is a good knowledge of the subject, second is good communication skills and thirdly a sense of humour is essential for effective class room teaching. Being a medical teacher allows you to make an impactful contribution to society, contributing significantly to the education and training of future healthcare professionals who will make a difference in people's lives. Teaching can be immensely satisfying, especially when you see your students succeed and make a positive impact in healthcare. Teaching helps you refine your communication, leadership, and mentoring skills, which are valuable in various aspects of your professional life. Teaching keeps you engaged in continuous learning. You need to stay updated with the latest medical advancements, which can be intellectually stimulating. When you work in a medical college, clinical work amalgamated with teaching responsibilities, allows for a better work-life balance. Shy, introvert people may make good researchers but don't make effective teachers. Also, the motivation is different for different people. If making money or just doing clinical work is your goal, every teaching assignment will become a burden. Such people should not go into academics.

2) Can you share with us some memorable experiences from your career as a postgraduate teacher?

Yes, it's been such a fulfilling journey. Repeatedly students approach me with admiration and remember my classes.

Itni bheed mein bhi who mujhe pehchante hain aur yaad rakhte hain.

Just the other day, a student approached me in a workshop in Chandigarh, just to tell me that they found my classes relevant, informative and really enjoyed my style of teaching. I had gone to Shillong, when while sightseeing, in a remote cave, few students recognised and approached me. Then once in Gujarat, and in Jammu and in Vizag, faculty members have come to me to acknowledge that they read my notes before every class that they take. Students often approach me at conferences to take a picture with me, they post these pics with me on Instagram and Facebook with words of praise. This reflects their love and respect. There is an excel sheet which is passed on to students from one batch to another in LHMC, which is titled "teachers whose classes you should not miss". There are only two names on it and one of them is mine. A senior faculty member from a premier educational institute called me to guide her through her academic promotional interviews. All this is a very rewarding experience.

3) You are known to be good in dance. Which kind of dance is your favourite? Why do you think some people avoid dancing? Is it because of lack of interest? Social inhibitions? Lack of energy? Does dance give you happiness?

Well, dancing for me is a passion. Dancing is a source of joy, expression, and happiness. It's a form of art and physical activity that allows individuals to connect with themselves, and with others which can indeed bring about feelings of happiness and contentment. Although I was trained briefly in Kathak, I love the Bollywood style of dance. Many people feel self-conscious about their dancing abilities or are uncomfortable with the idea of dancing in front of others. Fear of judgment or embarrassment can lead to avoidance of dancing in social

settings. Sometimes people may lack confidence in their dancing skills, feeling that they don't have the coordination or rhythm to dance well. This lack of confidence can deter them from participating in dancing activities. Cultural or familial attitudes toward dancing can also influence whether someone feels comfortable engaging in it. For some people, dancing simply may not be of interest to them.

As for whether dance brings happiness, yes it does. I find dancing to be a joyful and liberating experience. Dancing to happy music contributes to a sense of happiness and well-being. Additionally, dancing often occurs in social settings, allowing people to connect with others and experience a sense of community and belonging, which can also contribute to happiness.

4) You are well known for draping yourself up perfectly and beautifully in different attires, especially the saree. Tell us how you developed this liking for sarees?

I have a penchant for collecting sarees. I have a saree from every part of the country, and have managed to curate a huge, varied and stunning collection. I think I have inherited this love of sarees from my mother. She had a beautiful collection. I started wearing sarees from her collection very early in my career, loved it and then there was no going back. I feel that sarees make you really stand out in the crowd. Sarees exude elegance, and grace like no other attire. The way a saree drapes around a person's body accentuates their curves and adds a touch of sophistication. Whatever may be your body shape, the saree looks good. With so many choices of colour, design, fabric and weave - no two sarees in a crowd will ever be the same. This can't be said for any other form of dress, after all how much variation can you bring to a pair of jeans or a kurti.

5) Do you feel that the saree should be the preferred formal and informal wear and why? What is your idea of traditional and Western wear in today's era?

Sarees are associated with femininity and empowerment. The way a woman carries

herself in a saree conveys confidence and poise. In formal settings, wearing a saree can make a powerful statement while embracing one's femininity. It gives one an aura of authority, which everyone responds to. Wearing a saree is seen as a sign of respect, especially in formal or religious settings. The flowing fabric and intricate designs make it a timeless choice for formal events. Sarees come in a plethora of designs, fabrics, and styles, offering endless options for formal wear. Whether it's a traditional silk saree for a wedding or a contemporary designer saree for a corporate event, there's a saree for every occasion and personal style.

Sarees have been a part of Indian tradition for centuries. They symbolise the rich cultural heritage and diversity of our country. Wearing a saree for formal occasions not only showcases cultural pride but also honours traditions passed down through generations. For formal occasions, the saree can be styled in various ways to exude grace and dignity, making it a preferred choice for many. Its richness in fabric, intricate designs, and the way it drapes around the body can impart a sense of grandeur and refinement. Overall, sarees hold a special place in Indian fashion and society, and their popularity as formal wear stems from a combination of cultural significance, elegance, versatility, and personal expression. In informal settings, the saree offers comfort along with contemporary style. It allows for creativity in draping and accessorising, making it suitable for gatherings where individuals want to express their personal flair while still honouring tradition.

As for traditional versus Western wear in today's era, fashion has become increasingly eclectic and inclusive. Traditional wear continues to hold significance, representing cultural heritage and identity. However, western wear has also gained popularity globally, offering a different aesthetic and often associated with modernity and cosmopolitanism. Today, there's a growing trend of blending traditional and western elements, creating fusion styles that appeal to a diverse range of tastes and preferences. This

blending reflects the dynamic nature of fashion and the evolving cultural landscape of our interconnected world. Ultimately, what's important is for individuals to feel comfortable and confident in what they wear, whether it's traditional, Western, or a fusion of both.

6) Do you think that the anaesthesiologist girls of today should master the art of saree draping? Can you tell us the secret of doing this? Why do some women avoid the saree and adopt other attire especially for the work place? Do you think it is difficult and time-consuming to change from a saree to operation theatre clothes and back?

The choice for anaesthesiologist women to master the art of saree draping ultimately depends on their personal preferences and the cultural context of their workplace. While wearing a saree can be elegant and culturally significant, it may not always be the most practical choice for the OT related work environments. The secret to mastering saree draping lies in practice and familiarity with the draping style. There are various techniques for draping a saree, each with its own nuances and intricacies. Learning these techniques through practice and perhaps seeking guidance from experienced saree wearers can help one become proficient in saree draping. Now a days prestitched sarees are available, which has made saree wearing quick and hassle free. Some women may avoid wearing sarees in the workplace for practical reasons. Sarees require careful handling and maintenance throughout the day, which may not be feasible in certain work environments that involve physical activity or long hours of standing. Additionally, some women may prefer attire that offers more ease of movement and comfort, especially when the professional environment requires agility or quick movements.

The process of changing from a saree to operation theatre clothes and back can indeed be time-consuming, particularly if one is not accustomed to it. In environments where

efficiency and readiness are paramount, such as in medical settings, individuals may opt for attire that allows for quick changes and minimal fuss. However, with practice and proper planning, it is certainly possible to manage the transition efficiently. Ultimately, the choice of attire in the workplace should prioritise comfort, practicality, and professional standards. While the saree holds cultural significance and aesthetic appeal, individuals should feel empowered to choose attire that best suits their needs and allows them to perform their duties effectively. But, by the way, I get so many requests to hold saree draping workshop. Maybe one day, I will.

7) We are aware about your culinary skills too through your Facebook posts. Tell us how and why culinary skills should be mastered.

Cooking is a valuable life skill that everyone should learn and this skill is essential for independence and well-being. Cooking can become a form of self-care and fulfilment. Taking the time to prepare nourishing meals for the family can be a way to show love and care. Caring for loved ones through the meals one prepares can be deeply satisfying and provides a sense of accomplishment and satisfaction. Cooking for the family creates opportunities for bonding and connection. This strengthens family relationships and fosters a sense of belonging. Your children get to know how much you love them and their respect reaches a new zenith with the delicacies that their doctor mom might churn out of her kitchen. It's good for everyone's health too, if you can indulge the taste buds at home with delicious innovative food. Also, for me, cooking allows for creativity and self-expression. Experiment with ingredients, flavours, and cooking techniques to create unique and memorable meals is both fulfilling and enjoyable and a stress buster at times.

8) You are a fitness enthusiast too. What advice regarding fitness would you give to the lady anaesthesiologists?

Not only for lady anaesthesiologists, but for everyone, prioritising fitness is crucial for

maintaining overall health and well-being, especially considering the demanding nature of our profession. Find time in your schedule for regular exercise, even if it's just 30 minutes a day. Choose activities that you enjoy and that fit into your lifestyle, whether it's jogging, yoga, swimming, or dancing. Consistency is key, so aim for at least 3-5 days of exercise per week. Practise stress management, prioritise sleep, eat nutritious food, take breaks and listen to your body. Don't become a victim of the rat race which I see so commonly in the younger colleagues these days, listen to your body's signals and don't hesitate to seek help or delegate tasks if you're feeling overwhelmed or fatigued. By prioritising fitness and self-care, anaesthesiologists can maintain their physical and mental well-being, allowing them to perform at their best both in their professional and personal lives.

9) Tell us something about some moments in your life when you were not able to attend a family event/attend to your children because of your busy schedule.

Anaesthesiologists, often work long hours, irregular shifts, and may be on call, which can make it difficult to prioritise family time. Balancing work commitments with family responsibilities requires careful planning and communication. But sometimes it's just not possible. There have been a couple of instances when I missed a wedding in the family or a get together due to work commitments. In fact, I will miss an old friend's reunion this coming Saturday due to my academic commitments.

10) You are full of energy and enthusiasm most of the times. How do you manage to keep yourself cheerful and motivated?

My special skill set is to stay happy. My friends have nicknamed me sunshine. Engaging in activities that you're passionate about, whether it's a hobby, a cause you believe in, or a career path that excites you, pursuing your passions can fuel motivation and bring joy. Being overtly ambitious can sometimes be detrimental, so

learn to just chill occasionally. Life is full of unexpected twists and turns, so staying flexible and adaptable in the face of challenges is helpful. Believe in destiny and try to find positive aspects of things, stop complaining in life. I believe in practising gratitude. Cultivate a habit of gratitude by reflecting on the things you're thankful for each day. Focusing on the positive aspects of your life can help shift your mindset towards optimism and contentment. I practise self-care, including my physical, mental, and emotional well-being. I do things which give me happiness like shopping. And finally, I really have learnt the art of forgiving and forgetting. I don't carry too many burdens and consciously make an attempt to forget the bad things that happen to me. Revenge or trying to get even only brings misery to self. So, forgive, forget and live on. That way you are doing yourself a favour. Remember, life is short!

11) You have organised and participated in several academic meets, continued medical education programmes and conferences. Give us some tips on how to be a successful organiser?

This truly is a learnt skill. One can observe, work and learn. I have had the good fortune of being associated with a few people like Dr. Sethi and Dr. Rakesh who are excellent organisers. Being a successful organiser involves effective planning, coordination, and execution. Set clear goals, create a timeline, delegate tasks and communicate effectively. In addition, the willingness to work hard and not accepting mediocrity helps one become an excellent organiser. Most important is to remember that it's a team effort. Make your team of like-minded people and don't forget to appreciate the efforts that they put in. Solicit feedback from participants, team members, and stakeholders to gain valuable insights and apply lessons learned to future endeavours.

12) You have been an active member of ISA at city, state and national levels and have won several awards for your achievements. What is your advice to the younger ISA members?

I have been around for many years now, and have seen the growth and progress of ISA. It is now a vibrant and thriving organisation. My advice to the younger colleagues is that they should embrace a mindset of lifelong learning and professional development, stay updated on the latest advancements, research findings, and best practices in anaesthesiology through conferences, workshops, and continuing education opportunities. Don't hesitate to seek guidance and mentorship from experienced anaesthesiologists or senior members of the ISA. Mentors can provide valuable insights, advice, and support as you progress in your career. Remember that patient care is at the heart of anaesthesiology. Prioritise compassionate, evidence-based care that prioritises patient safety and well-being in all aspects of your practice. Uphold high ethical standards and professionalism in all aspects of your practice. By embracing these principles and actively engaging with the ISA community, you can contribute to the advancement of anaesthesiology, promote patient care, and cultivate a fulfilling and meaningful career in the field. Work hard and believe in your organisation and strive to take yourself and your organisation to greater heights.

13) How do you think ISA should grow as an organisation?

ISA is an expanding, improving and vibrant organisation. All the right things are already being done by the national leadership. Just to put in perspective a few - expand membership and actively recruit new members, invest in educational initiatives and resources to support the professional development and competency of anaesthesiologists, encourage collaboration and knowledge exchange among members to improve patient care. It can help formulate and advocate for national policies and initiatives that promote patient safety. Provide guidance and resources to support members in navigating ethical dilemmas and legal hassles. Also further embrace digital platforms to enhance communication, collaboration, and knowledge sharing among ISA members. ISA can strengthen partnerships with other international medical societies, healthcare organisations, and academic institutions to facilitate global outreach and collaboration and create opportunities for its members to reach international institutions of

repute. By working together, ISA can address common challenges, share best practices, and promote excellence in anaesthesia care worldwide. It can provide leadership development opportunities for members to cultivate future leaders within the organisation and the broader anaesthesia community. This could include mentorship programmes, leadership workshops, and opportunities to serve on ISA committees and task forces.

A heartfelt thanks to the editorial team of 'Kaleidoscope'. I feel honoured and humbled to be featured on these prestigious pages.

Thank you, madam, for sharing with us your valuable thoughts and giving us tips on important issues. You are truly inspiring. Many, many thanks from the editorial team of VAPOUR!



**Prioritise yourself – Its good for your health
Being well-dressed is my kind of happiness.**



Cultivate a hubby – it acts as a stress buster



Spend time with your family



Be passionate about your work



Teaching – My passion



Exercise – your body will thank you for it



**Indulge in extracurricular activities –
Make the moments count**

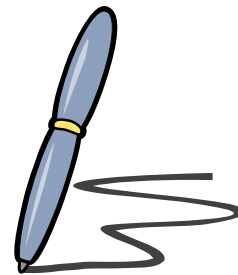


Saree: a canvas of tradition and style



Saree: a canvas of tradition and style

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 isanhqvapour@yahoo.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)

DISCLAIMER

The information and opinions presented in this newsletter reflect the views of the authors. The editorial team of the newsletter and the Indian Society of Anaesthesiologists (ISA) will not be responsible for the statements made by the authors. Publication does not mean endorsement by the ISA.