0.16 to 0.29. Adverse events were reported mainly with use of opioids. They were cough, breath holding and chest tightness. The overall rate of complications was low. Both pharmacological and non-pharmacological methods were effective in reducing pain on injection of rocuronium. However, no one intervention can be considered superior over the other as the findings are not robust enough.

26. Effect of intravenous dexmedetomidine in attenuation of hemodynamic response to intubation and skull-pin head holder application in patients undergoing elective neurosurgery

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Background: The aim of this study is to determine the effect of intravenous dexmedetomidine in attenuation of hemodynamic response to intubation and skull-pin head holder application in patients undergoing elective neurosurgery. **Materials and Methods:** After approval from the hospital ethics committee, a prospective, randomized, double blinded study was conducted on 40 patients of ASA grades I or II, 18-65 years of age and undergoing elective neurosurgery. The intervention group received dexmedetomidine at 1 mcg/kg/hr for 10 minutes followed by 0.5 mcg/kg/hr. The controls received normal saline at same rate. After standard induction, heart rate and mean arterial pressure were monitored at specified intervals during intubation and pin application. Intraoperative anesthetic and analgesic requirements were recorded. Complications, if any, were also noted. Appropriate statistical analysis was done. Data is presented as mean [SD]. **Results:** Demographics were comparable in both the groups. At one minute post-intubation, mean heart rate [hr] in control was 88.95 [15.05] and that in dexmedetomidine group 73.55 [11.70] ($P = 0.001$). The mean arterial pressure [MAP] in control was 105.35 [18.98] whereas that in dexmedetomidine group was 92.50 [4.38] ($P = 0.020$). On application of skull pin head holder, mean HR in control group was 93.2 [13.99] and 82.40 [11.18] in dexmedetomidine group ($P = 0.01$). MAP after application of skull pin head holder was 121.45 [SD 19.79] in control and 101.85 [SD 10.60] in dexmedetomidine group. Additional mean fentanyl requirement was 90 mcg [49.74] in control group and 16 mcg [34.70] in dexmedetomidine group ($P < 0.00010$). **Conclusion:** Intravenous dexmedetomidine is beneficial in attenuating the pressor response to intubation as well

as application of skull pin head holder, without any serious adverse events. It also reduces the opioid and propofol requirement for the same.

27. Comparison of oral intubation using flexible fibreoptic bronchoscope with or without rigid cervical collar: A clinical study

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Background: Device like fibreoptic bronchoscope is gold standard for difficult intubation situations. It can be performed by both orotracheal and nasotracheal route. But, through nasal route there are more chances of nasal bleeding and pressure necrosis while through oral route there is one problem which is clearing of upper airway for bronchoscope. Manoeuvres like jaw thrust and chin lift are very useful in clearing upper airway for bronchoscope. The aim of this study is to compare ease of oral intubation using flexible fibreoptic bronchoscope with or without rigid cervical collar, in terms of need of maneuvers: Jaw thrust and Chin lift. **Materials and Methods:** Twenty five patients in age range 20-50 years, of ASA I - II, and of either sex undergoing elective surgery under general anesthesia were randomly allocated into each group. There were two groups: Group A (Rigid Cervical Collar) and group B (Without Collar). Intubating condition was assessed in between these groups with need of manoeuvres like jaw thrust and chin lift. Quantitative data is presented as mean values and standard deviation. Intergroup comparison of quantitative data was done by student's *t*-test and probability was considered to be significant if less than < 0.05 . Categorical data and need of manoeuvres (jaw thrust and chin lift) are presented as numbers and were compared among groups using Chi square test. $P < 0.05$ was considered statistically significant. **Results:** There was

	Group A (with collar) <i>n</i> =25	Group B (without collar) <i>n</i> =25	Total	(<i>P</i> value)
Need of manoeuvres (Jaw thrust and chin lift)	8	19	27	0.001
No need of manoeuvres (Jaw thrust and chin lift)	17	6	23	
Total	25	25	50	