communicating artery. CT aortogram reported preductal COA. Clipping of aneurysm was performed successfully. **Conclusion:** Early diagnosis and repair of COA prevents cerebrovascular complications; although aneurysm can occur even after COA repair. Recent advances in anaesthesia and neurosurgical techniques allow surgery of ruptured cerebral aneurysm in presence of untreated coarctation with relative safety.

ISNACC-S-16

Effect of transcutaneous electrical nerve stimulation on intraoperative fentanyl and propofol consumption in patients undergoing lumbar discectomy

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Introduction: Transcutaneous electrical nerve stimulation (TENS) is a non-invasive electrotherapy technique used to treat acute and chronic pain with a special device that delivers electrical impulses to the skin. Numerous studies have been published for the use of TENS in acute postoperative pain with varying duration of pain relief after TENS, but, it is not clear if TENS is applied preoperatively, how long its effect lasts. This randomised, placebo controlled trial was carried out with the objectives of finding out effect of TENS on intraoperative fentanyl and propofol consumption and postoperative analgesic requirement in patients undergoing lumbar discectomy. **Methods:** Sixty patients were randomised to two groups i.e. TENS group (Group T) and Sham TENS group (Group S). A conventional TENS current in the form of biphasic square pulse was used at a frequency of 100 Hz and pulse width of 250 micro seconds. The intensity of electrical stimulation was at 20 mili Ampere (mA) for the T group and 0 mA for the S group by the blinded anaesthesiologist. Standard protocols were followed for induction and maintenance of anaesthesia. Heart rate, blood pressure, and BIS were noted regularly after induction. Primary outcome was to compare of the effect of TENS on intraoperative fentanyl requirement and secondary outcomes were its effects on intraoperative propofol consumption and postoperative analgesic requirement. **Results:** Thirty one patients were studied in group T and 29 patients in group S. Demographic data, duration of surgery, total dose of fentanyl and propofol requirement, blood loss, and the recovery times were comparable between the 2 groups. The mean VAS scores on rest and movement before application of TENS preoperatively were 4.71 and 5.9 in group T which significantly reduced after application of TENS to 3.06 and 3.42 respectively. However in the Sham TENS

group the mean VAS score did not change significantly. The mean fentanyl consumption in group T was 2.05 ± 0.47 mcg/kg (microgram per kilogram body weight) in group T and 2.20 ± 0.61 mcg/kg in group S ($p = 0.27$). The mean propofol consumption was 120.39 ± 28.91 mcg/kg/min (microgram per kilogram body weight per minute) in group T, and 117.10 ± 17.91 mcg/kg/min in group S ($p = 0.6$). **Conclusion:** Application of TENS significantly reduced the pain in term of decrease in VAS score at rest and movement preoperatively, but the same did not translate into any decrease in intraoperative analgesic or anaesthetic requirement, and neither there was any decrease in postoperative analgesic requirement in patients undergoing lumbar discectomy.

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Incidence of hypotension in neuro anaesthesia practice in a tertiary care hospital - A retrospective analysis

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Introduction: This retrospective analysis was aimed at estimating the incidence of hypotension in patients undergoing neurosurgery under general anaesthesia and evaluating the causes of hypotension. **Methods:** Data stored in the computerised Anaesthesia Information Management System was analysed. All patients who underwent neurosurgery under general anaesthesia between 01 Jan 2015 to 31 Dec 2016 were included. Demographic, clinical and haemodynamic data was extracted from these records. Hypotension was defined as MAP less than 65 mm Hg. Charts of patients with hypotension were further evaluated for causes and severity. **Results:** A total of 856 patients underwent neurosurgical procedures under general anaesthesia during the study period (451 male/405 female). Hypotension occurred in 248 patients (28.97%). 121 (14.1%) patients had transient post induction hypotension requiring three or less 50 mcg aliquots of phenylephrine. 127 (14.8%) patients had sustained hypotension due to other causes which required an infusion of vasopressors/ inotropic agents to sustain blood pressure. Three patients had severe refractory hypotension which required surgery to be stopped. **Conclusion:** Hypotension occurred in 55.5% of patients undergoing lateral thoracotomy with one lung ventilation and in 52.7% of patients undergoing decompressive craniotomy. 33% patients undergoing surgery in prone position also had significant hypotension as opposed to 13% of patients in all other positions combined.