

significant effect on the time to emergence. Of all the factors GCS and temperature at the end of the surgery had the maximum impact on the time to emergence in patients undergoing clipping for ruptured aneurysms.

ISNACC-S-29

Airway management in cervical spine disease - Observations from a tertiary care hospital

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Introduction: Airway management in patients with pre-existing cervical spine disease carries potential for further injury and requires careful consideration. Different studies have highlighted the anatomic considerations of different airway techniques. Generally, awake fiberoptic intubation is considered Gold Standard. We sought to study the airway management methods employed in patients presenting for cervical spine surgery at a tertiary care hospital and their impact. **Methods:** We conducted a retrospective observational study at a tertiary care hospital in Qatar as part of an institutional audit. Consecutive cases with cervical spine disease posted for elective spine surgery between July 2012 and December 2014 were observed for type of airway management technique, anesthetic used and signs of immediate post-operative neurological deterioration or any change in status from baseline. **Results:** A total of 98 patients met the inclusion criteria. 3 were excluded due to lack of data. 85% were males and 15% females. 55% had traumatic cervical spine disease and 34% degenerative cervical spine disease. 61 patients had preoperative motor weakness. For airway management, 56/95 patients underwent awake techniques (55 flexible fiberoptic; 1 Glidescope) with majority opting for remifentanyl plus propofol infusion (21/56) or TCI remifentanyl (18/56) for sedation. Remaining 39 patients were anesthetized before intubation. Only 2 patients developed neurologic deterioration after surgery. **Conclusions:** Majority of anesthesiologists had opted for awake fiberoptic technique. Progressive neurologic deterioration after surgery, occurred in only 2.1% of patients. No particular technique has conclusively shown superiority over others. Familiarity with a particular technique and good team communication is recommendable.

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Effect of dexmedetomidine infusion of two different doses on cognitive function after surgery in elderly patients

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Introduction: Postoperative cognitive dysfunction (POCD) is a significant social and financial problem occurring in a high percentage of cases in people over 60 years old. POCD is associated with additional costs due to hospital stays and increased need for institutionalization, rehabilitation, and home care. Dexmedetomidine (DEX) has been demonstrated to have a neuroprotective effect. **Methods:** The present study was a randomized, case-controlled double-blind trial of 90 patients who had undergone surgery with general anaesthesia (GA). The cognitive deficit of each patient was assessed using the Mini-Mental State Examination (MMSE). The 90 patients were randomly allocated into three groups: Group I: Patients receiving 0.25 mcg/kg/hr continuous infusion. Group II: Patients receiving 0.50 mcg/kg/hr continuous infusion. Group III: Normal saline group (control group). The SPSS Version 15.0 statistical Analysis Software was used for the statistical analyses. **Results:** Intragroup change in MMSE Score (from Baseline) at different time intervals (Paired 't' test) p values shows that there is no significant changes in MMSE score at 24 hr and at 72 hr in group II patient.

Post-op Group I (<0.001), group II (0.013), group III (<0.001)

At 24 hr op Group I (0.009), group II (0.489), group III (<0.001)

At 72 hr op Group I (0.009), group II (1.000), group III (0.003)

Conclusion: The findings of the present study shows that DEX infusion 0.50 mcg/kg/hr after loading with 1 mcg/kg over 10 min may be an effective method for ameliorating postoperative cognitive impairment in elderly patients who have undergone surgery. Only a small number of patients were recruited. Therefore, larger studies should be performed, expanding the present study to a broader population.

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Anaesthetic management of a patient with permanent pacemaker posted for frontal lobe tumor excision

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Introduction: Patients undergoing neuro-anaesthesia with cardiac co-morbidities pose a considerable challenge to anaesthesiologists. Management of patients