

each. Cognition was assessed using Hindi version of MoCA test at three time points – Preoperatively, at the time of discharge, 1 month following surgery. The statistical analysis was carried out using Statistical Package for Social Sciences (SPSS version 22.0 for windows). **Results:** Preoperatively mean cognitive scores were 21.64 ± 4.40 . Following discharge from the hospital, there was further decrease in mean cognitive scores. One month following surgery, mean cognitive dysfunction scores in propofol and desflurane were 22.63 ± 3.57 and 20.74 ± 3.89 ($p = 0.04$). Individual cognitive domain assessment showed memory and orientation scores were better in propofol group when compared to desflurane group ($p = 0.03$ and 0.01 respectively). **Conclusion:** The mean cognitive dysfunction scores at one month following surgery were higher with propofol as compared to desflurane. On subgroup analysis, orientation and memory scores were better preserved with propofol when compared to desflurane. Limitation of our study we assessed cognitive functions by using MoCA test. Although this test covers various domains of cognition but it does not evaluate individual domains in detail. Hence more comprehensive scale will identify the subtle differences in the individual component and may help in planning the rehabilitation of the aSAH patient.

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Pre-operative anxiety in intracranial neoplasm patients undergoing surgery and assessment of its predictors

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Introduction: Pre-operative anxiety in intracranial neoplasm is very important aspect of peri-operative care. The primary aim of the present study is to find out prospectively levels of anxiety in these patients and assessment of factors affecting pre-operative anxiety was secondary aim of the study. **Methods:** This observational study included 60 patients aged 18 to 65 years who were scheduled for an elective surgery. Pre-operative anxiety was rated using APAIS (Amsterdam Preoperative Anxiety and Information Scale) and STAI (State Trait Anxiety Inventory Scale). All the patients also completed Agarwal Scale for assessment of Socioeconomic status. **Results:** A total of 60 patients completed the study. Preoperative anxiety was present in 60% of the patients according to STAI scale and in 68% according to APAIS scale. 65% patients were having desire for information regarding surgery and 72% patients were having desire for information regarding anaesthesia. Laterality of the tumour and socioeconomic status of the family

were found to significantly influence the anxiety levels. Patients belonging to joint families were found to be more anxious. **Conclusion:** Identification of the factors affecting preoperative anxiety may help the attending anaesthesiologist to formulate a strategy to allay the anxiety in these patients. Our study was limited by recruitment of all the patients from 1 centre so culture and clinic specific factors can alter the findings. All the factors might not be identified conclusively because of small sample size.

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Comparison of ondansetron, granisetron, palonosetron for PONV prophylaxis in neurosurgical procedures

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Introduction: Postoperative nausea-vomiting (PONV) is common complication after neurosurgery and 5HT₃ antagonists are most commonly used antiemetics in neurosurgery patients. This study was conducted to compare ondansetron, granisetron, palonosetron for PONV prophylaxis in neurosurgical patients. **Methods:** This prospective, randomized, double blind study was conducted on 75 patients of, either sex, with age 18-60 yrs, ASA grade I - III, undergoing elective neurosurgical procedures under GA. A standard anaesthesia technique was used. At time of dura closure, patients were randomly allocated to one of three groups ($n = 25$) and received 4 mg i/v ondansetron in group O ($n = 25$), 1 mg i/v granisetron in group G ($n = 25$) and 0.075 mg i/v palonosetron in group P ($n = 25$); 30 minutes before extubation. The need for rescue antiemetic (RAE), episodes of nausea-vomiting, patient satisfaction were observed for 48 hrs postoperatively. Ondansetron 4 mg i/v was used as RAE. At 24 hrs postoperatively, ECG was performed, and any variation from baseline, was noted. Results were compiled and statistical analysis was done using ANOVA, Chi-square, and Kruskal Wallis test. $P < 0.05$ was considered significant. **Results:** PONV incidence was 88%, 52%, 36% in group O, G and P respectively ($p < 0.05$) in 48 hrs and in initial 4 hrs, it was 88%, 32%, 28% in group O, G and P respectively ($p < 0.05$). Incidence of RAE use in 48 hrs was 72%, 28%, 8% in group O, G and P respectively ($p < 0.05$). Good satisfaction scores were seen in 24%, 84%, 100% in group O, G and P respectively ($p < 0.05$). **Conclusion:** Palonosetron is an excellent choice for PONV prophylaxis with good safety profile in patients undergoing neurosurgery under GA in comparison to granisetron and ondansetron.