

A retrospective analysis of bleeding complications following percutaneous dilatational tracheostomy in neurological patients receiving anticoagulant therapy

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Background: Patients in neuro-critical care may require tracheostomy for either long-term ventilation or for maintaining and protecting the airway. Many of these patients receive anti-coagulant/anti-platelet therapy for DVT prophylaxis or for primary disease like stroke, coronary artery disease, valvular heart disease. These drugs can't be withheld for prolonged periods while preparing the patients for percutaneous tracheostomy. Hence bleeding is a major concern for the anaesthesiologist. The aim is to assess the effect of anticoagulant/antiplatelet drugs in post tracheostomy bleeding. **Materials and Methods:** ICU records of patients who underwent percutaneous dilatational tracheostomy by Anaesthesiologists in the year 2012–13 were analyzed for bleeding incidences. Post procedure bleeding was classified as mild, moderate and severe within 72 hours. **Results:** Among 74 patients, 24 had mild to severe bleeding after tracheostomy. Most of the cases had mild oozing. No statistical differences were observed in the use of specific anticoagulants/antiplatelet agents between patients who had bleeding and the rest of the patients ($P > 0.05$). Bleeding episodes were managed with adrenaline packing, and Botropase infiltration. **Conclusion:** Our experience shows percutaneous tracheostomy can safely be performed in patients on anticoagulants without increasing risk of post procedure bleeding and prolonged stopping of anticoagulants/antiplatelet drugs.

Retrospective analysis of anaesthesia for awake craniotomy: A three year review of our institutional practice

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Background: The awake craniotomy technique aims to maximize lesion resection while sparing functional areas of the brain (motor, somatosensory, and language areas). Different anaesthetic care protocols for awake craniotomy

are advocated, however, there is still no consensus as to the best anesthetic technique. Our analysis aims to study the safety and efficacy of anaesthesia techniques and to conclude which technique provides the most optimal conditions for patient participation during awake surgery with least incidence of intra-op complications.

Materials and Methods: Awake craniotomies performed during the period from January 1st, 2011 to December 31st, 2013 were included and cases with inadequate data were excluded. Data evaluated in terms of which anaesthesia technique maintained patient awake enough to provide comprehensive answers to questions asked during surgery, perform motor activities as advised, maintained haemodynamics within 20% of baseline, adjunct drugs used and incidence of intra-op complications.

Results: Sixty three patients of 69 were included in the study- 90% of the patients did not require any adjuncts apart from scalp block during surgery. Additional infiltration by surgeon was required in 6% of patients. Propofol infusion was supplemented in 4% of patients and Dexmedetomidine in 9% of patients. One patient was done in awake-sleep-awake technique. Haemodynamics were maintained in all and no incidence of loss of airway was seen. Incidence of intra-op seizures was 5%.

Conclusion: A scalp block with conscious sedation of the patient is best standard of care for awake craniotomies. Dexmedetomidine is an emerging as a safe adjunct, but larger prospective studies are required to advocate its routine use.

Perioperative management of giant encephaloceles: A clinical report of 29 cases

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Background: Giant encephalocele, a seldom encountered entity makes anesthesiologist wary of turbulent anesthetic course. Apart from inherent challenges of paediatric anaesthesia, the anesthesiologist has to deal with unusual positioning, difficult airway and additional associated anomalies during perioperative management of such children. **Materials and Methods:** Medical records of 29 children with giant encephalocele who underwent excision and repair over a period of 13 years were analyzed, retrospectively. Data pertaining to associated anomalies, anesthetic management, perioperative complications, and outcome at discharge were collected and reviewed. **Results:** Average age of these children, at admission, was 164 days. Hydrocephalus and delayed milestones were present in 65.5% and 24.1% of children, respectively. Tracheal intubation was difficult in 15 (51.7%) children. Intubation was carried out by direct