

laryngoscopy, most often, in lateral position (82.75%). Intraoperative haemodynamic disturbances and respiratory complications were observed in 31.0% and 17.2% of children, respectively. Intraoperative hypothermia was observed in 13.8% of these children. Postoperatively, six children underwent insertion of ventriculo-peritoneal shunt for hydrocephalus. The average stay in the intensive care unit (ICU) was 2.7 days and average hospital stay was 11.5 days. The condition at discharge was same as preoperative in 24 children (82.7%), deteriorated in 2 (6.9%) and three (10.3%) children died. **Conclusion:** Management of giant encephaloceles requires the knowledge of difficulties encountered during the perioperative period. This paediatric group requires specialized anesthetic care for dealing with difficult airway, unusual positioning, associated congenital anomalies, cardiorespiratory disturbances and even cardiac arrest, electrolyte abnormalities and hypothermia. For securing the airway, we suggest the practice of check laryngoscopy in lateral position following inhalational induction. Muscle relaxant should be administered after visualization of glottis. Though long-term outcome and mental development depends on various factors, avoiding perioperative insult is important.

Comparison of the effect of intravenous dexmedetomidine and lignocaine spray instilled into the endotracheal tube on extubation response in patients undergoing spine surgery: A randomized, double blind, placebo controlled study

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Background: In spine surgery rapid emergence and extubation with haemodynamic stability is crucial for early neurological examination. Here we have studied the effect of alpha-2 agonist – dexmedetomidine (IV) and lignocaine spray instilled into the endotracheal tube at the end of procedure to attenuate the extubation responses. **Materials and Methods:** All total 45 patients undergoing spine surgery, were randomly allocated in three groups. After the return of spontaneous respiration, Group-D:- Dexmedetomidine 0.3mcg/kg IV, Group-L:- 10% Lignocaine spray 1.5 mg/kg through endotracheal route and Group-P:- Normal saline IV given over 60 seconds. Haemodynamic responses (SBP, DBP, MAP, HR, SPO₂) were recorded before and after administration of drugs and also duration of emergence, extubation, quality of extubation and post-op sedation level were evaluated. **Result:** The increase in MAP and heart rate during extubation were significantly less in group -D than group-L and group-P, 2 min

after administration of the respective drugs ($P < 0.05$). There was no significant differences in the grade of cough after extubation and post-op sedation level. **Conclusion:** Dexmedetomidine (0.3 mcg/kg) attenuates haemodynamic response better than lignocaine spray (1.5 mg/Kg) during emergence and extubation. It also provides smooth extubation and easy recovery without any post-operative sedative effect.

Comparison between suction above cuff endotracheal tube (SACETT) and standard endotracheal tube (SETT) on the incidence of the ventilator associated pneumonia in neuro ICU

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Background: Ventilator associated pneumonia (VAP) is one of the commonest complication associated with endotracheal intubation. Occurrence of VAP has been associated with significant mortality and morbidity. Subglottic secretion drainage (SSD), using a specially designed ETT with a separate lumen above the cuff has shown to reduce the occurrence of VAP in some studies while others have not shown difference. The incidence of VAP in neurologically injured patients is higher and has significant impact on the neurological outcome. This study aimed to estimate the incidence of VAP with standard endotracheal tube and suction above cuff endotracheal tube (SACETT) in neurologically ill patients. **Materials and Methods:** Patients with neurological illnesses aged more than 18 years and requiring endotracheal intubation and/or mechanical ventilation for management in the NICU and anticipated to remain on ETT for more than 48 hours were included in this study. They were randomized to either standard ETT (SETT) or SACETT. All the VAP preventive measures were similar between the two groups except for the difference in type of tube. **Results:** The incidence of VAP as detected by new or increasing infiltrate on chest radiograph was 24% in SETT vs 28% in SACETT group, while microbiological VAP was higher in both the groups. There was no difference in the length of ICU or hospital stay or duration of ventilation. **Conclusions:** Use of SACETT over convention ETT did not result in reduction of VAP nor other outcome parameters.

Effect of tranexamic acid on blood loss and the quality of surgical field in meningioma resection surgery

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