

discharge were comparable in between the two groups. **Conclusions:** Both mannitol and HTS had comparable effect on ICP. However, HTS was observed to be a better agent than mannitol as it maintained the systemic haemodynamics in a more acceptable way, caused less increase in blood lactate levels and prevented unnecessary increase in urine output.

#### ISNACC-S-34

#### Clinical evaluation of rocuronium in patients undergoing neurosurgeries based on body mass index

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**Methods:** This study was done in 111 consecutive patients undergoing neurosurgeries in Fortis hospitals, BG road, Bengaluru. These patients are divided into four groups based on body mass index (BMI), (Group I BMI <20, Group II BMI 20–25, Group III BMI 25–30 and Group IV BMI >30). All patients were induced with injection fentanyl and injection propofol, preservative-free injection xylocard. Patients received injection rocuronium bolus at 0.8 mg/kg for muscle relaxation. Anaesthesia maintained with O<sub>2</sub> + N<sub>2</sub>O + sevoflurane + fentanyl. Tetralogy of fallot monitoring was performed throughout the surgery. Onset time for intubation, duration of action of bolus drug was noted. ANOVA test was applied. *Post hoc* analysis was done using Tukey honestly significant difference test. **Results:** It is observed that mean value for time for intubation decreased as the BMI increased, and  $P < 0.05$  noted in Group II and Group IV. Similarly, longer duration of action was observed for bolus dose from Group I to Group IV and significance noted in Group III and Group IV ( $P < 0.05$ ). **Conclusion:** Patients with higher BMI have shorter time for intubation and longer duration of action for bolus dose of rocuronium.

#### ISNACC-S-35

#### To compare thiopentone sodium and etomidate as induction agents during general anaesthesia in patients undergoing surgery for traumatic brain injury

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**Introduction:** Traumatic brain injury (TBI) is a major public health problem and leading cause of morbidity and mortality worldwide. Anaesthetic agents that produce rapid onset of hypnosis and rapid control of the airway without an increase in intracranial pressure

and providing haemodynamic stability are preferred. Sodium thiopental and etomidate are commonly used induction agents. Hence, we carried out this study to compare both these drugs with respect to haemodynamic parameters, intraocular pressure (IOP) and bispectral index (BIS) in patients undergoing surgery for TBI. **Aims and Objectives:** To assess and compare effects of induction of anaesthesia with etomidate and thiopentone sodium in TBI patients with respect to haemodynamic changes, IOP changes and BIS. **Material and Methods:** Seventy patients of either sex, belonging to American Society of Anesthesiologists I to III (age 18–60 years) posted for emergency craniotomy for TBI were included. The study population will be randomly divided into two groups of 35 patients each. (1) Group T: Patients will be induced with thiopentone 5 mg/kg. (2) Group E: Patients will be induced with etomidate 0.3 mg/kg. IOP will be measured after 1 min of induction agent administration and 5 min after orotracheal intubation. Intraoperative hypotension due to the induction agents will be managed by the use of intravenous ephedrine boluses of 3 mg. The patient will be followed up after 6 h, 24 h and 48 h and 7 days. Heart rate, systolic blood pressure, diastolic blood pressure, mean arterial blood pressure and BIS were observed and recorded pre-operatively, at the time of intubation, every 1 min for 5 min after intubation and every 5 min for next 15 min. **Results:** Haemodynamic parameters were found to be stable with etomidate than thiopentone. IOP decreased after etomidate administration. BIS was comparable in both the groups.

#### ISNACC-S-36

#### The comparative effects of 0.5 and 1.0 minimum alveolar concentration concentrations of sevoflurane and desflurane on middle cerebral artery flow parameters using transcranial Doppler in patients undergoing surgery for supratentorial tumours

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**Introduction:** This study was designed to assess the effect of clinically useful concentrations of sevoflurane and desflurane on cerebral blood flow parameters in patients with supratentorial mass lesions. **Methodology:** Forty patients with unilateral supratentorial tumours were randomised to two groups of 20 each - desflurane group and sevoflurane group. All patients with unilateral supratentorial tumours without any clinical features suggestive of raised intracranial pressure (ICP) in American Society of Anesthesiologists Class 1 and 2 between the age of 18 and 60 years with