Abstract

Forty patients with unilateral supratentorial tumours without any clinical features suggestive of raised intracranial pressure (ICP) in 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 IOP 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

Lt. Col. Josemine Davis, Manikandan S.¹

Division of Neuroanaesthesia, Command Hospital, Pune, Maharashtra, ‘Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India

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...
Sixty adult patients were included in the study. After a steady state of flow velocity (FV) recording, transient hyperaemic response testing was done on both sides. The patient was intubated, and inhalational anaesthesia (sevoflurane or desflurane) was introduced. FV and THRR measurements were repeated at 0.5 and 1 MAC in both desflurane and sevoflurane groups. Comparison between tumour side and normal side – A comparison of velocity in the middle cerebral artery (VMCA) showed no significant differences at baseline, 0.5 MAC and 1 MAC in both desflurane and sevoflurane groups. The THRR showed a statistically significant reduction on the normal side of the desflurane group (P = 0.49) but was not significantly different on tumour side and normal side. **Comparison Between the Desflurane Group and Sevoflurane Group:** The middle cerebral artery mFVs and THRR were not significantly different between desflurane group and sevoflurane group.

**Summary:** There were no clinically significant differences in cerebral haemodynamic effects of desflurane and sevoflurane at 0.5 MAC and 1 MAC in patients with supratentorial tumours, without features of raised ICP at normocapnia.

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**Effect of tranexamic acid on blood loss and transfusion requirements in lumbar spine fixation**

**Anil Bargur, Latha John, Nischala, Arpana**

Department of Neuroanaesthesia, National Institute of Mental Health and Neurosciences, Department of Anaesthesia, St. Johns Hospital, Bengaluru, Karnataka, India

**Introduction:** Lumbar spine surgery in adults is associated with significant blood loss, often requiring allogeneic blood transfusion. The objective of this study was to evaluate the efficacy of tranexamic acid (TXA) in reducing perioperative blood loss and transfusion requirements in patients undergoing lumbar spine fixation. **Methodology:** Sixty adult patients were randomised to receive either a bolus of 10 mg/kg intravenous of TXA after induction followed by a maintenance infusion of 1 mg/kg/h of TXA up to closure of skin or an equivalent volume of normal saline. The data were analysed by means of Statistical Package for Social Science version 12.0. The results were presented as mean ± standard deviation. Independent Student’s t-test was used to compare the two groups and differences were considered statistically significant if the P value was < 0.05.

**Results:** The mean intraoperative blood loss and the amount of blood in the drains post-operatively were less in the TXA group compared to the placebo group (P = 0.0001). The blood transfusions received in both the groups was not statistically significant (P = 0.362). However, clinically there was reduction of transfusion requirement in the TXA group. The drop in post-operative haemoglobin levels was statistically significant in the control group compared to the placebo group (P = 0.002). The mean duration of surgery was less in TXA group compared to the control group (P = 0.008).

**Conclusion:** TXA is effective in reducing peri-operative blood loss and transfusion requirements. Furthermore, TXA administration was not associated with any significant complication including DVT.