Abstract

Here, we want to report management of a patient with cyanotic heart disease.

ISNACC-C-09

Role of anaesthesiologist in neuroendovascular intervention

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In recent years, the endovascular treatment of disease of intracranial and spinal vessels has become widely popular. Mostly these procedures are done under general anaesthesia. Hence, choosing an appropriate anaesthesia regimen and careful pre-intervention preparation are most important. The anaesthesiologist can modify and influence the post-intervention outcome. The working environment in digital subtraction angiography (DSA) lab. is quite different from regular OT. Long breathing circuit, long intravenous line and long infusion lines are required for smooth movement of DSA machine. Low ambient temperature is maintained as pre-request for DSA machine. Hence, it is vital to maintain body temperature of the patient by applying heating unit. In DSA lab. All the facilities should be there to address the routine as well as emergency procedures. Short-acting narcotics and muscle relaxants should be used to facilitate the intervention if required for neuroradiologist and anaesthesiologist. After the procedure, the patient should be monitor at least 24–48 h. Pre-interventional and post-interventional complications such as thermo-embolism or haemorrhage must be managed aggressively. The anaesthesiologist plays crucial role to improve the post-intervention outcome. Therefore, good communication, close interaction and cooperation between the anaesthesiologist and neuroradiologist is vital for successful management of these patients.

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An unusual cause of loss of brainstem reflexes-barbiturate infusion for status epilepticus

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Background: High dosage barbiturate infusion is commonly used as last resort in patients with...