



ANAESTHESIA CHRONICLES

Conceptualised by Dr. Hemant Mehta. Guided by Dr. Tarang Gianchandani, CEO.

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Scientific Committee: Dr. Jueeli Barpande, Dr. Prajakta Latkar, Dr. Deepak Koli.

CEO's Desk

If there is an emergency during an operation, the surgical team looks up to the anaesthesiologist to lead the crisis. Rightly so, if surgeons are the blood, anaesthesiologists are the brain. My heartiest congratulations to Dr. Hemant Mehta and his multifaceted anaesthesia team for leading by example and developing this unique Anaesthesia Chronicles which shows their contribution to patient's safety, success of our high end complex cases and motivate all in the team by sharing their achievements and talents.

Opening note

Our department is known for extraordinary competency at managing worst risk patients everyday and our phenomenal work during COVID-19 Pandemic. Our never tiring presence was evident while managing SHH, triage, life saving procedures on positive patients, surgeries etc. following all six

values of RFH is highly appreciated by our hospital management. Thank you all for working with great enthusiasm to make our dream come true for publishing Volume 1.0 of Anaesthesia Chronicles. Do follow RFH Pandemic Safety Guidelines to stay safe and healthy.

Challenging cases and their success stories

71 years female, known case of Interstitial Lung Disease with emphysematous bullae, severe pulmonary hypertension, hypothyroidism, was posted for exploratory Laparotomy in view of Caecal volvulus. Invasive vitals monitoring lines access secured under local anaesthesia and case was done under spinal and thoracic epidural anaesthesia without any complications; as General Anaesthesia would have been detrimental under prevailing lung conditions. Postoperatively Recovery Uneventful.

Team: Dr. Hemant M, Dr. Prajakta L, Dr. Ameya N, Dr. Hardik P

During Lock down 17 year old boy meeting with a road traffic accident was taken for emergency exploratory laparotomy for suspected splenic tear. Unavailability of immediate relatives added to problems of haemorrhagic shock, urgent availability of blood and blood products and unknown Covid status. Case involved prompt Anaesthesia management, dedicated team approach and an excellent communication and coordination with blood bank team. Smooth recovery in the postoperative period with minimal pain score. Patient walked back home.

Team: Dr. Jueeli B, Dr. Kritika S

FT LSCS baby weighing 2.4 kg underwent Major Exomphalos (contained liver, intestines) reduction and repair on 3rd and 10th day of life. Baby also had scoliosis, Mucopolysaccharoidosis, PDA, PFO, ASD, small right ventricle. Baby received GA + epidural during first surgery which was continued postoperatively. Baby was electively ventilated after both the surgeries in NICU. Once extubated, baby is doing well, and is discharged.

Team 1: Dr. Vidhya D, Dr. Rashmi G; Team 2: Dr. Swati D, Dr. Nitu K

57 years male underwent liver transplant which was the first one in COVID times in RFH conducted by in house team independently. Patient underwent 22 hrs long surgery with disease related excessive bleeding requiring massive blood transfusion owing to hemorrhagic shock managed by timely communication and exemplary team effort with significant contribution from blood bank and timely voluntary blood donation by RFH staff during the case showed excellent ethical and moral commitment and meticulous untiring anaesthesia management towards Patient care which helped to tide over the crisis. Both recipient and donor recovered well.

Team Recipient: Dr. Tapas M, Dr. Ankit G, Dr. Kritika S and Dr. Roly M
Team Donor: Dr. Praveen S, Dr. Nitu K

Valve in valve TAVI was offered for a case of severe Aortic insufficiency, post surgical AVR, with acute kidney injury requiring dialysis, severe pulmonary hypertension & RV dysfunction. Case was successfully managed under GA using advanced hemodynamic monitoring and intraoperative TEE. It was a life saving emergency surgery requiring quick decision making, complete physiological understanding and a dedicated multidisciplinary approach for the successful outcome.

Team: Dr. Niranjana W, Dr. Kritika S, Dr. Nitu K

51 years male known case of HTN, DM, RVD With Right PICA infarct taken for emergency surgery in view of worsening of cerebral edema and brain stem compression for posterior fossa craniectomy With challenges of positive COVID status and antiplatelet medication history. Case done under GA with invasive lines in prone position, intraoperative bleeding managed with platelet transfusion, postop shifted to ICU for observation and discharged with no neurodeficit after 10 days.

Team: Dr. Sandip K, Dr. Ronak Z

Publications and achievements

- **Anaesthetic management of pulmonary endarterectomy in a patient with suprasystemic pulmonary pressure-A case report.**
Dr. Pravinkumar H Patel, Dr. Harvesp Panthakey, Dr. Sandip Katkade, Dr. Hemant Mehta
Int J Red Med Sci 2020 June; 8(6) 2323-2325
DOI: <http://dx.doi.org/10.18203/2320-6012.ijrms20202286>
- **A challenging case of transcatheter mitral valve in valve replacement in pregnant patient.**
Dr. Roly Mishra, Dr. Rashmi Gujran, Dr. Harvesp Panthakey, Dr. Tapas Mandal, Dr. Hemant Mehta
Anesthesiol case Rep Vol. 3 No 2 2020
<https://www.pulsus.com/anesthesiology-case-reports/inpress.html>
- **Transcutaneous pacing: a life saviour.**
Dr. Roly Mishra, Dr. Parna Thakkar, Dr. Hemant Mehta
Int J Res Med Sci. 2020 June; 8(6) 1-4
DOI: <http://dx.doi.org/10.18203/2320-6012.ijrms20202289>
- **Anaesthetic management of a patient with non compaction cardiomyopathy for implantable cardioverter defibrillator lead replacement.**

Dr. Kritika Sharma*, Dr. Deepak Koli, Dr. Swati Daftary, Dr. Hemant Mehta
Int J Res Med Sci. 2020 Aug; 8(8)1-3
DOI: <http://dx.doi.org/10.18203/2320-6012.ijrms20203471>

- **Anaesthetic management of cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (CRS/HIPEC): A True challenge to an Anaesthetist.**
Dr. Roly Mishra, Dr. Kritika Sharma, Dr. Jueeli Barpande, Dr. Nitu Kumari, Dr. Hemant Mehta
Journal Of Current Medical Research CMRO 03(07) 503-507 (2020)
DOI: <https://doi.org/10.15520/jcmro.v3i07.307>
- **Anaesthesia concerns and perioperative management in a child with Digeorge syndrome with corrected tetralogy of fallots with pulmonary atresia posted for laproscopic orchidopexy: Case report.**
Dr. Natasha Kale, Dr. Sandip Katkade, Dr. Hemant Mehta, Dr. Shivaprakash Krishnanaik
Indian J Anaesth 2020; 64:322-4
DOI: [10.4103/ija.IJA_770_19](https://doi.org/10.4103/ija.IJA_770_19)

Testimonials

"Anaesthesiologists care made me feel I was in safe hands."
"Coming to RFH Anaesthesia department is like dealing with trusted family."
"Seeing your smiling and confident faces before you put me to sleep assured me that I will wake up safe and sound."

**Our first DNB student,
Dr. Karnik Mamtora has passed
his exam with flying colours.**

Academics

Academic sessions for post graduate students were conducted since last 5 years in association with international faculty. During lockdown we conducted 35 online academic sessions, 18 practical sessions, 7 BLS training sessions and 2400 hrs of intensive COVID-19 duty.

Recent advances

OLICERIDINE:
New mu opioid receptor agonist for acute pain management with analgesic action without any ceiling effect. Approved for medical use in USA on August 7, 2020.

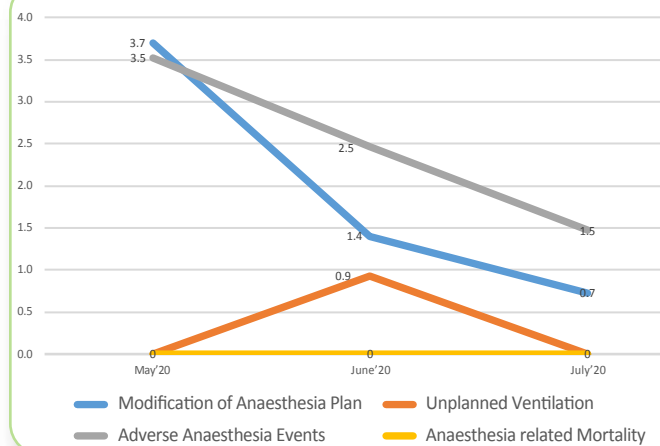
link: <https://www.medscape.com/viewarticle/935437>

Wisecrackers



"An anaesthesiologist knows which surgeon operates best. A surgeon only knows which anaesthetist charges the least."

Quality Control Indicator



Out of the box

GO CORONA GO
Ganesha sculpted by
Dr. Prajakta Latkar

