



ANAESTHESIA CHRONICLES

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CEO's Desk

The anaesthesia team of RFH not only have worked tirelessly during the entire COVID-19 period to take care of our non-COVID surgeries but have also managed the most complicated cases during these times including heart transplant, mediastinal ganglioneuroma and infantile ganglia tumour. As we complete 6 years at RFH, the anaesthesia team has played an important role in our growth. RFH team got most prestigious gold medal - JCI ACCREDITATION. We are the first hospital in India to undergo JCI on virtual platform. We are also acknowledged as the best multi-speciality hospital in the city and western region. This is just the beginning. We are committed to give quality healthcare at par with international standards. During our journey of Quality I am proud to acknowledge that TEAM ANAESTHESIA took complete ownership and performed extremely well to get the perfect score. Agile and accountable quality healthcare is the need of hour for every institution to grow. We are happy to see that Anaesthesia department has made these standards inculcated in their practice. Being the department providing the services involved in serious and complex patients care at our tertiary care hospital, the focus on quality care and patient safety is imperative. Their documentation needs extra precisions and has great importance in safe patient care. I am proud to say that our Anaesthesia department is COMMITTED to maintain the same. I take opportunity to wish entire team RFH, Anaesthesiologists and all patients very Happy Diwali and Prosperous New Year.

Opening note

We celebrated 174 years of World Anaesthesia Day in the midst of this pandemic. Truly the credit of recent advancement in surgery goes to the modern and sophisticated anaesthesia. As the saying goes "Anaesthesia is not a luxury but it's a human right".

Now with the hospital moving towards normalcy, we have had many more complicated cases coming up for procedures as compared to the first 3 months. Our department has proven that "When the going gets tough, the tough get going."

Challenging cases and their success stories

28 years male suffering from coxsackie virus induced dilated cardiomyopathy, urgently airlifted from USA, successfully underwent states first inter district (Pune) heart transplant during pandemic. Team Anesthesia played pivotal role during odd long hours in optimum Donor selection (Pune) and successful peri operative recipient right heart management without need of Mechanical circulatory support, using inotropes, vasopressors and inhalational NO, guided by advanced monitoring comprising TEE, Pulmonary artery catheter and Cerebral Oximetry to get the patient discharged on day 16.

Team: Dr. Niranjana W, Dr Rohit B, Dr Akshay R.

32 years male symptomatic since 9 years secondary to CTEPH, NYHA class IV requiring oxygen supplementation posted for definitive treatment. CECT suggestive of stage 3 PA Block. ECHO showed severe RA, RV dilatation with moderate TR. RHC revealed Supra systemic PAP. Posted for Surgical PE with VA ECMO as rescue plan followed by heart lung transplant. Radial, femoral arterial lines and PAC with CO monitoring were put. Neuromonitoring with cerebral oximetry. Two cycles of DHCA, 25 minutes each were required. Neuro protection with appropriate cooling and drugs. While coming off CPB, inhalational nitric oxide (20ppm) along with inotropic and vasopressors supports were instituted. TEE showed improvement in RV function.

PAP dropped down to 1/3 rd systemic pressure. Bronchoscopy performed to eliminate bronchial bleeding. Patient weaned off on POD 2 and discharged on 10th day.

Team: Dr. Rohit B, Dr. Niranjana W, Dr. Sulekha J.

6 months, 7.5kg, COVID positive female, desmoplastic infantile ganglioma tumor, cystic component 12x8x5.5cm & Solid component measuring 4.3x 5.1x4.3cm in the left anterior temporoparietal region with obstructive hydrocephalus-aggressive in nature with midline shift of 1.5cm to right was posted for Craniotomy in semifowler position. Baby received GA+central line monitoring, electively ventilated postop in ICU, extubated on postop day 1 & discharged after 7 days.

Team: Dr. Vidhya D, Dr. Aditi K

67 years male hypertensive, diabetic, hypothyroid, old CVA, SLE, ILD, old TB lymphadenitis, post COVID myocarditis EF 40% with pulm HTN deranged LFTs was for Emergency ERCP + open cholecystectomy under GA. Art line guided PPV, central line, BIS monitoring, TEE were utilised in addition to routine monitoring. Stable perioperative haemodynamics allowed extubation on table. Patient was shifted to ICU for observation and subsequently discharged.

Team: Dr. Sandip K, Dr. Swati D, Dr. Misha M., Dr Aditi K.

18 years female with 15×9.4×9.1 cm left posterior mediastinal ganglioneuroma extending from C6-T7 level surrounded by major blood vessels. With wide bore lower limb intravenous access, T6-T7 epidural inserted. In anticipation of difficult airway, mask ventilation was confirmed with sevoflurane induction & then intubated. Right radial and femoral arterial and right internal jugular venous access were secured. Coopdech blocker was introduced in left main bronchus. With left hemiclamsell incision, mass was removed enbloc. Postoperatively patient was extubated and shifted to ICU, with epidural infusion for analgesia.

Team: Dr. Prajakta L, Dr Rashmi G.

Wisecrackers



Publications and achievements

Anaesthetic concerns of difficult airway in case of large oral haemangioma posted for robotic cystectomy

Dr. Khevna Kapadia, Dr. Sheetal Shah, Dr. Hemant Mehta, Dr. Misha Mehta

Int J Res Med Sci 2020;8:3380-2

DOI: <http://dx.doi.org/10.18203/2320-6012.ijrms20203698>

Dr. Parna Thakkar has delivered lectures at following places:

- 1) **ERAS Protocols and Low Flow Anaesthesia - it's relevance in COVID Pandemic**
(ISA Thane branch webinar)
- 2) **Anaesthesia for Laparoscopic Surgery**
(Event - Third eye of endoscopy Surgeries - International event)
- 3) **Spinal Anaesthesia for Day care surgery**
(Delhi ISA)
- 4) **Moderator for Anaesthesia for High risk Obstetric Cases**
(Thane ISA webinar)

Testimonials

"I would like to thank the Anaesthesia team for working selflessly during pandemic times"

"I am highly obliged for treating me for Trigeminal neuralgia and making my life "PAINFREE"! Thanks a lot for everything."

Academics

Title: A prospective observational study to predict difficult intubation using simple non invasive tests.

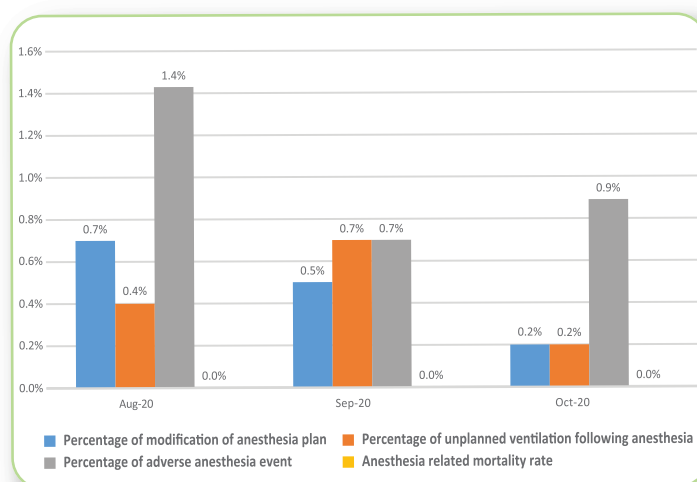
Guide: Dr. Hemant Mehta

Student: Karnikkumar Mamtora.

Recent advances

US Food and Drug Administration (FDA) has approved Byfavo (remimazolam injection) in July 2020 for the induction and maintenance of procedural sedation in adults undergoing procedures lasting 30 minutes or less. Byfavo is a very rapid onset/offset IV benzodiazepine sedative for use during invasive medical procedures lasting 30 minutes or less.

Quality Indicators - Anaesthesia



Anaesthetist- Who Are We?

Starting the show with lights, camera and action
Facing the patient's tantrums and reactions
Still working efficiently behind the curtains
As we are aptly said backstage artist in action
We anaesthetize the patients through his vein
Taking away his anxiety, agony and pain
Though this is tiring and taxing
But we surely make the surgery relaxing
Though we are not well known and prominent
But the patients smile and surgeon's polite thank
you gives us contentment
All of us love this challenging subject
As through it, a lot of satisfaction we get.

-Dr. Sheetal Shah

Out of the box



Rangoli by Dr. Ronak Zatakiya