Anodyne

ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES

Agony of pain ceases from

pain ceases from here.... **NEWS LETTER**

Patron

Parampoojya

Jagadguru Sri Sri Sri

Nirmalanandanatha Mahaswamiji

Advisor

Dr. M. G. Shivaramu

Principal

Dr. T.M. Manohar

Medical Superitendent

Editor

Dr.Manjula.R

Dr Kiran Prasannan(P.G)

Faculty

Dr.Kempachary (HOD)
Dr.Vasanatha Kumar.K.R
Dr.Chethananand.T.N
Dr.Raghavendra.T.R
Dr.Manjula.R
Dr.Shivaramu.B.T
Dr.Prajwal Patel.H.S
Dr.Shashank.M.R
Dr.Sreedhar.M

Post Graduates

Dr.Aditi Prabhu
Dr.Amit Gandhi
Dr.Chaithra.G.V
Dr.Madhu.N
Dr.Rakesh Reddy
Dr.Achyutha.J
Dr.Anantha Rao.A
Dr.Bhavya.p
Dr.Kavya Shree
Dr.K V Siva Kumar
Dr.Kiran Prasannan
Dr.Swetha.P
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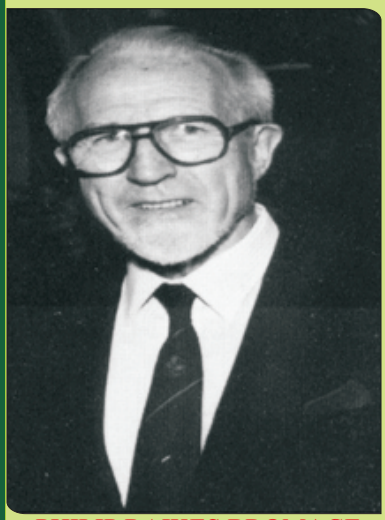
Dr.L M Avinash
Dr.Shilpa.P.H
Dr.Sumitha.B
Dr.Yajamanam Divya

Department of Anaesthesiology



PHILIP RAIKES BROMAGE

(1920-2013)

The Tributes are pouring in for the anesthesiologist who is best known for his contributions to epidural anaesthesia. Philip Raikes Bromage was a gentleman who was a giant in the anaesthetic world. Best known for popularizing epidural analgesia/anaesthesia and his textbook Epi-dural Analgesia, Phil did his medical training at St. Thomas' Hospital in London. After publishing his first text (a monograph titled Spinal Epidural Analgesia), he was invited to move to Montreal, Quebec, Canada where he joined the faculty at McGill University. Eleven years later he moved to the United States where he was on the faculty at Duke University, then the University of Colorado, followed by a stint in Saudi Arabia and his subsequent return to the USA. He eventually retired to Vermont.

Phil's name, more than any other, is intimately asso-ciated with epidural anaesthesia. A quick search reveals publication of 118 articles and letters on a wide range of research topics such as local anaesthetics (bupivacaine, lidocaine, etidocaine, carbonation), physiology and pharmacology of epidural anaesthesia, management of pain, neurological complications associated with neur-axial anaesthesia and neuraxial opioids. This was in addition to his single authored books and numerous chapters.

In the area of obstetric anaesthesia Phil helped popu-larize the lumbar technique for labor analgesia by insist-ing that it was better than the caudal approach. His textbook, Epidural Analgesia, serves as a source of information on the effect of epidural anaesthesia on urinary function, neurological complications and the correct technique for performing epidurals. In the preface to the second edition, he referred to epidural blockade as "a necessary skill for every consultant anaesthesiologist, especially if he is engaged in obstetric practice or in the management of chronic pain". Almost every re-searcher in regional anaesthesia is familiar with the "Bromage score", a means of evaluating motor block.

Phil received numerous honors from societies around the world: Gold Medals from the Obstetric Anaesthe-tists' Association and the Canadian Anesthetists' Society and the Hickman Medal from the Royal College of Medicine. He was an internationally renowned speaker who refused to back away from controversy and was well known for his pithy and erudite comments.

I'm certain that readers of IJOA will join me in extending our sympathy to his family. Anaesthesia has lost a pioneer whose research and writing will continue to benefit generations to come.

E mail-aimsanodyne@gmail.com

HIGHLIGHTED EVENTS

GUEST LECTURE ON Anaesthesia for Congenital Heart Diseases,by DR PRAKASH RAO A.S (Consultant Cardiac Anaesthesiologist-Apollo BGS Hospital,Mysuru)12th April 2016

Figure DR PRAKASH RAO DELIVERING THE LECTURE

Figure DR PRAKASH RAO BEING FELICITATED

Feb 18th to 20th 2016, at Sri Adichunchanagiri Mutt.

Department of anaesthesiology actively participated in the JNANA VIJNANA TANTRAJNANA MELA

The theme presented by the team was SNAKE BITE Management and CARDIO PULMONARY CEREBRAL RESUSCITATION

PG EXCEL 2016 – MYSORE MEDICAL COLLEGE & RESEARCH INSTITUTE, MYSORE, 13TH AND 14TH FEBRUARY 2016.

Dr.Aditi Prabhu Case discussion on PREGNANCY INDUCED HYPERTENSION done under the guidance of Dr.Usha Devi, introduction presented by Dr.Madhu.N

- GUEST LECTURE for Internees delivered in the month of March "COMMUNICATION SKILLS " By Dr.Vasanthkumar Professor .(Dept of Anaesthesiology, AIMS, B.G.Nagara)
- "BASIC LIFE SUPPORT " by Dr Manjula R Asso professor.(Dept of Anaesthesiology, AIMS, B.G.Nagara)
- Delivered a lecture on –"WORLD LIFE BALANCE' at 31st National Conference Of Indian Society For Study Of Pain ,INDORE, By Dr.Vasanthkumar Professor
- MARCH 11 ,2016

  Two of our Post Graduates –DR VASUNDHARA V.M and DR SWATHI S had secured Top ranks at the University Examinations and were Felicitated for the same on The Graduation Day.

CASE DISCUSSION

Intraoperative management of Ventricular Tachycardia in a patient posted for vaginal hysterectomy with ectopic beats.

Dr.Manjula.R. Asso. Professor, Dr.Sushma, Dr.Karna Venkata Siva Kumar

Here we are presenting a case of Parvathamma aged 65 years posted for vaginal hysterectomy with anterior and posterior colporraphy, with diagnosis of 3rd degree UV prolapse with cystocele and rectocele. Patient recently diagnosed as hypertensive and started on Tab- Amlong 5mg once in morning, since one week. Her routine investigations were within normal limits. After general physical examination her, pulse rate was 68bpm which was regularly irregular with a missed beat occurring once every 15 beats, BP 120/ 90 mmhg, systemic examination was within normal limits. ECHO showed good LV function, Grade 1 diastolic dysfunction, Mild AS/AR/TR, concentric LVH with EF-60%. ECG showed T wave inversion in lead V2-V6, XRAY showed apparent cardiomegaly, with grade II Hypertensive Retinopathic changes in fundoscopy. Patient was accepted under ASA III and we planned to manage this case under GA. Patient shifted to OT with 20G IV cannula in right hand, ringer lactate started. Monitors like Spo2, ECG, NIBP, ETCO2 connected and were recorded throughout the procedure. Patient preoxygenated with 100% of 10 litres of oxygen for 5minutes, meanwhile patient premedicated with inj fentanyl 60µg+ inj midazolam 1mg IV. Patient induced with inj thiopentone 250mg+ inj vecuronium 4mg IV, after 3 minutes of inj- vecuronium patient was intubated with 7.5mm ET tube and position confirmed by bilateral equal air entry and ETCO2 graph. We started ventilating the patient with IPPV through Bains circuit and with O2 4L+N2O 5L+Isoflurane 0.4%, immediately BP dropped to 80/60 mmhg with ECG changes showing ventricular tachycardia, inj Loxicard 3cc and inj ephedrine 3 mg iv stat given to increase blood pressure. After injection intraoperatively BP was ranging in between 110/60 to 160/100mmhg and ECG was showing T wave inversion in lead 2 throughout procedure. After surgical procedure, patient extubated in deeper plane of anaesthesia(to avoid extubation response) after giving inj-neostigmine 2.5mg+inj-glycopyrrolate 0.5mg IV. Post-operatively patient was shifted to SICU and observed for two days for any VT, as patient was stable and there was no ectopics post-operatively, patient shifted to ward and discharged on 5th day.

CONFERENCES ATTENDED

NATIONAL CONFERENCE - FUNDAMENTAL CRITICAL CARE SUPPORT COURSE FOR PROVIDERS & INSTRUCTORS AT HASSAN ON FEB. 6TH & 7TH 2016

ATTENDED BY :
Dr.Manjula.R – Associate Professor
Dr.Anantha Rao
Dr.Bhavya.P

PG EXCEL -2016 – MYSORE MEDICAL COLLEGE & RESEARCH INSTITUTE, MYSORE, 13TH AND 14TH FEBRUARY 2016.

ATTENDED BY :
DRUG VIVA –Moderators Dr. Kempachary and Dr. Madhuri kurdi
Case discussion on PREGNANCY INDUCED HYPERTENSION-
Dr.Aditi Prabhu(P.G),
Moderator- Dr.Usha Devi.

Dr.Amit Gandhi
Dr.Chaithra.G.V
Dr.Madhu.N
Dr.Rakesh Reddy
Dr.Kavya Shree
Dr.Kiran Prasannan
Dr.Karana Venkata Siva Kumar
Dr.Tasneem Kauser

CME - 'FOETAL MEDICINE UPDATE', DEPT. OF OBG, ON 30TH MARCH 2016 AT AIMS, B.G.NAGARA.

ATTENDED BY :
Dr.Tasneem Kauser
Dr.Kavya Shree
Dr.Kiran Prasannan

CME - ON HAEMODYNAMIC MONITORING TRAUMA UPDATE AND CLINICAL CASE DISCUSSION ON 22ND , 23RD & 24TH APRIL 2016, AT MYSURU.

ATTENDED BY :
Dr.Aditi Prabhu
Dr.Amit Gandhi
Dr.Chaithra.G.V
Dr.Madhu.N
Dr.Rakesh Reddy

ಅರವಳಿಕೆ

ಅರವಳಿಕೆಯಿದು
ಅರಿವಿನ ಅಳಿಕೆಯಲ್ಲ
ನೋವಿನರಿವಿನ ಅಳಿಕೆಯು
ನೋವುರಹಿತ ಮಾತ್ರವು
ಅರಿವು ಪನಃ ಪ್ರಾಪ್ತಿಯು
ರೋಗಿಗೆ ಆಪರೇಷನ್ ಭಯವು
ಜೊತೆಗೆ ನೋವಿನ ಭಯವು
ಇದ ಯೋಚಿಸಲು ಮೈಯೆಲ್ಲಾ
ನಡುಕವು
ಅರವಳಿಕೆ ವೈದ್ಯನನ್ನು ನೋಡಿದಾಗ
ಇವೆಲ್ಲಾ ಕಾಣವು
ಆತ ಮಾತನಾಡುತ್ತಾ ಇರಲು ಎಲ್ಲಾ
ನೋವು ಮಾಯವು
ನೀವು ಕಣ್ಣು ಮುಚ್ಚಿ ಮಲಗುವಿರಿ
ನೋವಿನ ಅರಿವಿಲ್ಲದಂತಿರುವಿರಿ
ಆಪರೇಷನ್ ಮುಗಿದುದು
ನೀವರಿಯಲಾರಿರಿ
ಎಚ್ಚರಗೊಂಡಾಗ ಅರವಳಿಕೆ
ವೈದ್ಯನನ್ನು ಕಾಣುವಿರಿ
ಕಣ್ತುಂಬ ಕೃತಜ್ಞತೆ ಸಲ್ಲಿಸುವಿರಿ

ಡಾ.ಕೆಂಪಾಚಾರಿ

DEPARTMENT OF ANAESTHESIOLOGY.

PUBLICATION BY STAFF FROM THE DEPT.OF ANAESTHESIOLOGY. 2016

1. **Anesthetic management of a geriatric patient with situs inversus totalis with bilateral varicose veins for left-sided trendelenburg's operation with bilateral superficial ligation of perforators, IJMSPH,** Dr.Prajwal Patel.H.S, Dr.Darpan Dutta, Dr.Purohit Kunal, Dr.Amit Gandhi, Dr.Mahalakshmi.

2. Effect of intravenous clonidine premedication on perioperative hemodynamic response in patients undergoing laparoscopic cholecystectomy: a case – control study, **IJMSPH**, Dr.Prajwal Patel.H.S, Dr.Archana Kashi.N

3. Delibrate controlled hypotension in fess: comparison between nitroglycerine and esmolol, Karnataka Journal of Anaesthesia, Dr.Raghavendra.T.R, Dr.Yoganarasimha.N, Dr.Radha.M.K

4. **Comparision of preoxygenation in supine position versus 15^0 head up tilt to look for duration of non-hypoxic apnoea in non-obese healthy adults, SAJAA,** Dr.Raghavendra.T.R, Dr.Yoganarasimha.N, Dr.Shashank.M.R

5. **Transient vision loss in transurethral resection of prostate syndrome – A Case Report,** Karnatak State Branch, Dr.Kempachary, Dr.Raghavendra, Dr.Vinutha, Dr.Kiran Prasannan, Dr.Chaithra.

6. **Anaesthetic management of a case of atrial septal defect with mild pulmonary hypertension with bronchial asthma coming for emergency lscs – a case report , IJMRR,** Dr.Manjula.R, Dr.Chaithra, Dr.Amit Gandhi, Dr.Aasthaa, Dr.Vinutha.D.K

7. **Anaesthetic management of a patient mediastinal tumour posted for tumour excision,** JEBMH, Dr.Vasantha Kumar K.R.

8. **Comparative study of 0.75% ropivacaine with fentanyl in interscalene block with nerve locator technique,** JEBMH, Dr.Vasantha Kumar K.R.

ANAESTHESIOLOGY