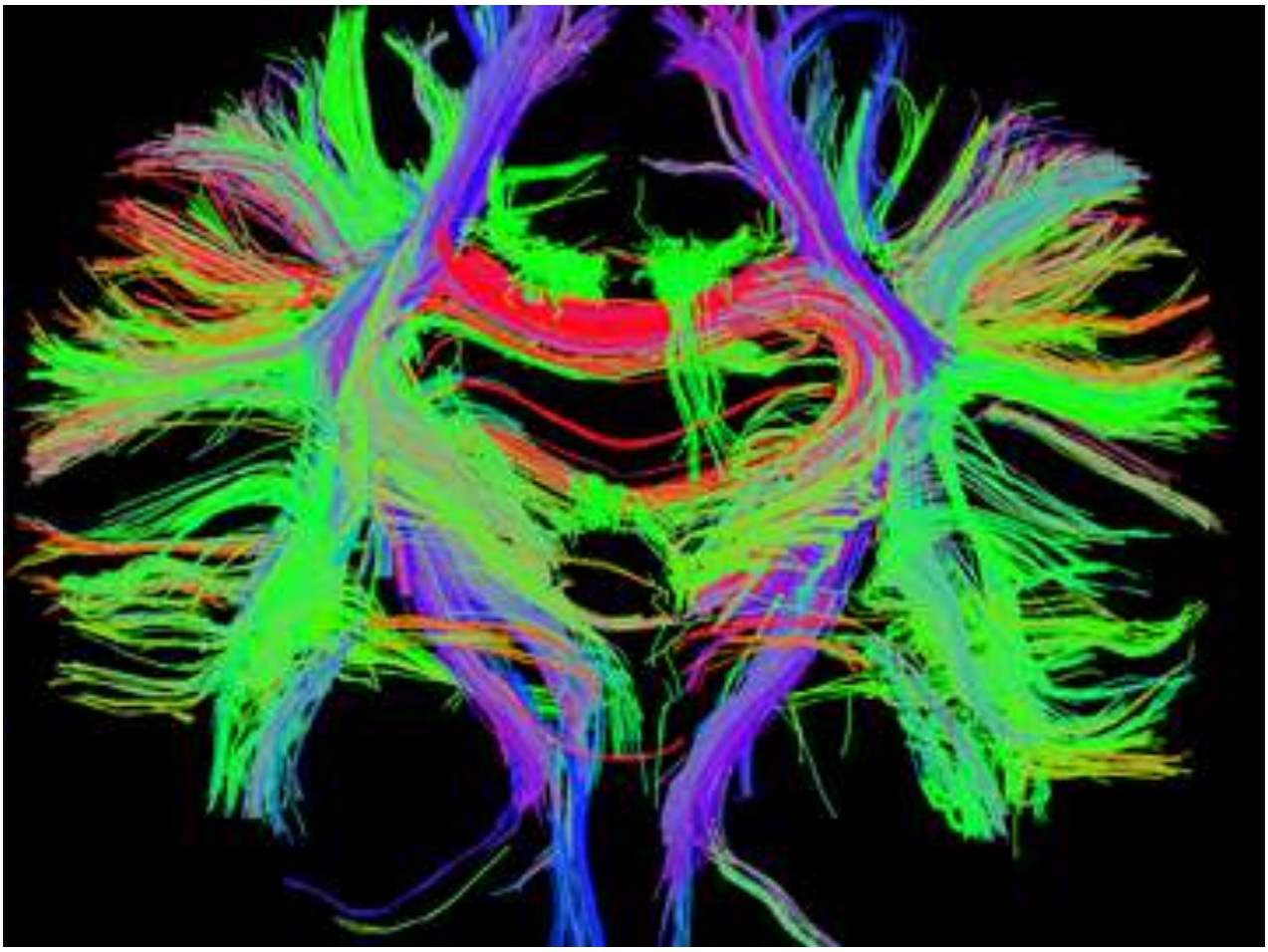
SYNAPSE

The official Newsletter of ISNACC



From the Secretariat……..

Greetings !!!!!

"We are what we repeatedly do.
Excellence, then, is not an act, but a habit."

- Will Durant

As a professional and a society we strive for excellence. Standard of Care is the norm but NOT the end. Excellence is the gradual result of always striving to do better .

What a fabulous year it was !! DNB (Superspecialty) Neuroanaesthesia and Critical Care with 15 seats across the country along with DM in various central institutes including the new addition in JIPMER has placed us on top among the world in providing a structured , accredited and Recognised course in Neuroanaesthesiology and Neurocritical Care.

The greater Challenge and also an opportunity now for us is to stand up for ourselves and uniformly establish as a primary care provider in the Neurocritical Care units. Only such a scenario will boost the candidates to actively pursue these courses.Standardisation and creating levels of Neurocritical Care services are our responsibility to the public .Promoting education and research will always be our agenda.

"Be Unusually Good , Surpass Ordinary Standards "

In this regard formation of a Chapter for Neurocritical Care was formally approved by the ISNACC Governing council. The Chapter will be launched as " **Neurocritical Care Society of India " (NCSI)** with the aim of **" Striving for Excellence".** The membership of NSCI will be provided to all ISNACC members who are practicing or interested in Neurocritical Care . Members who are interested to join the chapter need to submit the membership form to the secretariat . Professionals from other specialty backgrounds and who are not members of ISNACC practicing Neurocritical Care are encouraged to become members by duly submitting the membership form along with the membership fee.

The Chapter will be launched as " Neurocritical Care Society of India " (NCSI) with the aim of " Striving For Excellence".

Across the globe the practice of Neurocritical Care varies with physicians from different background including Anesthesiology / Neurology / Critical

Care Medicine/ Neurosurgery / Emergency Medicine / Pediatrics adopting as Neurointensivists through various training program. With the untiring efforts of ISNACC , MCI recognised and accredited Neuroanaesthesia & Neurocritical Care training program has been established by central Institutions and National Board . This will mandate and pave way for trained Neurointensivists to take in-charge of the Neuro ICUs. It is our hope and desire that with these recognised degree and program most of the Neurointensivist will be from Neuroanaesthesiology background.

ISNACC is open for memberships of Allied Members and Associate Members and the fee for his has been revised.

Focused approach, critical evaluation and management with out wasting much time is crucial for better outcomes in dealing with Neuro-Emergencies. **"Acute Neuro Care (ANC): Focussed approach to Neuro-Emergencies"** will be rolled out in the ISNACC2019 annual meeting . The need of the hour is to standardise protocols as per our prevailing facilities and resources . Implementing through teaching and training first responders, Physicians and Intensivist which will have a great impact on outcome.

The Quality

Educational initiative "Classroom" under the aegis of ISNACC has the potential to reach across borders in exchanging knowledge and current practice . It provides a great opportunity especially for the younger generation to showcase their work and talent as a faculty.

Guidelines , Expert consensus Statements and Protocols are integral part of Evidence Based Medicine and ISNACC on its part is providing the expert consensus statement on Minimum Monitoring Standards in Neuroanaesthesia . More guidelines topics are in the pipeline and for that to happen I would encourage members to actively contribute and give feedback .

ISNACC Neuromonitoring workshops will be held at various locations with standard modules and popularise precision medicine in Neurocritical Care and Neuroanaesthesiology practice.

As a token of gesture to appreciate the contribution of Senior members ,they will be waived off the registration fee for the annual meetings.

JNACC editorial team has completed one term and a second term was awarded under able leadership of Prof P K Bithal. We congratulate the Editorial board, authors , reviewers and publisher for their hard work .

ISNACC strongly discourages individuals not to use ISNACC platform to propagate agenda not consulted with ISNACC, in the best interest of our fellow members.

Happy festival season to all Members !!!

"azhivindri aRaipoagaa thaaki vazhivandha

van-ka Nadhuvae padai".

- Kural 764

"That indeed is an army which has stood firm of old without suffering destruction or deserting (to the enemy)"

Long Live ISNACC !!!

DR V PONNIAH

SECRETARY

DR PRASANNA BIDKAR

TREASURER

ISNACC AFFLIATED SOCIETIES

SNACC
SOCIETY FOR NEUROSCIENCE IN ANESTHESIOLOGY AND CRITICAL CARE

NEUROCRITICAL CARE SOCIETY

naccs Neuro Anaesthesia & Critical Care Society of Great Britain and Ireland

Asian Society of Neuroanaesthesia and Critical Care
ASNACC

Prof Shashi Srivastava

Presidential Message

Dear ISNACC members

Greetings!!

The honour and privilege of leading the active and energetic Indian Society of Neuroanaesthesiology & Critical Care for this year has been totally mine. I take this opportunity to thank all the ISNACC members for their active participation in the conferences and governing body meetings which enables us to improve further. My sincere thanks to all the past executive committee members for placing this society to a very high platform, due to their continuous efforts now we have been recognised by various international Neuroanaesthesia societies and it is our sacred duty to keep the torch lighted by them, shining in glory. This year we are going to start Joint travel scientific award between SNACC and ISNACC. Need of the hour is to strengthen our society's Neurocritical area, let us all work together for its academic upliftment. I take this opportunity to welcome you all to our 20th Annual Conference to be held this year at Gurugram Haryana from 15-17th February 2019. An exciting scientific program with national and international experts awaits your participation. I am sure you will enjoy the scientific deliberations and have a memorable stay. My sincere request to all the members to encourage all those practicing Neuroanaesthesiologists in their city to become members of this esteemed society. I take the pleasure in inviting you all once again to get involved in our Society-related activities and send to us your valuable suggestions and feedback, helping us in performing our duties efficiently and as per your expectations.

Happy reading!!

(Shashi Srivastava)

Message from the Editor-in-Chief

Prof P K Bithal

Every journal has started its journey treading on a painful path. In absence of indexing, a journal fails to receive many good quality articles; and bereft of quality articles, the journal will not catch the attention of various indexing agencies. However, the editorial board has been diligently pursuing the issue of indexing with the various concerned agencies and is sanguine of positive developments in near future. Currently, we are receiving requests from other journals for their endorsements in our journal which underlines the gradually increasing popularity of JNACC in the academic world.

As decided earlier by the Governing Council of ISNACC, the board is willing to dedicate one whole issue every year on 'Neurocritical Care'. The process to start a special section on 'Neurocritical Care' in each issue of the JNACC, has already been initiated. However, for fulfilling these objectives, we need submission of interesting manuscripts which will undergo necessary peer-reviewing. Each one of us have to show sagacity to overcome such expected hiccups, for the progress of the Society.

Parmod K Bithal

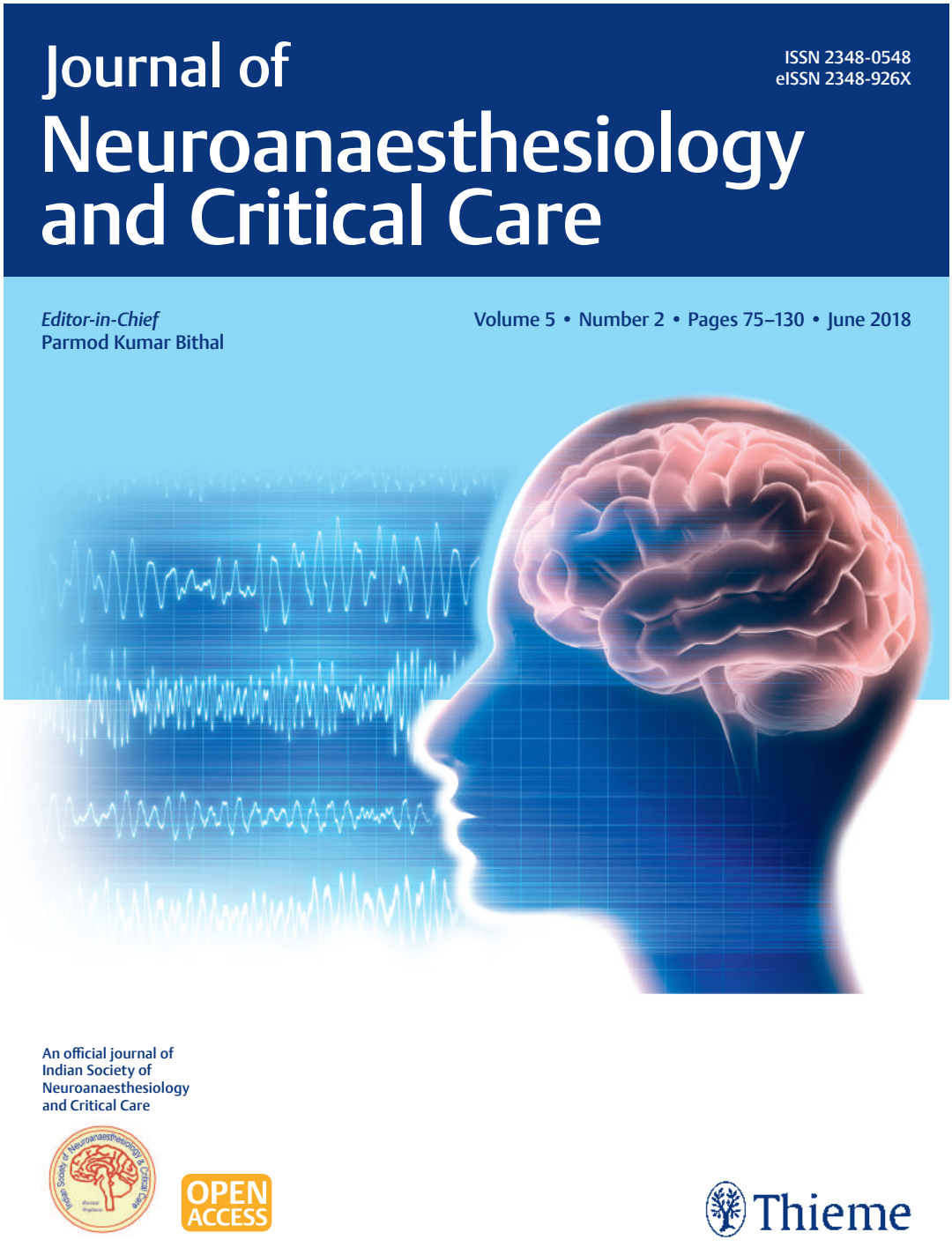
Editor-in-Chief, Journal of Neuroanaesthesiology and Critical Care (JNACC)

Email: bithal.parmod@gmail.com

Website: www.thieme.com/jnacc

Submission site: www.manuscriptmanager.net/jnacc

Manuscripts Invited ...



Conference Report

Report of 3rd AIIMS Neurological Life support (ANLS) Course held at JPNATC, AIIMS, New Delhi

The “AIIMS Neurological Life Support (ANLS)” course held on 25th-26th February 2018 was the third consecutive course held here at JPNATC, All India Institute of Medical Sciences (AIIMS), New Delhi. The first two were held on 28th -29th January 2017 and 7th - 8th October 2017 respectively. The course was organised by Department of Neuroanaesthesiology & Critical Care, All India Institute of Medical Sciences (AIIMS) under the chairmanship of Prof. Arvind Chaturvedi. The course was endorsed by the Indian society of Neuroanaesthesiology and Critical care (ISNACC) and Indian society of Critical Care Medicine (ISCCM). The Course had an overwhelming response from the participants from different parts of India. Time is brain. The first few hours following acute neurological emergencies are crucial and warrant a standardised approach. However, each region of the world has their own sets of problems and their unique way of seeking solutions. We have been a witness to several clinical scenarios which could have had a different course of outcome, had an appropriate intervention done at the primary care level. To address these challenges, we envisaged this course and designed it in context of Indian subcontinent with the aim to help anaesthesiologists, physicians, surgeons and intensivists (primarily, the first contacts of such patients).

Focus of the course is to help the attendees 1. Be able to identify and treat the greatest threat to life first. 2. Rapid and accurately assess the problem in question and provide appropriate care. A series of interactive lectures (16 in number; evidence based) and hands on skill stations (12 in number) have been incorporated together to answer the two pertinent questions: What to do? / How to do? in the first few hours of neurological emergencies. In how to do sessions the delegates are put in real clinical scenarios

and asked to sail through the problem using the knowledge received during interactive talks. ANLS is one safe way of managing various acute neurological emergencies by focusing on standardized treatment algorithm, checklists and a structured communication format. At the end of the session, every one irrespective of their speciality and training should be able to manage the patients in a uniform way to achieve best neurologic outcome.

The course content has been prepared after intense review of literature and is routinely updated before each course. It was a difficult task to pen down the relevant matter in a nutshell. Thanks to the inputs of experts from various departments (Neurologists, Neuroradiologists, Neursurgeons, Neuroanaesthesiologists, and Emergency Medicine), who helped us come up with the desired content in a flowchart format. This course study material is handed over at least two weeks prior to the course, for attendees to go through the curriculum.

Delegates have been restricted to 24 per course so as to have better one to one communication and focussed interactive learning. Till date we have had 78 attendees from various fields of medicine. (Graph shows the participants from different departments). It was encouraging to see few of the orthopaedic surgeons showed interest in the course as well. There was representation from the academic and corporate institutes and individual practitioners who are managing trauma centres.

No course can be successful without the active involvement of the participants and their feedbacks have always helped improvise the future courses. Most of the feedbacks consider the course excellent and unique especially for the practical knowledge of managing patients swiftly at the same time following the protocols. The key feedbacks in the third course were

1. Create more opportunities for the candidates for hands on skill station (being the USP/primary aim of this course)
2. It was appreciated to have interdepartmental teaching faculties that provide a newer perspective.
3. Allocate more time for discussions, for participants to work on ideas and solutions.

It is a biannaul event conducted at AIIMS, New Delhi and it was the third course held in February, 2018. We constantly go through the feedbacks and attempt to incorporate them in the next course. There is associated pre- and post-test for their self-evaluation. We encourage interactions amongst the attendees and faculties as well to enhance the experience. Working sessions that showcase practical solutions to challenges in more depth may be an interesting inclusion for next courses, however, that would also mean increasing the total time of the course. Nearly 75% of the participants do ask for this, and we are working on ways to make it feasible.

Dr Keshav Goyal
Associate Professor
Department of Neuroanaesthesiology and Critical Care
AIIMS,NewDelhi110029

Conference Report

MYANMAR SOCIETY OF ANAESTHESIOLOGIST & ISNACC : NEUROANAESTHESIOLOGY AND NEUROCRITICAL CARE REFRESHER COURSE, YANGON

Refresher Course

This was a joint Refresher course of Indian Society of Neuroanaesthesiology and Critical Care & Myanmar Society of Anaesthesiology in Neuroanaesthesiology and Neurocritical Care .This refresher course was held at Hotel Shang-re-La , Yangon and was well attended by over 150 delegates across Myanmar. Dr V Ponniah and Dr Prasanna Bidkar were the faculty from ISNACC. Dr Aung Saw President of Myanmar society of Neuroanaesthesiology was the coordinator .

Dr Prasanna Bidkar


NEUROANAESTHESIA AND NEURO CRITICAL CARE
REFRESHER COURSE
SPEAKER


NEUROANAESTHESIA AND NEURO CRITICAL CARE
REFRESHER COURSE


Myanmar Society of Anaesthesiologists

Conference Report

Cerebral Physiology and its Clinical Applications

The Department of Anaesthesia, Neuroanaesthesia division had conducted a one day CME and a workshop on 'Cerebral Physiology and its Clinical Applications' on June 16th, 2018. Dr. Sajan Philip George, HOD of Anaesthesia was the organising chairman, Dr. Ramamani Mariappan was the organising secretary, Dr Karen Jacob was the co-organising secretary, and Dr. Georgene Singh was the scientific committee chairman for this CME programme. There were total of 160 delegates had participated in this CME event.

The CME included 8 major talks on important cerebral physiology topics which were taken by both internal and external faculty. The CME topics included cerebral blood flow and autoregulation, cerebral metabolism and protection, intracranial pressure physiology and its clinical relevance, neuromuscular physiology and its clinical applications, brain heart interaction, osmotherapy – its basis and current concepts, sodium imbalances in neurosurgical patients and physiological changes with positioning in neurosurgery. A CME manual was given to all the delegates and the faculty which included detailed write-ups on all the above-mentioned topics. This was well appreciated by the delegates.

The workshop which was held as the afternoon session included exposure to invasive and non-invasive cardiac output monitoring, ECG guided central venous cannulation, practical aspects of pulmonary artery catheter placement, and newer modes of mechanical ventilation and uses of ultrasound in the neurosurgical intensive care unit.

The post-graduate quiz programme which was conducted as the grand finale of the CME had many enthusiastic participants from various medical colleges. The winning team was Dr. Arlin Baby Thomas and Dr. Steffi Chinnu Johns from Christian Medical College, Vellore, and the second place was bagged by the next team from Christian Medical College, Dr. Rakesh Mohanty and Dr. Roshan Kurian and the third place was won by the team from Chengalpattu Medical College with Dr. Dilli Rakesh. and Dr. Pranathi as its team members.

The Workshop and CME gave an insight into the applications of cerebral physiology in the field of neuro-anaesthesia to general anaesthetists who handle patients with various neurosurgical problems.

This CME and a workshop on 'Cerebral Physiology and its Clinical Applications' was a grand success and the delegates returned enriched by the talks and hands-on experience gained at the workshops.

Thank you

Dr. Ramamani Mariappan
Professor & Acting Head, Unit III
Department of Anaesthesia
CMC Vellore.

Conference Report

2ND ANNUAL NEUROCRITICAL CARE UPDATE- 2018

ANCU 2018

The Neuroanaesthesiology and Neurocritical care team of Artemis Agrim Institute of Neurosciences conducted the 2nd Annual Neurocritical care Update 2018 on 22nd- 24th March 2018 at the Le Meridien, Gurugram, Haryana .This was organised under the aegis of Indian Society of Neuroanaesthesia and Critical Care (ISNACC), Indian Society of Critical care Medicine (ISCCM) and The Society of Neurosonology. Dr Saurabh Anand was the Organising chairman. Dr Sweetha Mohan and Dr Sumit Bajaj were the Organising secretaries for the event.

The target audience ranged from residents to actively practicing consultants in the field of Critical Care and Neurosciences. The scientific programme was designed in a way to incorporate both basic and controversial issues in Neurocritical Care. The focus of each session was on interactive sessions to involve maximum number of delegates. The conference was attended by more than 250 delegates from all over the country and around 70 renowned National and International faculty.The prominent International faculty were Dr Jose I Suarez,Professor and Director .Neurosciences at Johns Hopkins University School of Medicine, USA, Dr Vijay K Sharma from YLL school of medicine ,Singapore and Dr Vikas Kumar from

Augusta university,USA.The conference was granted 23.35.CME credit hours by the Delhi Medical Council.

The conference was preceded by a pre-conference workshop on Mechanical ventilation which was registered to its full capacity and highly appreciated. The hallmark of the conference was the Live Workshop on Transcranial Doppler which was the first of its kind in India. Another unique feature was the Simulation workshop on Point of Care Ultrasound. The Advanced Airway Management workshop was unique in its special emphasis on issues related to lung pathology and its management. Delegates were provided with ample opportunity to learn, interact and clear their queries and get hands-on experience at each workstations.

Dr Saurabh Anand

The two day conference saw interactive discussions on varied topics and controversies of Neurocritical care by eminent National and International faculty. The conference included didactic lectures, case based discussions ,panel discussions and debates with special emphasis on Identification and stepwise management of issues faced in Neuro patients in the Intensive Care. Free paper sessions also were well attended and we did come across few interesting topics which were being studied.

Overall it was a knowledge packed conference which was well attended and highly appreciated by both delegates and faculty alike. Artemis Agrim Institute of Neurosciences are indeed grateful for the support given and promises to plan and organise such academic feasts in the future.

Conference Report

REPORT ON NEUROMONITORING WORKSHOP HELD BY MAX INSTITUTE OF NEUROSCIENCES, DEHRADUN (MIND)

6th Annual MIND Update

Neuromonitoring Workshop was conducted in Dehradun on 12th May 2018; it was first of its kind in Uttarakhand, organized by Max institute of Neurosciences Dehradun under the aegis of ISNACC

The workshop was attended by 50 delegate ranges from consultants Anaesthetists, Neuro intensivists, Neurologists , Neurosurgeons, Residents and staff working in Neurocritical Care Unit from all over Uttarakhand and nearby areas .

The workshop started with the inaugural remarks of Course Director Dr. Hemanshu Prabhakar (AIIMS Delhi) , Prof (Dr) A K Singh, Director MIND and Dr. Mudit Garg Course Coordinator.

Well elaborated lectures were delivered on various technical and clinical aspects of various Neuromonitoring modalities Workshop commenced with its first lecture by Dr Hemanshu

Prabhakar who introduces the basic concept of Neuromonitoring to the participants. Lecture on ICP monitoring was delivered by Dr Vasudha Singhal (Medanta, Gurgaon) followed by talk on TCD and Evoked Potential Monitoring by Dr Indu Kapoor (AIIMS, Delhi) and Dr Ankur Luthura (PGIMER, Chandigarh).

Post break, Dr. Nidhi Gupta (Apollo, New Delhi) delivered an excellent and informative talk on cerebral oximetry followed by lecture on cerebral microdialysis by Dr Hemanshu Prabhakar. The last talk delivered by Dr Jaya Wanchoo (Medanta, Gurgaon) on optic nerve sheath diameter and its technical and practical aspects in Critical care Unit

Cerebral Oximetry

Post lunch, the faculty demonstrated the application of various monitoring tools including application, analysis, interpretation of data and hands on training was conducted on the workstation on ICP, TCD , Evoked potential microdialysis cerebral oximetry and optic nerve sheath diameter

The workshop was well appreciated by the participants. We are planning to have other programme under the aegis of INSACC in coming year in the form of ENLS and perioperative electrophysiological monitoring.

Dr Mudit Garg

Conference Report

NEUROANAESTHESIA AND NEUROCRITICAL CARE UPDATE- 2018, LUCKNOW

FACULTY

Prof Shashi Srivastava

Conference Report

REPORT OF THE NEUROCRITICAL CARE WORKSHOP, CHENNAI

Faculty

On 7th September 2018, the division of Neuroanesthesia at SIMS hospital, Chennai under the aegis of ISNACC, conducted a one day Neurocritical care workshop which was one of the pre-conference program of the National Neurovascular conference
(Neurovascon) held at Chennai.

Transcranial Doppler, Airway and ventilation, cerebral blood flow and metabolism, ultrasound and echo in Neurocritical care, ICP monitoring and Intraoperative Neurophysiological monitoring were the six different modules for the workshop.
64 delegates attended the workshop. They were predominantly Anaesthesiologists, a few surgeons , Pediatric intensivists and neuro intensive care nurses.
The faculty consisted of ten Neuroanesthesiologists and two Neurosurgeons.
As the delegates were divided into small groups, they had adequate hands on wherever applicable and good interactive discussion with the faculty.
This was the first Neurocritical care workshop to be held at SIMS hospital, Chennai and it was a huge success.

Dr Sudhakar
Senior Consultant
Neuroanaesthesiology
SIMS Hospitals , Chennai

CONGRATULATIONS




The following students have Successfully cleared the DM (Neuroanaesthesiology and Critical Care)

1. DrBarkha Bindu (AIIMS, New Delhi)
2. Devika Bharadwaj (AIIMS, New Delhi)
3. Suman Sokhal (AIIMS , New Delhi)
4. Dr L Manjunath (NIMHANS, Bengaluru)
5. Dr Ravitej (NIMHANS , Bengaluru)
6. Dr Kaustuv Datta (NIMHANS, Bengaluru)
7. Dr Ajit Bhardwaj (PGIMER, Chandigarh)



The following students have Successfully cleared the PDF Neuroanaesthesiology examination.

1. Dr Prajwal Shetty
2. Dr Bhumireddy Suneel





The following students have Successfully cleared the PDF Neurocritical Care examination.

1. Dr Manju Manmadhan (ISNACC PDF Apollo, Bengaluru)
2. Dr Hemant K Waghmare (ISNACC PDF Yashoda, Hyderabad)
3. Dr Sandeep Gajbe (ISNACC PDF Yasodha , Hyderabad)
4. Dr Rahul Ghiya (ISNACC PDF Instituite of Neurosciences, Kolkata)
5. Dr Obaid Ahmad Siddiqui (AIIMS , New Delhi)
6. Dr Mathangi Krishnakumar (NIMHANS, Bengaluru)
7. Dr Rajesh Panda (NIMHANS,





Travel Grant

The Following Members received travel Grant

1. Dr Keshav Goyal (New Delhi)
2. Dr Siddharth Chavali (New Delhi)
3. Prof Shobha Purohit (Jaipur)

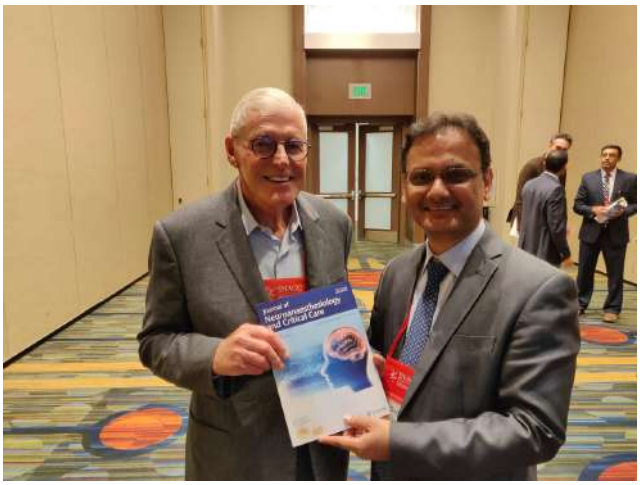
Research Grant

1. Dr Charu Negi (Gurugram)

ISNACC provides Travel grant and research Grant to suitable candidates.
For Details Visit
www.isnacc,org

ISNACC Delegation at SNACC 2018

JNACC given as Prize for the winners of Quiz



JNACC presented to Prof James E Cottrell

Prof H H Dash

Congratulations

Dr Saurabh Anand

Dr Aravind Arya

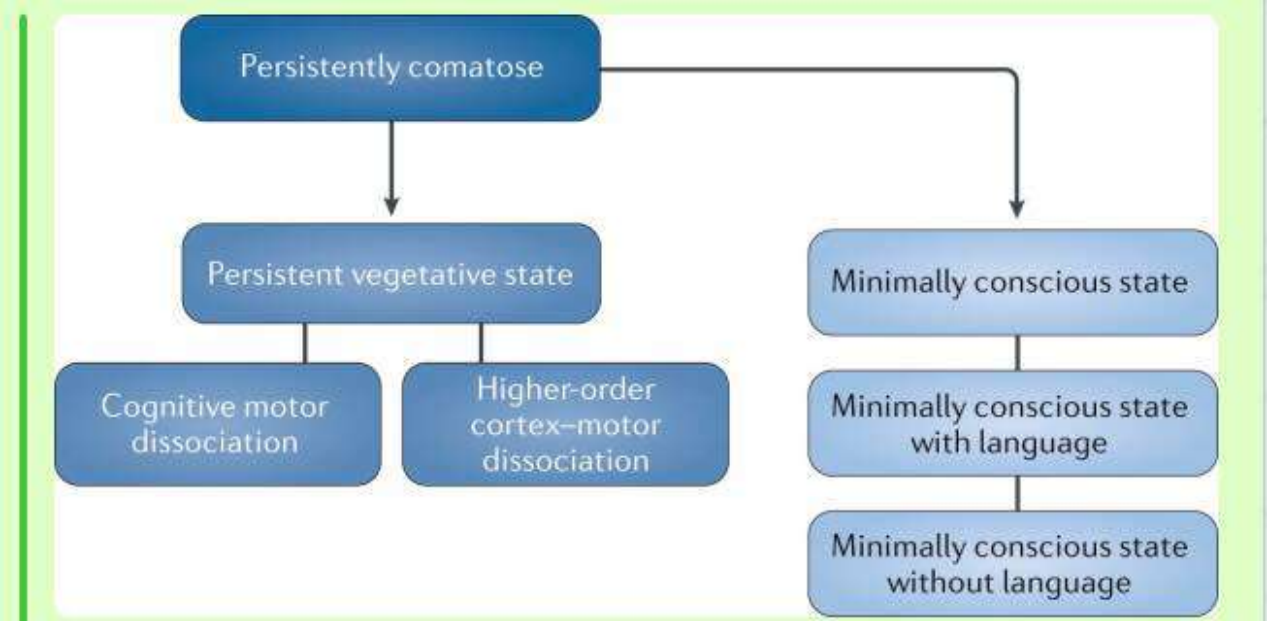
Dr Ajay

WHATS NEW ?

Who improves from coma, how do they improve, and then what?

Wijdicks, Nat Rev Neurol. 2018 Oct 4.

A committee has developed a guideline on prolonged disorders of consciousness. Caution in prognostication is advocated because patients who have been unconscious or barely conscious for a long time might improve. The new guideline voices concern about persistent vegetative state as a clinical diagnosis but also rejects several unsupported therapies.



A Survey On Fever Monitoring and Management in Patients With Acute Brain Injury: The SUMMA Study

Picetti, Edoardo, MD*; Oddo, Mauro, MD†; Prisco, Lara, MD, MSc‡; Helbok, Raimund, MD§; Taccone, Fabio Silvio, MD, PhD

Journal of Neurosurgical Anesthesiology: September 29, 2018

Fever is common in patients with acute brain injury and worsens secondary brain injury and clinical outcomes. Currently, there is a lack of consensus on the definition of fever and its management. The aims

of the survey were to explore: (a) fever definitions, (b) thresholds to trigger temperature management, and (c) therapeutic strategies to control fever.

In this survey we identified substantial variability in fever definition and application of temperature management in acute brain injury patients. These findings may be helpful in promoting educational interventions and in designing future studies on this topic.

Triage of 5 Noncontrast Computed Tomography Markers and Spot Sign for Outcome Prediction After Intracerebral Hemorrhage

Peter B. Sporns , André Kemmling , Michael Schwake , Jens Minnerup , Jawed Nawabi , Gabriel Broocks , Moritz Wildgruber , Jens Fiehler , Walter Heindel , and Uta Hanning
Sep 2018Stroke. 2018;49:2317–2322

Besides the established spot sign (SS) in computed tomography angiography (CTA), there is growing evidence that different imaging markers in noncontrast CT offer great value for outcome prediction in patients with intracerebral hemorrhage (ICH). However, it is unclear how the concurrent presence of each sign independently contributes to the predictive power of poor outcome. We, therefore, aimed to clarify the predictive value of 5 recently published noncontrast CT parameters (blend sign, black hole sign, island sign, hematoma heterogeneity, and hypodensities) and the established SS in 1 consecutive series of patients with ICH.

Of 201 patients with spontaneous ICH, 28 (13.9%) presented with black hole sign, 38 (18.9%) with blend sign, 120 (59.7%) with hypodensities, 97 (48.3%) with heterogeneous densities, 53 with island sign (26.4%), and 45 (22.4%) with SS. In univariable logistic regression, higher hematoma volume (P<0.001), intraventricular hemorrhage (P=0.002), and the presence of black hole sign/blend sign/hypodensities/ island sign/SS/heterogeneous density (all P<0.001) on admission CT were associated with poor outcome. Multivariable analysis confirmed intraventricular hemorrhage (odds ratio, 2.20; P=0.025), higher hematoma volume (odds ratio, 1.02 per mL; P<0.019), the presence of hypodensities (odds ratio, 2.47; P=0.018), and SS (odds ratio, 12.22; P<0.001) as independent predictors of poor outcome.

This study demonstrates the degree of interaction between 5 recent noncontrast CT imaging markers and SS and their individual contribution for outcome prediction in patients with ICH. Of the CT variables indicating poor outcome SS on CTA and hypodensities were the most reliable outcome predictors.

Ketamine for Refractory Status Epilepticus: A Systematic Review

Sep 2018 CNS Drugs

Found no results from randomised controlled trials. The literature included 27 case reports accounting for 30 individuals and 14 case series, six of which included children. Overall, 248 individuals (29 children) with a median age of 43.5 years (range 2 months to 67 years) were treated in 12 case series whose sample size ranged from 5 to 67 patients (median 11). Regardless of the status epilepticus type, ketamine was twice as effective if administered early, with an efficacy rate as high as 64% in refractory status epilepticus

lasting 3 days and dropping to 32% when the mean refractory status epilepticus duration was 26.5 days. Ketamine doses were extremely heterogeneous and did not appear to be an independent prognostic factor. Endotracheal intubation, a negative prognostic factor for status epilepticus, was unnecessary in 12 individuals (10 children), seven of whom were treated with oral ketamine for non-convulsive status epilepticus.

Although ketamine has proven to be effective in treating refractory status epilepticus, available studies are hampered by methodological limitations that prevent any firm conclusion. Results from two ongoing studies (ClinicalTrials. gov identification number: NCT02431663 and NCT03115489) and further clinical trials will hopefully confirm the better efficacy and safety profile of ketamine compared with conventional anaesthetics as third-line therapy in refractory status epilepticus, both in paediatric and adult populations.

Hypertonic Lactate to Improve Cerebral Perfusion and Glucose Availability After Acute Brain Injury.

Crit Care Med. 2018 Oct;46(10):1649-1655.

Lactate promotes cerebral blood flow and is an efficient substrate for the brain, particularly at times of glucose shortage. Hypertonic lactate is neuroprotective after experimental brain injury; however, human data are limited.

This is the first clinical demonstration that hypertonic lactate resuscitation improves both cerebral perfusion and brain glucose availability after brain injury. These cerebral vascular and metabolic effects appeared related to brain lactate supplementation rather than to systemic effects.

MRI-Guided Thrombolysis for Stroke with Unknown Time of Onset

Under current guidelines, intravenous thrombolysis is used to treat acute stroke only if it can be ascertained that the time since the onset of symptoms was less than 4.5 hours. We sought to determine whether patients with stroke with an unknown time of onset and features suggesting recent cerebral infarction on magnetic resonance imaging (MRI) would benefit from thrombolysis with the use of intravenous alteplase.

In patients with acute stroke with an unknown time of onset, intravenous alteplase guided by a mismatch between diffusion-weighted imaging and FLAIR in the region of ischemia resulted in a significantly better functional outcome and numerically more intracranial hemorrhages than placebo at 90 days.

Intraoperative cerebral oximetry-based management for optimizing perioperative outcomes: a meta-analysis of randomized controlled trials

Canadian Journal of Anesthesia, May 2018

Although evidence from observational studies in a variety of clinical settings supports the utility of cerebral oximetry as a predictor of outcomes, prospective clinical trials thus far have reported conflicting results.

This systematic review and meta-analysis was designed to evaluate the influence of management associated with intraoperative cerebral oximetry on postoperative outcomes. The primary outcome was postoperative cognitive dysfunction (POCD), with secondary outcomes that included postoperative delirium, length of intensive care unit (ICU) stay, and hospital length of stay (LOS).

Intraoperative cerebral oximetry appears to be associated with a reduction in POCD, although this result should be interpreted with caution given the significant heterogeneity in the studies examined. Further large (ideally multicentre) RCTs are needed to clarify whether POCD can be favourably impacted by the use of cerebral oximetry-guided management.

Prophylaxis against Upper Gastrointestinal Bleeding in Hospitalized Patients

Deborah Cook, M.D., and Gordon Guyatt, M.D.
N Engl J Med 2018; 378:2506-2516

Acid suppression is widely used to lower the risk of gastrointestinal bleeding in critically ill patients, and the practice has spread to patients at low risk. In view of its adverse effects, however, acid suppression may not provide a net benefit even in high-risk patients.

Tenecteplase versus Alteplase before Thrombectomy for Ischemic Stroke

N Engl J Med 2018; 378:1573-1582, April 26, 2018

Intravenous infusion of alteplase is used for thrombolysis before endovascular thrombectomy for ischemic stroke. Tenecteplase, which is more fibrin-specific and has longer activity than alteplase, is given as a bolus and may increase the incidence of vascular reperfusion.

Of 202 patients enrolled, 101 were assigned to receive tenecteplase and 101 to receive alteplase. The primary outcome occurred in 22% of the patients treated with tenecteplase versus 10% of those treated with alteplase (incidence difference, 12 percentage points; 95% confidence interval [CI], 2 to 21; incidence ratio, 2.2; 95% CI, 1.1 to 4.4; P=0.002 for noninferiority; P=0.03 for superiority). Tenecteplase resulted in a better 90-day functional outcome than alteplase (median modified Rankin scale score, 2 vs. 3; common odds ratio, 1.7; 95% CI, 1.0 to 2.8; P=0.04).

Symptomatic intracerebral hemorrhage occurred in 1% of the patients in each group.

Tenecteplase before thrombectomy was associated with a higher incidence of reperfusion and better functional outcome than alteplase among patients with ischemic stroke treated within 4.5 hours after symptom onset.

If you are interested to edit this section contact the secretariat

isnaccsecretary@gmail.com

TAKE A BREAK

Vacations are necessary for a perfect work life balance. Vacations help keep us healthy, almost as much as food does. I always look forward to short breaks from work to I planned a trip to Lonavala to enjoy nature followed by a short trip to the historic Rajasthan recently.The excitement of this trip brings back my childhood memories. Packing bags for the trip with cameras and catching early morning flights brings back 20 year old memories.

We started our vacation to Lonavala by road, passing multiple traffic jams ,now a part of our usual Mumbai life. Lonavala being close by is the most convenient holiday spot for a short weekend break. While dreaming about a hill station, the brain immediately imagines lush green landscapes which are soothing to those tired eyes after continuously monitoring of patients in OT.

As soon as we reached the hills, the mind and soul got charged up and relieved us of the fatigue of our urban life. I got all the energy to ride a bicycle with my son ,something that he learnt during this weekend break. The happiness was incomparable! Going for a morning walk with him and learning about his university life in America and how it was adjusting there kept me enthralled.

The Land of Maharajas, Rajasthan, in a true sense is royal in its architecture, cuisine and landscape. We visited the heritage Kumbhalgarh fort, a Mewar fortress on the Aravali hills. Kumbhalgarh, the birth place of Veer Maharana Pratap, has the second largest man made wall in the world. We also visited the site of the historic battle of Haldighati and were reminded of the brave horse, Chetak. This holiday was unique mix of visual and gastronomic treats. Beautiful sights coupled with comfortable hotels helped create a memorable trip.

The Brain cannot handle the stress of work for and extended time period and it starts showing signs of irritability. A vacation in a way is a healthy way to reset your brain. One study states that people, particularly women who do not take vacation shows signs of depression and nervousness . I took this study very seriously (laughs) since I started working. Taking a break from your routine is a must for a longer and healthier life.

Dr Rajashree Uday Gandhe

PATH OF ACADEMIA

I begin this short story with a dedication for my teachers, my family and all the contributors who made me what I am today. What the world sees is only the tip of an iceberg. It's a journey full of ups and downs, patience, persistence, anticipations, rejections, failures and finally, achievements.

It's January 2018 and the city is under the grip of chilly winters. However, this does not deter the book worms from becoming active; all book-lovers are eagerly waiting for the New Delhi World Book Fair, beginning 6th of the month until 14th. I, along with my co-editors (Charu Mahajan and Indu Kapoor) have more than one reason to be fervent, excited and eager. For us it's a moment when our dream would be coming true, our book would be showcased in this book-fair. A **CRC Press – Taylor and Francis Group** release, **Manual of Neuroanesthesia – The Essentials** is my third release, published in the year 2017.The moment will remain a milestone in my academic career. My first book, **Complications in Neuroanesthesia** was published by **Elsevier Inc.**, in February 2016, followed by **Essentials of Neuroanesthesia** in March 2017 and **Neuromonitoring techniques** in November 2017, by the same publisher.

As I reflect on the times when I appeared for my interview at AIIMS in 2005, for the post of Assistant Professor in Neuroanesthesia, my presentation in front of the Selection Board ended with a slide, where I disclosed my keen interest in authoring and editing a book, at some point of my service, if given an opportunity, to work in the premier institute of the country. It took a little over 10 years to see the fruition of my hard work and persistent efforts. **Elsevier** gave me my first break following which, there was no looking back for me. New ideas for book-titles in this niche subject kept sprouting in my mind and getting harvested with equal rapidity by the various international publishers. I can proudly say that I have had the honour of working with some of the best publishers in the field – **Elsevier, Taylor and Francis, Oxford University Press** and **Springer**. As a sole Indian, contributing chapters for international projects [**Lee's Synopsis of Anesthesia** by **Cashman and Dinsmore, Essentials of Pediatric neuroanesthesia**by **S Soriano**, **Clinical Fluid Therapy in Perioperative setting** by **Robert Hahn**], I was fortunate to work with Cambridge University Press too.

My passion for academic writing was evident from the time I joined AIIMS. When I crossed the 100 mark of my PubMed indexed publications, a need for change was felt to break the monotony. I took to

preparing Systematic Reviews for the **Cochrane Collaboration**. Incidentally, I was the first neuroanesthetist (and possibly the first anesthetist as well) to publish systematic reviews and meta-analyses for the Collaboration.Systematic Review formed the subject of my

PhD thesis which I successfully completed in 2016, making me the ***first PhD – Neuroanesthesia*** in the country. Later, when I took to editing books, it was an altogether different experience. My books connected me to some of the renowned anesthetists in neurosciences, and I feel fortunate to have been now associated with over 300 international authors (from over 15 countries) and more than 100 national contributors. As the first Indian Neuroanesthetist to publish books globally, I feel proud as an Indian and an active ISNACC Member. It was a memorable moment for me as an editor to present my first work to **Prof James E Cottrell**, whose book has actually taught many of us the nuances of Neuroanesthesia. Another proud moment came when my books were given away as prizes for the quiz competition, in the annual meeting of SNACC 2017 in Boston. At the same time I was also featured in the SNACC Newsletter for publishing three books in the year 2017.

In this journey of editing books, I learnt a lot, not just academics but the many facts of life. I do not hold any secret mantra for my achievements but would surely like to share few tips –

1.Never give up or lose hope; one sees rainbows only after a rain

2.Remain focussed; create your own path

3.Be optimistic; there's light at the end of the tunnel

4.Learn from failures; growth stops if you consider yourself successful

5.Remain disciplined; punctuality will solve the jigsaw puzzle

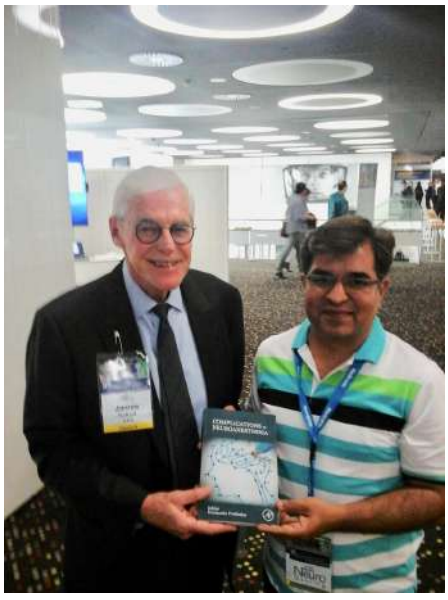
6.Strengthen your inner self; be your own competitor

7.Have a novel plan

8.Be committed towards your work; ignore what fruits it might bear

9.Enjoy your work

10.Do not express sympathy for yourself



11. Try getting rid of distractions
12. Detoxify yourself intermittently; take regular breaks
13. Evaluate your own work
14. Time management is crucial
15. Do not have a laid-back attitude
16. Learn to say 'NO'
17. Be organised
18. Dream, believe in your ideas and execute
19. When people pull you down, prove them wrong
20. Have faith

Scarcity of books in Neuroanesthesia gave me ample opportunity to explore new titles in the subject. As an Indian and ISNACC Member, I feel proud to say that some of the books written on the subject for the *first time in the world* are now from India – **Neuromonitoring techniques (Elsevier)**, **Paediatric Neuroanesthesia (OUP), Essentials of Anesthesia for Neurotrauma (CRC Press), Coexisting diseases and Neuroanesthesia (Springer), Essentials of Geriatric Neuroanesthesia (CRC Press)**, to name a few.

I would be delighted to share some of my upcoming titles – **Neurointensive Care (OUP), Textbook of Neuroanesthesia and Neurocritical Care (Springer), PBLDs in Neuroanesthesia and Neurocritical Care (Springer), Pharmacology in Clinical Neurosciences (Springer), Physiology in Clinical Neurosciences – Crosstalk series (Springer) and Evidence Based Practice of Neuroanesthesia (OUP).**

With tremendous support from my contributors across the globe, I successfully completed many projects in a short span of time. To date, within a time frame of 29 months, 6 of my books have been published. It was not surprising for people to tag me as someone who has not left any scope or area for others to write books on. As an advice to all the budding authors, I quote Asha Dornfest – '*I think new writers are too worried that it has all been said before. Sure it has, but not by* **you**.'

So go ahead and execute your academic plans and fulfil your dreams....

Dr. Prabhakar publishes three books about neuroanesthesia and neurocritical care in 2017

Hemanshu Prabhakar, MD, PhD

Congratulations to **Dr. Hemanshu Prabhakar** on publishing three books in the subject of Neuroanesthesia and Neurocritical Care in 2017. Dr. Prabhakar is currently a Professor in the

A TRIP DOWN THE MEMORY LANE

Dr Amna Goswami

The year 1972 - Many of my junior colleagues were not even born or were toddlers at that time, many of the consultants were in in their nursery classes! I belong almost to the prehistoric ages! That was the year that I completed my Diploma in Anaesthesia .Since I was in the West Bengal Health Services it was a long drawn process before you reached your goal of completing your Masters degree.Having completed my DA ,I had to serve in the rural area as Anaesthetist for 4 years before I was allowed to appear for my MD entrance Exam.Having attained my degree in 1979 from IPGMER, Calcutta I was at a crossroads of my life. The next hurdle in life was a posting as RMO cum Clinical Tutor in a teaching hospital. One of my friends (now I wonder if she was a friend or a foe) gave me the news that a post of RMO cum Clinical Tutor in Neuroanaesthesiology had been created at the Bangur Institute of Neurology, Calcutta (which was the Neurosciences Annexe of IPGMER).If I was interested I would have to see Prof R N Roy, Chief of

Neurosurgery .It was common knowledge that Prof Roy was a very strict disciplinarian, a hard task master and a 'hard nut to crack'. His secretary gave me an appointment the next day. You can imagine my mental condition when I went for the interview. Prof Roy grilled me thoroughly for half an hour about why I was interested in this post (the CID division of the Calcutta Police - who are said to be next to the Scotland Yard- could not have done a better job of it).To tell you the truth my main interest was that it would enable me to stay in Calcutta and put my two sons in a good school. God alone knows how I managed to hoodwink him by my fancy talk on the' noble intentions' of becoming a 'dedicated Neuroanaesthetist' and serving suffering humanity etc, etc. In a week's time the posting order was in my hand. Little did I realise that I had very nicely dug my own grave and was stuck to this exacting profession 'till death do us part'. This post was probably the first in India where a whole time Neuroanaesthetist was appointed.

With my posting order in hand I ran to see Prof Satyanand Pramanick who was the HOD of Anaesthesia at Calcutta Medical College at that time. He was one of the first FRCAs in the country and an erudite scholar and teacher whose contribution in the upliftment of the quality of anaesthesia in the country, is well known.

He was my friend, philosopher and guide. I asked him whether it would be advisable for me to get detached from the mainstream and get sequestrated into a subspeciality. He laughed at me and told me that there have been people like B A Sellick o r J S Crawford who have dedicated their whole lives to only one small aspect of anaesthesia. Neurosurgery is a vast subject with multiple facets. Days were not far away when Superspecialities would be the order of the day. His forecast was so true. With his blessings I joined my post. When I reported to Prof Roy he gave me a warm welcome and told me that I would have to build up the Department to a 'state of the art' one. He assured me that I would get all his help. The 'one woman' army was supposed to run the OT ,look after the 3 bedded ITU, attend to emergency calls and to top it all run to the Health Dept for procurement of equipments. God alone knows from where I got the energy and enthusiasm for this multitasking! The next year I was given an accelerated promotion to the Post of Assistant Prof and Dr Bibhukalyani Das joined as RMO. What a relief it was and our sojourn in Neuroanaesthesia continued.

I will now tell you a few things that might make your hair stand up on its end .No CT Scan was available in the Institute till 1982.Till then the method of location of brain tumours and other

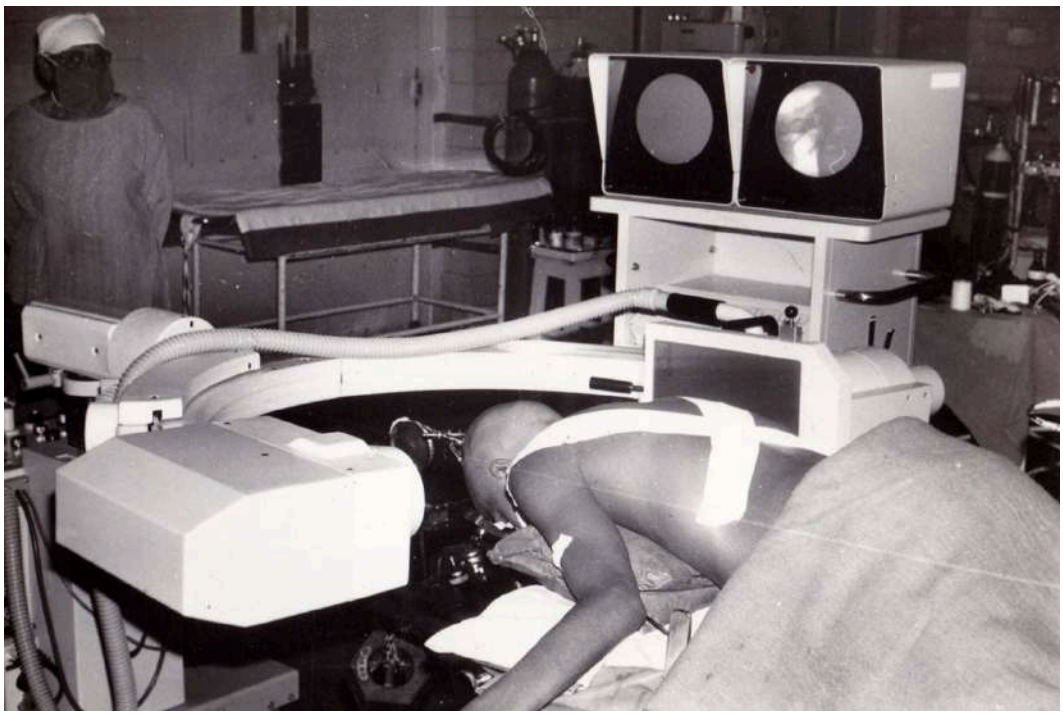
space occupying lesions was based on very, very meticulous clinical examination and Direct puncture Carotid Angiography. The radiologist Dr Ajit Dutta Munshi (who was posted along with me as a whole time Neuroradiologist) would load 3 Xray plates one on the top of the other for the arterial, capillary and venous phases. As the contrast was being pushed he would shout 'Shoot,pull,pull pull' and the plates were pulled out. Most of the cases were done under general anaesthesia and we were requested to hyperventilate the patient so that the Angiogram showed a 'tumour blush'. The surgeons peered at the Angiograms turning them from this side to that to locate the site of the tumour. When they put their scalpels to the skin they were invariably right about the whereabouts of the lesion. .I wonder whether the current generation of Neurosurgeons would dare to open a brain without a CT Scan or an MRI. The next year the first CT Scan in Eastern India was installed in the Institute. Life became so much morej comfortable for all concerned.

Our radiology Dept was the centre of attraction for all of us. We strolled into it whenever we had some time to spare. It was a hub of heated discussions on everything under the sun. Hospital love affairs, mimicking the seniors, our meagre pay packets, movies, current politics (short speeches were delivered which were so fiery they would put Gladstone and Disraeli to shame).Free advices were showered in abundance, whether there were any takers or not was immaterial. Umpteen cups of tea were available throughout the day - courtesy Dr Duttamunshi.

Frequent trips to Writer's Buildings (which housed the Govt Departments),with files pertaining to important equipments like Monitors including Capnograph, Arterial transducers, Ventilators had to be made. Invariably the hospital transport was not available due some flimsy reason and we had to travel by buses or Minibuses. More frustrating than the travel part, was the callous attitude of the clerical staff who dealt with the files. The gentleman would disappear into oblivion after asking you to wait .Even when he was back he would give you a look as if to say 'What is your interest in buying this instrument Madam? Is there anything in it for you?' Sometimes I felt like shoving an endotracheal tube down his throat ! Thank God good sense prevailed! Of course there were others who were very helpful.

I vividly remember an incident when Dr Manoj Bhattacharya, a senior Neurosurgeon, had

requested me to pursue a file regarding the purchase of Aneurysm Clips when I was going for some other work to Writer's Buildings. I was supposed to see the Deputy Director, Finance Department for the clearance of the file. He was very polite and offered me a cup of tea and went through the file. Then he started a lecture on why we always wanted to use foreign made equipments, what was wrong with the indigenously made goods, what a waste of public money it was - blah blah blah. I had no option but to listen to him patiently. After he finished ,I very meekly asked him for a piece of paper so that I could explain my requirement to him. I explained



to him with the help of a diagram what an Aneurysm was ,what happened if it ruptures, how we clip it and what would happen if the clip blew off when the patient coughed or strained at stool. I used as much technical jargon that I had in my armamentarium. At the end of my deliberation he looked a little groggy and quickly signed the file while he muttered 'Thank you Thank you'.

Surgery in the sitting position was quite popular those days. All posterior cranial fossa lesions and upper cervical cord lesions were operated in the sitting position. It was of great advantage to the surgeon as well as to the anaesthetist. We had the Capnograph but the Trifoliate Dopplers Ultra sound did not function properly. Any little electrical activity and it would go off like a fire engine. We abandoned it because it had more of a nuisance value. We depended more on the maintenance of CVP for the prevention of Air Embolism and the surgeons helped by continuous irrigation of the wound and liberal application of bone wax. By the grace of God we did not encounter any clinically significant Air Embolism in the 15 years that I was there. One big problem that we faced for the first 2 years was the nonavailability of nonkinkable reinforced tubes in Calcutta at that time. It used to be a bit of a 'see saw' game that went on in the OT. The surgeons would try to flex the head a little more to get a better access. This would kink the tube and we would push the head back. Life was full of challenges which made us capable of facing adverse circumstances with a smile.

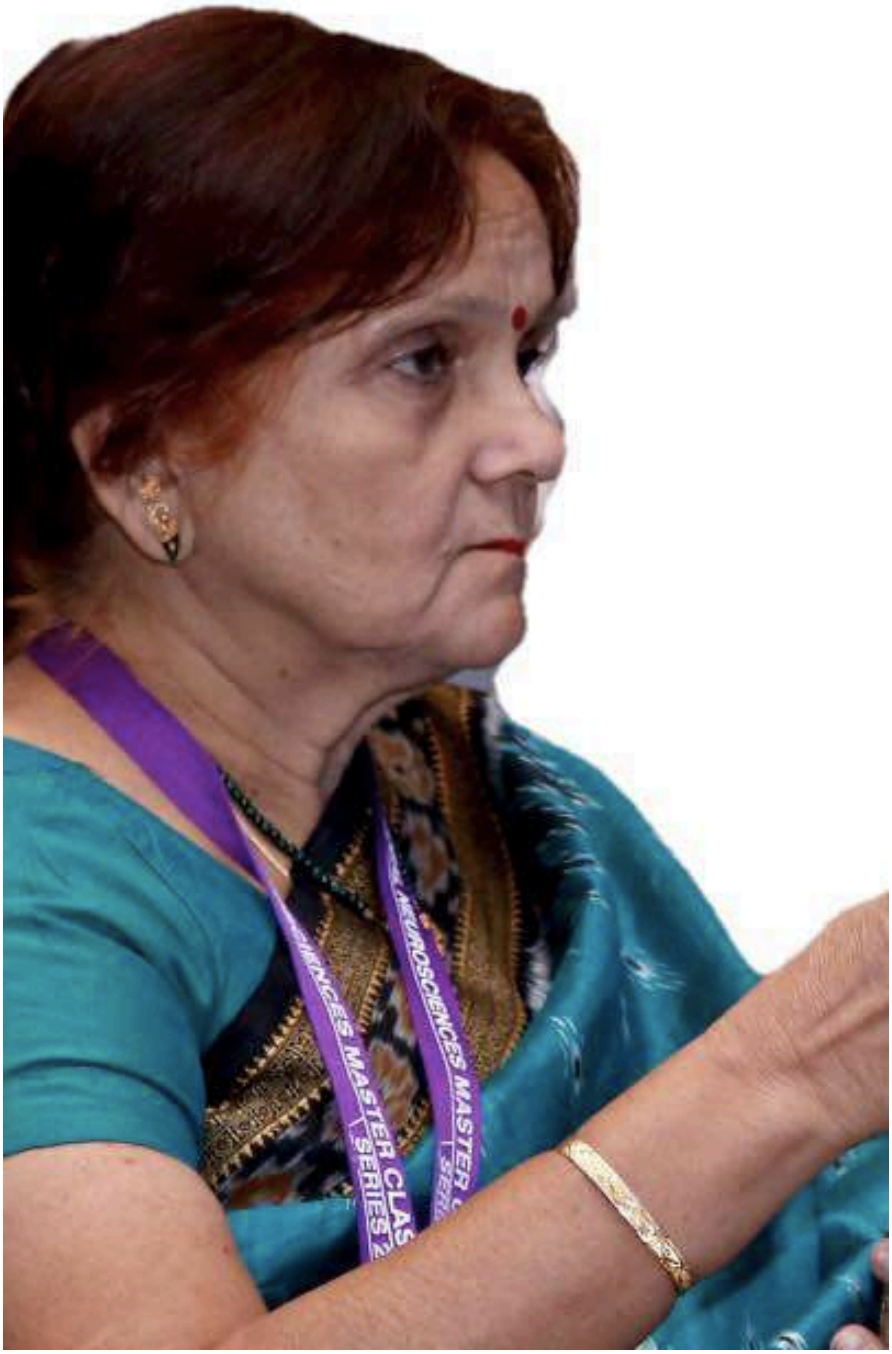
Dr R P Sengupta used to visit us occasionally and operated on cases of Aneurysm. On one such occasion he had brought Dr Cruickshank a Neuroanaesthetist who worked with him at Newcastle upon Tyne, with him. At that time West Bengal was going through a power crisis and we had frequent power cuts. In the hospital too we had power cuts which lasted for 5 – 10

minutes while the generator was set up. Since we were accustomed to it ,we were not bothered a lot. If necessary we ventilated the patient manually till the power was restored. As luck would have it, that day there was a power cut. We followed our normal routine nonchalantly till the lights came back. We found Dr Cruickshank bathed in sweat. He said to us, ”My, my, you people are really courageous. I would have had a heart attack if the power went off.”

With the passage of time things improved immensely and we managed to equip ourselves with the state of the art equipments and life became so much more comfortable .Before In end I would like to lodge a small complaint against my neuro surgical colleagues. Those days your salary was such that you lived on a’shoe string budget’. When OT work extended till later in the evening we would be very famished. So we sent for a large amount of muri or puffed rice and some peanuts as we did not want to spend a lot of money. An attendant from the ward, a kind hearted lady, would make a tasty mixture with onions, chillies and mustard oil in a large saucepan. Would taste like nectar to us. But the sad part was that our surgical colleagues would pick out all the peanuts, as they reached the surgeons room earlier and leave the plain muri for us. Now all of us can afford all sorts of exotic food but nothing tastes better than that, muri in a saucepan, shared by all.

Due to some tussle with the administration in 1995 I left my job suddenly. It was with a very heavy heart that left the ‘baby’ I had been nurturing the last 15 years in the able hands of Bibhu. I expected some relief from the grind mill .Merrily I was practicing anaesthesia from dawn to dusk - sometimes attending to emergency calls at night and literally minting money. But - ‘Man proposes God disposes’. At a Conference I met a Senior colleague of mine Dr B K Sarangi a famous Paediatric Anaesthetist. He enquired about what I was doing with myself. Hearing that I was practicing general anaesthesia along with Neuro he got very angry with me. He directed me to see him at Park Nursing Home the next day .A young neurosurgeon had returned from England and I had to anaesthetise one of his spine cases .Friends, that is what I call a mouse trap. There I got trapped, ‘hook line and sinker’. Back to the grind mill. A pure case of ‘From the frying pan to the fire’. The last 23 years in the Park Clinic has also been a glorious time(barring

the fact that you have to work with an odd assortment of Neurosurgeons, each having fads and fancies o their own).That is a separate story and if the Editor allows me I will narrate it later but I remind you, that after writing the story I might receive a letter from the authorities, stating that they are very grateful for the services rendered by me and felt that now I should go on a well earned retirement!



Dr Amna Goswami

STANDING UP AGAINST A DISASTER

Kerala Flood - Natures Fury

Blooming of Nilakkurinji flowers is one of the wonders of nature. The seeds of the flower remain dormant withstanding the extremes of weather for twelve long years to blossom. Nature lovers had been awaiting for 2018 to witness this spectacular phenomenon. The whole of Kerala, especially the tourism sector had been making arrangements for the expected large inflow of tourists during the months of August to November when this part of the Western Ghats would be enveloped with blue flowers. Then, a once in a century tragedy struck Kerala. All the hopes came to a naught proving the proverb “Man proposes God disposes”.

Kerala, Gods own country, is the evergreen land located on the southern end of India. Kerala is blessed with 44 rivers of which 41 flow towards the west. There are 58 dams in Kerala both in the irrigation and hydro electric sectors. Idukki district in the Western Ghats has twelve dams the largest being the Idukki arch dam.

Western Ghats of Kerala has a very fragile ecosystem. Two commissions [Gadgil and Kasturirangan] appointed by the ministry of environment had studied and submitted reports to the government. According to the commission reports, quarrying, mining and unauthorised construction activities should have been banned in the Environmentally Sensitive Area [ESA]. Due to political interference, the recommendations of the commission are still not implemented and the urbanisation process continues.

Kerala gets plenty of rain during both south west and north east monsoons. The average annual rainfall of Kerala is 3107 mm. This year between June 1st and August 18th Kerala received a cumulative rainfall of 2344.88 mm against the normal average rainfall 1649.3mm which is an excess of 42.17% of rainfall [Indian Meteorological Department- IMD]. Ten districts of Kerala received heavy rainfall during this period, the highest being in Idukki district which received more than 70% rain.

Month	Actual Rainfall	Normal Rainfall	%departure from normal
June2018	749.6	644.8	15%
July2018.	857.4	726.1	18%
1-19 Aug2018	758.6	287.6	164%
1-6-2018 to 19-8-2018	2346.8	1649.5	42%

Indian meteorological survey

The spell of monsoon from August 8th to August 16th brought 170% above normal rainfall. This was the time the flood wreaked maximum havoc in the state.

The controversy regarding the timing of opening of the shutters of the dams is still going on. By Aug 9th water level was slowly rising in the dams and the IMD forecasted heavy rainfall. The officials and the administration faltered and the delay resulted in filling up of major dams including Idukki which led to panic opening of the shutters. Initially the plan was to release 50000 litres of water per second but went upto 2000000 litres per sec from Idukki dam alone. The rivers could not cope with this high inflow and overflowed leading to heavy floods especially on the routes of the three rivers Periyar, Pampa and Chalakudy river.

Over a million people were directly affected by the flood. According to the Chief Minister of Kerala nearly 50000 houses partially damaged and 7000 houses were completely damaged. There was heavy loss of equipments, furniture, electronic items and livestock. A rough estimate shows nearly 40000 hectares of paddy cultivation damaged and a third of the cattle in the affected areas lost their lives. Most of the damaged shops had stocked maximum commodities anticipating a high turnover during the Onam days.

According to Kerala Health and Family welfare department, at least 481 PHCs, 131 community health centres, and 19 dispensaries were badly damaged. More than 10 hospitals and many sub-centres were completely destroyed. Infrastructure suffered huge loss. Nearly 10000 kms of roads were either partially or completely damaged. Many bridges broke down and became unsuitable for transportation.

The loss of life during the flood was the highest in recent history of Kerala. Most of the deaths were due to drowning. Death toll according to news reports stands at 445.

The Government machinery was put on maximum alert and along with the disaster management team; they did a commendable job during the floods.

Over 3500 relief camps were set up all over the affected areas both by government and NGOs. Food, water and medicines were provided in the camps. Some of the camps were packed to the brim and the main complaint was regarding the lack of toilet facilities especially from the camps in Kuttanadu areas.

Apart from the state machinery the central team also actively took part in the rescue and relief operations. The national disaster management team, the various wings of Indian Army, the Coast Guard and CISF men all worked hand in glove with the state machinery.

There were many unsung heroes in the rescue operation. The greatest effort came from the fishermen. If not for them the human loss would have been much higher. Media also played a positive role in rescue and relief operations. There is no word to praise the youngsters of Kerala who did a commendable job in rescue, relief and rehabilitation works. Relief materials and personnel came from many states and from abroad. Pharmaceutical industries provided

adequate supply of essential drugs. Kerala state IMA was actively involved both in treating patients in adverse conditions and implementing preventive measures to control the outbreak of communicable diseases. World Bank and UN came forward to help Kerala people to tide over this difficult situation.

How the Medical Team Worked

The medical team concentrated on rescue work from 15th to 20th August. Control rooms were set up in the affected districts with help line numbers. In all affected areas the rapid response team [RRT] comprising of doctors, para-medical staff and volunteers were set up. Because of the coordinated action, the PHCs and the relief camps could be provided with adequate man power, drugs and other relief materials. The team was also involved in evacuating patients from hospitals threatened by floods. A pregnant lady in labour was airlifted from a camp and shifted to hospital. The medical team continued relief and rehabilitation works from August 20th onwards. As part of rehabilitation, mobile clinics were set up and ensured the visit of medical teams to relief camps and PHCs. Palliative home care team followed up the patients who needed medical assistance. To diagnose and treat Post Trauma Stress Disorder [PTSD], community mental health system was activated. Preventive measures were taken for vector control. Surveillance and Rapid action Against Diseases in Disaster Aftermath [SRADDA] was instituted. Reports of fever, symptoms and signs of communicable disease were obtained from the field workers, clinics and hospitals. Surveillance was also done about well water level and contamination. Workers distributed medical pamphlets focussing on preventive measures, chlorine tablets for well sanitation and Doxycycline tablets for prevention of Leptospirosis. More than 75 lakhs of Doxycycline tablets were distributed all over the state. Though the menace of mosquitoes increased in the aftermath of flood, there was no significant rise in the reported dengue cases. According to reports there were 66 deaths due to leptospirosis with 372 confirmed cases . Government's integrated disease surveillance project showed 1617 cases of chicken pox with one death in August. During the same period, Hepatitis A infected 1044 patients with 4 deaths. It goes to the credit of the medical team that in spite of few cases of chicken poxes in the relief camps there was not even a single outbreak. Another worry as the flood water recedes was the increase in the number of snake bite cases. All major hospitals were instructed to keep adequate amount of anti snake venom.

The unity shown by the people of Kerala during this period of tragedy irrespective of caste, creed, religion and politics if continued , Kerala will truly be a GODS OWN COUNTRY.

Dr Gokuldoss

Amritha Instituite of Medical Sciences

JOINING THE CAMP

LMM-53	SOUMYA M
LMR-47	RAMANAN RAJAGOPAL
LMM-52	MANJUNATH M
LMR-46	SUNILKUMAR HR
LMD-35	UJJWAL DASPAL
LMB-59	DIPANU BHAUMIK
LMS-103	DEEPA RAVINDRA SHRIYAN
LMM-54	MANJU MANMADHAN
LMS-104	MANOJ KUMAR SAIKIA
LMH-11	NEELAKSHI HAZARIKA
LMP-57	ANIL BABU PERURU
LML-15	KARTHIK LAKSHMIKANTHA
LMY-9	MAHESH YADHAV
LMB-60	AYAN BANERJEE
LMM-55	NILIMA RAHAEL MUTHACHEN
LMS-105	DURGESH JAGDISH SATALKAR
LMS-106	MOHANASELVI SIVARAMAN
LMW-9	INDRAPREET SINGH WALIA
LMK-63	KARKALA PRASHANTH KAM
LMA-27	SUMA RABAB AHMAD
LMG-47	REKHA GUPTA
LMR-48	SOHAG DATTA ROY CHOWDHURY
LMV-14	BHAGYASHREE VEERAPPA

CLASSROOM

CLASSROOM

Follow us on @neuroclassroom

ANC
Acute Neuro Care
Focused Approach to Neuro-Emergencies

Launching in ISNACC2019

" Focused approach, critical evaluation and management with out wasting much time is crucial for better outcomes in dealing with Neuro-Emergencies. ANC (Acute Neuro Care): Focussed approach to Neuro-Emergencies will be rolled out in the ISNACC2019 annual meeting . The need of the hour is to standardise protocols as per our prevailing facilities and resources . Implementing through teaching and training first responders, Physicians and Intensivist which will have a great impact on the patient outcome ."

If you are interested to conduct ANC at you hospital / Instituite contact the secretariat

ISNACC Office bearers

ISNACC Governing Council

President	Shashi Srivastava
Past President	Shobha Purohit
President-Elect	H K Venkatesh
Vice-President	Nidhi Panda
Editor-in-Chief	Parmod K Bithal
Secretary	V Ponniah
Treasurer	Prasanna Bidkar
EC Members	Arvind Chaturvedhi
	Vasudha Singhal
	Sucharita Chakraborthi
	P K Dubey
	Hemangni Karnik
	Ramamani Mariappan

Future Meetings

AIIMS NEUROANAESTHESIA UPDATE 2018

Welcome Message | Meeting Information | Program at a Glance | Venue

Welcome Message

Dear Colleagues and friends

On behalf of the Korean Neurocritical Care Society (KNCS), it is my pleasure to invite you to the first Asian Chapter Meeting which will be held in Seoul, Korea.

Neurocritical Care is an emerging field in neurology, the mission of which is to improve outcome for patients with life-threatening neurological illnesses through prompt quality patient care, professional collaboration, and research training.

Korean Neurocritical Care Society is composed of multi-professional healthcare providers and has been hosting academic meetings biannually since its establishment in 2008, to reach this goal. This year, we are very excited that KNCS will host a special event in celebration of its 10th anniversary. KNCS will co-host the Asian Chapter Meeting with the Neurocritical Care Society from December 14 to 15, 2018. And this meeting will be held in association with the 20th KNCS Academic Meeting.

Neurocritical Care is a very exciting and fast-developing field in Neurology, and this dynamic trait is also found in Seoul. You will be able to experience the coexistence of modernity and tradition in this exciting city.

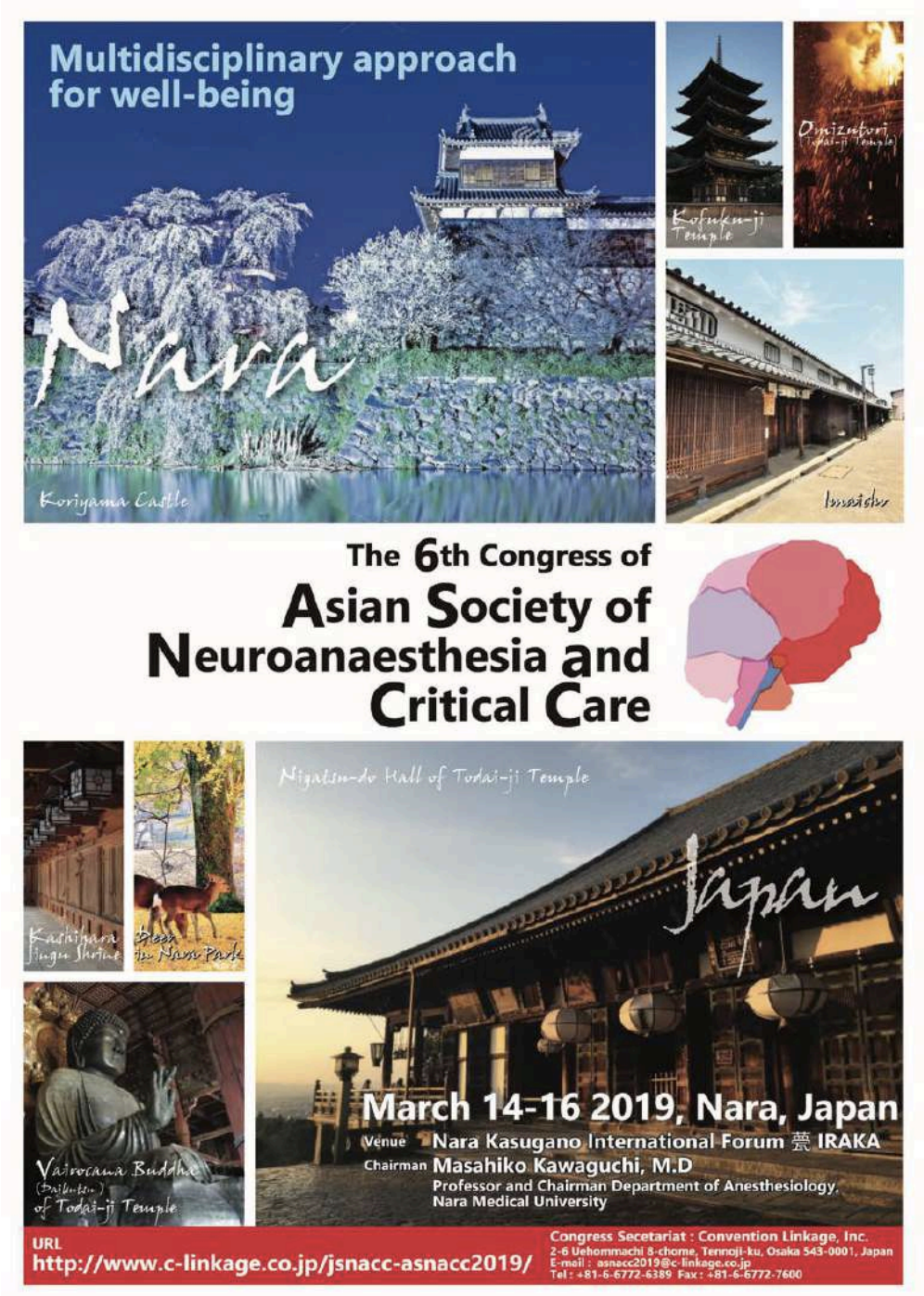
Renounced scholars of the Asia-Pacific region in the field of Neurocritical Care will join the Asian Chapter Meeting. I hope the Asian Chapter Meeting will serve as an opportunity to promote active research in the field of Neurocritical Care in Asia, and to strengthen the academic collaboration and friendship.

Jae Hyeon Park, MD, PhD
President, Korean Neurocritical Care Society

ISNACC 2019


20th ANNUAL CONFERENCE OF THE INDIAN SOCIETY OF NEUROANAESTHESIOLOGY AND CRITICAL CARE
Evolving Frontiers in Neuroanaesthesia and Neurocritical Care
15th - 17th February, 2019
Hotel Leela Ambience, Gurugram, Haryana, India
International Faculty
Prof. Federico Billota, Italy
Prof. Ravi Mahajan, UK
Prof. Martin Smith, UK
Prof. Masahiko Kawaguchi, Japan
Prof. Yoram Shapira, Israel
Prof. Sergio Bergese, USA
Prof. Kwek Tong Kiat, Singapore
Prof. Mathew Chan, Hon Kong
Dr. Bhikan Naik, USA
Dr. Ines Koener, USA
Dr. Ugan Reddy, UK
Dr. Aung Shwe Saw, Myanmar
Dr. Tumul Choudhary, Canada
Dr. Gentle Shrestha, Nepal
Eminent National faculty will be actively participating
Conference Highlights
>> Scientific Topics
Plenary lectures
Workshops
Panel discussions
How I do it
Video sessions
>> Workshops
Neurosimulation
Point of Care Ultrasonography
Mechanical Ventilation
Neuromonitoring
Advance airway
Acute Neuro Care
Abstract Submission Deadline is
31st October, 2018,
Submit Your Abstract Today!
Discounted Registration Closing on
31st October 2018
Register Early and Save!
For further details, kindly visit:
www.isnacc2019.com
Conference Manager:

ASNACC


Multidisciplinary approach
for well-being
Nara
Koriyama Castle
Kofukuji Temple
Omizutori
Todai-ji Temple
Imaichi
The 6th Congress of
Asian Society of
Neuroanaesthesia and
Critical Care
Kasuga Jingu Shrine
Deer in Nara Park
Vairocana Buddha
(Daibutsu)
of Todai-ji Temple
Nigatsu-do Hall of Todai-ji Temple
Japan
March 14-16 2019, Nara, Japan
Venue Nara Kasugano International Forum 甍 IRAKA
Chairman Masahiko Kawaguchi, M.D
Professor and Chairman Department of Anesthesiology,
Nara Medical University
URL
http://www.c-linkage.co.jp/jsnacc-asnacc2019/
Congress Secetariat : Convention Linkage, Inc.
2-6 Uehommachi 8-chome, Tennoji-ku, Osaka 543-0001, Japan
E-mail : asnacc2019@c-linkage.co.jp
Tel : +81-6-6772-6389 Fax : +81-6-6772-7600

STRIVING FOR EXCELLENCE

NEUROCRITICAL CARE SOCIETY OF INDIA

NCSI

Striving For Excellence

Duly filled in membership form to be mailed to ncsisecretary@gmail.com

NEUROCRITICAL CARE SOCIETY OF INDIA

BOARD OF DIRECTORS

The following members has been inducted as the board of directors by the ISNACC Governing Council

Dr Shashi Srivastava (Lucknow)

Dr V Ponniah (Chennai)

Dr Girija P Rath (New Delhi)

Dr M Radhakrishnan (Bengaluru)

Dr Bibukalyani Das (Kolkata)

Dr Hemangni Karnik (Mumbai)

The ISNACC Governing council has decided to offer NCSI membership to all its active members . To avail this kindly send the filled in membership to ncsisecretary@gmail.com before 31st December, 2018

NEUROCRITICAL CARE SOCIETY OF INDIA

MEMBERSHIP FORM

(THIS FORM IS FOR ISNACC MEMBERS ONLY)

Photo

ISNACC MEMBERSHIP NUMBER: .....

PERSONNEL DETAILS:

First Name..... Middle Name …….Last Name.....

Designation and Work place .....

Date of Birth: Day…… Month ..... Year .....

ADDRESS FOR CORRESPONDENCE:

……

City: ..... State: ..... PIN: ..... Country: .....

Email ID: .....…….**Mobile No**: .....

PERMANENT ADDRESS:

.....

City: ..... State: .....PIN: .....Country:.....

Qualification: .....

Proposed By: ....

(Name) (Membership No) (Signature)

Seconded by: ....

(Name) (Membership No) (Signature)

*** Email the filled in membership form to ncsisecretary@gmail.com before 31st Dec,2018**

Date: **(Signature of the applicant)**

Office Use

VERFIED :…….. NCSI MEMBERSHIP NUMBER:……..

ISNACC SECRETARIAT

Department of Neuroanesthesiology & Neurocritical Care
Instituite of Neurosciences and Spinal Disorders
Gleneagles Global Health City
439, Cheran Nagar, Perumbakkam
Chennai-600 100, Tamil Nadu
Mobile: 8056022757
Email: isnaccsecretary@gmail.com
Website: www.isnacc.org

@ISNACCINDIA