

CLUES

ACROSS

1. Needle, but gives less of a headache.
4. Position - may benefit 8 across and harm 22 across
7. Relaxant causing severe bronchospasm, withdrawn
8. PaO₂/FiO₂ < 200 mmHg
9. 8 blocker with intrinsic sympathomimetic activity
10. Increased hydrostatic pressure or decreased oncotic pressure can produce this
11. Mr. Fedrick of the anaesthesia machine
12. Has anti adrenergic properties and prolongs duration of all muscle relaxants
14. Plasminogen and fibrinolytic inhibitor
15. A modified circuit.
18. Transported by perfluorocarbons
20. Every anaesthesiologist must know this
21. Antibiotic causing Red man's syndrome
22. Keep them on the monitor

FUMBLE NO. 1

MMOSIBLE



ALLOTIVE



MIDLERIU



VINNITEES



Calcium sensitiser used in acute decompensated heart failure



CROSSWORD NO. 1



DOWN

1. Anticoagulant, was marketed as pesticide
2. Patch route
3. Induction agent not for ICU
4. Avoirdupois unit of pressure
5. Voltage = Current flow x resistance
6. Leafy glottic guard
13. Hormone of the islands
16. Blade has mobile tip
17. This risk is reduced by smoking
19. Heatless sterilizer

Entries to reach by 30th of May, 2010 to the Secretariat, ISA Delhi, LHMC, SKSCH, ND-1

Please write your full name, ISA No., designation, place of work, mobile no., e-mail, address

winners will be declared in next montly meet.



"Nurse get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

MONTHLY CLINICAL MEETING ISA (DELHI CHAPTER)

Organised by : Dept. of Anaesthesiology
Sir Ganga Ram Hospital

Venue : Russian Cultural Centre
24, Ferozeshah Road, New Delhi-110001

Date : 20.05.2010 (Thursday)

Time : 4.30 p.m.

Topics to be presented :

1. Stroke Volume Variation as a guide to Fluid Administration in Morbidly Obese Patients Undergoing Laparoscopic Bariatric Surgery
- Dr. Nitin Sethi / Dr. Anil Jain
2. Transient Ventricular Apical Ballooning Post-Carboperitoneum - A Case Report
- Dr. Shikha Sharma / Dr. Bimla Sharma
3. Role of Electromyography in Predicting Functional outcome following Transforaminal Epidural Injections for Lumbar Radiculopathy
- Dr. Naresh Dua / Dr. Pradeep Jain

MONTHLY MEETING SCHEDULE

20th May	Thursday	SRGH
21st June	Monday	Max, Saket
20th July	Tuesday	Batra Hospital
20th August	Friday	Safdarjung Hospital
20th September	Monday	AIIMS
16th October	Saturday	Etherday - LHMC
20th October	Wednesday	GTB Hospital
22nd November	Monday	MAMC
20th December	Monday	National Heart Hospital
20th January	Thursday	DDU
21st February	Monday	Army R & R
21st March	Monday	GBPH

NOTICE

The first edition of the ISA news bulletin has been sent by post. In an effort that each member gets monthly bulletin of ISA regularly, we request you to please inform by e-mail your name, membership number, place of work and address. The bulletin will be preferably sent to the place of work so that it does not bounce back.

E-mail : isadelhi2010@yahoo.com

FROM THE JOURNALS

Prepared By : Dr. Sunil Sinha

Impact of oral premedication with midazolam on Respiratory function of children

Britta S. et. al Anaesthesia and Analgesia vol. 108 /no. 6, January 2009 Pg 1771-1776

Premedication with midazolam is commonly used in children worldwide to reduce anxiety and improve cooperation. It has potential to alter respiratory function because of muscle relaxant properties.

The authors measured FRC, Lung Clearance Index (LCI) which is a measure of degree of ventilation distribution and is sensitive indicator of peripheral airway collapse; Respiratory resistance and elastance in children aged 3-8 years before and 20 minutes after oral midazolam 0.3 mg/kg significant increase.

Result : FRS, LCI showed statistically decrease and respiratory resistance and elastance showed significant increase.

Conclusion : these adverse and significant change should make anaesthesiologist aware that children at high risk of respiratory complication under anaesthesia might lead to great decrease in respiratory function. Diagnostic procedures performed under heavy sedation with midazolam has been associated with frequent incidence of hypoxemia in children that can lead to critical event especially in children with co-morbidities.

Minimum effective bolus dose of oxytocin during elective Caesarean dealing.

But wide, AJ et al BJA, Vol. 104, No. 3, March 2010

The authors studied different bolus dose of Oxytocin for attaining adequate uterine tone in patients undergoing elective LSCS under spinal Anaesthesia.

Conclusion : the routine use of 5 units of Oxytocin bolus has been associated with tachycardia hypotension and ECG changes. The authors found that small bolus dose of oxytocin (0.5-3 units) associated with high prevalence of adequate uterine tone at 2 minutes. The use of oxytocin as bolus is no longer recommended.

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1 As of June 2009

2 <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01765.html>

3 Lehmann G et al. Drugs RD 8 (2007) 229-240



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M.B.B.S.			

Appointments

Special Interest

Proposed By Dr. ISA No. Signature

Seconded By Dr. ISA No. Signature

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- For Associate member copy of MBBS certificate

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Receipt No. & Date AGBM Date

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RADHIKA AGARWAL

Secretary, ISA Delhi Branch

Department of Anesthesiology & Intensive Care

LHMC, SSK, KSCH, Delhi