

significant difference found between group A and group B in terms of use of manoeuvres (jaw thrust and chin lift) for ease of intubation and clearing upper airway. In group B need of jaw thrust and chin lift for clearing airway is significantly higher than collar group.

Intergroup comparison of need of manoeuvres

(Jaw thrust And Chin lift)

Conclusion: We concluded that as far as the oral intubation with flexible fiberoptic bronchoscope is concerned, rigid cervical collar is very useful tool for making intubation easier.

28. A comparative study of hemodynamic responses to endotracheal extubation with prior treatment of lidocaine, verapamil and their combination

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Background: Transient but significant undesirable hemodynamic effect such as hypertension and tachycardia persisting into the recovery period may be caused by tracheal extubation. Most patients tolerate these effects without any significant consequences, but some show an exaggerated response which is poorly tolerated and may lead to myocardial ischemia, cardiac de-compensation, pulmonary edema or cerebral hemorrhage. Lidocaine attenuates the hemodynamic response to tracheal extubation by its direct myocardial depressant effect, central stimulant effect, and peripheral vasodilatory effect and finally it suppresses the cough reflex. Verapamil controls hypertension and tachycardia by its direct vasodilatory and negative chronotropic. The aim of this study was to compare the blood pressure and heart rate responses to extubation with prior treatment of either lidocaine, verapamil or their combination. **Materials and Methods:** The study included 50 patients (age 20-50 years) in each four groups (A, B, C, D) undergoing elective surgery of the duration 1-2 hours. Group A was given verapamil 0.1 mg/kg, group B was given lidocaine 1 mg/kg, group C was given 0.1 mg/kg verapamil plus 1 mg/kg lidocaine, group D was taken as control and was given normal saline. On completion of surgery, anesthetic agents were discontinued, residual muscle relaxation was reversed with neostigmine 0.05 mg/kg and atropine 0.02 mg/kg IV. Three minutes later, the study drug was given intravenously. Recovery from muscle relaxation was assessed by peripheral nerve stimulator. The trachea was then extubated two minutes after administration of the study drugs and 100% oxygen was given via face mask for five minutes.

Systolic and diastolic blood pressure and HR measured at the end of surgery, three minutes after the injection of neostigmine-atropine mixture, at the time of tracheal extubation, until 20 minutes after extubation were noted and compared among the four groups. The values at the time of tracheal extubation were also compared with baseline values within individual study groups.

Results: In our study hemodynamic responses were blunted to tracheal extubation by verapamil alone and verapamil + lidocaine combination. However, there was no difference in between these two. But, in the lidocaine only group, there were significant increase in systolic blood pressure ($P < 0.001$) and heart rate ($P < 0.001$) at the time of tracheal extubation from the baseline values, and systolic blood pressure was also found significantly raised in lidocaine group in comparison to verapamil + lidocaine group. **Conclusion:** This study concludes that verapamil + lidocaine group combination or verapamil alone is better than lidocaine alone in attenuating the hemodynamic response to tracheal extubation.

29. "Unveiling the puff of smoke": An observational study of anesthesia management of patients of moyamoya disease at a tertiary care centre

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Background: Moyamoya disease is a progressive bilateral stenosis and stroke and/or occlusion of the internal carotid artery or the terminal branches with formation of extensive collateral vessels at the base of the brain. **Materials and Methods:** An observational study of 12 pediatric patients with Moyamoya disease who underwent 18 Encephalodural Arteriosyngiosis (EDAS) procedure at our institute over a period of five years from 2008-2013. **Results:** Eighteen surgeries were performed on 12 patients. In three patients, bilateral EDAS was done in the same sitting. In six patients, EDAS was done bilaterally over a period of six months and in three patients, unilateral EDAS was done. One patient deteriorated neurologically in the postoperative period.

Conclusion: The likely contributory factors for neurological deterioration were history of preoperative infarction, bilateral EDAS in the same sitting, long duration of anesthesia and surgery, episodes of hypotension and decreased urine output.