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COVIDoscope

Part-I

A journal scan on COVID research done by
Defence Anaesthesiologists

Preparedness of Acute Care Facility and a Hospital for COVID-19 Pandemic: What We Did!

Jog S, Kelkar D, Bhat M, Patwardhan S, **Godavarthy P**, Dhundi U, et al.
Indian J Crit Care Med 2020;24(6):385–392.

The article describes changes made at the Deenanath Mangeshkar hospital, Pune for tackling the COVID-19 pandemic. These have been described under Administration, Physical space management, Staffing and rotation policies, Supplies, Standard of Care, and Creation of a dedicated COVID ICU. Creation of single-point contact for every task category, judicious use of manpower and resources and creation of reserves are highlighted throughout the paper.

A retrospective Observational Study of Hypoxic COVID-19 Patients Treated with Immunomodulatory Drugs in a Tertiary Care Hospital.

Mahale N, Rajhans P, **Godavarthy P**, Narasimhan VL, Oak G, Marreddy S, et al.
Indian J Crit Care Med 2020;24(11): 1020–1027.

This descriptive retrospective observational study describes the use of immunomodulatory drugs in seven different combinations in adult patients with COVID-19 (proven on RT-PCR) needing oxygen therapy. Those already on immunosuppressants (for other conditions) and those who died within 24h of admission were excluded from the study. Electronic data of eligible patients admitted between March 22 and May 31, 2020 were reviewed. A total of 134 patients were included in the final analysis, of which 69 (51%) were admitted to the ICU. More than 60% of the patients had ARDS at admission. These patients received various combinations of Hydroxychloroquine (HCQ), Methylprednisolone (MP), Tocilizumab, Colchicine and Etoricoxib. Patients who received HCQ + MP + Tocilizumab had the highest mortality (also had the greatest need for mechanical ventilation). Respiratory failure and Sepsis were the most important causes of death. Creatinine > 1.2mg/dL, SpO₂ < 80%, P/F ratio < 200, Absolute Lymphocyte Count < 1000/mm³ and WBC > 12,000/mm³ were significant predictors of mortality.

COVID-19 Combat Fatigue among the Healthcare Workers: The Time for Retrospection and Action.

Rajhans PA, **Godavarthy P.**

Indian J Crit Care Med 2021;25(1):3–5. (Editorial)

The editorial by the authors calls for the comprehensive action by all stakeholders- Government, Hospitals, Healthcare workers and their families, and media to combat the stress of healthcare workers working in a COVID-19 environment. The editorial suggests a broad range of measures that ought to be taken. It places emphasis on the employment of technology, promotion of a safety-oriented work culture, effective communication and a fair system of reward and appreciation for the healthcare workers.

Indian Society of Neuroanaesthesiology and Critical Care (ISNACC) Position Statement and Advisory for the Practice of Neuroanesthesia during COVID-19 Pandemic.

Jangra, K., Manohar, N., Bidkar, P. U., Vanamoorthy, P., Gupta, D., Rath, G. P., ... **Yadav R, .** (2020).

Journal of Neuroanaesthesiology and Critical Care, 7(03), 118–127

This practice advisory was released as guidance for the practice of Neuroanaesthesia in the COVID-19 pandemic. It lists surgeries as emergent, urgent, and elective; COVID-19 status as positive, suspects, or negative. Based on this, advisories for various categories of neurointerventions have been formulated. The article draws from standard recommendations of the Ministry of Health and Family Welfare, Government of India concerning the use of Personal Protective Equipment and has adapted them to different types of neurointerventions.

The Neurocritical Care Society of India (NCSI) and the Indian Society of Neuroanaesthesiology and Critical Care (ISNACC) Joint Position Statement and Advisory on the Practice of Neurocritical Care during the COVID-19 Pandemic.

Vanamoorthy, P., Singh, G. P., Bidkar, P. U., Mitra, R., Sriganesh, K., Chavali, S., **Yadav R,**... Srivastava, S. (2020).

Journal of Neuroanaesthesiology and Critical Care, 7(03), 128–139.

The joint advisory by the NCSI and ISNACC puts forth recommendations concerning various aspects of Neurocritical care. Salient amongst them are triage and transport, airway management, mechanical ventilation, and hemodynamic management. The article also focuses on specific neurological conditions like SAH, TBI, and Acute Ischaemic Stroke.

A questionnaire-based cross-sectional pilot survey on adherence to the recognized guidelines by the airway managers during intubation at the time of COVID-19 pandemic.

Guha D, Dwivedi D, Paul D, Chakrabarti S, Talukdar J, **Singh S**

Indian Anaesth Forum 2021; 22:40-6.

The study focuses on responses to a structured questionnaire administered electronically (via social media and internet) between May 25, 2020 and July 01, 2020 to doctors involved in anaesthesia, critical care, and emergency medicine. The questionnaire consisted of two sections- one concerning the personal demographic data, and the other concerning the performance of laryngoscopy and endotracheal intubation. A total of 27 questions were asked, and 140 valid responses were obtained. The questions were focused on adherence to the protocols laid out by the Indian Society of Anaesthesiologists (ISA), All India Difficult Airway Association (AIDAA), and Difficult Airway Society (DAS). Most of the doctors used some form extra protective layer; with the Taiwan intubation box and transparent plastic cover being the most frequently used. However, most respondents (52.9%) had no access to a video laryngoscope. The use of capnography for confirmation of intubation was only in 47.5% of cases. Most performers reported increased difficulty in performing laryngoscopy and intubation. The article highlights important gaps in practice and levels of equipment available to doctors at the height of the pandemic, and provides insights for improvement.

A comparison of direct laryngoscopy versus videolaryngoscopy using aerosol box for intubation in emergency surgeries during COVID-19 pandemic: A pilot study.

Dwivedi D, Bhatia P, Aggarwal M, Sen S, Hooda B, Dudeja P.

J Mar Med Soc 2020;22:S88-92.

The investigators compared intubating conditions between direct laryngoscopy and videolaryngoscopy using an aerosol protection box in patients presenting for emergency surgery under general anaesthesia. A total of 60 patients were sequentially allocated to two groups: the first 30 to direct laryngoscopy, and the next 30 to the videolaryngoscopy group. Patients with anticipated difficult airway conditions were excluded. Intubating conditions were achieved using standard doses of Propofol, Fentanyl and Succinylcholine. Intubating conditions were evaluated using several parameters like Time to Intubate, Cormack Lehane view, Intubation Difficulty Scale (IDS) and number of attempts. The time to intubation was significantly shorter in the Video Laryngoscopy group (21.9s \pm 5.56s) when compared to the Direct Laryngoscopy group (25.36s \pm 6.22s). Requirement of intubation aids, requirement of laryngeal manipulation and more than one attempt at intubation were significantly higher in the Direct Laryngoscopy group. The study demonstrates that the use of Video Laryngoscopy along with the aerosol protection box offers distinct advantages over direct laryngoscopy.

Safety of hydroxychloroquine for covid-19 prophylaxis among healthcare workers: an observational study.

Khanna, S., N.M Bewal, A.Arora, and K. P.G.V

Asian Journal of Pharmaceutical and Clinical Research, 55–57.

The investigators have reported on the safety and side-effect profile of Hydroxychloroquine (HCQ) prophylaxis in previously healthy healthcare workers. A total of seventy individuals who enrolled into the study were administered HCQ as per the ICMR guidelines. An online questionnaire was served which covered neuropsychiatric symptoms, skin disorders, Neurological side effects, gastrointestinal side effects and cardiac side

effects. In addition, a pre-and post-prophylaxis evaluation of random blood sugar and ECG was carried out. Headache, nausea and vomiting, itching and skin rashes were the most common side effects noted. 18.9% of enrolled participants reported symptoms. Bradycardia and QTc prolongation were noted in 1.4% and 0.7% of the participants, respectively.

Review and practical recommendations for peripheral nerve block during Coronavirus disease-2019 pandemic.

Khanna S, Prasad GV.

Med J DY Patil Vidyapeeth 2021; XX:XX-XX.

The authors have looked into every aspect of administration of regional anaesthesia, and how it needs to be modified in view of the COVID-19 pandemic. Pre-operative assessment, operating room preparation, PPE use, oxygen therapy during performance of the regional anaesthetic procedure, and postoperative management are well-described. The authors highlighted the fact of decreased aerosol generation and hence, the viral transmission in regional anaesthesia.

COVID-19: Pan(info)demic.

Sasidharan, S., Harpreet Singh, D., Vijay, S., & Manalikuzhiyil, B

Turkish Journal of Anaesthesiology and Reanimation, 48(6), 438–442.

The investigators have described the impact of the COVID19 pandemic on the dissemination of health information. It highlights the explosion in information availability, which has been boosted by better internet availability. They argue, with data, that this has led to confusion and abnormal behavioural responses to the pandemic. Scientific publications in particular have been inundated by the data glut. The article, in conclusion, makes suggestions to keep oneself mentally healthy amidst the information overload.

Ebola, COVID-19 and Africa: What we expected and what we got.

Sasidharan S, Dhillon HS

Developing World Bioeth. 2020;00:1–4.

The authors were part of the Indian Army's peacekeeping force under the aegis of the United Nations Organization Stabilization Mission (MONUSCO) in the Democratic Republic of Congo (DRC). The article is a narrative review of the impact of the then-ongoing disease outbreaks- Ebola, Measles, and the COVID-19 pandemic-on the healthcare infrastructure of the DRC. It also highlights the impact of the prevailing socio-economic conditions- armed conflict, poverty, lack of education -on the availability and utilization of healthcare.

Patient isolation pods for the evacuation of COVID-19 infected patients – Is this the answer?

Sasidharan S, Singh V, Dhillon HS, Babitha M. *J Anaesthesiol Clin Pharmacol* 0;0:0. (letter to editor)

The authors have expressed their position concerning the use of isolation pods to transport COVID19 patients by aircraft. They emphasize that conventional safety measures for COVID19 protection in healthcare workers coupled with aircraft decontamination is adequate and safe for air transfer.

Ebola, measles, Covid-19 and insurgency – the multiple fronts of war in the Democratic Republic of Congo. *Health Prob Civil*

Sasidharan S, Datta R.

<https://doi.org/10.5114/hpc.2020.97779>(Letter to editor)

The authors have described in detail the health problems faced by epidemics and pandemics of viral fevers in the Democratic Republic of Congo, primarily Ebola, Measles and COVID-19. The role of Armed conflict in worsening the healthcare situation is also highlighted.

COVID aerosol barrier intubation box – Boon or bane?

Sasidharan S, Goyal R, Babitha M, Singh S, Dhillon HS.

J Anaesthesiol Clin Pharmacol 2020;00:00-00.

The authors have suggested here that the use of an intubation box for COVID19 patients hampers the process. They have demonstrated that the time taken for the entire process is six times the time taken for conventional intubation, and suggest that meticulous PPE use according to the prevailing guidelines would be better.

Medical Pedagogy in the Time of COVID-19.

Sasidharan, S. & Dhillon, Harpreet & Singh, **Shalendra**

Kathmandu University Medical Journal. 18. 105-106.

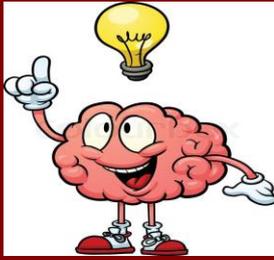
The authors in this article highlight the challenges with medical training and the role of online and internet-based training in medical education.

Safe operating theatre and Intensive Care Unit during the COVID-19 pandemic: An Innovative way to widen the safety net.

A Garg, V Shankhyan, A Chandra *et.al.*

J Neuroanaesthesiol Crit Care:2020; 7:172–173.

The authors have devised a way to minimize theatre contamination during endotracheal intubation and maintenance of anaesthesia in the context of the COVID-19 pandemic. Using the common injection vial rubber stopper to block the endotracheal tube instead of a clamp to block the endotracheal tube, the investigators have pointed out that this arrangement permits the use of a stylet as an intubation aid.

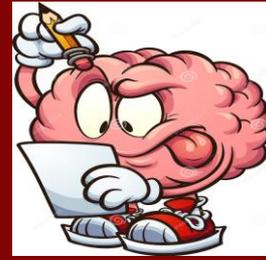
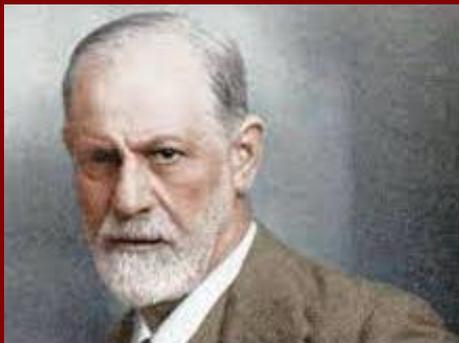


TRIVIA

“...if often he was wrong and, at times, absurd, to us he is no more a person now, but a whole climate of opinion”

W.H.Auden 1939

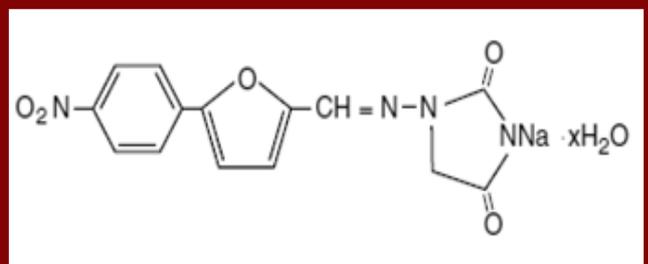
Sigmund Freud is regarded as one of the most influential minds of the 20th century. A little known fact is his contribution to the field of anaesthesia. Freud was an early user and proponent of cocaine as a stimulant as well as an analgesic. He believed that cocaine was a cure for many mental and physical problems. He published **‘UBER COCA’** a monograph about this “magical” drug and started recommending its use to his colleagues. He narrowly missed out on obtaining scientific priority for discovering its anesthetic properties of which he was aware but had mentioned only in passing to Karl Koller, a colleague of Freud's in Vienna. Koller went on to use cocaine for ophthalmic anaesthesia in 1884. Freud also recommended cocaine to one of his friends, Ernest Fleischl-Marxow as a treatment for the morphine addiction he developed while trying to control the pain from neuroma on his thumb. Unfortunately, he developed “double addiction” of morphine as well as cocaine and died in 1891. The rising fascination of Freud for cocaine and his willingness to prescribe it for multiple disorders quickly made him a public danger. Sigmund Freud had a final encounter with pain medicine and palliative care when he was diagnosed with cancer of the jaw in 1923 and died on 23 September 1939 after receiving a deliberate overdose of morphine from his friend Max Schur.



TWISTER

1. I was a famous Anesthesiologist, a notorious examiner. I had exceedingly high standards and I refused to pass any candidate who sat before me. In my defense, I had helped create the exam. My peers gradually convinced me to quit examining. I also created oral and nasal connectors, the first catheter mount and many more innovations. At my 90th Birthday, the Section of Anaesthetics of the Royal Society of Medicine said I was a doyen of British Anaesthesia, only second to John Snow. Who am I?

2. X, whose chemical structure is given below, was originally designed to treat Porcine Stress Syndrome, which was known to occur in Pigs that were inbred in order to maximize muscle mass. It was only much later that it was realised that porcine stress syndrome is the equivalent of a similar syndrome, Y in humans and this drug has proven effective for the same. An example of veterinary research benefiting humans. X and Y please?



1. Ivan Magill 2. X- Dantrone Y- Malignant

KALEIDOSCOPE

Surg Capt Rahul Yadav

A lower tidal volume regimen during one-lung ventilation for lung resection surgery is not associated with reduced postoperative pulmonary complications

Colquhoun DA, Leis AM, Shanks AM, et al
Anesthesiology; March 2021 DOI:
[10.1097/ALN.0000000000003729](https://doi.org/10.1097/ALN.0000000000003729)

Whether or not, a putative one-lung protective ventilation regimen would be independently related to reduced odds of the pulmonary complications following thoracic surgery was investigated in this multicenter retrospective observational study. The authors merged Society of Thoracic Surgeons Database and Multicenter Perioperative Outcomes Group intraoperative data for lung resection procedures using one-lung ventilation across five institutions from 2012 to 2016. A composite of 30-day major postoperative pulmonary complications was the primary outcome. Overall 3,232 cases were analyzed. Protective ventilation (mean tidal volume 6.4 vs. 4.4 ml/kg) was not related to a decrease in pulmonary complications, as revealed in a propensity score matched cohort (381 matched pairs). Experts found no independent link between a low tidal volume lung-protective ventilation regimen and a composite of postoperative pulmonary complications in this study population of patients receiving one-lung ventilation during thoracic surgery. However, there have been several studies comparing lung protective ventilation strategies and conventional ventilation during one-lung ventilation, which had shown a significant decrease in acute lung injury.

Arterial and end-tidal carbon dioxide partial pressure difference during prehospital anaesthesia in critically ill patients

Harve-Rytsälä H, Ångerman S, Kirves H, et al
Acta Anaesthesiologica Scandinavica; March 2021 DOI: [10.1111/aas.13751](https://doi.org/10.1111/aas.13751)

In critically ill patients, end-tidal capnography during prehospital anaesthesia routinely guides ventilation on the basis of the assumption that the gap between arterial partial pressure of carbon dioxide (PaCO₂) and end-tidal carbon dioxide partial pressure (PetCO₂) is nearly 0.5 kPa (3.8 mmHg). There can be a considerable

gap between end-tidal carbon dioxide and arterial partial pressure for carbon dioxide. The researchers explored this topic via this retrospective study of 502 patients (median age of 58 years), with post-resuscitation (155, 31%), neurological emergencies (96, 19%), intoxication (75, 15%) and trauma (68, 14%) being the most common patient groups. The median of the gap between PaCO₂ and PetCO₂ was reported to be 1.3 kPa. Findings indicate the likely inadequacy of end-tidal capnography alone as a method to achieve normoventilation for critically ill intubated and mechanically ventilated patients in prehospital settings. Therefore, an early arterial blood gas analysis may be useful in identifying patients with an elevated gap between PaCO₂ and PetCO₂.

Balanced opioid-free anesthesia with dexmedetomidine vs balanced anesthesia with remifentanyl for major or intermediate noncardiac surgery: The Postoperative and Opioid-free Anesthesia (POFA) randomized clinical trial

Beloeil H, Garot M, Lebuffe G, et al
Anesthesiology; March 2021 DOI:
[10.1097/ALN.0000000000003725](https://doi.org/10.1097/ALN.0000000000003725)

The authors hypothesized that opioid-free balanced anesthetic with dexmedetomidine would reduce the incidence of postoperative opioid-related adverse events compared with balanced anesthetic with remifentanyl. Participants were randomly assigned to receive a standard balanced anesthetic with intraoperative remifentanyl plus morphine (remifentanyl group) and dexmedetomidine (opioid-free group). Intraoperative propofol, desflurane, dexamethasone, lidocaine infusion, ketamine infusion, neuromuscular blockade, and postoperative lidocaine infusion, paracetamol, nefopam, and patient-controlled morphine were administered to all patients. A composite of postoperative opioid-associated adverse events (hypoxemia, ileus, or cognitive dysfunction), observed within the first 48 h post-extubation, was the primary outcome. Findings refuted the hypothesis that fewer postoperative opioid-associated adverse events would be offered by balanced opioid-free anesthesia with dexmedetomidine. The primary outcome was

more common among patients receiving opioid-free anesthesia. In fact, five subjects of dexmedetomidine group experienced severe bradycardia, and the study was terminated early.

Variable oxygen administration in surgical and medical wards evaluated by 30-day mortality- An observational study

Troensegaard H, Petersen C, Pedersen NE, et al

Acta Anaesthesiologica Scandinavica; March 2021 DOI: 10.1111/aas.13810

In this study, the relationship between excessive oxygen administration and 30-day mortality was evaluated in patients admitted to surgical or medical wards. Researchers enrolled individuals in the Capital Region of Denmark who were admitted to the hospital in 2014 for either myocardial infarction, acute exacerbation of the chronic obstructive pulmonary disease, hip fracture, or open abdominal surgery. Data of 11,196 patients was retrieved; of which 81% had adequate, 18% had excessive and 1.8% inadequate oxygen administration. The data revealed that although patients who received excessive oxygen administration in surgical and medical wards during the first 48 hours of admission had a higher mortality risk within 30 days compared to patients with adequate oxygen administration; those with inadequate oxygen therapy experienced higher mortality, longer length of stay (LOS), as well as higher biomarker values than the other two groups.

Comparison of ultrasound-guided type-II pectoral nerve block and rhomboid intercostal block for pain management following breast cancer surgery: A randomized, controlled trial

Ciftci B, Ekinci M, Basim P, et al

Pain Practice; March 2021 DOI: 10.1111/PAPR.13004

The researchers sought to determine the analgesic efficacy of the type II pectoral nerve block (PECS II) vs the rhomboid intercostal block (RIB) after breast surgery for the patients undergoing breast-conserving surgery-axillary dissection (BCS-AD) as they may suffer from moderate-to-severe pain. Both PECS II and RIB are interfascial plane blocks that have been reported to provide effective analgesia after breast surgery. The investigators assessed 90 female patients aged 18–65 years with American Society of Anesthesiologists (ASA) class I and II physical status who underwent unilateral BCS-AD surgery and divided them into

three groups (n = 30 in each): the PECS II group, the RIB group, and the control group. Outcomes revealed similar analgesic effectiveness of the PECS II block and the RIB after BCS-AD.

Effect of general anesthetics on caspase-3 levels in patients with aneurysmal subarachnoid hemorrhage: A preliminary study

Balasubramanian M, Kuberan A, Rawat A, et al. *Journal of Neurosurgical Anesthesiology* ; March 2021 DOI: 10.1097/ANA.0000000000000648

General anesthesia has been associated with neuronal apoptosis and activation of caspases. Apoptosis is a crucial factor in early brain injury following aneurysmal subarachnoid hemorrhage (aSAH). Hence, researchers assessed the impact of four anesthetic agents on cerebrospinal fluid (CSF) and serum caspase-3 levels in this double blind, prospective, randomized pilot study conducted in aneurysmal subarachnoid hemorrhage (aSAH) patients. In total, 44 good-grade aSAH patients with preoperative lumbar drain scheduled for surgical clipping or endovascular coiling were randomized to maintenance of anesthesia with propofol, isoflurane, sevoflurane, or desflurane. Findings suggested that the effects of propofol, isoflurane, sevoflurane, and desflurane on CSF and serum caspase-3 are comparable. The reduction of intraoperative CSF caspase-3 levels indicates that general anesthesia can play a role in neuroresuscitation by slowing the neuronal apoptotic pathway. CSF caspase-3 levels were decreased and serum caspase-3 levels were increased 1 hour after exposure to all 4 anesthetic agents compared to baseline. The levels returned to baseline values after cessation of anesthesia.

General vs regional anesthesia for cesarean section indicated for acute fetal distress: A retrospective cohort study

Metogo JAM, Nana TN, Ngongheh BA, et al *BMC Anesthesiology*; March 2021 DOI: 10.1186/s12871-021-01289-7

General anesthesia (GA) was compared with regional (spinal and epidural) anesthesia in terms of perioperative maternal and fetal outcomes in this retrospective cohort study of women undergoing caesarean section (CS) for acute fetal distress (AFD). Medical records of 117 pregnant women were analyzed who underwent CS indicated for AFD. Of these pregnant women, 83 (70.9%), 29 (24.8%) and 05 (4.3%) women underwent CS under SA, GA and EA respectively. Neonates delivered by CS

under GA were more likely to have a significantly low APGAR score at both the 1st (RR = 1.93, p = 0.014) and third-minute (RR = 2.52, p = 0.012) and to be resuscitated at birth (RR = 2.15, p = 0.015). Past CS, FHR pattern on CTG didn't affect these results in multivariate analysis. However, this failed to translate into a difference in perinatal mortality when comparison was performed between GA and RA. This finding does not reduce the role of GA, however, the necessity for specific precautions is emphasized like adequate anticipation for neonatal resuscitation to lower neonatal complications linked with CS performed for AFD under GA.

High flow nasal oxygen therapy to avoid invasive mechanical ventilation in SARS-CoV-2 pneumonia: A retrospective study

Bonnet N, Martin O, Boubaya M, et al
Annals of Intensive Care; March 2021 DOI: 10.1186/s13613-021-00825-5

In severe coronavirus disease 2019 (COVID-19), the preventive effect of high flow nasal canula oxygen therapy (HFNO) against invasive mechanical ventilation (IMV) has not been well established. Researchers here compared two strategies of oxygenation (conventional oxygenation and HFNO) in critically ill COVID 19 patients with respect to the risk of IMV. They conducted a bi-center retrospective study including 138 patients. Of these patients, 62 (45%) underwent treatment with standard oxygen therapy (SOT) alone, and 76 (55%) with HFNO. Outcomes revealed a lower rate of invasive mechanical ventilation in correlation with receiving high flow nasal canula oxygen for ARF due to COVID-19. However, length of ICU stay and mortality at day 28 and day 60 did not significantly differ between HFNO and SOT groups after weighted propensity score.

Perioperative anxiety in pediatric surgery: Induction room vs operating room

Wingler D, Liston D, Joseph A, et al
Paediatric Anaesthesia; March 2021 DOI: 10.1111/pan.14098

Perioperative anxiety can have a profound effect on children, with up to 70 percent of children undergoing outpatient surgery experiencing significant physiologic and/or psychological manifestations of anxiety. In this single institution multi-site prospective observational study, researchers sought to examine whether a difference exists between the utilization of an induction room vs the operating room on child

and parent perioperative anxiety for induction in parental presence. The study population consisted of 51 healthy children aged 6-12 years, scheduled for outpatient tonsillectomy and/or adenoidectomy and their parent. Two psychological measures of anxiety, (i) momentary and (ii) environmental, and one physiologic measure of anxiety (i) electro dermal activity were used. For children who underwent anesthetic induction in the induction room, all three anxiety responses were significantly lower and exhibited a large positive effect. The authors concluded that compared to an operating room, the non-pharmacological strategy of using an induction room for anesthetic induction of children can be clinically useful in reducing anxiety.

Prediction of death after noncardiac surgery: Potential advantage of using high-sensitivity troponin T as a continuous variable

Machado MN, Rodrigues FB, Nakazone MA, et al

Journal of the American Heart Association; March 2021 DOI: 10.1161/JAHA.120.018008

Increased high-sensitivity cardiac troponin T (hs-cTnT) above the upper reference limit (URL) after non-cardiac surgery identifies patients at risk for mortality. The investigators aimed at comparing the prediction of 30-day mortality among patients (876) > 40 years of age who underwent non-cardiac surgery using continuous postoperative high-sensitivity cardiac troponin T (hs-cTnT) levels to the use of the overall upper reference limit (URL) and age- and gender-specific URLs. Measurement of Hs-cTnT was done on postoperative day 1. Overall mortality of 4.2% was recorded. There was a 0.3% increase in mortality for each 1 ng/L increase in postoperative hs-cTnT. Hs-cTnT as a continuous variable was found to be independently related to 30-day mortality as well as it exhibited the highest accuracy. In addition, Hs-cTnT elevations using overall and/or age- and gender-specific URLs were linked with greater mortality. There is a continuous relationship between increased values of high-sensitivity cardiac troponin T in the postoperative setting and the risk for cardiovascular events.

Many of these events are thought to be attributable to type 2 myocardial infarctions, which might be amenable to prevention.

Departures

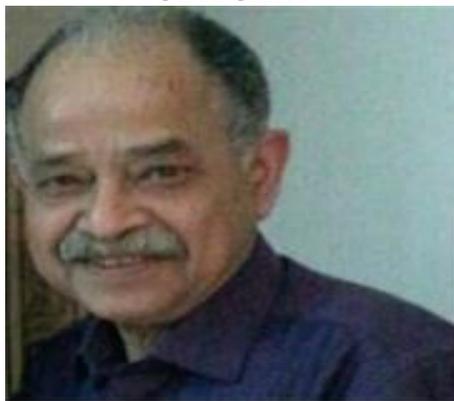
Brig Sadhan Sawhney hung up his uniform after completing 37 years of illustrious service on 28th February 2021. The family of Defence Anaesthesiologists wishes him and his family a very happy post retirement life.

The family also bid farewell to **Brig RM Sharma** on this day. Brig RM Sharma was associated with Armed Forces for 34 years and had been a truly inspiring teacher for all. We would also like to pay our regards and bid farewell to **Gp Capt MC Joshi** who completed distinguished 34 years of service. We wish him a wonderful second innings in life.

Arrivals

The family of the Defence Anaesthesiologists welcomes our young, dynamic newly graded specialists to the pool and addition to the clan: Lt Col Anvita Krishnakumar, Lt Col Anitabh Sukhadev, Lt Col Shaikh Azimuddin Najmuddin, Surg Cdr Pothireddy Sreenivasulu, Surg Cdr Vaibhav Dhanorkar, Lt Col Prashant Sharma, Maj Deepender Singh, Maj Sonia Bhan, Maj Kapil Kulkarni, Maj Rijesh R Unnithan, Maj Jimna Joy, Maj Kiran Kalshetty, Maj Naveen Kumar Singh, Maj Neetika Tripathi, Maj Praneet Vashishtha, Maj Sumit Sharma, Sqn Ldr Debarshi Guha, Sqn Ldr Ankur Gupta, Sqn Ldr Gursharan Singh Gill, Surg Lt Cdr Sudarshan Naik.

OBITUARY



Lt Col Ashok Kumar Garg
(06.05.1949 – 16.03.2021)

Lt Col (Dr) Ashok Kumar Garg fondly known as “Rocky” and “General Rock Jaw” was born in Delhi. Rocky did his schooling at DPS Mathura Road and The Air Force Central School (AFCS). He graduated from Armed Forces Medical College (AFMC) Pune in 1975 and joined Army Medical Corps, beginning his journey in the Army first as a Regimental Medical Officer with 14th Garwhal Rifles in Jodhpur. In 1985 he did his MD in Anaesthesia and was posted to various military hospitals in Pune, Delhi, Pathankot and Fatehgarh. He was an accomplished professional and soon acquired the distinction of being the ‘go to’ anaesthetist in the Armed Forces, especially for tricky cases. Rocky took premature retirement in 1997 after 22 years of distinguished services. In his post retirement phase as a civilian, he worked in senior and Head of Anaesthesia Department roles at Moolchand Hospital, Orthonova Hospital and Cygnus Orthocare Hospital. He was very highly regarded by his civilian colleagues, juniors, hospital staff and patients as well as members of the community where he lived in Delhi. Rocky was diagnosed with cancer of the pharynx, and fought determinedly till the end on March 16, 2021. The challenges he faced strengthened his resolve to overcome them. He became an epitome of stoic resolve and determination for his family and friends. He was ready to join in all batch activities in spite of his physical difficulties. He lived his life with positivity, compassion, courage and selflessness and touched the lives of people far and wide.

Farewell dear friend, you shall remain in our hearts forever. The picture of you astride on your ‘Bobby’ GTS Rajdoot bike, with your crooked smile, golden moustache, and mischievous glint in your eyes is firmly etched in ‘H’ batch memory. The tales of your adventures and misadventures will be extolled during our gatherings and reunions. REST IN PEACE GENERAL.

Dr Govind Jog (H Batch)