

**SREE CHITRA TIRUNAL INSTITUTE FOR  
MEDICAL SCIENCES AND  
TECHNOLOGY**

**THIRUVANANTHAPURAM - 695011**



**WORK BOOK**

**LIST OF PROCEDURES DONE**

**DIPLOMA IN OPERATION THEATRE TECHNOLOGY  
(DOTT)**

*BY*

**REMYA KRISHNAN L.K**

**YEAR OF STUDY - 2014 TO 2015**

**CERTIFICATE**

*I.....hereby declare that I have actually Performed  
all the procedure listed/carried out the project under report.*

*Place: Thiruvananthapuram*

*Date:*

*REMYA KRIHNAN L.K*

*Forwarded she/he has carried out the minimum requirements of procedures etc.*

*Place: Thiruvananthapuram*

*Date:*

*Head of the Department*

*Anaesthesiology*



## TechAspire

'Hands-On' training session for Biomedical Engineers and Technician Staff

This is to certify that

Mr/Ms REMYA KRISHNAN L. K

from SCTIMST

has attended

a 'Hands-On' training session for Biomedical Engineers and Technician Staff

held at **Thiruvananthapuram** on **12<sup>th</sup> September 2015**

A handwritten signature in blue ink that reads "Milan Rao".

**Milan Rao**  
CEO, GE Healthcare  
South Asia

Certificate of Participation

## **ACKNOWLEDGEMENT**

First and foremost I would like to thank to Head of the Department of Anesthesiology Prof Dr.Rupa Sreedhar and all other faculty members of the department who guided through the different cases of studies and encouraged and helped me in all aspects of my training. I thank the director of this Institute Dr. Asha Kishore, Dean Dr.Suresh Nair and Registrar Dr A.V George for their valuable advice, help and attention towards me. I express my gratitude to Mr. Koruthu P Varghese, the Head of the Department of Biomedical Engineering for his precious advice that helped me for the successful completion of the course. I also thank all other faculty members of the department who helped and encouraged me in technical Studies. I am also expressing my sincere thanks to the CSSD Supervisor. For their valuable guidance. I extend my heartfelt thanks to all technical staff, especially Scientific Assistant Mr. Binu Thomas for their timely guidance and ideas that helped to learn more. I am also grateful to all PG Students of the Department of anesthesiology. I am also thankful to all my friends who helped during the study in the Institute and the patients who were the core medium of study. At last I would like to acknowledge my sincere thanks to all colleagues for their co-operation in the work places and in the studies. I also thank to all other colleagues, Technical and Service personal and well wishers who helped me in all the way during the last two year of my study.

REMYA KRIHNAN L.K

## ABOUT OUR HOSPITAL



Originally established by the Government of Kerala as an advanced centre for medical specialties, Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) metamorphosed into an Institute of National Importance with the status of a University in 1980 under the Department of Science and Technology, Govt. of India by an Act of Parliament (Act 52 of 1980). The joint culture of medicine and technology that the Institute pioneered more than three decades ago has come of age and gained unprecedented acceptance in India. Imbued with an inclination to venture into less-trodden domains, the Institute focuses on patient care of high quality, technology development of industrial significance and health research studies of social relevance. The emphasis is on development of facilities less readily available elsewhere in the country such as **interventional radiology, cardiac electrophysiology, presurgical evaluation and surgery for epilepsy, microsurgery and deep brain stimulation for movement disorders, new biomedical devices and products, evaluation of medical devices to global specifications, new academic programmes and global public health networks.**

The Institute has three wings - the Hospital, Biomedical Technology Wing and the Achutha Menon Centre for Health Science Studies. Excellent research and teaching facilities are available at these centres.

This uniquely poised Institute has a dedicated team of clinicians, scientists and engineers devoted to high quality biomedical research and developing technologies in health care with emphasis on cardiovascular and neurological diseases.

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## **THE COURSE**

Diploma in Operation Theatre Technology (DOTT) started by the Institute in the year 1992 under the great vision of Dr. K. Mohandas, the former Director of this Institute.

This course enables the students in the operation and maintenance of variety of medical and electronic equipment, which are used in modern operation theaters for monitoring anaesthesia and surgical purposes.

The course concentrating on the skills of the students gained from their previous studies and improving them by repeated practice with the experienced anaesthetic team, makes a perfect technician fit for all emergency situations.

### **Educational Qualification**

A Diploma in Electronics/Instrumentation/Bio Medical Engineering with good academic record.

### **Duration**

Two Calendar Years.

### **Admission**

Through Common Entrance Test (CET) and Interview

## **SYLLABUS**

### **COURSE CONTENTS**

- Basic Anatomy and Physiology of Human body.
- Drugs used in anaesthesia / Basic Pharmacology.
- Principles of anaesthesia and intra operative care of the patient
- Equipment used in anaesthesia its basic principles, uses, troubleshooting and maintenance.
- Monitoring Equipment
- Principles and Techniques of Sterilization.
- Transfusions and Infusions.

#### OPERATION THEATRE TRAINING – 15 MONTHS

- Preparation of anaesthesia machines, ventilators, and other equipments used in anaesthesia and monitoring, electro cauterery, operating microscopes, operation tables and lights.
- Preparation of drugs used intra operatively and the setting up of intravenous infusion/ transfusion.
- Sterilization of the equipment used in anaesthesia such as ventilator tubing, transducer, tracheal intubating equipments (excluding surgical equipments)
- Maintenance of theatre equipments (excluding surgical instruments) gas and vacuum outlets, theatre lights and cables etc.
- Managerial aspects such as stock maintenance, preparation of indents, and maintenance of the narcotic drug register etc.
- Hospital pipeline systems and gas manifold including compressed air and vacuum.

#### BIO MEDICAL ENGINEERING 8 MONTHS (4 MONTHS EACH YEAR OF TRAINING)

During this period division of bio medical engineering will train the candidates in maintenance of the theatre equipments, hospital pipeline systems, gas manifolds, vacuum outlets, theatre lights, and table and electro cauterery.

#### CSSD 1 MONTH

Candidates will be posted under the Nursing Supervisor CSSD for training in all aspects of sterilization of the equipments (including surgical instruments) used in operation theatre.

#### CALL DUTY

24 hour call duty

#### OUR CLASSES

Anatomy and Physiology – Dr.Umesh (lecture in medical college)

Anaesthesia Machine, Working and its Function - Dr.Prashanth Kumar Dash

## **ANAESTHESIA: GIFT TO MANKIND**

### INTRODUCTION TO ANAESTHESIA

The term anaesthesia is a Greek derived noun used to define state of insensibility or loss of sensation with or without loss of consciousness. Dr. Oliver Wendell Holmes coined the term in 1846. Anaesthesia provides a better surgical access with less or no pain.

### DEFINITION OF ANAESTHESIA

Anaesthesia may be defined as a state in which as a result of drug induced unconsciousness, noxious stimuli can neither be perceived nor recalled.

### TYPES OF ANAESTHESIA

The main classification of anaesthesia includes General Anaesthesia (GA) and Regional Anaesthesia (RA).

#### REGIONAL ANAESTHESIA

It includes the loss of sensation of a particular region without loss of consciousness. The major type of Regional Anaesthesia includes:

1. Epidural Anaesthesia
2. Spinal Anaesthesia
3. Nerve Blocks
4. Caudal etc.

#### GENERAL ANAESTHESIA

**It involves the loss of sensation of pain with loss of consciousness. Four major components of General Anaesthesia include:**

- ❖ 1.Hypnosis
- ❖ 2.Analgesia
- ❖ 3.Amnesia
- ❖ 4.Muscle Relaxation

## **How The Patient Get Anaesthetized...**

On entering the blood stream the anaesthetic drug circulates to all organs of the body. The ultimate aim of the drug is to affect the Central Nervous System, which is fortunately the most richly perfused area of our body and rich in fat content so that the fat soluble anaesthetic drugs dissolves readily to produce the expected result.

In the case of inhalation anaesthetics that are absorbed to the blood stream through alveolar membrane (as long as partial pressure of anaesthetic in lung is greater than that in blood) is carried to the tissues and get absorbed and in turn remain under low tension than the blood. When administration of drug is stopped the process gets reversed. Liver is the second to absorb more quantity of drug (first being brain) and the muscles absorb only a little due to the low proportion of fat.

The gases are transported as simple solutions in blood without forming compounds with haemoglobin. The gases with relatively low solubility provide anaesthesia quickly than those with high solubility.

The highest areas are the first to loose their function, inducing unconsciousness. At this point the subconscious mind may give rise to unconscious struggling. This level of cerebral activity is next abolished leading to suppression of reflex response to stimuli. At first, co-ordinated reflex movements are abolished, then muscle contraction in response to, first stimulation of comparatively intensive structures and secondly stimulation of sensitive areas of the body.

## **EQUIPMENTS FOR ANAESTHESIA**

### **Introduction**

There are several physiological and anatomical differences of anaesthetic importance in infants and neonates when compared to an adult. Hence the anaesthetic equipment required for their use needs to be different and has to be specially designed. Difficulty was faced by the anaesthesiologists in the early era of modern anaesthesia in not only anaesthetizing these miniature human beings, but also in oxygenating them without bursting their delicate alveoli. However, if the anaesthesiologist selects equipment appropriate for the paediatrics and understands the proper use of those equipments, the anaesthetic course can be made smoother and safer.

### **A. Airway gadgets and their accessories:**

#### **I. Face masks:**



Face masks are used for noninvasive administration of gases from the breathing systems to patients and they need to have a good airtight seal over the face. Face masks, those made of silicon rubber, have less dead space but are difficult to use; Rendell – Baker – Soucek mask is specially manufactured for Neonates, and Trimar mask which is triangular in shape, offers low dead space.

#### **II. Oral and nasopharyngeal airways:**



Oropharyngeal Guedel airways

Oropharyngeal Guedel airways are widely used in paediatric patients. But care should be taken in deciding size of airway. For proper placement, when flange is at the centre of the lips, the end should be

at the angle of the jaw. The anaesthesiologists should always keep in mind that an incorrect airway can make the matters worse by aggravating the airway obstruction. Nasopharyngeal Airways can be used for relieving the airway obstruction by opening the nasopharynx in emergencies and also useful for children with loose teeth where an oropharyngeal airway may be hazardous. The size chosen should be 1mm less than the tracheal tube. Nasopharyngeal airways may also be used for the provision of nasal CPAP in small infants. The calibrated percentage and precision of delivery of vaporisers are of supreme importance in children.



Nasopharyngeal Airways

### **III. Laryngeal mask airway:**



The wide LMA is advantageous as it offers a low resistance to gas flow during spontaneous breathing compared to a small tracheal tube, there by reducing the work of breathing. However, intubating LMA and Combitubes have not yet gained the popularity in paediatric patients. LMA's are used, if required for special situations like Pierre Robin Syndrome or other difficult airways situations as, it is easier to insert it partially inflated in side ways and then rotated. Disadvantage of LMA is that laryngeal seal is difficult to achieve. Position is not always satisfactory and hence gas leaks are common. IPPV is not recommended with classic LMA in children but reinforced LMA have made their use more practicable in all situations.

SIZE	SIZE OF THE PATIENT	CUFF INFLATION VOLUME
1	NEONATES UP TO 5 Kg	UP TO 4 ml
1.5	INFANTS 5 -10 Kg	UP TO 7 ml
2	PAEDIATRIC 10 -20 Kg	UP TO 10 ml
2.5	20 - 30 Kg	UP TO 14 ml
3	30 - 50 Kg	UP TO 20 ml
4	50 -70 Kg	UP TO 30 ml
5	70 -100 Kg	UP TO 40 ml
6	ABOVE 100	UP TO 50 ml

**IV. Endotracheal tubes:**



Uncuffed Portex



Cuffed Portex

The ideal position for the tip of the tube is midtrachea. (Obtained by passing 3 and 3.5mm tube for 3 cm, 4 and 4.5 mm tube for 4 cm, 5 and 5.5 mm tube for 5 cm. approximately). However the approximate size and length of the tube can be decided by the following formulae:

**Size:**

$$\text{ID (mm)} = \text{Age (years)} / 3 + 3.5 \text{ (Age < 6 years)}$$

$$\text{ID (mm)} = \text{Age (years)} / 4 + 4.5 \text{ (Age > 6 years)}$$

**Length:**

For oral - Age/2 + 12 cm

For nasal - Age/2 + 15 cm

**Types of tubes available for paediatric use are:**

- a. Red rubber -Plain and cuffed
- b. PVC - Plain and cuffed
- c. RAE (Ring Adaire and Elvin) tube.



- d. Cole's tube.
- e. Oxford ETT.

Spiral embedded or flexometallic or reinforced armoured tubes are available for infants above 1 year. Cuffed double lumen tubes do not exist in paediatric sizes and one lung anaesthesia is achieved by endobronchial intubation. Recently there has been renewed interest in the usage cuffed tubes in small children which reduce the number of postoperative airway problems by eliminating the need for repeat laryngoscopy. High volume low-pressure cuffs are used to minimize the damage to mucosa of the trachea in the cricoid region. In infants and children the airway narrows below the cords at cricoid ring (subglottic), hence a variety of soft rubber and PVC tubes are available. However, an appropriate tube has to be selected to pass through the subglottic stenosis. Cole's pattern tubes have wider bores narrowing at a shoulder to a section that passes the cords. Easier to use in neonatal emergency and the shoulder junction sits on the vocalcords; but has the problem of increased airway resistance and advantage of avoiding endobronchial intubation.

## V. Laryngoscopes



For paediatric patients, open semicircular, straight bladed laryngoscopes are usually preferred. Laryngoscopes with thin handle are easy to hold for intubation in paediatrics. There are different types of laryngoscope blades available for paediatrics e.g. Robert shaw, Seward, Magill etc Intubation in paediatric patients can be achieved by using either of the following techniques:

- The tip of the blade placed in the vallecula.
- Epiglottics is lifted with the blade.
- The tip of the blade initially placed in the oesophages, and then withdrawn until the cords appears.



## VI. Magillforceps:



Paediatric size Magill's forceps is useful to place nasal tubes, to pack pharynx or larynx and to hold tongue and other soft tissues of mouth.

## VII. Stylettes:



- Metallic malleable stylettes: Malleable stylettes should be only upto the end of the tube and should not project beyond the bevel for obvious reasons of avoiding trauma to the airway.
- Lighted stylettes: They are useful but have heavy handles causing inconvenience to use in infants.

## VIII. Bougie:

A gum elastic bougie is used when it is difficult to visualize the vocal cords, first the bougie is inserted through the vocal cords, and then the tracheal tube is railroaded over it.



## **B. AIR WAY MANAGEMENT EQUIPMENTS**

### **1. MECOY LARYNGOSCOPE**



Laryngoscopy is a medical procedure that is used to obtain a view of the vocal cords and the glottis. Laryngoscopy may be performed to facilitate tracheal intubation during general anaesthesia or cardiopulmonary resuscitation or for procedures on the larynx or other parts of the upper tracheobronchial tree.

- Help in intubation during the administration of general anaesthesia or for mechanical ventilation.
- Detects causes of voice problems, such as breathing voice, hoarse voice,

## 2. C Trach Intubating LMA



The LMA CTrach is designed to increase intubation success rates in difficult airways. The LMA CTrach mask enables ventilation during intubation attempts while built-in fiberoptics provide a direct view of the larynx and real time visualization of the ET tube passing through the vocal cords.

The LMA CTrach can be inserted exactly the same as the LMA Fastrach. However, unlike the LMA Fastrach, once the airway is secured and patient is being ventilated, the viewer is switched on, placed in the magnetic connector and a clear image of the larynx is displayed in real time. The ET tube can be viewed as it enters the trachea. Once the patient is intubated, the viewer is removed and the mask is removed leaving the ET tube in place.

### FEATURES

- The LMA CTrach Viewer is totally wireless and portable.
- The Viewer provides controls for focusing and image adjustment.
- The battery provides 30 minutes of uninterrupted viewing
- A dedicated ET tube with a traumatic tip is designed to enter the trachea at the correct angle through the LMA CTrach.
- Two fiber optic bundles emerge at the distal end of the airway tube, under the modified Epiglottic Elevating Bar, which optimizes the light source and enables uninterrupted image transmission to the viewer, while protecting the airway tube from obstruction and raising the epiglottis out of the way for an ET tube to pass through.
- Anatomically curved airway tube with integrated fiberoptic technology. Magnetic latch connector correctly positions and secures the viewer to the LMA CTrach.

### 3. Pentax Airmay Scope-Rigid Laryngoscope



PENTAX Airway scope is a rigid video laryngoscope for intubation, with the intlock ITL-S, a specialized laryngoscope blade. The Awe's video monitor allows simple yet accurate verification during tracheal intubation procedures.

The airway scope is newly released by PENTAX. It is possible to perform tracheal intubation easily. It has an imaging CCD and LED light attached to its tip. It allows the operator to verify conditions in the oral cavity and the intubation status during tracheal intubation on a 2.4-inch colour LCD monitor. With this device, there is no need to extend the patient's neck or apply excessive force. By placing the airway scope under the epiglottis and raising it lightly, it is possible to insert an endotracheal tube into the trachea. Even it can be used by less experienced operators for fast and accurate tracheal intubation.

#### FEATURES

- **Monitor Verification:** Pentax is having a scope with tip mounted imaging CCD and displays conditions in the oral cavity and the intubation status during tracheal intubation.
- **Intubation from Various Positions:** The angle of the built in monitor screen can be adjusted for easier viewing. So it is possible to perform tracheal intubation while comfortably viewing inside the patient's mouth cavity from various positions.

- **Easy and Precise Intubation Using the Sighting Device and Guides:** Intubation can be completed easily and precisely by aligning the sighting Device shown on the monitor with the various intubating positions and gently pushing the endotracheal tube along the intlock's guides.

### **Other features**

- It is water resistant equipment.
- It can be used continuously for about 1 hour (when using fresh batteries).
- It intlock blade incooperating with a channel for suction catheter.

### **4. Bonfil Retromolar Intubation Fiberscope**

The Bonfil intubation fiberscope is a non-malleable stylet laryngoscope with a 40° distal curve. It has a 5mm outside diameter and a length of 40cm. A 6mm internal diameter or larger tracheal tube can be inserted over it. It has a movable eyepieces as well as a slide adapter foe stabilizing the tracheal tube. The adapter has a connector to administer oxygen during intubation. It can be used with batteries or a separate fiberoptic light source.



#### **ADVANTAGES:**

- Optical stylets are relatively easy to use for routine and difficult intubations.
- Intubation with this device may be successful after failed direct laryngoscopy.
- Since the trachea can be visualized, esophageal intubation should not occur.
- The incidence of sore throat and the increase in heart rate are less than with conventional laryngoscopy.

- The risk of dental trauma and soft tissue damage will be reduced if a conventional laryngoscope is not used in conjunction with the optical stylet.

**DISADVANTAGES:**

- Intubation time may be longer than with conventional laryngoscopy.
- Secretions on the lens may cause intubation failure.
- Nasal intubation cannot be performed with some of this device.

**5. Flexible Fiberoptic Bronchoscope**

The flexible fiberoptic is used to o bronchoscopes lace and evaluate placement of tracheal, double lumen, tracheostomy, and gastric tubes and bronchial blockers, check tube potency, evaluate the airway, fiberoptic endoscope can be used with a video camera and screen.



**DESCRIPTION:**

The fiberscope is a composed of several parts, which include the light source, handle, and flexible insertion portion.

**Light source:**

**Handle with batteries:** A handle with batteries that uses a halogen light blb is compact, convenient and inexpensive.

**Separate light source:** The light source is contained in the scope by a universal cord. A bright light without much heat is produced. UV light is filtered in the fiberscope but not in the light6 source or transmission cord.

**Handle:** The handle is the part held in the hand during case. It houses the batteries, if they are used as the power source, or there may be a connector for a separate light source. Other parts of the handle include the eyepiece focusing ring, working channel port and and tip control lever. By timing the focusing ring, through image can be brought into focus. A camera can be attached to the eyepiece for remote viewing.

**Insertion cord:** The insertion cord is the portion of the fiberscope that is inserted into the patient and lover, which the tracheal tube can be passed. The outside diameter of the inserton corddetermines the smallest size tracheal tube that the cord can pass through.

Light is supplied from a separate source. The lever on the handle controls deflection of the tip in two directions. Two ports attach to the working channel. One is for insufflation or injection and one is for suctioning.

**ADVANTAGES:**

- Flexible fiberoptic endoscopy is a very reliable approach to difficult airway management.
- It can be orally and nasally and when access to the airway is limited.
- It can be used to intubate patients who are difficult or impossible to intubate with a rigid laryngoscope.
- It is especially usefull for patients with unstable cervicle spines and for those at high risk for dental damage.

**DISADVANTAGE:**

- This is more expensive, fragile and difficult to use and clean than a rigid laryngoscope.
- Fiberoptics intubation requires more time than intubation with a rigid laryngoscope, so it is limited use in emergnrcy situations or during a rapid sequence induction.
- It does not allow direct manipulation of airway structures.

## 6. C MAC Video Laryngoscope



C MAC video laryngoscope, which has virtually no learning curve owing to its use of standard Macintosh and Miller blades for adults through neonates

### **TRACHEOSTOMY TUBES:**

Wide range of tracheostomy tubes is available. E.g. Shiley and Fortecs. Other tubes for spontaneous ventilation include Great Ormond Street plastic tube and Silver tracheostomy tube etc. Bivona adjustable tubes are useful in difficult circumstances. Smooth plastic tracheostomy tubes with or without inner tube with wide flanges are preferable, may a times.



Commonly called as catheter mounts which serve to modify the internal diameter of the components and connect the breathing system to either the ETT or reservoir bag. Sleeves alter the external diameter of a component.

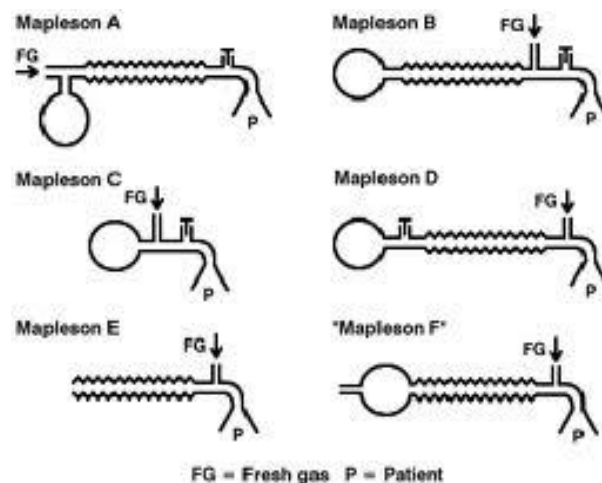
## CONNECTORS AND ADAPTERS

Connector is a fitting intended to join together two components mechanically. Neater 8.5 mm connectors are used with smaller tubes; earlier connectors like Magill curved oral and nasal which provide laminar flow are used in children. Rowbotham connections are similar to Magill's and the connector end can accommodate 2 to 3 sizes of even paediatric patient but are not in use because of the turbulent flow. An Adaptor is a connector that establishes functional continuity between two components available as straight, right angle T and Y shaped and serves several purposes.

## BREATHING SYSTEMS:

Paediatric breathing systems should be light weight. It should have low dead space and it should offer low resistance in spontaneous breathing. Breathing systems, used for paediatrics can be divided into those with CO<sub>2</sub> absorber and those with no absorber systems. Mapleson breathing systems are semiclosed systems and there are no unidirectional valves to direct gas flow. There is no CO<sub>2</sub> absorption in the circuit and so the fresh gas flow (FGF) must wash away the expired carbon dioxide. Mapleson D and F systems are the most efficient for use with IPPV. The Humphrey ADE is a combination of three systems, Brain and Lack (Mapleson A, Mapleson D and E.) A disposable version of the Ayres T-piece with Jackson Rees modification Bain's circuit and Lack's modifications systems are not preferred in paediatric patients.

### 1. SEMICLOSED CIRCUITS



### **(A) Mapleson A (Magill System)**

As the patient exhales, initially the gases from the anatomical dead space are channeled through the tubing back towards the reservoir bag which is filled continuously with fresh gas flow. Pressure builds up opening the APL valve and expelling the alveolar gases first. By that time the patient inspires again getting a mixture of fresh gas flow and the rebreathed anatomical dead space gas.

It is a very efficient system for spontaneous breathing, because there is no gas exchange in the anatomical dead space, the fresh gas flow requirements to prevent rebreathing of alveolar gases are theoretically equal to the patient's alveolar minute volume (about 70ml/kg/min).

### **Lack System**

The inside tube is wide in diameter (14mm) to reduce resistance to expiration. The outer tube diameter is 30mm. A similar mechanism to the Magill system except the Lack system is a coaxial version. The fresh gas flows through the outside tube whereas the exhaled gases flow through the inside tube. The fresh gas flow rate of about 70ml/kg/min is required in order to prevent rebreathing. Instead of coaxial design a parallel tubing version of the system exists. This has separate inspiratory and expiratory tubing.

### **(B) Mapleson B and Mapleson C**

Both systems are not efficient during spontaneous ventilation. A fresh gas flow of 1.5-2 times the minute volume is required to prevent rebreathing. During controlled ventilation the B system is more efficient due to the corrugated tubing acting as a reservoir.

### **(C) Mapleson D (Bain System)**

A Bain system is a coaxial version of the Mapleson D system. It is light weight and compact at the patient end. During spontaneous ventilation the patient's exhaled gases are channeled back to the reservoir bag and become mixed with fresh gas flow. Pressure build up within the system will open the APL valve allowing the venting of the mixture of exhaled gases and fresh gas flow. The fresh gas flow required to prevent rebreathing during spontaneous ventilation is about 1.5-2 times the alveolar minute volume. A flow rate of 150-200ml/kg/min is required. It is a more efficient system for controlled ventilation. The parallel version of the D system is available.

### **(D)Mapleson E (Ayres T Piece )**

It is Ayres T piece with Corrugated Tubing. It is a paediatric circuit. This circuit is basically a circuit only for spontaneous respiration. It can be utilized for controlled ventilation by intermittently occluding the end of expiratory limb.

### **(E)Mapleson F (Jackson Rees Circuit)**

It is a paediatric circuit used for children <6 years of age or less than 20kg. It is modification of type E Ayres T piece. Fresh gas flow for type F is 1.6 times the minute volume for controlled ventilation and 2.5 times the minute volume for spontaneous ventilation.

### **Other New Circuits**

#### **Hafina System**

These are modifications of A, B, C and D. Expiratory Valve is replaced by suction port and ejector flow meter. This is to decrease theatre pollution.

#### **Mera F(Universal F)**

It is like Bain Circuit and is less bulky.

#### **Humprey ADE System**

A single lever changes from one circuit to another. That is from A to D by moving the lever downwards and D to A moving the lever upwards and when port is left open it acts like E.

### **CIRCLE SYSTEMS:**

During earlier years Waters steel portable canisters were used but now have become obsolete now. Circle systems now days are not widely used as they offer resistance to the flow. Disposable circle systems are also available but expensive.

## **RESERVOIR BAG**

Also known as respiratory bag or rebreathing bag made of rubber or neoprene. The neck of bag is the part that connects with breathing system. The tail end of the bag has control valve for adjustments depending upon the required leak. Available sizes are 0.5 L, 0.7 L and 1.5 L for different sized patients.

Functions of reservoir bag:

- a. Accumulation of expiry gas and collection of fresh gas flow.
- b. It acts to protect the patient from excess of pressure in the breathing system.
- c. In spontaneous ventilation one can assess the rate of depth of respiration
- d. In controlled ventilation by tactile sensation we can make out the attempt of breathing and can assist ventilation.
- e. Used for controlled respiration (IPPV).
- f. Provision of the peak inspiratory flow rate.

## **AMBU BAG**



This is a means of providing manual IPPV. It is portable and is used during resuscitation, transport and short-term ventilation.

### COMPONENTS

- Self inflating bag with a connection for oxygen.
- A one way valve with three ports.
- A reservoir for oxygen to increase the FiO<sub>2</sub> delivered to the patient.

#### MECHANISM OF ACTION

- The non breathing valve incorporates a silicon rubber membrane. It has a small dead space and low resistance to flow. At a flow of 25 L/Min, an inspiratory resistance of 0.4 cmH<sub>2</sub>O and expiratory resistance of 0.6 cmH<sub>2</sub>O are achieved. The valve can easily be dismantled for cleaning and sterilization.
- The valve act as a spill over valve allowing excess inspiratory gas to be channeled directly to the expiratory outlet, bypassing the patient port.
- The valve is suitable for both IPPV and spontaneous ventilation.
- The shape of the self-inflating bag is automatically restored after compression. This allows fresh gas to be drawn from the reservoir.
- A paediatric version exists with a smaller inflating bag and a pressure relief valve.
- Disposable designs for both the adult and paediatric versions exist.

#### **CORRUGATED BREATHING TUBE:**



Also acts as reservoir for gases and connects the patient to the machine. There are made of plastic or rubber and are corrugated to prevent kinking and convey gases to and from the patient. However, if the plastic tubes are weak “back lash” may occur i.e., collapse on inspiration and bulging on expiration.

## **VENTILATORS:**

Manual ventilation in these patients is most satisfactory many a times because the changes in lung compliance and airleaks can be detected easily. The ventilators available are classified under familiar headings based on power source and cycling as pressure or flow generators. Most mechanical ventilation in small children is defined by the fraction of oxygen in the inspired air (FiO<sub>2</sub>). In practice, ventilation is set up according to sensible predicted values and then modified according to monitoring T piece occluding ventilators – the lowest acceptable mean airway pressure is used to prevent barotrauma. In OTs, ventilators with a separate driving gas are favoured. Filters, humidifiers are not very popular in paediatric practice, because when wet they may become less efficient and allow bacteria to passed through when placed between the patient and breathing system

## **AESTIVA MACHINE**

Aestiva is a flexible, accessible and intuitive anesthesia delivery system. It consists of microprocessor-controlled ventilator with internal monitors, electronic PEEP, two modes of ventilation and waveform and other parameter display, vaporizers and gas delivery system for the conduct of anesthesia. Thus Aestiva is two-in-one machine with anesthesia delivery system and ventilator with display.

The two **modes** of ventilation are **Volume controlled and Pressure controlled**. It can be used for pediatrics, neonates and adult patients. The minimum and maximum values for variable parameters are

Tidal Volume – 20ml to 1500ml

Respiration Rate – 4 to 100 bpm

PEEP – 0 to 30cm H<sub>2</sub>O



I: E ratio – 1:8 to 2:1

Inspiratory Pressure – 5cm H<sub>2</sub>O to 60cm H<sub>2</sub>O

Pressure Limit – 12cm H<sub>2</sub>O to 100cm H<sub>2</sub>O

It contains built in flow transducers, pressure transducers and O<sub>2</sub> sensor (galvanic fuel cell). In addition some models allow bypass of CO<sub>2</sub> absorber also. There are audible and visual indications for alarms. Written messages are available for direction for use and in alarm conditions. Audiotorr provides a musical sound while ventilating. The machine can allow ventilation using bag.

### **FEATURES**

- Pneumatic gas mixing and hypoxic guard (minimum 25% O<sub>2</sub> with any concentration of N<sub>2</sub>O)  
Minimum O<sub>2</sub> of 50ml.
- Optional dual flow meter for resolution of low gas flows (1. 0 to 0.95 Ltrs and other from 1 to 15 Ltrs for O<sub>2</sub> and Air, and 1 to 10 Ltrs for N<sub>2</sub>O).
- Smooth and fast acting fresh gas control
- Pressure gauges for pipeline and cylinders
- Tool free installation and disassembling
- High levels of control and accuracy

Anaesthesia machine is divided into 3 parts

- ❖ High Pressure System
- ❖ Inter Mediate Preure System
- ❖ Low Pressure System

### **High pressure system**

It includes cylidres with pressure regulator, yoke aembly, oxygen fluh and pressure reducing valve.

### **Inter mediate pressure sytem**

It start from pressure reducing valve to flow control valve.It includes oxygen failure alarms and oxygen nitrous lock

### Low pressure system

Downstream to flow control valve up to machine outlet. It includes rotameter, vaporizers, high pressure valve.

### Pipeline Supply

Larger hospitals supply medical gases from a central store via pipelines in the floor and walls. The central store may be a bank of large cylinders, or in the case of oxygen, a large insulated tank of liquid oxygen maintained at approximately minus 165 degrees centigrade. The piped medical gases are delivered to specific ports located in the wall of the operating theatre and anaesthetic room. Non-interchangeable spring loaded valves (Schraeder Valves) are inserted into the wall ports and connect to the anaesthetic machine via flexible but non-crushable tubing. The valves are specific for each gas and the tubing is colour coded and permanently bonded to the individual valve. The pressure in anaesthetic gas pipelines is 4 bar (the same as the working pressure of the anaesthetic machine). All anaesthetic machines, including those on pipeline gases, should have reserve gas cylinders attached, but turned off.

### Flow meters

The gases from both cylinders and pipelines flow through narrow steel tubing to the rotameters where the flow rate of the gases is controlled by a needle valve. The flow rate of the individual gas is shown by a float or bobbin in a vertical glass tube. These tubes are individually calibrated by the manufacturer and are not interchangeable. The control knob for oxygen is larger and different in shape to the nitrous oxide control. After the gases have passed through the rotameters the different gas tubes are joined together with oxygen added last so that the chances of a hypoxic mixture resulting from a leak of gases is minimised. Many machines now also link the flow of nitrous oxide to that of oxygen to ensure that a minimum of 25% oxygen will always be delivered.

### Pressure Relief Valves

If the anaesthetic machine is fitted with a pressure relief valve it will usually be located on the back bar distal to the vaporisers. The valves are designed to protect the machine and vaporisers against

high pressures. They do not offer any protection to the patient. By occluding the common gas outlet with a thumb the pressure rises within the machine and will open a pressure relief valve, commonly at about 35kPa. Never try this in a machine without checking to see if a valve has been fitted.

### **Emergency Oxygen Flow**

An additional high flow rate emergency oxygen supply (35 litres/min) bypasses the flow meters and vaporisers joining the common gas pathway near the common gas outlet. This emergency oxygen supply is operated by a spring loaded button. If this flow is accidentally left on there is a risk of diluting the other anaesthetic gases resulting in light anaesthesia or even awareness. Some modern machine is designed so that the flow cannot be left on.

### **Oxygen Failure Alarms**

The risk of supplying a hypoxic gas mixture to the patient must never be forgotten. Oxygen failure warning devices are now fitted to all anaesthetic machines. Most are powered only by the oxygen pressure and do not depend on mains electricity or battery power. They are activated by a fall in oxygen pressure and emit a loud whistle that may only be reset by the return of the correct oxygen pressure. Until that time all the gases are vented to the atmosphere and away from the patient by a safety valve.

### **Non-return valves**

It prevent empty cylinders from being refilled by other cylinders if they are left turned on. These are also fitted on the back bar and prevent gases from being pumped backwards through the vaporisers. This may occur during the ventilation cycle of a minute volume divider ventilator such as the Manley ventilator when the flow of gases from the common gas outlet may be briefly reversed. Without a non-return valve these gases can be pumped backwards through the vaporisers thus increasing the concentration of volatile agent being delivered.

### **MRI COMPATIBLE AESTIVA MACHINE**

MRI compatible AESTIVA/5 machine is boon to anaesthetist who is dealing with critically ill patients who cannot control their body movements. AESTIVA/5 MRI compatible machine is validated for use in MRI environment of 300Gauss, 1.5 T and 3T active shielded magnet. It uses same software controls as the ordinary AESTIVA/ 5 machines.

### Special features

- Partially integrated magnetic field strength monitor.
- Low overall height.
- Superior ventilation with Volume control, pressure control, SIMV and electronic PEEP.
- Tidal volume compensation.
- Facility to use both in MRI and Operating rooms.

### SERVO 300 VENTILATORS

Can be divided into 2 main parts:

#### **Control Unit**

Front panel section

Control section

#### **Patient Unit**

Pneumatic section

Power section

Both these units are connected to each other with the interconnection cable.

### Basic Working

The high-pressure gas is connected (i.e., air and oxygen) to two inlets. Then these gas flows are mixed and then controlled by inspiratory valve according to the panel settings. The pressure transducer. It is also coordinated with PEEP control for PEEP setting. The gas regulating section takes the feedback from inspiratory pressure transducer and oxygen analyzer and regulates them according to the values. The inspiratory system also has a safety valve to protect from high pressure more than 120 cm H<sub>2</sub>O. The oxygen cell and inspiratory pressure transducer are protected by bacteria filters.

The expiratory gas flow is measured by expiratory flow transducer and senses the flows and monitors when patient triggers. The expiratory pressure is measured by expiratory leaves from the patient system via expiratory outlet containing a non-return valve acts as a part of triggering system.

It also contains timing and control units for generating signals for all modes and setting inspiratory pause and inspiratory time etc.

## **PURITAN BENNET 7200 VENTILATOR**

Used in ICUs

### **Modes**

– CMV, SIMV, CPAP

Includes two systems – pneumatic and electrical

### **Pneumatic system**

Under control of microprocessor in the electrical system supplies air oxygen to the patient system external to the ventilator. Air for delivery to patient and pneumatic system is supplied by external supply or optional compressor. Oxygen is provided by an external supply.

### **Working**

Air and oxygen from the valve outlet are filtered and regulated by the input system. There is a non-return valve to prevent damage to supply gas. Line pressure and flow are measured by transducer / sensors. If the air pressure decreases, compressor gives the adequate pressure. Then the gas is mixed by oxygen – air proportional solenoids (PSOL). PSOL receives preset values from front panel. Then the gas is delivered through nebulizer and filter. There is a water trap inside the exhalation port. The exhalation part consists of the PEEP circuit. There is safety valve to obtain one-way ventilation.

## **TAEMA OSIRIS PORTABLE VENTILATOR**

It is mainly a transport ventilator in case of emergency. It can also be used in ICUs and postoperative rooms in the presence of a standard monitor. It is an adjustable controlled frequency ventilator. It has the following modes of operation. It consists of knobs for adjusting tidal volume, F min, P max, I/E ratio, mode selector and PEEP knob.

### **FEATURES AND SPECIFICATIONS**

- It can be used for controlled and assist modes of ventilation with 100% O<sub>2</sub> or in combination with air.
- It has an effective alarm system (visual and audible) which include those for P max, Fmax, Ventilator faults etc.

- It works with O<sub>2</sub> supply of 280Kpa to 600Kpa.
- The tube supplied is made of silicone and is autoclavable, hence re-usable.
- There is a safety catch at 10cm H<sub>2</sub>O for PEEP adjustment.

### **Working**

The regulator regulates the oxygen from cylinder and the flow rate value adjusts the flows according to the mode selector switch and tidal volume control knob. The FIO<sub>2</sub>% is achieved by venturi system through the ambient air intake. Then the gas is supplied through a pneumatic valve operates according to the user preset values and PEEP settings. The expiratory at patient end have a non-return valve and operate according to the control through a small diameter open-ended tube. The pressure senses the system pressure. The whole system is controlled by microcontroller.

### **TAEMA HORUS VENTILATOR**

Suited for ICUs for Paediatric to Adult medical care

Tidal volume – 20 to 1500ml

Respiration rate – 4 to 80bpm

Numerous ventilation modes

It is made up of two modules; a ventilator module and a monitor module.

Monitor Module – Monitoring the ventilation and managing patient alarms.

Ventilation Module – Has direct access to the set values.

As soon as the machine is started and tests are carried out continuously during use.

### **Working**

The gases from manifolds/cylinders connected to the inlet of the ventilator. It is filtered and two equalizers balance the pressure of oxygen and air. If pressure of any one gas reduces, the pressure trap is activated and other gas supplies both ends of equalizer. If two gases failures, the ventilator gives alarm. Then the gases are mixed in the mixer according to the preset ratio and the regulator regulates the pressure of these mixed gases. There is a reservoir to store the mixed gas to be used for compensation. There is a pressure relief and safety valve for preventing damaging to both patient and the machine. The

gas then flows to patient through inspiratory valve controlled by microcontroller according to the preset values (e.g. different modes and flows). The FIO<sub>2</sub> cell measures the oxygen percentage of the inspired gas. The inspiratory flow sensor measures the inspiratory flow. Expiratory side also contains expiratory valve and flow sensor. The expiratory valve opens and closes according to the preset cycle and PEEP value.

### **SIEMENS SERVO – I VENTILATOR**

Used for treatment and monitoring patients in range of neonate, infant and adults. It is not intended to use with anaesthetic agents. It consists of a patient unit where gases are administered and the user interface where the settings are made and ventilation is monitored. The ventilator delivers controlled or supported breaths to the patient with either constant flow or constant pressure using a set O<sub>2</sub> concentration. It can be delivered in 3 configurations.

Adult (10 – 250 kg)

Infant (0.5 – 30 kg)

Universal (0.5 – 250kg)

#### **Available Modes**

- Neurally Adjust Ventilatory Assist (NAVA)
- Pressure regulated volume controlled (PRVC)
- Volume Controlled & volume Support
- Pressure controlled & pressure support
- Continuous positive airway pressure (CPAP)
- Synchronised intermittent mandatory ventilation (SIMV)

#### **NEURALLY ADJUSTED VENTILATORY ASSIST (NAVA)**

Neurally Adjusted Ventilatory Assist (NAVA) is a new positive pressure mode of mechanical ventilation, where the ventilator is controlled directly by the patient's own neural control of breathing. The neural control signal of respiration originates in the respiratory center, and is transmitted through the phrenic nerve to excite the diaphragm (Eadi). These signals are monitored by means of electrodes mounted on a nasogastric feeding tube and positioned in the esophagus at the level of the diaphragm. As

respiration increases and the respiratory center require the diaphragm for more effort, the degree of ventilatory support needed is immediately provided. This means that the patient's respiratory center is in direct control of the mechanical support required on a breath-by-breath basis, and any variation in the neural respiratory demand is responded to by the appropriate corresponding change in ventilatory assistance.

Signals coming from cardiac pulsation and esophagus are filtered and then the remaining signals are amplified into a processing unit. These signals are finally delivered to the ventilator, which finally assists the patient proportional to the strength of the EAdi and a fixed gain constant. A user-adjustable proportionality factor (the gain) is available to set the amount of ventilator assistance for a given level of EAdi. EAdi represents the global activity of the diaphragm and so the intactness of the phrenic nerve is necessary for the reliability and strength of the signal.

Conventional mechanical ventilators sense patient effort by either a drop in airway pressure or a reversal in flow, the last and slowest reacting step in the chain of respiratory events. NAVA, on the other hand, senses the electrical activity of the diaphragm, which is the earliest respiratory signal that can be detected.

There are several potential benefits with NAVA including:

Improved synchrony between the patient and the ventilator, off-loading of inspiratory muscles.

Lung protection through avoidance of over or under assistance of the patient

Enhanced patient comfort as the improved synchrony helps minimize patient discomfort and agitation while it promotes spontaneous breathing

The Edi signal can be used as decision support for medical staff concerning unloading or extubation

The Edi signal can be used as a unique monitoring tool providing information on respiratory drive, volume requirements, and effect of ventilatory settings and to gain indication for sedation and weaning.

Better response time and the tight coupling between neural output and ventilator function allows the ventilatory assist to be independent of changes in lung and ribcage elasticity, flow resistance, intrinsic Positive-End-Expiratory Pressure (PEEP), leakage, or abdominal compliance. Due to these properties, NAVA can also be used effectively in delivering non-invasive ventilation as an alternative to endotracheal intubation in hypoxemic respiratory failure.

## **MONITORING EQUIPMENTS**

### **PHILIPS INTELLVUE PATIENT MONITOR**



This is an advanced version of patient monitor from PHILIPS. It has many good features both by appearance and performance. The flat screen XGA display is notable feature. The monitor has touch screen and speed point modes for access

#### **FEATURES**

- It has an 8 channel display of waveforms and has many additional numeric displays.
- Touch screen provides quick access of information.
- It is provided with a Multiparameter Measurement Server (MMS) including ECG, SpO<sub>2</sub>, NIBP, ETCO<sub>2</sub>, IBP or Temperature.
- Flexible module mounts with separate modules for Pressure, Temperature, ETCO<sub>2</sub>, NIBP, BIS, EEG, and CCO etc
- Trend recording are available and the monitor has optional programs for doing various calculations including drug dose and hemodynamic calculations in addition to a separate calculator.
- It can be used for monitoring 5 IBP modules and 4 Temperature modules simultaneously.
- There is a very effective alarm system.
- Moreover it can be used in the networking if required.

## ELECTRO CARDIOGRAPH

The electrical activity of the heart can be detected by attaching electrodes to the surface of body. It is useful in determining the heart rate, ischaemia, the presence of arrhythmias and conduction defects. Proper attachments of ECG electrodes involve cleaning the skin, gently abrading the stratum corneum and ensuring adequate contact using conductive gel.

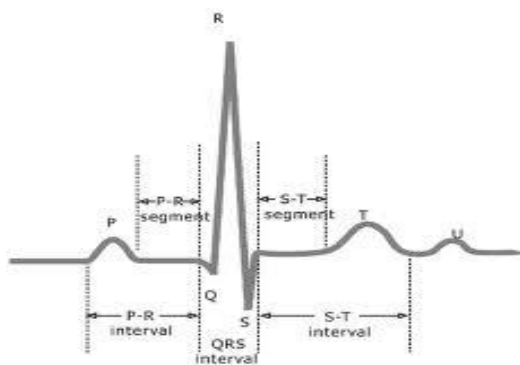
Skin electrodes (Ag: AgCl) detect the electrical activity of heart. Then ECG signal is boosted using an amplifier. An oscilloscope that displays the amplified ECG signal. Electrical interference can be due either to diathermy or main frequency.



P-wave: It is produced by atrial depolarization. This wave is visualized in lead 2.

QRS complex: It is produced by the ventricular depolarization.

T wave: It is produced by ventricular repolarization



## TEMPERATURE MONITORING

Under GA patients lose their normal mechanism for regulating body temperature. This is usually decreases by 0.5 to 1.5°C during the first 20 minutes

Indication:

- a. When large volume of cold blood or IV fluids are administered
- b. When patient is deliberately cooled or warmed
- c. For paediatric surgery of substantial duration
- d. Hypothermic or pyrexial patients
- e. Patient with a suspected malignant hyperthermia
- f. Major surgical procedure

A thermister is a substance whose electrical resistance varies with its temperature. Its response is rapid and gives continuous readings.

Sites: Skin, axilla, nasopharynx, esophagus, PA, oral cavity, rectum.

### **PULSE OXIMETRY**

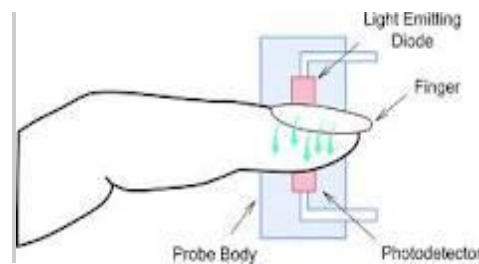
Pulse Oximetry is a method of monitoring the heart rate and the level of oxygen in the blood stream of a human body. It uses optical sensors and light emitting diodes emitting light at different wavelengths through a finger tip where the transmitted light is detected using an optical sensor. Based on the principle of oxygenated haemoglobin having a higher absorption coefficient for infrared light than deoxygenated haemoglobin while deoxygenated haemoglobin absorbs more red lights, by taking the ratio of absorbed red light to infrared light, the oxygen saturation level can be obtained. All these devices are optoelectronic sensor based, meaning it produces an electrical signal that it is directly proportional to the amount of light hitting on the active surface area. There are many electronic sensors which meet this criteria but they are not as common as the semiconductor photodiode.





### Principles of Pulse Oximetry

A typical Pulse Oximeter uses the basic principle of a pair of small LEDs operating at two different wavelengths; one red LED with a wavelength of 660nm, the other, an infrared LED with a wavelength of 910nm. The LEDs are designed to be placed opposite a photodiode that detects the light from the LEDs. Absorption on each wavelength differs significantly for the oxyhaemoglobin and deoxygenated haemoglobin. Therefore from the difference of the absorption of the red and infrared light the ratio between oxy/deoxyhaemoglobin can be calculated. As the amount of blood in the capillaries depends on the actual blood pressure, which varies around the heart the heart pulse cycle, the heart rate can also be measured. Haemoglobin is an active oxygen carrying part of the erythrocyte (red blood cells); it is a compound of iron (hem) and four polypeptide chains (group of polymers made up of long amino-acid chains). Each chain is linked to one atom of iron, each of which can carry four molecules of oxygen. Each molecule of oxygen has two atoms of oxygen so each haemoglobin molecule can carry eight atoms of oxygen.



Oxyhaemoglobin refers to oxygen carrying haemoglobin and deoxygenated haemoglobin refers to non oxygen carrying haemoglobin. If all haemoglobin molecules bonded with an oxygen molecule ( $O_2$ ), the total body of haemoglobin is said to be fully saturated (100% saturation). When

haemoglobin unloads the oxygen molecule to tissue cells at capillary levels, the saturation progressively decreases and the normal venous.

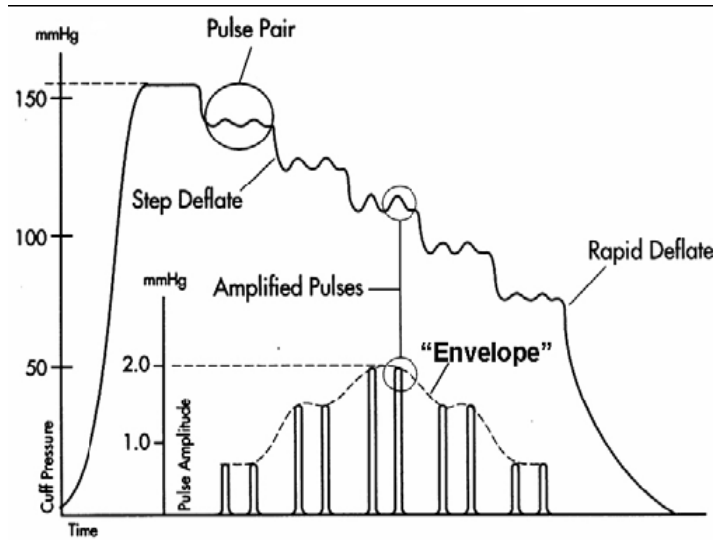
### **BLOOD PRESSURE MONITORING:**

BP is the force or pressure that the blood exerts on the walls of the blood vessels.

### **NIBP**



Oscillometry is the commonest method used to measure NIBP. A cuff with a tube used for inflation and deflation. The case where the microprocessor and pressure transducer are housed. It contains display and timing mechanism which adjusts the frequency of measurements.



The mean arterial blood pressure corresponds to the maximum oscillation at lowest cuff pressure. The systolic pressure corresponds to the onset of rapidly increasing oscillation. The diastolic pressure corresponds to the onset of rapidly decreasing oscillation.

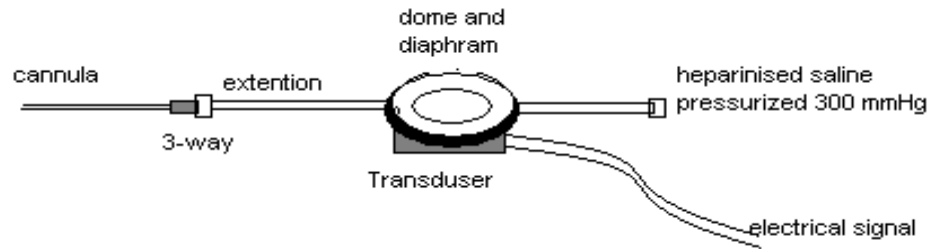
Mean= Diastolic BP+1/3 of pulse pressure.

The cuff must be of the correct size

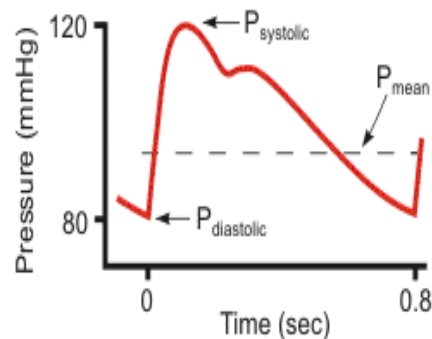
Infant	3 cm, 5cm
Child	6 cm
Small adult	9 cm
Standard adult	12 cm
Large adult	15 cm

### ARTERIAL BLOOD PRESSURE

It provides beat-to-beat information with sustained accuracy.



It consists of arterial cannula, a heparinized saline column, a flushing device, a transducer, an amplifier and an oscilloscope. The saline column moves back and forth with the arterial pulsation causing the diaphragm to move. This causes changes in the resistance and current flow through the wires of the transducer. The radial artery, brachial, femoral, ulnar, or dorsalis pedis arteries are used. The information gained from ABP monitoring includes heart rate, pulse pressure, the presence of respiratory swing, left ventricular contractility, vascular tone (SVR) and stroke volume. Damping can be caused by an air bubble, clot or highly compliant, soft diaphragm and tube.



### **CVP (CENTRAL VENOUS PRESSURE)**

It is the filling pressure of the right atrium. It can be measured directly using a central venous catheter. The tip of catheter is usually positioned in the Superior vena cava at entrance of right atrium. The internal jugular, subclavian, femoral, and basilic veins are possible routes for CVP. Pressure transducer is similar measuring system to that used for the ABP.

## **PAP (PULMONORY ARTERY PRESSURE)**

PA catheters are usually inserted via internal jugular or subclavian veins via an introducer. They are floated through the right atrium and ventricle in to the PA. It used to measure left ventricular filling pressure, Circulating cardiac output. Normal PAP is 15 to 30 mmHg. PA Catheters are available in sizes from 5 to 8 FG are usually 110 cm in length. They have up to five lumens and are marked at 10 cm intervals.

## **BIS**



Bispectral Index (BIS) is one of several technologies used to monitor depth of anaesthesia. Titrating anaesthetic agents to a specific bispectral index during general anaesthesia in adults allows the anaesthetist to adjust the amount of anaesthetic agent to the needs of the patient, possibly resulting in a more rapid emergence from anaesthesia.

## **ENTROPY**

Entropy is a method of assessing anaesthetic depth. It relies on a method of assessing the degree of irregularity in EEG signals. The founding principle behind this theory is that the irregularity within an EEG signal decreases with increasing brain level of anaesthetic drugs.

## **DATEX OHMEDA GAS MONITOR**

Modern vaporizers are capable of delivering accurate concentration of the anaesthetic agent with different flows. It is important to monitor the end-tidal concentration of that of those agents. This is of vital importance in the circle breathing system as the exhaled inhalation agents are recirculated and added to the fresh gas flow. In addition, because of lower flow, the concentration of inhalational agent the

patient is receiving is different from the setting of the vaporizers. Modern analyser can measure all the agents available, halothane, enflurane, isoflurane, and desflurane on a breath-by-breath basis.

The DATEX OHMEDA ANAESTHESIA GAS MONITOR is versatile equipment for the monitoring of gases during surgical procedures. Multiparameter gas module provides a complete and integrated picture of the patient's ventilatory status

### **FEATURES**

- Quick access to vital information using functional keys
- Spirometry at patient airway independent of ventilator
- Large 12.1" LCD display with excellent visibility at distance and at different angles
- Internal battery backup in case of power failure for transportation
- Effortless collection of trends, waveform and alarm data

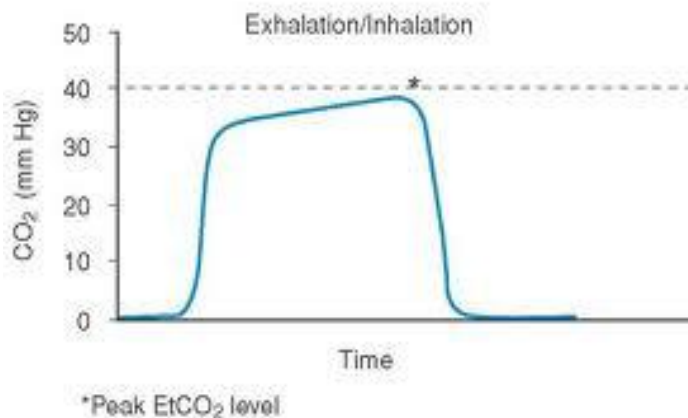
Saturation is about 75%. The normal saturation level is said to be between 87-97%. The two wavelengths are chosen for the reason that deoxygenated haemoglobin has a higher absorption at around 660nm and at 910m oxygenated haemoglobin has the higher absorption. The oxygenated haemoglobin allows red light to transmit through and absorbs more infrared light while the deoxygenated haemoglobin allows infrared to transmit through and absorbs more red light. Usually a finger is placed between the source (LEDs) and the receiver (photodiode) acting as a translucent site with good blood flow. Once these absorption levels are detected from the finger the ratio of absorption at different wavelengths can be obtained.

### **CAPNOGRAPH**

It is the measurement of end tidal carbon dioxide (ETCO<sub>2</sub>) and its waveform. Normal 32 to 42mmHg. It works on the principle that infrared light is absorbed by CO<sub>2</sub>.

**It is two types:** Main stream capnograph

: Side stream capnograph



### **Main stream capnograph**

The sample chamber is positioned within the patient's gas stream, increasing dead space. In order to prevent water vapour condensation on its windows, it's heated to 41°C.

### **Side stream capnograph**

This consists of a 1.2 mm internal diameter tube that samples the gases (both inspired and exhaled) at a constant rate. Other gases and vapours can be analysed from the same sample. It is used to monitor the level of ventilation, affirm tracheal intubation, as a disconnection alarm, and diagnose lung embolisation and malignant hyperpyrexia. Exhausted soda lime or defective valves of a closed circuit will show high  $ETCO_2$  values.

#### Increased end tidal $CO_2$

Hypoventilation  
 Rebreathing  
 Sepsis  
 Malignant hyperpyrexia  
 Hyperthermia  
 Skeletal muscle activity  
 Hypermetabolism

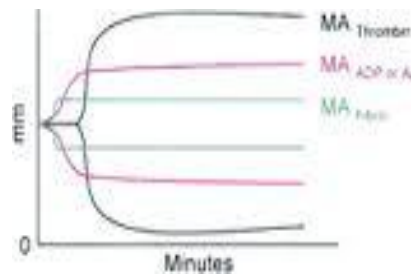
#### Decreased end tidal $CO_2$

Hyperventilation  
 Pulmonary embolism  
 Hypoperfusion  
 Hypometabolism  
 Hypothermia  
 Hypovolaemia  
 Hypotension



## ADDITIONAL EQUIPMENTS

### THROMBO ELASTO GRAPH (TEG)



TEG is a non invasive diagnostic instrument designed to monitor and analyze the coagulation state of a blood sample in order to assist in the assessment of patient's clinical haemostatis conditions such as postoperative hemorrhage, thrombosis during cardio vascular surgery trauma etc.

The TEG analyzers approach to the monitoring of patient's haemostatis is based on these two facts

- ❖ The end result is a single product – the clot.
- ❖ The clots physical properties will determine whether the patient will have normal haemostatis, will haemorrhage or will develop thrombosis

### Principle

Analyser measures the clots physical property by the use of a special stationary cylindrical cuff that holds the blood and oscillator through an angle  $4^{\circ} 45'$ . A pin is suspended in the blood by a torsion

wire and is monitored for motion. The torque of the rotating cup is transmitted to the immersed pin only after fibrin-platelet bonding has linked the cup and pin together. The strength of the clot affects the magnitude of the pin motion. Magnitude of output proportional to strength of clot. The rotation movement of the pin converted by mechanical electrical transducer to electrical signal and processed and monitored by a computer.

### Parameters

1. R time – R time is the period of time of latency from the time that the blood was placed in the analyser until the initial fibrin formation.
  2. K – K is a measure of speed to reach a certain level of clot strength.
  3.  $\alpha$  - Measures the rapidity of fibrin build up and cross linking.
- MA – Maximum Amplitude, direct function of maximum dynamic property of fibrin and platelet bonding and it represents the ultimate strength of the fibrin clot.
- LY 30 – LY30 measures the rate of amplitude reduction 30 minutes after MA.

### Hepcon HMS Plus Management System

HMS is a microprocessor based, multi channel clot-timing instrument with automated syringe handling for pipetting blood in to single use cartridge. It performs invitro heparin sensitivity evaluation, heparin assays, and ACT and platelet function evaluation. HMS can store and recall parameters up to five patients. The uses of this machine are

Invitro indication of heparin response using Heparin Dose Response (HDR) cartridge.

Simultaneous quantitative and functional evaluation of Heparin assay (HDR) and HR-ACT cartridge.

Calculation of additional heparin required to maintain Protamine dose needed to reverse heparin.

Platelet function evaluating using Hemo-STATUS platelet function cartridge.

### Uses

All necessary reagents are contained within the single use test cartridge. An optical code on each cartridge instructs the system as to the type of test being performed, the parameters which need to be accounted for in calculation, and the sample volume required for the test. The operator inserts an appropriate cartridge and a sample filled syringe in to the system and starts the test. HMS performs the

test as instructed by the optical codes on the cartridge, test results, can be printed out automatically at the completion of the test. It provides long stage data storage.

### Principle of Operation

An integrated system consists of a component for tracking clot detection and computing results. The cartridge instructs the system, through an optical code, as the test being performed, the calculations and format required for results, and the volume of sample needed for each channel.

The detection process uses the plunger assembly with in the cartridge. The assembly is lifted and dropped trough the sample/ re agent mixture by lifting mechanism in the HMS actuator. As the sample, a fibrin web forms around the daisy, located on the bottom of the plunger assembly, and impedes the rate of descent of the assembly. A photo optical system located in the actuator assembly of the instrument detects this change in fall rate. The end point of the test is the time at which clot formation is detected, from these clotting times derived results are calculated for all tests.

### **Heparin Dose Response (HDR):**

The patient's activated whole blood clotting time is measured at baseline (without heparin) and in the presence of 1.5 and 2.5 units/ml of heparin. The difference in these clotting times is the in-vitro response of the patient's blood to heparin (slope). Results from the Heparin Dose Response test include: the patient's baseline ACT and the projected heparin concentration (based on the patient's blood volume, the dosing protocol, and extracorporeal circuit parameters). The HMS PLUS also calculates the amount of heparin required to reach the target ACT and Projected Heparin Concentration. The slope of the ACT clotting times is used to determine the patient's response to heparin, and help identify patients who are potentially sensitive or resistant to heparin.

### **Heparin Protamine Titration (HPT):**

The Heparin Assay by Heparin-Protamine Titration determines the quantitative amount of heparin present in a blood sample by titration with protamine. Known quantities of protamine added to each cartridge channel react with the heparin present in the patient's blood sample. The amount of heparin present is determined based on the titration relationship between heparin and protamine. The Hepcon® HMS PLUS uses this information to indicate additional heparin required to maintain the patient at the required heparin concentration. The instrument also calculates the amount of protamine sulfate required to neutralize the heparin.

**High Range ACT (HR-ACT):**

The High Range ACT is a functional measure of the intrinsic and common pathway coagulation mechanism. Activation of Factor XII is initiated by surface contact with an activator (in this case, kaolin). The reagent concentration is optimized to produce a linear response to increasing amounts of heparin in high concentration, consistent with the amounts required during coronary bypass procedures.

ABOUT THE CATRIDGES

The cartridges used are different and are colour coded. Each box of colour coded cartridges comes with 3 cc syringe and blunt tip needles.

HDR and HPT cartridges are packed 9 per box HR ACT 18 per box.

HDR – BLUE (6 channel), HR ACT (2 channel), HEPARIN ASSAY – SILVER (4 channel), PLATLET FUNCTION TEST, RED.

**TRANS OESOPHAGEAL ECHO MACHINE (TEE)**

Trans oesophageal echo using M-mode was introduced in the year 1975. Modern TEE machine with multiplaner, multi frequency (3.5 to 7MHz) probes facilitates colour mapping, continuous and pulse wave cine loop displays and digital image processing providing information with better quality than TTE. Another advantage of TEE is that it provides stability of the transducer and continuous recordings that make it particularly suitable for the use in the theater. The equipment includes an echo machine and a probe. The probe contains a 5 Hz ultrasound transducer and is available for paediatric also. The probe has two main controls on the proximal end. One provides anterior and posterior movement of the tip and the other provides lateral movements.

**Standard projections**

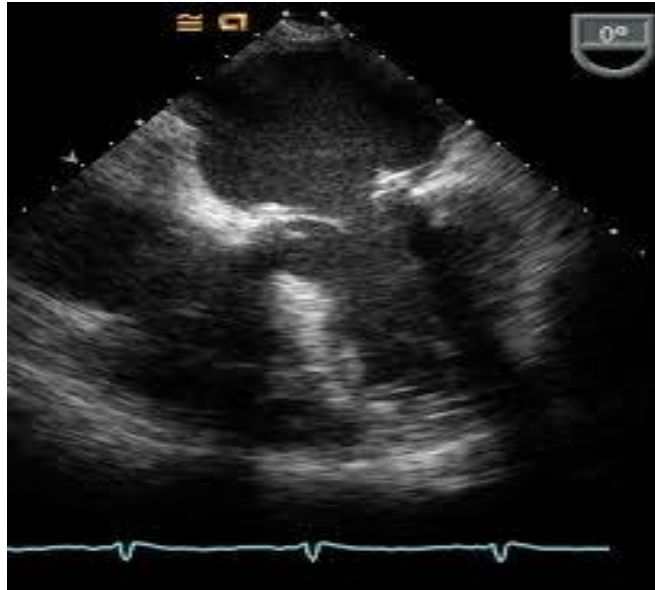
Standard projections of interest to the anaesthetist are

1. Transverse view
2. Longitudinal view
3. Mid oesophageal view

4. Trans gastric view.

Common clinical applications

1. Assessment of LV function
2. Assessment of Mitral Valve and its functions
3. Detection of MI
4. Assessment of septal closures and repair of congenital heart diseases.
5. Assessment of air removal after open heart surgery.
6. Assessment of prosthetic valves
7. Detection of intracardiac masses, thrombus and vegetation
8. Evaluation of aorta for Cannulation and dissections
9. Measurement of cardiac output
10. for detection of embolism in Neuro Surgery.



**2D Image**

Advantages of TEE over TTE

- Images with less or no sound interruptions as compared with transducer or chest wall.
- Due to the stability of recording and availability of continuous recording its particularly useful for intra operative applications.
- It can be used for patients with chest bandages.

### 3D Trans Esophageal Echo



**3D Image**

3D Trans esophageal Echo (TEE), clinical cardiologists, cardiac surgeons, anesthesiologists, interventional cardiologists, and echocardiographers can see cardiac structure and function as well as real-time displays of the beating heart from new perspectives. It's quick, accurate, reproducible, and quantifiable.

3D echo image acquisition techniques are mainly two types

1. Reconstruction technique which needs data acquisition of 2D images
2. Real time technique which provides volumetric image data acquisition

#### IMAGING MODES AND CLINICAL APPLICATIONS

**2D Mode** - In this mode is used to detecting abnormal anatomy or movement of the heart. It can also be used to measure valve and ventricular motion

**3D Mode**- In this mode we assess the heart chamber volumes and functions. Assessment of left ventricle mass. Assessment of regional ventricular function

**Motion mode (M-mode)**- This mode is used to measure timing events with in the heart and measurements of cardiac dimensions

**Colour Mode** –colour mapping is used as a screening tool for abnormal blood flow particularly for regurgitant jet or shunts. It can also give a semiquantitative estimate of severity of regurgitant.

**Continuous wave Doppler**- This mode is used to estimate the severity of valve stenoses and pulmonary artery pressure and can give a semi quantitative assessment of regurgitation. This technique can measure high velocity, but is limited by being unable to localize a flow signal.

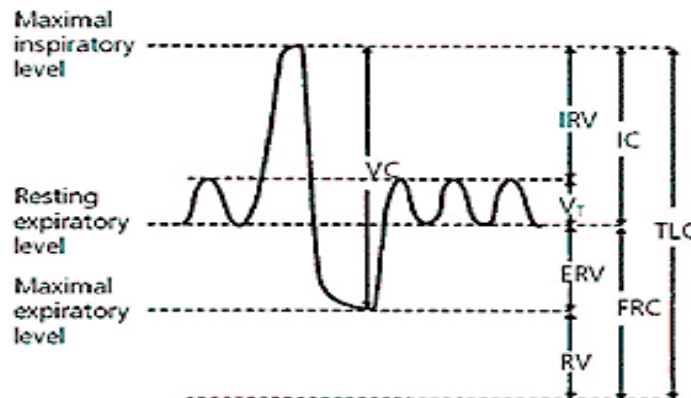
**Pulse Wave Doppler**- This mode is mainly used to describe diastolic behavior of the left ventricle and to calculate stroke volume for use in the calculation of effective valve orifice area, cardiac output and intracardiac shunts

**Stress Echo**-This technique is gaining ground as an alternative to nuclear myocardial perfusion imaging. The most frequently used stressors are exercise itself or dobutamine by intravenous injection.

## PULMONARY FUNCTION TESTING MACHINE (PFT)

Ventilation deals with the measurement of the body as an air pump, determining its ability to move volumes of air and speed with which it moves the air. Measurement of ventilation is performed by using a device called spirometer that measure volume displacement and the amount of gas moved in a specific time. Usually this requires the patient to take a deep breath and then exhale as rapidly and completely as possible, Forced Vital Capacity (FVC).

### LUNG VOLUMES



**Tidal Volume:** Volume of air inspired or expired in each breath during normal quiet respiration. It is 10ml/kg. (VT)

**Inspiratory Reserve Volume:** It is the maximum volume of gas which a person can inhale from end inspiratory position. It is 2400 to 2600ml (IRV)

**Inspiratory Capacity:** It is the maximum volume which can be inhaled from end expiratory position. That is it is inspiratory reserve volume+tidal volume. It is  $2500(\text{IRV}) + 500(\text{TV}) = 3000\text{ml}(\text{IC})$

**Expiratory Reserve Volume (ERV):** Maximum Volume of gas that can be exhaled after normal expiration. It is 1200 to 1500 ml.

**Vital Capacity (VC):** It is the maximum amount of gas that can be exhaled after maximum inhalation. It is  $\text{IRV} + \text{TV} + \text{ERV}$ . It is 4200 to 4500 ml (75 to 80 ml/kg)

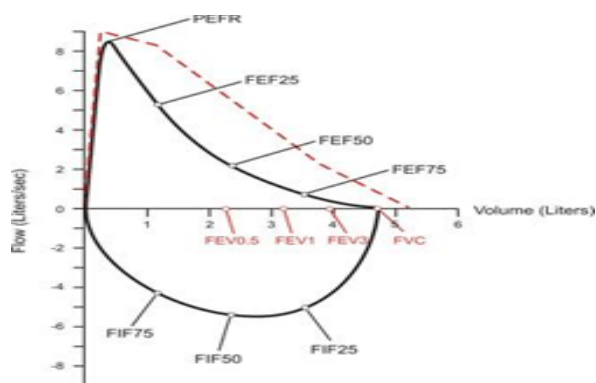
**Residual Volume (RV):** It is the volume of gas still present in the lungs after maximum expiration. It is 1200 to 1500 ml.

**Maximum Breathing Capacity:** Maximum volume of air that can be breathed per minute. It is 120 to 170 l/min.

**Minute Volume:** It is Tidal Volume X Respiratory Rate. Expressed as l/min

**Total Lung Volume:**  $\text{IRV} + \text{TV} + \text{ERV} + \text{RV}$ . It is 5500 to 6000 ml

**Functional Residual Capacity (FRC):** It is the volume of gas in lungs after end expiration. It is  $\text{ERV} + \text{RV}$ . It is 2400 to 2600 ml.



**Preparation for test:** Do not eat heavy meal prior to test. Do not smoke 6 hours before the test. Do not use inhalers or nebulizer four hours prior to the test

<i>Pulmonary function test</i>	<i>Normal value (95 percent confidence interval)</i>
FEV <sub>1</sub>	80% to 120%
FVC	80% to 120%
Absolute FEV <sub>1</sub> /FVC ratio	Within 5% of the predicted ratio
TLC	80% to 120%
FRC	75% to 120%
RV	75% to 120%
DLCO	> 60% to < 120%

## **SITE RITE**

The site right IV ultrasound system is easy to use, lightweight and portable ultrasound scanner that can be powered either by battery or A/C power with site rite ultra sound probes. This system with associated probes and accessories provide ultrasound imaging of vascular structures, various organs and structures of the body.

**The site rite probes are available in frequencies of 7.5MHz and 9.0MHz.**

The scanner has a front panel consist of:

- ❖ Power Button: turns the scanner ON and OFF
- ❖ Depth selection Button: Switches between different scan depth associated with the type of site rite IV probes attached to the scanner.
- ❖ Dot marker Button: Dot markers indicate scan depth from the surface of the skin. The dots are spaced at intervals of approximately 0.5cm
- ❖ Image Reversed Button: Reverse the image from left to right and vice versa. High lighted with 'R' icon
- ❖ Freeze Frame Button: When pressed, the image on the screen is frozen
- ❖ Gain control Button: Controls the gain or intensity of the scan image. Reduce gain by pressing the left hand side of the button. Increase gain by pressing the right hand side of the button.

- ❖ Increase brightness Button: increase brightness button of the display
- ❖ Decrease brightness button: decreases the brightness of the display

## **SITE-RITE IV PROBES**

The stand off probe is used for superficial imaging to a depth of 4cm. It has got a needle guide hook to which the short end of the needle guide is clipped.

For superficial imaging there are two standoff probes

1. 7.5MHz probes, with red cable bend relief, optimized for imaging at depths from 1.5 cm to 4cm below skin surface.
2. 9.0MHz probes, with a blue cable bend relief, optimized for imaging at a depth from 0cm to 1.5 cm below skin surface.

### **Working**

At the top of each probe is a transducer probe cap, and within the cap is an oscillating transducer. A proprietary fluid surrounds the transducer and fills the cap. While the transducer oscillates an ultrasound beam is emitted that is moved back and forth, creating a wedge shaped image. At the end of the cap is the acoustic window, through which the ultrasound beam is directed.

The distance between the transducer and the ultrasound window defines the shape of the scan plane the transducer in the standoff probe is located further from the acoustic window, so image produced is a truncated sector scan, trapezoidal in shape.

Ultrasound penetrates through the fluid and soft tissue, but not through air and bone, because ultrasound cannot penetrate through air, there must always be a fluid medium between the probe head and the patient's skin to conduct the beam into the patient.

## **ACT MACHINE**

### **Principle**

After blood is added to the ACT tube containing celite, glass, and kaolin (MaxACT) with a magnetic rod, the tube rotates continually in the instrument's well. When clotting proceeds enough to hold the magnet to the inside wall of the tube, the magnet rotates with the tube and this movement is detected to end the test. While the older (Hemochron) system detected magnet rotation at 90 degrees, the

Actalyke utilizes two magnet sensors to detect the movement of the magnet at an earlier stage. The two sensors, one at 0 degrees and the other at 90 degrees, independently sense the magnet in the ACT tube and the test is ended when the magnet reaches 46 degrees. As clots begin to form in the tube, the clots hold the magnet in the tube, causing the magnet to rotate with the tube. As the clot enlarges, the magnet moves through a larger angle of rotation in the tube. When the magnet is able to move slightly closer to the detector at 90 degrees than to the detector at 0 degrees (approximately 46 degrees of rotation), the ACT test is ended.

### **Electronic Clotting Tube QC procedure**

1. Prepare the ACT instrument to perform a clotting test in the selected well.
2. Set the ECT level switch to 100 seconds (normal).
3. Simultaneously press the START button on the instrument and slide the ECT start trigger to the ON. This starts the ECT's timing cycle.
4. Optionally verify that the ECT magnet is free to move by gently agitating the ECT and listening for movement of the magnet.
5. Insert the ECT into the selected test well of the instrument and check that the green detector light comes on. Avoid manually rotating the ECT to minimize wear.
6. About 15 seconds before the selected clotting time, the electronics in the ECT will release the start trigger and clamp the magnet in the end of the ECT tube, which simulates the initial formation of a clot. The magnet will then rotate with the E
7. ACT until the instrument detects the clot end point, beeps and displays the test result in seconds.

### **ACT TARGET RANGES (MAX-ACT TUBES) DURING PROCEDURES**

Open-heart surgery with CPB:	>480 seconds
ECMO patients:	160-180 seconds or 180-200 seconds (Dependent on baseline range)
Adult Cardiac Cath Lab	180-210 seconds for angioplasty. < 150 seconds during sheath removal.
Peds Cath ablations	200-250 seconds
RF ablation patients (EP Lab):	300-350 seconds
Cerebral aneurysm repair:	>200 seconds.

## **INHALATION AGENTS**

### **ISOFLURANE**

Isoflurane is widely used for maintenance of anaesthesia.

#### **Effects**

##### Respiratory

Ventilation is depressed more than halothane, but less than enflurane. Minute ventilation is decreased, respiratory rate and PaCO<sub>2</sub> are increased. It has a pungent smell and can cause upper airway irritability and breath-holding so gaseous induction is not recommended. However it does cause some bronchodilation.

##### Cardiovascular

The main effect is to reduce SVR resulting in compensatory tachycardia and only a small decrease in myocardial contractility. It has been proposed that isoflurane may cause 'coronary steal' whereby normally responsive coronary arterioles are dilated and divert blood away from areas supplied by diseased and unresponsive vessels, resulting in ischaemia. However, recent work suggests that if coronary perfusion is maintained, coronary steal does not occur. Isoflurane may also have myocardial protective properties via its effects on ATP-dependent potassium channels.

##### Central nervous system

Of all the volatile agents, isoflurane produces the best balance of reduced cerebral oxygen requirement and minimal increase in CBF.

##### Toxicity

Carbon monoxide may be produced by a reaction between the -CHF<sub>2</sub> group and dry soda lime (or baralyme).

### **DESFLURANE**

Desflurane is a highly fluorinated methyl ethyl ether used for maintenance of general anaesthesia. Though it vaporises very readily, it is a liquid at room temperature. Anaesthetic machines are fitted with

a specialized anaesthetic vaporiser unit that heats liquid desflurane to a constant temperature. This enables the agent to be available at a constant vapor pressure, negating the effects fluctuating ambient temperatures would otherwise have on its concentration imparted into the fresh gas flow of the anesthesia machine.

## **Effects**

### Respiratory

Similar respiratory effects to the other agents with a rise in PaCO<sub>2</sub> and a fall in minute ventilation. These effects are more pronounced than halothane, but less than isoflurane and enflurane. It has a potent odour and can cause coughing and breathe holding and is not suitable for induction.

### Cardiovascular

Effects are similar to isoflurane, but in concentrations above 1 MAC, desflurane may produce tachycardia and hypertension. Care should be taken in patients with ischaemic heart disease. Vascular resistance falls in the cerebral and coronary circulations.

### Metabolism

Only 0.02% is metabolised.

## **SEVOFLURANE**

### Effects

#### Respiratory

Ventilation is depressed in a predictable manner with a rise in PaCO<sub>2</sub> and a fall in minute ventilation. Its pleasant odour and relatively low blood: gas partition coefficient make it particularly suitable for induction.

#### Cardiovascular

Heart rate and contractility are unchanged, but a fall in SVR leads to a reduction in blood pressure. Vascular resistance in the cerebral and coronary circulations is reduced.

#### Central nervous system

There is some evidence that children exhibit a higher incidence of post operative agitation and delirium compared with halothane.

Metabolism

Sevoflurane undergoes hepatic metabolism by cytochrome p450 (2E1) to a greater extent than all the other commonly used volatile agents apart from halothane. Hexafluoroisopropanol and inorganic F- are produced, although renal toxicity is not observed even when F- plasma levels reach 50mcmol.l-1.

Toxicity

When sevoflurane is administered in a circle system using soda lime or baralyme, a number of compounds are produced, named compounds A-E. Only compounds A and B are present in significant quantities. Animal studies extrapolated to humans suggest a human nephrotoxic threshold of 150-200ppm but studies have shown that even with flow rates of 0.25l.min-1 for 5 hours, then the level of compound A

Produced peaks at less than 20ppm and is not associated with renalimpairment.

<u>Anaesthetic Agent</u>	<u>Blood: Gas coefficient a37°C</u>
Methoxyflurane	15
Halothane	2.4
Enflurane	1.8
Isoflurane	1.4
Sevoflurane	0.69
Desflurane (I-653)	0.42
Nitrous Oxide	0.47

**FLUIDS AND ELECTROLYTES**

Two types of fluids

- Crystalloids
- Colloids

## CRYSTALLOIDS

### NORMAL SALINE

Normal saline (NS) is the commonly-used phrase for a solution of 0.90% w/v of NaCl, about 300 mOsm/L or 9.0 g per liter.<sup>a</sup> Less commonly, this solution is referred to as *physiological saline* or *isotonic saline*, neither of which is technically accurate. NS is used frequently in intravenous drips (IVs) for patients who cannot take fluids orally and have developed or are in danger of developing dehydration or hypovolemia. NS is typically the first fluid used when hypovolemia is severe enough to threaten the adequacy of blood circulation, and has long been believed to be the safest fluid to give quickly in large volumes.

One litre of 0.9% Saline contains:

- 154 mEq of sodium ion = 154 mmol/L
- 154 mEq of chloride ion = 154 mmol/L

### RINGER LACTATE

Lactated Ringer's solution is a solution that is isotonic with blood and intended for intravenous administration. Lactated Ringers has an osmolarity of 273 mOsm/L. The lactate is metabolized into bicarbonate by the liver, which can help correct metabolic acidosis. Hartmann's solution may be relatively contraindicated in patients with diabetes mellitus, as one of the isomers of lactate is gluconeogenic. Hartmann solution should not be given if the patient has congestive heart failure (constant wheezing, shortness of breath), ischaemic stroke (have had a stroke), liver disease as a consequence of alcoholism, or severe reduction in kidney function.

One litre of lactated Ringer's solution contains:

- 130 mEq of sodium ion = 130 mmol/L
- 109 mEq of chloride ion = 109 mmol/L
- 28 mEq of lactate = 28 mmol/L
- 4 mEq of potassium ion = 4 mmol/L
- 3 mEq of calcium ion = 1.5 mmol/L

### DEXTROSE

Dextrose is a carbohydrate caloric agent. Dextrose is simply in lay terms sugar water and is generally used in those patients who have a very low blood glucose level or are unable to eat for some reason. It is a short term treatment generally. D5NS (Dextrose 5% in normal saline) is hypertonic, meaning it has a higher solute concentration than tissues, so it can be used to help draw fluids out of oedematous (fluid-swollen) tissues. Dextrose (glucose) 5% and normal saline (sodium chloride or common table salt 8.5 grams per 100 ml of distilled water), have the same tonicity or concentration of the rest of the body fluids, that is, they will do no harm to the rest of the fluids of the body whereas Saline or 9%NS IV solution is used as the universal fluid replacement in dehydrated individuals, it is the same composition as the body's normal fluid and most IV medications can safely be mixed with or push through saline. Dosage of dextrose depends on the age, weight, clinical condition, and fluid, electrolyte, and acid-base balance of the patient. Dextrose is readily metabolized; it increases blood glucose concentrations and provides calories.

## **COLLOIDS**

### **DEXTRAN**

These agents are used commonly by microsurgeons to decrease vascular thrombosis. The antithrombotic effect of dextran is mediated through its binding of erythrocytes, platelets, and vascular endothelium, increasing their electronegativity and thus reducing erythrocyte aggregation and platelet adhesiveness. Dextrans also reduce factor VIII-Ag Von Willebrand factor, thereby decreasing platelet function. Clots formed after administration of dextrans are more easily lysed due to an altered thrombus structure. It also increases blood sugar levels.

### **HYDROXYETHYL STARCH**

Electrolytes (mEq/L): Sodium 154, Chloride 154. pH 4 to 5.5. Calculated osmolarity 308 mOsm/L.

## **OPERATING THEATRE EQUIPMENTS**

### **(1) OPERATING TABLE**

Operating beds are versatile and adaptable to a number of diversified positions for many surgical specialties. Most operating beds consist of a rectangular metal top that rests on an electric or hydraulic lift base. Some models have interchangeable radio opaque tops for various specialties. The surface of the operating beds is divided into head, body and leg section. The joints of the operating beds are referred to as breaks. Standard operating beds have controls for manipulations into desired positions. Some beds are electrically controlled, either remote hand or by foot controlled switches/liver operated electro hydraulic system.

#### **Special equipment and bed attachments:**

- |                          |                               |
|--------------------------|-------------------------------|
| 1) Safety belt           | 7) Shoulder braces or support |
| 2) Anaesthesia screen    | 8) Kidney rests               |
| 3) Lift sheet            | 9) Stirrup                    |
| 4) Arm board             | 10) Head rests                |
| 5) Shoulder bridge       | 11) Metal footboard           |
| 6) Upper extremity table | 12) Donut                     |

### **(2) OPERATION THEATRE LIGHT**

General illumination is furnished by ceiling lights. Most room lights are white fluorescent but may be incandescent. Recessed dusts do not collect dust. Lighting should be evenly distributed throughout the room without harsh shadows. The anaesthesia provider must have sufficient light to adequately evaluate the patient colour. To minimize the eye fatigue, the ratio of intensity of general room lighting to that at the surgical site should not exceed 1:5. Illumination of the surgical site depends on the quality of light from an overhead spot light source and the reflection from the drapes and tissues. Light must be of such quality that the pathologic conditions are recognizable.

#### **Properties of light**

1. It must give contrast to the depth and relationship of all anatomic structures.

2. The light may be equipped with an intensity control.
3. Provide a light pattern that has a diameter and focus appropriate for the size of the incision.
4. The light should be shadow less.
5. It produces the blue white colour of daylight.
6. It should be freely adjustable to any position or angle by either a vertical or horizontal range of motion.
7. It should produce a minimum heat to prevent injury and drying of exposed tissues.

### **(3)AUTOCLAVE**

Sterilization under pressure is useful to destroy spores and other thermophilic bacteria.

**Principle:** Water boils when its vapour pressure equals to that of the surrounding atmospheric pressure and this occurs at 100C for normal atmospheric pressure. Hence when pressure inside a closed vessel increases the temperature at which water boils also increases. Saturated steam has greater penetrative power. When steam comes into contact with a colder surface its condenses to water and give up its latent heat to the surface. This mechanism can be seen in an autoclave or saturated with steam which together destroying the microorganism.

The autoclave consists of vertical or horizontal tank, which is heated by gas or electricity and has a lid to be fitted tightly with screw. On the upper part of the lid contains; a discharge tap for air and steam, a pressure gauge and a safety valve.

### **(4)SURGICAL DIATHERMY**

Radio frequency surgical diathermy or electro surgery uses the heat generated by an electrical current to cut, destroy or vaporize living tissues and to maintain haemostasis by causing coagulation and sealing small blood vessels. Passing an electric current through the body causes all the tissues through which the current passes to heat up. To make use of this effect requires an understanding of the concept of current density.

There are two types of diathermy.

- 1) Monopolar diathermy
- 2) Bipolar diathermy

#### 1. MONOPOLAR DIATHERMY

This generates electrical energy at 200KHZ to 6MHZ. The energy is applied between two electrodes. The neutral electrode has a large conductive surface area producing low current density with no measurable heating effect. The active electrode has a very small contact area resulting in a very high current density. The heating effect beneath the active electrode is considerable producing deliberate tissue damage. Cutting diathermy employs a sine waveform whilst coagulation uses a modulated waveform.

## 2. BIPOLAR DIATHERMY

This operates with much a lower power output. This output is applied between the points of a pair of specially designed forceps producing high local current density. No current passes through out the rest of the body.

## ELECTRO CAUTRY

A small battery operated pencil with a tiny thin loop wire heated by a steady direct current to red heat will coagulate or destroy tissue on contract. Heat is transferred to tissues from pre-heated wire. It is commonly used for plastic surgeries, eye procedures. The hot point of the cautery should be at least 24 inches from anaesthesia machine and oxygen source.

## ULTRASONIC SCALPEL

The titanium blade of the scalpel moves by a rapid ultrasonic motion that cut and coagulates tissues simultaneously. The portable generator, a microprocessor with piezoelectric disk, converts electrical energy into mechanical energy. All these part of the system locks into a frequency of 55500 movements per seconds. When this happens this system is said to be in harmony, thus the name harmonic scalpel. It can be used for sharp and blunt dissection without damage to adjacent tissues. Vibrations from the blade denature the protein molecules as it cut through the tissues. Producing a coagulant that seals bleeding vessels. The vibrating blade also produces a cavitations effect that disrupts cell wall and separate tissues, which aid in dissection.

## **(5) OPERATING MICROSCOPE**

The operating microscope is a compound binocular instrument. Compound microscope uses two or more lens system or several lenses grouped in one unit. Interchangeable objective lenses

combined with interchangeable eyepieces allow a wide range of magnification and working distances adjustable to the surgeons need. The operating microscope use light waves for illumination. These waves are bent as they pass through the microscope causing the image seen by the viewer's eye to be magnified. The essential components of the operating microscope are; an optical lens system, controls for magnification and focus, an illumination system, a mounting system for stability, an electrical system and accessories.

## **ELECTRICAL SYSTEM**

Switches and wall interlocks should be explosion proof. Circuits are protected from overload by breaker relays and fuses. All light controls should be in off position when the power plug is inserted or removed from the wall outlet to short circuiting or sparking. A red pilot light illuminates on the control panel when the electric power is on.

## **(6) OPERATING DRILL**

Drill is a powered instrument used for drilling, cutting, shaping and beveling bones. The instrument may have rotary reciprocating or oscillating action. Rotary movement is used to drill holes or insert screws, wires or pins. Reciprocating movements a cutting action from front to back and oscillating cutting action from side to side are used to cut or remove bone. Some instruments have a combination of movements and can be changed from one to another with hand controls. In some adjusting the check forward or backward and locking it into the desired position may make the change.

Drills may be classified into three according to the source of power:

- (1) Electric drill
- (2) Pneumatic drill (Air/Nitrogen)
- (3) Manual drill

Drills are used in the orthopedics, neuro, ENT and dental surgeries.

## **(7) SUCTION APPARATUS**

Suction is the application of pressure less than the atmospheric either continuously or intermittently. It is used during surgical procedures for removal of blood and tissue fluids from the surgical field primarily to enhance visibility. An appropriate type style tip for locating bleeding is

attached to sterile disposable suction tubing. The style of the suction tip will depend on where it is used and the surgeon's preference.

In mechanical suction the suction caused by an electric motor, which drives a small suction pump. It also provides one bottle or reservoir, which connected with delivery tubing.

#### APPLICATION OF SUCTION APPARATUS

- 1) All operative procedures where induction of anaesthesia.
- 2) Intra operative procedures.
- 3) During postoperatively.
- 4) Vomiting and aspiration of stomach contents.
- 5) Unconscious and semiconscious patients.
- 6) Treatment for pulmonary edema.

#### (8) SYRINGE PUMP

The simplest mechanical syringe driver is driven by a clockwork mechanism. These are used for infusion at a very slow rate. Clockwork syringe drivers are mainly used for narcotic infusions for pain control in terminal care or occasionally for heparin infusions. There is a range of small battery operated syringe drivers. These pumps are used for insulin infusions and the relief of cancer pain with narcotic infusions. They may have a variable rate that is adjusted with a small screwdriver. The driving mechanism is a miniature dc motor that is switched on and off intermittently and drives a screw thread rod, which is linked, to the syringe plunger causing its advancement.

Syringe drivers used in intensive care and anaesthesia usually make use of stepper motor again connected to the syringe plunger by a lead screw. Thus each pulse applied to the stepper motor causes the advancement of syringe plunger by a known amount. The pulse generator driving the stepper motor may be calibrated. It is important that only syringes recommended by the manufacturer are used, otherwise the calibration will be adversely affected. These syringe drivers may be free standing or pole mounted and are mains driven, but may have a rechargeable battery option for the transport of patients. Electronic syringe drivers have alarms for occlusion and empty syringe.

## (9) DEFIBRILLATOR

The use of defibrillation delivers an electrical current or shock of preset voltage to the heart through paddles placed on the chest walls. The current causes the entire myocardium to depolarize completely at the moment of shock, thus producing transient asystole and allows the heart intrinsic pacemaker to regain control.

### INDICATION

Ventricular fibrillation, Pulse less ventricular tachycardia.

### EQUIPMENTS AND TECHNIQUES

Necessary equipments for defibrillation include a defibrillator machine and two paddles electrodes. It uses direct electric current. Most have integrated monitors; monitors and defibrillator switches may be separate or combined. Many monitor defibrillator units can monitor the ECG from the paddle electrodes, as well as from separate patient leads. Depending on the type of defibrillator the *electrical cord must be plugged in or batteries charged. This is emergency equipment and must be available at all times.*

### TYPES OF DEFIBRILLATION

External defibrillation.

Internal defibrillation.

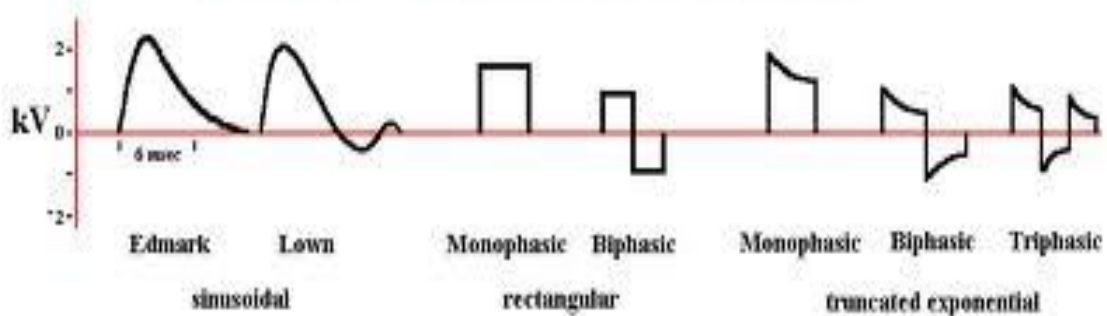
Monophasic defibrillation.

Biphasic defibrillation.

External defibrillation

External defibrillation of the heart is used unless the chest is already open, as for intrathoracic surgery. Standard electrode paste or jelly or saline soaked gauzes pads reduce the resistance of the skin to passage of the electric current. If paste is used on paddles, it should not extend beyond the electrodes or any part of the handle. The large diameter of the paddles increases the area of the skin contact, thus reducing the possibility of skin burns by spreading of the current.

## Waveforms for external defibrillation



### Internal defibrillation

For internal defibrillation sterile electrodes are placed on myocardium. One over the right atrium

### NEBULIZERS

A nebulizer emits water in the form of aerosol. The most commonly used nebulizers are pneumatic and ultrasonic. Nebulizers may be used to deliver drugs to the breathing system. In pneumatic nebulizers, a jet of high-pressure gas encounters the liquid, inducing shearing forces and breaking the water up into fine particles. Ultrasonic nebulizers produce a fine mist by subjecting the liquid to a high frequency resonator. The frequency of oscillation

Suction catheter should be narrow, over flexible and made of PVC. The size in French gauge should be equal to twice the internal diameter in mm of ET tube. The size of endotracheal suction catheter should not be more than one third of internal diameter of ET tube. Paediatric size connectors are available which connect Jackson Rees circuit to the Scavenging system.

### Epidural Analgesia Administration

Epidural administration is a medical route of administration in which a drug or contrast agent is injected into the epidural space of the spinal cord. Techniques such as epidural analgesia and epidural anaesthesia employ this route of administration. Epidural techniques frequently involve injection of drugs through a catheter placed into the epidural space. The injection can result in a loss of sensation-including the sensation of pain-by blocking the transmission of signals through nerve fibers in or near the spinal cord. Tuohy needles are used. The needle is 10 cm in length and has a shaft of 8 cm. A 15 cm version exists for obese patients. A paediatric 19 G cm-long Tougy needle, allowing the passage of a 21G nylon catheter, is available.

## **Preparation of Theaters for General Anaesthesia**

- Check the case list so that you have a clear cut idea of time of surgery, theatre number, name of patient, age, sex, weight, diagnosis, procedure etc.
- Connect all gas lines to the wall points.
- Make electrical connection for the ventilator, monitors and other equipments.

## **Preparation of Airway Maintenance Equipments**

- Check for gas pressure gauges for adequate line pressures.
- Check for the backup gas cylinders and be sure that they are adequately filled.
- Check that the vaporizers are filled.
- Switch ON the anaesthesia machines.
- Check for the gas flow by rotating the knobs for each gas individually.
- Check that the save mechanism for nitrous oxide.
- Turn OFF the flows after each check.
- Connect the patient circuit (Adult or Pediatric).
- Make the ventilator setting for tidal volume, respiratory rate, I: E ratio, alarm settings etc.
- Perform leak test for the circuit.

## **Preparation of Induction Trolley**

- Check for appropriate size of oxygen mask.
- Check for all sizes of Anesthesia Masks
- Airways
- Laryngoscope Blades
- Mouth Probe
- Magill's Forceps
- Check the laryngoscope is working and adequate illumination is there.
- Check the appropriate size of ETT/EBT tubes, Ryle's Tube are available
- Check for cuff inflation syringe, cuff pressure gauge, Magill's forceps, stylets, Bougie, Nasal Drops, Eye drops, Jelly, Spray, Betadine, Spirit, Benzoine, Cotton, Stethoscope, Gauze, Plasters for ETT Fixation, Suction catheters are available.
- Check for a working suction inlet.

## **Preparation of Anaesthesia Trolley**

- Check for dressing tray, anaesthesia tray, empty tray etc.
- Open the empty tray and prepare the syringes for drugs and label them.
- Set the IV infusion (RL/ Dextrose/ Isolyte – P) with ordinary IV set/ Volume set/ Micro drip set/ Syringe infusion; attach extension and de air the line.
- Prepare flushing solution in NS with Heparin 1 unit/ml and label it.
- Prepare Transducer for CVP and arterial pressure monitor.
- Load the drugs (Induction and Maintenance) based on patients age, weight, physiological conditions and case; and note the concentration of each drug.
- Check for IV cannula, Arterial cannula, Guide wire, Extensions, Three ways, CVP cannula and Catheters (Triple lumen, Double lumen, PA catheter, TD catheter, Cavafix etc.), Emergency drugs, ampoule breaking files, IV fixation plasters, blade, sutures etc.

## **Preparation of Monitors**

- Check the monitor accessories (modules, probes, transducers, NIBP cuff, PNS, electrodes).
- Attach ECG electrodes to the ECG cables.
- Attach gas monitor probe (ETCO<sub>2</sub>/ Sample lines)
- Connect the transducer and zero it.

## **MISCELLANEOUS PREPARATION**

- Check theater light and table.
- Defibrillator, ACT machine (with pre warmed cartridge), TEG, TEE, Hepcon HMS Plus Hemostasis Machine, Pulse Doppler (only for Cardiac)
- Syringe Pump, PCA Pump, Glucometer, Pressure Bag
- Bronchoscope with light source for thoracic cases.
- Fluid Warmer, Patient Warmer Sheets, arm rests, belts/ straps, pillows and water bags for positioning

## **SPECIAL CASES**

- For prone position, keep flexometallic/ flexicare tubes.
- For thoracic cases keep Double Lumen Tubes, Bronchoscope and Epidural set.

- For awake craniotomy, sterio taxic biopsy etc., keep LMA, Succinyl Scholine.
- Sizer tube for paediatric case.
- Attracurium for patients with renal failure and Mysthanian Gravis.
- Use MRI compatible equipments for MRI cases.
- For radiological procedures be sure that emergency drugs, airway devices, including LMA, Patient circuit etc. are available.

## **ASSISTING THE CASE**

- Identify the patient and shift to theater.
- Make sure that antibiotics are shifted together with the patient.
- Position the patient.
- Put oxygen mask for pre oxygenation.
- Attach the monitors.
- Help for IV line, Arterial line.
- Preparation for mask ventilation.
- Assist for intubation and tube fixation.
- Turn “ON” the ventilator.
- Assist for Introducing Ryle’s Tube.
- Help for CVP line, Positioning, Preparation.
- Connect transducer for CVP line, zero and optimize the scale.
- Help in positioning for surgery and take care of all lines, and secure the patient.
- Send ABG.

## **DURING THE SURGERY**

- Get Cardioplegia, Heparin and high volume pumps in case of cardiac surgery.
- Check that enough blood and blood samples are available.
- Once ABG result comes collect it and deliver to the anaesthetist.
- Help in loading supports and in monitoring the patient in case the anaesthetist is out for some urgent calls or so.

- Fill the charge account sheet in case of chargable items are used (Triple lumen, PA catheter, Cartridge for ACT, HMS, TEG, EBT and Epidural Set).
- Fill the Narcotic drug register and get it signed from the anaesthetist.
- Collect ICU intimation chart and hand over to ICU.
- Before shifting check all the documents are dually filled by the and all patient belongings including anaesthesia chart, charge account sheet, ABG reports, X rays, Blood and Blood products, Transfusion reaction form, antibiotics etc. are there and should be ready for shifting.
- Check that the AMBU is available for shifting. Secure all the lines and disconnect monitors once every one is ready to shift.
- Take care of the lines, Syringe pumps and other infusions and shift the power cords of the pumps, transducers etc. safe.
- While shifting to ICU assist in ventilating the patient with AMBU in case patient is not extubated.

# **CENTRAL STERILIZATION SUPPLY DEPARTMENT TRAINING**

## **Equipments in the Operating Room for Sterilization**

### **Maintaining Asepsis**

#### Types of equipments

- ❖ Low-risk equipments
- ❖ Intermediate risk equipments
- ❖ High risk equipments

#### Low risk equipment

These are pieces of equipments that come in contact with intact skin.

Eg: O2 therapy masks, non-invasive probes.

#### Intermediate risk equipment

These are pieces of equipments that come in contact with the skin and mucous membranes.

Eg: Airways, LMA.

#### High risk equipment

These are pieces of equipments that come in contact with a break in the skin, mucous membrane.

Eg: ET Tubes

### **Method of asepsis**

There are three steps to be followed meticulously for making the operating equipments not to cause sepsis.

- ❖ Cleaning and decontamination.
- ❖ Disinfection.
- ❖ Sterilization.

### Decontamination

It is physical removal of infected organic matter like tissue debris, pus, blood, etc. on which the organism lives. A micro-organism can not thrive if no organic matter is present.

### Disinfection

This is removal or killing of most or all the infective organisms with the exception of the most resistant ones such as spores.

### Sterilization

This is the ultimate step for asepsis. Destroying all micro-organisms including Bacteria, Virus, Fungi and their spores. This prevents passing on infection to a patient.

## **CENTRAL STERILIZATION SUPPLY DEPARTMENT (CSSD)**

The students are posted in CSSD in the beginning of the course, for training in the cleaning and sterilization, which is the most important aspect of the theatre technique. The students also get sufficient training in operating steam sterilizers and Ethylene Sterilizers and also training in various sterilization methods.

### METHOD OF STERILIZATION

#### Heat Sterilization

##### *Autoclaving*

Dry Heat

Steam/ Formaldehyde

#### Heat Disinfections

Steam at subatonic pressure

Pasteurization

Boiling

#### Cold Sterilization

Gamma irradiation

*Ethylene Oxide*

### ***Ultra Violet Light Radiation***

#### 4) Cold Disinfection

*Various chemical solutions*

### **AUTOCLAVING**

It is the most efficient method of sterilization for materials that will stand up to heat and moisture. Temperature of water is increased a much higher degree before it boils. The high pressure steam is applied to the load, after removing the air in the sterilizing chamber completely.

### **DRY HEAT**

Special electric oven is used, designed to achieve a uniform temperature in all parts of the apparatus.

### **STEAM/FORMALDEHYDE**

In this method .formaldehyde is added to the steam, it can destroy all spores and effect sterilization. Low temperature steam/formaldehyde cycles can be incorporated in the same autoclave. Used for plastic, optical devices, Teflon, polyurethane, silicon, rubber, ET tubes, valves, connectors, catheters etc.

### **PASTURIATION**

Immersion of articles for ten minutes in water at 75 to 85. It will destroy vegetative bacteria very rapidly.

### **BOILING**

Boiling of instruments should be regarded as a means of disinfection. It does not kill spores. This technique is no longer practiced in modern hospitals.

### **RADIATION**

This is generally limited to sterilization on a commercial scale.

These are two types

- Gamma Irradiation from Cobalt 60

- Electro bombardment from a linear accelerator

### ***ETHYLENE OXIDE STERILIZATION***

Ethylene Oxide is suitable for heat labile articles. E O is highly toxic and explosive. So it is very difficult to control the efficiency of the process. The article to be sterilized must be dry, for that they are wrapped in polythene film whilst still wet, they will remain wet and forms the toxic Ethyl Glycol with ETO. The most suitable packing material is low density 300 G polyethylene or nylon film; used as one or two layers, which are rapidly penetrated by E.O, moisture and heat under the appropriate controlled conditions.

### ***ULTRA VIOLET***

These UV light can be used to sterilize the whole area overnight, and can be directed to cover all areas of operating room.

### ***CHEMICAL SOLUTIONS***

This is used for disinfection only, as it cannot kill spores. When heat sterilization is impracticable and ineffective this method can be used as chemicals can reach all parts of the articles.

The used solutions are

- Phenol
- Chlorxylenol (dettol)
- Povodine
- Formaldehyde
- ***Activated Gluteraldehyde***

### ***Activated Gluteraldehyde***

It is 2% aqueous solution buffered to Ph 7.5 – 8.5 by addition of 0.3% sodium bicarbonate. Vegetative bacteria and tubercular bacillus are killed in twenty minutes and some spore forming species are killed in an hour at 20°C and is suitable for lensed instruments, anaesthesia masks, echo probes, bronchoscopes.

### Plasma Sterilization

Plasma sterilization is a fast evolving into a promising alternative to standard sterilization techniques. Hydrogen peroxide is a type of substance used for sterilization. H<sub>2</sub>O<sub>2</sub> is a type of highly reactive compound, is added to a chamber, where it is vaporized into a gaseous state. Once the gaseous state of hydrogen peroxide is achieved, this electrical field causes the gas to ionize, ions and electrons are generated, and form something, that is called plasma.

### PREPARATION OF ITEMS FOR STERILIZATION

For Plasma

1. Wash with soap and water and rinsed.
2. Dry the equipment.
3. Pack the item in special packing cover.
4. Send to CSSD department.

For ETO

1. Wash with soap and water.
2. Dry the equipment.
3. Pack the item in special packing cover.
4. Send to CSSD department.

<b>ITEMS</b>	<b>STERILIZATION</b>
Guide Wires	Plasma
E.T Tubes	Plasma, ETO
Boogie	Plasma
Airways	Plasma
Corrugated Breathing Tube	Plasma
L M A	Plasma
Dressing Tray, Anaesthesia Tray, Empty Tray	Autoclave

# **CASES IN CARDIO VASCULAR AND THORACIC SURGERY** **OPERATION THEATRE**

## **CARDIAC SURGERY OPERATION**

### **Coronary Artery Bypass Graft (CABG)**

To bypass blocked or diseased coronary artery. The saphenous vein from the legs are used as bypass graft. Internal Mammary Artery (IMA) is also used as bypass graft. Can be done with or without bypass.

### **Aortic Valve Replacement (AVR)**

AVR is done after opening aorta and replacing diseased valve with prosthetic valve.

### **Mitral Valve Replacement (MVR)**

Diseased Mitral Valve is approached through LA/RA and atrial septum. The valve is then replaced.

### **Double Valve Replacement (DVR)**

Replacement of aortic valve and mitral valve with prosthetic valves.

### **Atrial Septal Defect Closure (ASD Closure)**

It is the opening in the atrial septum, which is closed by suturing with pericardial or Dacron patch.

### **Ventricular Septal Defect Closure (VSD Closure)**

It is opening in the ventricular septum, which is closed by suturing with Dacron patch.

### **Intra Cardiac Repair (ICR for Pulmonary Stenosis (PS))**

May be valvular, Infundibular or Supravalvular. In valvular stenosis, the found commissures are incised under direct vision. In infundibular, the muscular hypertrophy in the infundibular pulmonary outflow tract is resected. Outflow tract graft may be used. The pulmonary flow is directed to the RV by

completing the external surface of the heart with a pericardial patch. Thus patch will be sutured at the incision pening of the heart from the pulmonary veins and the external margin of the RA incision.

Tetrology of Fallot (TOF)

.PS

.VSD

.Over riding of aorta

.R V hypertrophy

Surgical repair includes correction of PS and VSD closure in such a way that blood from the LV to the aorta.

### Transpositin of Great Arteries

Aorta arises from the RV and located anterior to the PA. PA arises from the LV. The normal circulation is interrupted and blod circulate round and rund the pulmonary circulation withut passing through systemic circulation. Abveall, VSD and PDA should be present for this patient to survive. Correctin involves the transposition of great arteries.

### Total Cavo Pulmonary Connection (TCPC)

After BDG and shunt ie, the SVC is connected to PA for increasing pulmonary bloodflow and saturation. after sufficient lung expansion and PAP, IVC is also connected t PA. The procedure can be done internally with graft. If the graft is connected externally then the procedure is specified with “external circulation”.

### Aorta Pulmonary Window Closure.

Opening between Aorta near aortic valve and pulmonary valve. Once bypass has been instituted the aortai clamped and the fistula is divided. The aortic and pulmonary artery openings are directly sutured or closed with a patch.

### Total Anomalous Pulmonary Venous Connection (TAPVC)

It is a congenial defect of pulmonary veins, in which all four pulmonary vein are malpositioned and make anomalous connections to the systemic venous circulation. TAPVC can occur

with obstruction, which occurs when the anomalous vein enters a vessel at an acute angle and can cause pulmonary venous hypertension and cyanosis because blood can not enter the new vein as easily.

#### Bi-Directional Glenn Procedure (BDG)

A Glenn shunt is a palliative procedure that is offered to a patient with single ventricular physiology either due to valvular anomalies, ventricular pathology or similar heart condition, which prohibit a corrective bi-ventricular surgery such as DORV with CAVSD. This involves drainage of the superior vena cava to the right pulmonary artery thereby reducing ventricular work to some extent as deoxygenated blood returning from the head and upper body is directly routed to the pulmonary artery for oxygenation by the lungs.

## **CASES IN NEURO SURGERY OPERATION THEATRE**

### Cerebral Aneurysms

These are acquired lesions occurring in cerebral vessels, which rupture and produce fatal intracranial bleed. Craniotomy and clipping is surgical treatment. Surgery offers permanent cure. Common sites are Anterior Communicating Artery and Artery bifurcation Region. Microsurgery is a must for clipping aneurysm.

### Arterio Venous Malformations

Congenital lesion producing fatal intracranial bleeding. Otherwise patient presents with seizure, headache or neurological deficit. Total excision of AVM offers permanent cure. AVM in non-operable region can be treated with embolization.

### Glioma

Commonest primary tumor of central nervous system. Astrocytomas, Ependymoma, Oligodendroglioma are subtypes of glioma. Apart from minority low grade/grade 1 astrocytoma, gliomas are malignant lesions mostly palliative recurrences are common. Malignant glioma requires post-operative radiotherapy. Glioma is occurring anywhere in the brain and spinal cord and occurs in all age groups.

### Meningioma

Meningiomas are benign or malignant Meningioma. They arise from arachnoid villi and always have dural attachment. It is very vascular tumor. If attached to venous sinus or skull base, excision may be difficult. It is rare in children. But recurrence is not uncommon.

### Pituitary Adenoma

It is benign lesion. It can be excised either through craniotomy or through trans sphenoid approach (TPA). TPA is relatively simple and preservation of vision is better whereas more tumor excision can be achieved by craniotomy. Patients present with impaired vision, acromegaly and rhinorrhoea raised ICP. Complete cure is difficult.

### Spinal Tumors

Can be intra medullary and intra dural or extra dural according to location. Neuro fibroma and Meningiomas are the common extra medullary tumors and ependymoma and glioma are the main intra medullary tumors. Patients present with limb weakness and if operated before severe deficit, intra medullary tumors are more difficult.

### Craniopharyngioma

Benign tumors arising from embryonal cells. Being suprasellar tumor this produces diabetes insipidus. Visual impairment and endocrine abnormalities in addition to increased ICP. Craniotomy and excision is the treatment.

### Chiari Malformation

Syringomyelia and Chiari malformation are slowly progressive crippling diseases occurring due to abnormalities in the cranio spinal CSF circulation. Surgery is the treatment of choice.

### Medulloblastoma

Congenital anomalies under the group of spinal dysraphism. Surgery is excision of meningocele and repair. Aim is to prevent neurological deterioration and infection.

## **CASES IN RADIOLOGY CATH LAB**

### Four vessel Angiography

Selective catheterization of right or left carotid vertebral arteries and angiogram to visualize vascular malformation like AVM, Aneurysm etc, and rarely to know vascularity of tumours, usual approach is through Right Femoral Artery.

### Embolization

Introduction of artificial embolising material through special catheters special catheters to block the feeding vessel in an AVM.AV fistula especially carotico conernous and in certain cases, to reduce vscularity of brasin tumours, so that it reduce bleeding risk during surgery.

### Angioplasty

Method of fluroscopically guided catheter treatment of vascular stenosis and obstruction. Widely used to relieve ischemia artherosclerotic lesions in the peripheral and coronary arteries easier and simple vascular reconstruction. It is performed using double lumen polyethylene balloon catheter, guide wire and inflation device.

## **CASES IN CARDIOLOGY CATH LAB**

### Ballon Atrial septostomy (BAS)

It is a technique used to enlarge a hole between the right Atrium and the left atriumIt is often used to manage patients with transposition of the great arteries.The large hole improves oxygenation of blood.

### Atrial Septal Device Closure (ASDDC)

It is a congenital heart defect in which blood flows between the atria of the heart.

### Ventricular Septal Device Cloure (VSDDC)

It is an opening or hole in the wall that separate the two lower chambers of the heart.The hole cause oxygen-rich blood to leak from the left side of the heart to the right side of the heart.

### Patent Ductus Arteriosus (PDADC)

It is a heart problem by the persistence of a normal fetal connection between the aorta and the pulmonary artery which allows oxygen rich blood.

### Major Aorto Pulmonary Collateral Arteries (MAPCA) Coiling

These are arteries that develop to supply blood to the lungs when native pulmonary circulation is underdeveloped. Instead of coming from the pulmonary trunk, supply develops from the aorta and other systemic arteries.

### Ruptured Sinus Of Valsalva Aneurysm(RSOV)

Abnormal widening of an artery is known as an aneurysm. It is usually caused by weakening of the walls of an artery. Rupture of the sinus of valsalva aneurysm can occur spontaneously and can be brought about abruptly by exertion, trauma, or cardiac catheterization.

### Permanent Pacemaker Implantation (PPI)

A pacemaker is implanted to treat bradycardia. Pacemaker can also adjust the heart rate to meet the body's needs, whether during exercise or rest. Implantation of a pacemaker involves positioning leads in the heart and placing the device in a pocket of skin, usually in the shoulder area.

### Electro Physiology Studies + Radio Frequency Ablation (EPS+RFA)

It is a medical procedure in which part of the electrical conduction system of the heart, tumor or other dysfunctional tissue is ablated using the heat generated from high frequency alternating current.

## **DUTIES AND RESPONSIBILITIES OF AN ANAESTHESIA TECHNICIAN**

- ❖ At all times the anaesthesia technician works under the control of the anaesthetist concerned.
- ❖ He is a specially trained person with the technical knowledge about the working of the machines and the other accessories and monitors that are used in theatre.
- ❖ He shall keep all the equipments in good working order at all times.
- ❖ He is responsible for the maintenance of all the anaesthetic machines and the accessories in the theatre.
- ❖ He shall keep the anaesthesia machine worktop very clean and tidy.
- ❖ He shall see and verify that essential equipments such as laryngoscope, endotracheal tube, connectors, catheter mount, malleable endotracheal tube introducer (stylet), etc. are chosen properly and kept in order on the machine worktop.
- ❖ He shall see that the necessary emergency drugs such as atropine, vasopressors, adrenaline, bronchodilator and corticosteroids only are kept on it.
- ❖ Any other drug specifically wanted by the anaesthetist for the particular cases must be kept in addition.
- ❖ He shall see that any object not related to anaesthetic work is not allowed to be placed on the anaesthetic machine.
- ❖ He shall keep ready all the equipments on the anaesthetic machine that are needed for anaesthetizing the particular patient in concurrence with the anaesthetist and assist the anaesthetist starting from the time of induction onwards to the conclusion of anaesthesia.
- ❖ His assistance is specially needed during the time of induction to assist intubation, securing the endotracheal tube, positioning the patient, etc. and particularly during reversal of the patient from anaesthesia for assisting in applying oropharyngeal suction, extubation, etc.
- ❖ Actually induction and recovery are the two common situations in anaesthesia where dangers are imminent as in the case of take off and landing of an aircraft.
- ❖ Virtually he shall be there by the side of the anaesthetist throughout the procedure to hand over the necessary drugs and equipments as and when required.

- ❖ The anaesthesia machine must be handled with adequate care and maintained carefully so that at all times it functions perfectly.

Every day at the start of the work he must do the following.

1. Check the functioning of the machine with a protocol.
2. Checked the laryngoscope and accessories such as spares blades and bulbes.
3. Check the endotracheal tube and their connections.
4. Check the breathing system for integrity of the components and check for leaks particularly the reservoir bags.
5. Check the content of the cylinders attached to the machine, not only whether they are full also the correctness of the gas.

All the following are kept ready always

1. Gauze swabs
2. Antiseptic solutions
3. A laryngoscope in working condition
4. A spare laryngoscope should be available in the operating room in case the first one does not work at the crucial moment.
5. Endotracheal tube and a plastic syringe for inflating the cuff of an endotracheal tube.
6. Laryngel spray, Magill's intubating forceps and suitable size airways.
7. Sticking plaster.

### **How to Check the Anaesthesia Machine**

1. Go to service Mode
2. Select "Test For Leak"
3. Set Bag/Vent switch to vent position.
4. Set fresh gas flow to minimum.
5. Open patient "Y" connection to atmosphere.

6. Set flow valve to 12L/min.
7. Verify that the bellows is completely collapsed.
8. Slowly increase fresh gas flow until pressure gauge reads 30cmH<sub>2</sub>O.
9. Leak rate is the fresh gas flow needed to maintain 30cmH<sub>2</sub>O.

# **CARDIAC SURGERY OPERATION THEATRE** **PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	16-01-2014	Jose T.L 365714 51 Y/M	CAD, DVD, FAIR LV, SR	CABG	ECG, SPO2, Resp Rate, ABP, CV P, TEMP	GA+CPB  <u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Midaz+Xylo+Pa v+Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 142Min Clamp time 119min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. JK	Dr. Suneel  Dr. Jagadheesh	Remya Krishanan L.K
2	16-01-2014	Vasanthi.R 361032 67 Y/F	RHD, SEV MR, SEV TR, MILD RVD, FAIR LV, AF, NC	MV REPAIR + TV REPAIR	ECG, SPO2, Resp Rate, ABP, CVP, TE MP	GA+CPB  <u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV  <u>Intubation</u> 7.5mm ID Portex Tube	Dr. VTP	Dr: Resmi  Dr: Keerthi	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Midazolam+Pav+Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline,Morphine</p> <p>Shifted To ICU On Ventilator</p>			
3	17-01-2014	Antony Binu. K 292148 39 Y/M	CAS, TVD, S/P PCI TO RCA, SEV LVD,SR	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam+Pav+Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 157Min Clamp time 57min</p> <p><u>Supports</u> Adrenaline,Morphine</p> <p>Shifted To ICU On</p>	Dr. JK	Dr. Shrinivas Dr. Keerthi	Remya Krishanan L.K

						Ventilator			
4	22-01-2014	Sainudeen. M 371661 62 Y/M	CAS, TVD, GDLV, SR, DM, HTN, DLP	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan +Pav+Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p>	Dr. JK	Dr.Rupa  Dr. Resmi	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
5	22-01-2014	Surendran. V 369624 62 Y/F	CAD, TVD, GDLV, SR, S/P PCL WITH ISR, DM, HTN, S/PPCL RI 2007	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV  <u>Intubation</u> 7.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazola m+ Pancuronium+Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 134Min Clamp time 103min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. JK	Dr. Thomas Koshy  Dr. Yuvraj	Remya Krishanan L.K
6	22-01-2014	Stephen. N 370569 54 Y/M	CAS, TVD, REC, IWMI, GDLV, SR, DM	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV  <u>Intubation</u> 8.5mm ID Portex Tube	Dr. JK	Dr. Shrinivas  Dr. Jagadheesh	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Midazolam+ Pancuronium+Propafol</p> <p><u>Maintenace</u> Air+O2+Sevoflrane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
7	05-05-2014	Stella. K 325423 43 Y/F	RHD, SEV CAL MS, MILD MR, SEV TR, ORG	MVR+ TVA	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam+ Vecuronium+Propafol</p> <p><u>Maintenace</u> Air+O2+Sevoflurane</p> <p>CPB time 101Min Clamp time 76min</p> <p><u>Supports</u></p>	Dr. VTP	Dr. Thomas Koshy  Dr. Roy	Remya Krishanan L.K

						Adrenaline, Morphine Shifted To ICU On Ventilator			
8	06-05-2014	Sarada. C.S 370505 60 Y/F	CAD, TVD, REC, NSTEMI, MILD MR, GDLV, SR, OM, DLP, HTN	CABG	ECG, SPO2, Resp Rate, ABP, CV P, TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 7.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazolam+ Vecuronium+Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. PKV	Dr. Thomas Koshiy  Dr. Roy	Remya Krishanan L.K
9	06-05-2014	Predeep Kumar. T 374264 50 Y/M	MVP, SEV MR, CAL MITRAL ANNULUS, TRIVIAL TR, MILD PHV, GDLV, SR	MVR/ REPAIR	ECG, SPO2, Resp Rate, ABP, CVP, TEM P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV	Dr. PKV	Dr. Thomas Koshiy  Dr. Roy	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam+ Vecuronium+Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 110Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
10	07-05-2014	Purushothaman. O 202042 58 Y/M	CAD, LMCA, OLD AWTI, P/PCI LAD, RCA, MILD LVD, SR, DM, HTN, DLP	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple lumen in right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pancuronium+Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 122Min Clamp time 67min</p>	Dr. VP	Dr. Suneel Dr. Yuvraj Dr. Keerthi	Remya Krishanan L.K

						<u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator			
11	07-05-2014	Abdul Gafoor. M 244132 37 Y/M	MARFN, SEV AR, ANNULU AORTIC ECTASIA, DIL LV, GDBVF, SR	BENTALLS	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazola m+ Glyco+ Thiopentone+ Pancuronium  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 117Min Clamp time 97min  <u>Supports</u> Adrenaline, Morphine, Noradrenalin  Shifted To ICU On Ventilator	Dr. JK	Dr. Dash  Dr. Roy  Dr. Keerthi	Remya Krishanan L.K
12	07-05-2014	Rajeswary Amma. P 368677 48 Y/F	CAD, CHR STBL ANGINA, GDLV, SR, DM, HTN	CABG	ECG, SPO2, Resp Rate, ABP,CVP,TE MP	GA+CPB  <u>Lines</u> 16 G Right Hand IV 20 G Right Hand	Dr. PKV	Dr. Thomas Koshy  Dr. Jagadheesh	Remya Krishanan L.K

						<p>Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazola m+ Vecuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>		Dr. Pravin	
13	13-05-2014	Kabir Mohamed. M 242869 69 Y/M	CAD, REC ACS, LMCA, TVD, GDLV, DLP, SR	CABG	ECG, SPO2, Resp Rate, TEMP,ABP, CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Pancuronium+Propafol</p> <p><u>Maintenanace</u></p>	Dr. JK	Dr. Unni  Dr. Roy	Remya Krishanan L.K

						<p>Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
14	13-05-2014	Parameswaran Nair 373255 65 Y/M	CAD, TVD, CONC LVH, GDLV, HTN, DM, SR	CABG	ECG, SPO2, Resp Rate, TEMP,ABP, CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Glyco+ Thiopentone+ Pancuronium</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 120Min Clamp time 90min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	Dr. JK	Dr. Dash  Dr. Pravin	Remya Krishanan L.K
15	19-05-2014	Geethanandan. P 375583	CAD, SVP SEV AR DIL ASC	BENTALLS + CABG	ECG, SPO2, Resp Rate,TEMP,	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV</p>	Dr. JK	Dr. Thomas Koshy	Remya Krishanan L.K

		61 Y/M	AO, GDLV, SR DM, HTN, DLP		ABP,CVP	<p>20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam+ Vecuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 182Min Clamp time 124min</p> <p><u>Supports</u> Adrenaline, Morphine,Noradrenalin,Vaso pressin,Dobutamine</p> <p>Shifted To ICU On Ventilator</p>		Dr. Pravin	
16	20-05-2014	Pathrose Phipipose 371376 67 Y/M	CAD, TVD, GDLV, SP, DM, HTN, DLP	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan+ Pancuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	Dr. PKV	Dr. unni  Dr. Pravin	Remya Krishanan L.K

17	22-05-2014	Nibu. S 317224 39 Y/M	MVP FLAIL, PML MOD PAH, GCLV	MV REPAIR	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazolam + Pancuronium+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 101Min Clamp time 76min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. PKV	Dr. Subin  Dr. Rajesh	Remya Krishanan L.K
18	26-05-2014	Xavier. M 368822 58 Y/M	CAD, DVD. OLD ACS, OLS ASMI, GDLV, SR, SMOKER, DLP, COPD	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u>	Dr. PKV	Dr. Thomas Koshy  Dr. Rajesh	Remya Krishanan L.K

						<p>Fenta+Xylo+Midazolan + Vecuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
19	26-05-2014	Muhammed 358131 13 Y/M	ACHD, SVASD, GDLV, PAH, SR, NC	ASD CLOSURE	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 18 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Glyco+ Thiopentone+ Pancuronium</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 89Min Clamp time 52min</p> <p><u>Supports</u> Adrenaline, Morphine</p>	Dr. JK	Dr. Dash  Dr. Roy	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
20	28-05-2014	Vaishnav. M 370954 17 Y/M	ACHD, OSASD, GDLV, SR	ASD CLOSURE	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 18 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 7.1mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazolan + Pancuronium+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 90Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. VTP	Dr. Yuvraj  Dr. Rajesh  Dr. Pravin	Remya Krishanan L.K
21	28-05-2014	Vijayakaumara kurup. C 364151 59 Y/M	CAD, TVD, OLD AW & IWMI, SEV, LVD, MILD MR, DM, SR	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube	Dr. JK	Dr. Dash  Dr. Deepak  Dr. Yuvraj	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Midazolan + Glyco+ Thiopentone+ Pav</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
22	28-05-2014	Chinnamma Mathew 375458 67 Y/F	CAD, TVD, GDLV, MILD MR, HTN, DM, DLP	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Pancuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u></p>	Dr. PKV	Dr. Unni  Dr. Pravin	Remya Krishanan L.K

						Adrenaline, Morphine Shifted To ICU On Ventilator			
23	29-05-2014	Rajan. D 187192 61 Y/M	CAD, OLD, IWMI, REC NSTEMI, GDLV, HTN, DLP, EX SMOKER	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazolan + Pav+Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 130Min Clamp time 75min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. VP	Dr. Unni  Dr. Rajesh	Remya Krishanan L.K
24	29-05-2014	Babu T.P 394950 53 Y/M	RHD, SEV AR, MILD MR, MILD PAH, MOD, LVD, SR, NC	AVR	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr. PKV	Dr. Unni  Dr. Deepak	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Pancuronium+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 75min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
25	30-05-2014	Karunakaran. M 379700 60 Y/M	CAD, TVD, LMCA, MOD LVD, SR, HTN SMOKER	CABG	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolan + Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p>	Dr. PKV	Dr. Koshy  Dr. Keerthi	Remya Krishanan L.K

						<u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator			
26	02-06-2014	Emmanuel Thomas 367220 15 Y/M	SV ASD	ASD CLOSURE	ECG, SPO2, Resp Rate, NIBP, ABP,CVP	GA+CPB  <u>Lines</u> 18 G Left Hand IV 22 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 7mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midazolan + Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 97Min Clamp time 40min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr. BN	Dr. Dr. Roy  Dr. Jagadheesh	Remya Krishanan L.K
27	06-06-2014	Jamaludeen. P.V 378234 51 Y/M	SEV AS, S/P TAVI (29ES), SEV PARAVAL U AR, GDLV, SR, HTN	EDWARDS VALVE REMOVAL - AVR-ANNULAR TEAR REPAIR+ MVR	ECG, SPO2, Resp Rate, ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr. JK	Dr. Suneel  Dr. jagadheesh	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 125Min Clamp time 90min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
28	06-06-2014	Chandrika mavilodan 378335 48 Y/M	RHD,S/P CMV,SEV CAL MS,MOD TR,ORGAN IC TVD,MILD AR,AF,MIL PAH	EDWARDS VALVE REMOVAL +AVR+AN N ULNAR TEAR REPAIR MVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p>	Dr.BN	Dr.Sujatha  Dr.saravana	Remya Krishanan L.K

						<p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
29	10-06-2014	Nalini k k 367278 65 Y/F	MVP OF AML & PML,SEV MR,TVP,M OD TR,GDLV, AF,NC	MVR+TVA	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 79Min Clamp time 58min</p> <p><u>Supports</u> Adrenaline, Morphine</p>	Dr. VTP	Dr.Dash  Dr.jagadheesh	Remya Krishanan L.K
30	23-06-2014	Rajeevan N 377616 54 Y/M	CAD,TVD, GDLV,SR, DM	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p>	Dr. VP	Dr.Subin  Dr.Roy  Dr.Rajesh	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
31	01-07-2014	Saraswathy B 340938 56 Y/F	RHD,SEV MR,MILD MS,ASD,S/ P BMV,MILD PAH.AF,NC	MVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 96Min Clamp time 45min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On</p>	Dr.PKV	Dr.Suneel  Dr.Saravana	Remya Krishanan L.K

32	01-07-2014	Viswanathan pillai. M 373280 55 Y/M	CAD,TVD, SEV LVD,SR,D M,	CABG	ECG, SPO2, Resp Rate,ABP,CV P	Ventilator GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr.PKV	Dr.Suneel  Dr.Saravana	Remya Krishanan L.K
33	02-07-2014	Varghese .D 376743 84 Y/M	CAD, TVD,LMCA (80%)	CABG	ECG, SPO2, Resp Rate,ABP,CV P	Ventilator GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u>	Dr.VP	Dr.Subin Dr.Saravana	Remya Krishanan L.K

						<p>Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
34	02-07-2014	Pandy .A 373750 29 Y/M	RHD,SEV MR,SEV TR,MOD MS,AF,MIL D PAH,AF	MVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 90Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	Dr.PKV	Dr.Unnikrishnan  Dr.Roy	Remya Krishanan L.K

35	05-07-2014	Rajamma. J 381081 65 Y/F	CAD,TVD, RECENT ACS,VSR, MOD LVD	VSD REPAIR+C ABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 7.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midaolam +Pav+Glyco+ Propafol  <u>Maintenanace</u> Air+O2+Sevoffurance  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr.JK	Dr.Dash  Dr.Sujatha  Dr.Neelam	Remya Krishanan L.K
36	08-07-2014	Salim.H 374485 40 Y/M	CAD,TVD, GDLV,SR, HT,DM	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midaolam	Dr.PKV	Dr.Koshy  Dr.Roshith	Remya Krishanan L.K

						<p>+Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
37	11-07-2014	Sivarajan 360575 20 Y/F	CAD,TVD, MOD LVD,MILD MR,SR,DM, DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaz+Pa v+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	Dr.PKV	Dr.Rupa  Dr.Yuvraj	Remya Krishanan L.K
38	14-07-2014	Seethammal M	SEV CAL	AVR+ROO	ECG, SPO2,	GA+CPB	Dr.JK	Dr.Subin	Remya

		360575 20 Y/F	AS,SEV AR,MOD SEV MR,LVOT OBSTRUC TION ,LVH,AA DILATED	T ENLARGE MENT(KO NO PROCEDU RE)	Resp Rate,ABP,CV P	<p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7 mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 140Min Clamp time 90min</p> <p><u>Supports</u> Adrenaline, Noradrenalin,Vasopress in,Morphine</p> <p>Shifted To ICU On Ventilator</p>		Dr.Pravin	Krishanan L.K
39	14-07-2014	Abdul jalal.M 375181 62 Y/M	CAD,TVD, GDLV,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u></p>	Dr.VP	Dr.Koshy  Dr.Yuvraj	Remya Krishanan L.K

						<p>Fenta+Xylo+Midaolam +Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
40	14-07-2014	Prakash .S 372656 53 Y/M	MVP OF AML,MOD SEV MR,GDLV, SR,NC	M V REPAIR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	Dr.VTP	<p>Dr.Unnikrishnan</p> <p>Dr.Deepak</p> <p>Dr.Keerthi</p>	<p>Remya Krishanan L.K</p>

41	15-07-2014	Marakkur. K.N 381312 57 Y/M	CAD,TVD, MILD MR,MILD LVD ,HTN,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midaolam +Vec+ Propafol  <u>Maintenanace</u> Air+O2+Sevoffurance  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr.VP	Dr.Unnikrishnan  Dr.Deepak	Remya Krishanan L.K
42	15-07-2014	Shanmugam.P 379270 45 Y/M	BAV,SEV CAL AS,MILD AR,MOD MR,SR,NC	AVR+MVR	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u>	Dr.VTP	Dr.Koshy  Dr.Roshith	Remya Krishanan L.K

						<p>Fenta+Xylo+Midaolam +Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 120Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
43	16-07-2014	Sathidevi .S 363212 47 Y/F	SEV CAL AS,MOD AR	AVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Vec+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 80Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	DR.VTP	Dr.Subin  Dr.Roshith	Remya Krishanan L.K

44	17-07-2014	Saneesh Lal.R 378353 22 Y/M	IE MITRAL VALVE,AML PERFORATION,SEV MR,MVP,SR	MVR	ECG, SPO2, Resp Rate,ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Midaolam +Vec+ Propafol  <u>Maintenanace</u> Air+O2+Sevoffurance  CPB time 90Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator	Dr.VTP	Dr.Unnikrishnan  Dr.Yuvraj	Remya Krishanan L.K
45	17-07-2014	Mangamma .T 381523 32 Y/F	POST OF CASE OF ASC AORTO LT ICA BYPASS =-GRAFT THROMBOSIS	RE-EXPLORATION	ECG, SPO2, Resp Rate,ABP,CVP	GA  <u>Induction</u> Fenta+Midaolam+Pav+ Propafol	Dr.MUK	Dr.Dash  Dr.Roshith  Dr.Keerthi	Remya Krishanan L.K
46	21-07-2014	Muhammed Kuty K.T 354235 52 Y/M	CAD,DVD, GDLV,DLP, SR	CABG	ECG, SPO2, Resp Rate,ABP,CVP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand	Dr,PKV	Dr.Dash  Dr.Pravin	Remya Krishanan L.K

						<p>Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+Glyco+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
47	21-07-2014	Rajam.t 218057 51 Y/F	RHD,SEV RE MS,S/P BMV,SEV AS,MOD TR,SEV PAH,GDLV SR	DVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p>	Dr. VTP	Dr.Subin  Dr.Deepak	Remya Krishanan L.K

						<p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
48	21-07-2014	Jayasree .J 366812 42 Y/F	RHD,S/P BMV,MOD SEV MR,MOD MS,MOD PAH,SR,D M,P/E,NC	MVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaolam +Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoffurance</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>	DR.BN	Dr.Suneel  Dr.Yuvraj	Remya Krishanan L.K
49	22-07-2014	Ajitha .s 293448 38 Y/F	P/TYPE B AORTIC DISSECTIO N REPAIR(20 09),SEV	MODIFIED BENTALLS PROCEDU RE	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line</p>	Dr.JK	Dr.Koshy  Dr.Yuvraj	Remya Krishanan L.K

			AR,DILATED ASC,AO			<p>Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midazolam +Pav+ Propafol</p> <p><u>Maintenance</u> Air+O2+Sevoflurane</p> <p>CPB time 182Min Clamp time 124min</p> <p><u>Supports</u> Adrenaline.Noradrenaline, vasopressin, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
50	22-07-2014	Suresh kumar .K.R 381046 51 Y/M	BAV,CAD, TVD,GDLV ,DM,HTN, S R,SEV AS	CABG+AV R	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenance</u> Air+O2+Sevoflurane</p>	Dr.PKV	Dr.Suneel  Dr.Keerthi	Remya Krishanan L.K

						CPB time 140Min Clamp time 110min  <u>Supports</u> Adrenaline, Morphine  Shifted To ICU On Ventilator			
51	22-07-2014	Pradeep kumar.A 374633 49 Y/M	S/P BENTALLS PROCEDURE WITH SECONDARY PERITONITIS	LAPROTOMY	ECG, SPO2, Resp Rate, ABP, CV P	GA  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+mida zolam+Glyco+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  Shifted To ICU On Ventilator	Dr.BN	Dr.Dash  Dr.Reshmi  Dr.Roshith	Remya Krishanan L.K
52	22-07-2014	Velayudhan .P.C 374900 56 Y/M	CAD,TVD, GDLV,SR, DM	CABG	ECG, SPO2, Resp Rate, ABP, CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube	Dr.VP	Dr.Reshmi  Dr.Pravin	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Pav+mida zolam+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine</p> <p>Shifted To ICU On Ventilator</p>			
53	23-07-2014	Parameswaran pillai.R 340205 63 Y/M	CAD.TVD, GDLV,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+mida zolam+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p>	Dr.PKV	Dr.Subin  Dr.Deepak	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
54	25-07-2014	Renadevan.G 301647 56 Y/M	CAD,TVD, GDLV,SR,L T FOOT DROP	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Glyc o+midazolam+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.VP	Dr.Dash  Dr.Pravin	Remya Krishanan L.K
55	25-07-2014	Raju .P.L 367058 56 Y/M	BAV,SEV AR,S/P IE,MOD MR,DIL LV,MILD LVD,SR,NC	AVR+MV REPAIR	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr.VTP	Dr.Unnikrishnan  Dr.Yuvraj	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+mida zolam+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
56	29-07-2014	Padmarajan .P.K 382140 51 Y/M	CAD,TVD, GDLV,SR, DM	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Vec+mida zolam+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p>	Dr.VP	Dr.Koshy  Dr.Pravin	Remya Krishanan L.K

						<u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator			
57	30-07-2014	Karuppa Swamy.M 375551 38 Y/M	CAD,TVD, S/P PCI LAD,SEV LVD,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.JK	Dr.Suneel  Dr.Deepak	Remya Krishanan L.K
58	30-07-2014	Kuppuswamy.A 263405 64 Y/M	S/P MVR+TV REPAIR+M EDISTINAL DRAINAGE	RE-EXPLORATION	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA  <u>Induction</u> Fenta+Midazolam+Pav + Propafol	Dr.VTP	Dr.Reshmi  Dr.Saravana	Remya Krishanan L.K

59	30-07-2014	Kathirvel 375141 46 Y/M	CAD,TVD, GDLV,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.VP	Dr.Thomas Koshy  Dr.Saravana	Remya Krishanan L.K
60	31-07-2014	Ramasubhrama nya iyer.S 374580 61 Y/M	CAD,TVD, GDLV,SR, DM	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u>	Dr.JK	Dr.Suneel  Dr.Keerthi	Remya Krishanan L.K

						<p>Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
61	31-07-2014	Rajashekharan Nair .V 375320 58 Y/M	CAD,TVD, GDLV,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Midaz+Glyco+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p>	Dr.JK	Dr.Dash Dr.Pravin	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
62	01-08-2014	Ganasan chettiyar 380405 53 Y/M	CAD,DVD, GDLV,SR	OP CABG/CAB G	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.JK	Dr.Shrinivas  Dr.Jagadheesh  De.Neelam	Remya Krishanan L.K
63	01-08-2014	Gopala Krishnan Achary.N 380835 81 Y/M	INFECTED CERVICAL WOUND S/P RT CEA ,DM	RESUTURE ING	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA  <u>Lines</u> 16 G Left Hand IV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane	Dr.BS	Dr.Dash  Dr.Rajesh	Remya Krishanan L.K

						Reversed And Extubated			
64	06-08-2014	James .M.I 373223 58 Y/M	MVP,OF AML SEV MR,DIL LA,LV,SR	MVR/MV REPAIR	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 140Min Clamp time 90min  <u>Supports</u> Adrenaline, Morphine,noradrenalin, Dobutamine  Shifted To ICU On Ventilator	Dr.PKV	Dr. Shrinivas  Dr.Jagadheesh  Dr.Neelam	Remya Krishanan L.K
65	19-08-2014	Rajendran .N 373275 63 Y/M	CAD,TVD, GDLV,SR, DM,DLP,O LD IVVMI	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr.JK	Dr.Unni  Dr.Neelam	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
66	26-08-2014	Abdul latheef 377002 63 Y/M	CAD,SVD, GDLV,SR, DM	OPCABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p>	Dr.JK	Dr.Suneel  Dr.Rajesh	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
67	26-08-2014	Radhamani 374352 62 Y/F	RHD,S/P CMV,SEV MR,SR	MVR	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 90Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.VP	Dr.Roy  Dr.Jagadheesh	Remya Krishanan L.K
68	2709-2014	Krishna kumar.K 385418 47 Y/M	TYPE A STANFOR D DISSECTIO N,SEV AR,GDLV, SR	MODIFIED BENTALLS PROCEDU RE	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr.JK	Dr.Shrinivas  Dr.Yuvraj  Dr.Neelam	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 140Min Clamp time 96min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin. Dobutamine,Vasopressi n</p> <p>Shifted To ICU On Ventilator</p>			
69	27-09-2014	Radhamani.K 352393 41 Y/F	S/P MVR WITH ASD CLOSURE WITH PERICARD IAL EFFUSION	PERICARD IAL DRAINAG E	ECG, SPO2, Resp Rate,ABP	<p>GA</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr.VTP	Dr.Shrinivas  Dr.Yuvraj  Dr.Neelam	Remya Krishanan L.K
70	21-10-2014	Peethambaran. C.V	BAV,MOD AS,CAD,T	CABG+BE NTALL	ECG, SPO2, Resp	GA+CPB	Dr.JK	Dr.Suneel	Remya Krishanan

		318048 56 Y/M	VD,DIL ASC AO,S/P CO- A REPAIR,G DLV,SR,D M		Rate,ABP,CV P,TEMP	<p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 182Min Clamp time 124min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin. Dobutamine,Vasopressi n</p> <p>Shifted To ICU On Ventilator</p>		Dr.Jagadheesh  Dr.Deepak	L.K
71	23-12-2014	Damodharan.K 368450 58 Y/M	S/P MVR WITH SSI OF STERNAL WOUND	STRENAL RESUTURI NG	ECG, SPO2, Resp Rate,ABP	<p>GA</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p>	Dr.BN	Dr.Roshith	Remya Krishanan L.K

						<p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>Revesed And Extubated</p>			
72	24-12-2014	Sundaresan.K 382073 60 Y/M	CAD,TVD, GDLV,MIL D MR,SR,HT N,DLP,DM	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>	Dr.VP	Dr.Dash  Dr.Roshith	Remya Krishanan L.K
73	05-01-2015	Premachandran. P 386148 64 Y/M	CAD,TVD, LMCA,GDL V,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p>	Dr.JK	Dr.Roy  Dr.Keerthi  Dr.Asha	Remya Krishanan L.K

						<p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
74	09-01-2015	Kunjappy,K 383558 67 Y/M	CAD,TVD, PTCA TO RCA GDLV,SR, DLD PCD BA	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p>	Dr.JK	Dr.Suneel  Dr.Indranil biswas	Remya Krishanan L.K

						<u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator			
75	19-01-2015	Raju.N 387557 52 Y/M	CAD,TVD, FAIR LV,MILD MR,SR.DM, DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.JK	Dr.Subin  Dr.Deepak	Remya Krishanan L.K
76	02-02-2015	Hamza.M 381384 55 Y/M	SEV ASD,LTO R,LEFT SVC,MOD PAH,HTN	ASD CLOSURE	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line	Dr.BN	Dr.Yuvraj  Dr.Indranil biswas	Remya Krishanan L.K

						<p>Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 80Min Clamp time 40min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
77	05-02-2015	Sabari.V 384969 22 Y/M	RHD,SEV MR,SEV AR,MILD MOD PAH,FAIR LV,SR	DVR	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p>	Dr. VTP	Dr.Subin  Dr.Indranil biswas	Remya Krishanan L.K

						<p>CPB time 130Min Clamp time 80min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
78	11-02-2015	Glison.A.K 386496 50 Y/M	CAD,LMC A,TVD,IW MI,S/P PTCA(RCA ,GDLV,SR, PVOD,DM, HTN,DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>	Dr.JK	Dr.Subin  Dr.Indranil biswas	Remya Krishanan L.K
79	11-02-2015	Murali.G 385091 49 Y/M	CAD,TVD, GDLV,SR, HTN,DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV</p>	Dr.JK	Dr.Dash  DR.Keerthi	Remya Krishanan L.K

						<p>20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
80	11-02-2015	Prakash kumar.R 389459 54 Y/M	SEV CALCIFIC AS,MILD MR,GDLV, SR,NC	AVR	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u></p>	Dr.VTP	Dr.Yuvraj  Dr.Asha	Remya Krishanan L.K

						<p>Air+O2+Sevoflurane</p> <p>CPB time 90Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
81	16-01-2015	Santhosh.V 393758 35 Y /M	STANDFO RD TYPE A,LMCA,S EV AR,GD LV,SR	BENTALL PROCEDU RE	ECG, SPO2, Resp Rate,ABP,CV P,TEMP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 140Min Clamp time 100min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>	Dr.J K	Dr.Dash  Dr.Keerthi	Remya Krishanan L.K
82	24-03-2015	Raman Kutty T.P	S/P CABG	RE EXPLORA	ECG, SPO2, Resp	<p>GA</p>	Dr.BN	Dr. Sujatha	Remya Krishanan

		382768 61 Y/M		TION	Rate,ABP,CV P	<u>Induction</u> Fenta+Midaz+Pav+Propafol		Dr.Neelam  Dr.Manjusha	L.K
83	05-05-2015	Navas.H 390994 36 Y/M	CONSTRUCTIVE PERICARDITIS,CAD,D VD,GDLV, NO PAH,SR	PERICARDIECTOMY+ GRAFT TO LAD	ECG, SPO2, Resp Rate,ABP,CV P	GA  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Midazolam+ Propafol  <u>Maintenance</u> Air+O2+Sevoflurane  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.JK	Dr.Sathyajeet Misra  Dr.Deepak	Remya Krishanan L.K
84	05-05-2015	Sathyabhama Amma G 390104 67 Y/F	CAD,TVD, GD LV,SR,DM, DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube	Dr.VP	Dr.Thomas Koshy  Dr.Kirubanand	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
85	05-05-2015	Badarudheen.M 383059 56 Y/M	CAD,ACS,( ?UA).TVD, GDLV,SR, DM,DLP,?C OPD	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p>	Dr.J K	Dr.Subin  Dr.Yuvraj	Remya Krishanan L.K

						Shifted To ICU On Ventilator			
86	13-05-2015	Abdul Rasheed A 391850 63 Y/M	CAD.TVD, NSTEMI(2/15),GD LV,DLP	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.J K	Dr.Subin  Dr.Yuvraj	Remya Krishanan L.K
87	18-05-2015	Rajamma P.K 319798 598 Y/F	P/CABG FOR CAD,TVD, OLD IWMI,FAIR LV,DM,WI TH STERNAL SINUS	STERNAL WIRE REMOVAL	ECG, SPO2, Resp Rate,ABP,CV P	GA  <u>Lines</u> 16 G Left Hand IV  <u>Intubation</u> 7.5mm ID Portex Tube  <u>Induction</u> Fenta+Vec+Midaz+	Dr.BN	Dr.Deepak  Dr.Kirubanand	Remya Krishanan L.K

						Propafol <u>Maintenanace</u> Air+O2+Sevoflurane  Reversed And Extubated			
88	23-05-2015	Unnikrishnan A.K 386337 43 Y/M	S/P DVR WITH CARDIAC TAMPONA DE	PERICARD IOCENTESI S	ECG, SPO2, Resp Rate,ABP,CV P	GA  <u>Lines</u> 16 G Left Hand IV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  Shifted To ICU On Ventilator	Dr.VTP	Dr.Dash  Dr.Saravana  Dr.Asha	Remya Krishanan L.K
89	28-05-2015	Sunil Kumar.G 201620 36 Y/M	RHD,SEV MS,MILD MR,MOD AR,MILD MS,MOD PH,FAIR LV,AF,LV CLOT	MVR/DVR ++LA CLOT REMOVAL	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u>	Dr.BN	Dr.Deepak  Dr.Pravin	Remya Krishanan L.K

						<p>Air+O2+Sevoflurane</p> <p>CPB time 110Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
90	28-05-2015	Sobana S 391418 56 Y/M	RHD,SEV AS,MILD TO MOD AR,SEV MR,SEV TR,MOD PAH,SR,NC ,DM	DVR+TV ANNULOP LASTY	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 139Min Clamp time 101min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>	Dr. VTP	Dr. Shrinivas  Dr. Keerthi	Remya Krishanan L.K
91	02-09-2015	Sakker Husain 394020	RHD,SEV MS,MILD	MVR+ASD CLOSURE	ECG, SPO2, Resp	<p>GA+CPB</p> <p>CPB time 139Min Clamp time 101min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>	Dr. VTP	Dr. Roy	Remya Krishanan

		41 Y/M	MR,OSASD ,SEV PAH.GDLV ,MOD RVD,DIL LA,SR		Rate,ABP,CV P	<p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 110Min Clamp time 60min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>		DR.Jagadheesh	L.K
92	03-09-2015	Mary Paulose 8904127 64 Y/F	RHD P/C MV(1991),R E SEV MS,MILD PAH,AF,CV R,NC	MVR	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p>	Dr.VP	Dr.Koshy  Dr.Keerthi	Remya Krishanan L.K

						<p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 90Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
93	03-09-2015	Vanadevan.R 388357 46 Y/M	P/CABG WITH STUCK MEDIASTINAL DRAIN	REEXPLORATION	ECG, SPO2, Resp Rate,ABP,CVP	<p>GA</p> <p><u>Lines</u> 16 G Left Hand IV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Glyco+Fenta+Xylo+Pav+Midaz+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>Shifted To ICU On Ventilator</p>	Dr.BN	Dr.Dash Dr.Kirubanand	Remya Krishanan L.K
94	04-09-2015	Janaki.P.K 394553 64 Y/F	CAD,TVD, GDLV,SR, DM,HTN,D LP	CABG	ECG, SPO2, Resp Rate,ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p>	Dr.JK	Dr.Yuvraj Dr,Rajesh	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
95	04-09-2015	Sundarahan.S 320205 51 Y/M	CAD,TVD, P/L WMI(2010), P/PCI LAD(12/10) ,GDLV,DM, HTN,SR	CABG	ECG, SPO2, Resp Rate,ABP,CV P	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline,</p>	Dr.VP	Dr.Subin  Dr.Kirubanand	Remya Krishanan L.K

						Morphine,noradrenalin Shifted To ICU On Ventilator			
96	04-09-2015	Ramesh Sundar.S 394138 33 Y/M	RHD,SEV MS,SEV AS,MOD AR,GDLV, SR	DVR	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 140Min Clamp time 110min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.VTP	Dr.Koshy  Dr.Kappian	Remya Krishanan L.K
97	04-09-2015	Mini David.N 396582 48 Y/F	RHD,MOD- SEV MR,MOD MS,MILD AR,SEV LVD,AF,C AD,SVD	MVR	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV	Dr.VP	Dr.Roy  Dr.Pravin	Remya Krishanan L.K

						<p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Midazolam+ Propafol</p> <p><u>Maintenance</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
98	07-09-2015	Premalatha.S 392336 52 Y/F	CAD,TVD, GDLV,SR, HTN	CABG	ECG, SPO2, Resp Rate,ABP,CVP	<p>GA+CPB</p> <p><u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV</p> <p><u>Intubation</u> 7.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Midazolam+ Propafol</p> <p><u>Maintenance</u> Air+O2+Sevoflurane</p> <p>CPB time 100Min Clamp time 50min</p>	Dr.JK	Dr.Roy  Dr.Indranil	Remya Krishanan L.K

						<u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator			
99	07-09-2015	Thulasidharan Nair.N 393562 45 Y/M	CAD,TVD, MILD LVD,SR,A NAMOLOU S RCAA FROM LCS	CABG	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right IJV  <u>Intubation</u> 8.5mm ID Portex Tube  <u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol  <u>Maintenanace</u> Air+O2+Sevoflurane  CPB time 100Min Clamp time 50min  <u>Supports</u> Adrenaline, Morphine,noradrenalin  Shifted To ICU On Ventilator	Dr.VP	Dr.Koshy  Dr.Rajesh	Remya Krishanan L.K
100	07-09-2015	Pathrose.K.A 395070 61 Y/M	SEV CAL S MILD AR,FAIR LV,NO PAH,NC,SR	AVR	ECG, SPO2, Resp Rate,ABP,CV P	GA+CPB  <u>Lines</u> 16 G Left Hand IV 20 G Right Hand Arterial line Triple Lumen in Right	Dr.BN	Dr.Jagadheesh  Dr.Manjusha	Remya Krishanan L.K

						<p>IJV</p> <p><u>Intubation</u> 8.5mm ID Portex Tube</p> <p><u>Induction</u> Fenta+Xylo+Pav+Mida z+ Propafol</p> <p><u>Maintenanace</u> Air+O2+Sevoflurane</p> <p>CPB time 80Min Clamp time 50min</p> <p><u>Supports</u> Adrenaline, Morphine,noradrenalin</p> <p>Shifted To ICU On Ventilator</p>			
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# **CARDIOLOGY CATH LAB PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	04-06-2014	Muhammed Nihad.P.P 329169 4 Y/M	SEV VALVAR PS,FC 1,SR,GLV, NO PAH	BPV	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV 20 G Right Hand Arterial Line  <u>Intubation</u> 5.0 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Roshith Dr. Deepak	Remya Krishanan L.K
2	04-06-2014	Gomathi.C 375399 44 Y/F	LARGE OS ASD,MOD -SEV PS,NO PAH,GDL V,SR,NO HF	BPV+ASD DC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco	Dr. Venkat Dr. Krishnamoorthy	Dr.Roshith Dr. Deepak	Remya Krishanan L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Reversed And Extubated</p>			
3	04-06-2014	Ajeesh.R.M 353596 7 Y/M	VSD,L- R<2:1,NO PAH,NO AR,GD LV,SR.F C 1,NO HF	VSDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 6.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Midaz+Atrac+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Reversed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Roshith Dr. Deepak	Remya Krishanan L.K
4	04-06-2014	Anushma R Sanal 376355 4 Y/F	MULTIPL E OS ASD,NO PAH,GD LV,SR,NO HF	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 4.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco</p> <p><u>Maintenance</u></p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Roshith Dr. Deepak	Remya Krishanan L.K

						O2+Air+Sevoflurane  Revesed And Extubated			
5	05-06-2014	Adithyan.S 368217 4 Y/M	LARGE OS ASD L-R,NO PAH,GLV, FC 1	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.0 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atrac+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Roshith  Dr. Deepak	Remya Krishanan L.K
6	05-06-2014	Rijul.K 299521 6 Y/M	ACHD/-S/P PDADC[20 10].SEVERE PAH/FC II	CATH STUDY	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura	Dr. Venkat Dr. Krishnamoorthy	Dr. Sujatha  Dr. Pravin	Remya Krishanan L.K

						ne Revesed And Extubated			
7	05-06-2014	Siva Murukan.K 379236 6 Y/M	LARGE OS ASD,SEV PS,NO PAH,GD LV,/RV,SR	BPV+ASD DC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Sujatha  Dr. Pravin	Remya Krishanan L.K
8	05-06-2014	Gowri Sunil 357120 5 Y/F	SMALL PDA L- R,NO PAH,GD LV,SR,FC I	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.0 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atra c+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne	Dr. Venkat Dr. Krishnamoorthy	Dr. Sujatha  Dr.Pravin	Remya Krishanan L.K

						Revesed And Extubated			
9	05-06-2014	Ambili.R 365318 4 Y/F	PDA L- R,NO PAH,GD LV,SR,FC I	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr.Sujatha  Dr. Pravin	Remya Krishanan L.K
10	11-06-2014	Thanmaya Vinod 315411 4 Y/F	SA VSD,PDA WITH BDS,SEV PAH,GD LV,SR	CATH FOR OPERATA BILITY	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne	Dr. Venkat Dr. Krishnamoorthy	Dr. Reshmi  Dr. Keerthi	Remya Krishanan L.K

						Revesed And Extubated			
11	11-06-2014	Fathima Aslam.M 307397 5 Y/F	MOD SEV AS,SMAL L ASD L- R,NO PAH,GD LV,SR,NO CHF	ASDDC+/- BPV	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Reshmi  Dr. Keerthi	Remya Krishanan L.K
12	11-06-2014	Fathima Hamna U.K 333973 9 Y/F	LARGE OS ASD L- R>2:1,NO PAH,GD LV,SR,NO CHF	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And	Dr. Venkat Dr. Krishnamoorthy	Dr. Reshmi  Dr.Keerthi	Remya Krishanan L.K

						Extubated			
13	11-06-2014	Lekshmi.M 375474 21 Y/F	LARGE SA VSD WITH BDS,SEV PAH,SR,F C II,NO CHF,GD LV	CATH FOR OPERATA BILITY	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Reshmi  Dr.Keerthi	Remya Krishanan L.K
14	04-03-2015	Fathima. C. K 387699 0/F	ACHD, PDA,L/R 2:1, CON HF MOD PAH	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Deepak  Dr. Rajesh	Remya Krishanan L.K

15	04-03-2015	Naila Fathima. P 391903 0/F	ACHD, PDA, L/R 2:1, CON HF, SR	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Deepak Dr. Rajesh	Remya Krishanan L.K
16	04-03-2015	Priya. C 382527 0/F	3.4mm PDA LR<2:1, GLV, NO HF FCII	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atra c+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Deepak Dr. Rajesh	Remya Krishanan L.K

17	04-03-2015	Parvana. F B 365353 2/F	3mm PDA, LR<2:1, SR, GLV, NO HF FCII	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.0 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Deepak Dr. Rajesh	Remya Krishanan L.K
18	04-03-2015	Malavika. S. Ratheesh 390145 3/F	1.6mm PDA, LR<2:1, SR, GLV, NO LF FCII	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.0 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atra c+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Deepak Dr. Rajesh	Remya Krishanan L.K
19	04-03-2015	Prarthana	CCHD	CATH	ECG,SPO2,NI	GA	Dr. Venkat	Dr. Deepak	Remya

		Ann Rajesh 382454 0/F	MITRAL ATRESIA VSD ASD S/P PA BAND BAS SPO2 78%		BP,ETCO2	<p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>	Dr. Krishnamoorthy	Dr. Rajesh	Krishanan L.K
20	11-03-2015	Nihara Rajesh 361437 4/F	20mm ASD L/R 2:1, GLV, FCII NO HF	ASD	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 4.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Neelam Dr. Saravana	Remya Krishanan L.K
21	11-03-2015	Roma Soosan	20mm ASD L/R	ASDDC	ECG,SPO2,NI BP,ETCO2	GA	Dr. Venkat Dr. Krishnamoorthy	Dr. Neelam	Remya Krishanan L.K

		Noble 361362 5/F	2:1, GLV, FCII NO HF			<p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 5.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Midaz+Atra c+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>		Dr. Saravana	
22	11-03-2015	Jeeshma. K 372690 11/F	SA LC DORV INTERUP T IVC ASD PS LT AVVR ABSENT RT SVC	LV ANGIO	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 6.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Neelam Dr. Saravana	Remya Krishanan L.K

23	11-03-2015	Naseema. C.M 9507096 28/F	S/P ICR TOF RESIDUA L VSD RVOTO HD	VSDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Neelam Dr. Saravana	Remya Krishanan L.K
24	11-03-2015	Jithin. K 360895 22/F	28mm ASD L/R 2:1 GLV FCII NO HF	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Neelam Dr. Saravana	Remya Krishanan L.K
25	12-03-2015	Sreenanda.	17mm	ASDDC	ECG,SPO2,NI	GA	Dr. Venkat	Dr. Kappian	Remya

		S 360837 5/F	OSASD LR 2:1 FCII NO HF		BP,ETCO2	<p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 5.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>	Dr. Krishnamoorthy	Dr. Roy	Krishanan L.K
26	12-03-2015	Sameera. M 309427 5/F	SEV VALVUL AR PS SMALL ASD FCII SR NO HF GLV	BPV ± ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 5.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflura ne</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Roy	Remya Krishanan L.K
27	12-03-2015	Sreelekshmi. K	11mm OSASD	ASDDC	ECG,SPO2,NI BP,ETCO2	GA	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian	Remya Krishanan L.K

		361024 4/F	LR 2:1 FCII NO HF			<u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated		Dr. Roy	
28	12-03-2015	Panchami. C.P 358746 5/F	13mm OSASD LR 2:1 FCII NO HF	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mida z+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Roy	Remya Krishanan L.K
29	12-03-2015	Suchithra. S 361580 16/F	18mm OSASD LR 2:1	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u>	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Roy	Remya Krishanan L.K

			FCII NO HF			20 G Left hand IV <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Midazolam+Ketamin+Glycine  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated			
30	18-03-2015	Megavarshini. P 392773 4/F	Large OSASD, L-R, NO PAH, GLV FN HF	ASDDC	ECG,SPO2,NIBP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.0 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Midazolam+Ketamin+Glycine  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Keerthi Dr. Deepak	Remya Krishanan L.K
31	18-03-2015	Vanaraman. K 315205 5/M	SEV VALU PS, FCII, GLV FN, NO	BPV	ECG,SPO2,ANIBP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV	Dr. Venkat Dr. Krishnamoorthy	Dr. Keerthi Dr. Deepak	Remya Krishanan L.K

			HF			<p>22 G Right Hand Arterial Line</p> <p><u>Intubation</u> 5.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Midazolam+Ketamin+Glycone</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Reversed And Extubated</p>			
32	18-03-2015	Krishna Priya. L.N 259910 9/F	TA, DORV, SEV PS, S/P BDG (06), FCII	CATH	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 6.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Midazolam+Ketamin+Glycone</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Reversed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Keerthi Dr. Deepak	Remya Krishanan L.K
33	18-03-2015	Jaini Mathai 389133 32/F	Large ASD with L>R, SEVPAH,	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u></p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Keerthi Dr. Deepak	Remya Krishanan L.K

			GLV FN			<p>18 G Left hand IV</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>			
34	18-03-2015	Athikka. A 380288 51/F	Large OSASD, FC 2, MOD PAH, GDLV FN, NO HF	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 18 G Left hand IV</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mida z+Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Keerthi Dr. Deepak	Remya Krishanan L.K
35	19-03-2015	Asib Rishika. T 391030 0/F	ACHD / 42mm PDA/ L>R/ GLV/	PDADC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Manjush Pillai Dr. Sujatha	Remya Krishanan L.K

			NO PAH			<u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Midazolam+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated			
36	19-03-2015	Pavithra. I 389262 2/F	Type / TA, ASD L-R, SEV PAH, GLV FN, NO HF	CATH	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 4.0 ID mm Rush Tube  <u>Induction</u> Fenta+Arac+Midazolam+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Manjush Pillai  Dr. Sujatha	Remya Krishanan L.K
37	19-03-2015	Reshmi.M 380452 1 Y/F	Large ASD	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV	Dr. Venkat Dr. Krishnamoorthy	Dr. Manjush Pillai  Dr. Sujatha	Remya Krishanan L.K

						<u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Midazolam+Propofol  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated			
38	19-03-2015	Athikka. A 380288 51/F	Large OSASD, FC 2, MOD PAH, GLV FN, NO HF	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Midazolam+Propofol  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Manjush Pillai  Dr. Sujatha	Remya Krishanan L.K
39	19-03-2015	Irfan Mohammed Thaha 393620 20/M	ACHD/ 30mm OS ASD/L>R/ NO PAH/ GLV	TEE - ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u>	Dr. Venkat Dr. Krishnamoorthy	Dr. Manjush Pillai  Dr. Sujatha	Remya Krishanan L.K

						8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atra c+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
40	25-03-2015	Ayshath Fiza 393225 0/F	ACHD, PDA> 2:1 L-R, MILD PAH, GLV, SR, NO HF, FCII	PDADC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Roy  Dr. Pravin	Remya Krishanan L.K
41	25-03-2015	Pavithra. I 389262 2/F	CATH CCHD, T1 TURN CUS, ASD, SEV PAH, NO COA, SR, DEVT	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush	Dr. Venkat Dr. Krishnamoorthy	Dr. Roy  Dr. Pravin	Remya Krishanan L.K

			DEL, AR MALF			<p>Tube</p> <p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>			
42	25-03-2015	Vineeth. K 388621 18/F	SS, LC, OS ASD>2:1, L-R, MILD PAH, GLV, SR, NO HF, FCI	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Roy Dr. Pravin	Remya Krishanan L.K
43	25-03-2015	Hafsath. M.P 375822 21/F	ACHD, SS, LC, OS ASD> 2:1 L-R, MOD PAH, GLV, SR, NO HF, FCI	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Roy Dr. Pravin	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>			
44	25-03-2015	Vijayalekshmi Amma. D 390502 52/F	SI, DC, OSASD> 2:1 L-R, MILD AR, MILD PAH, GLV, SR, NO HF, FCI	ASDDC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Roy Dr. Pravin	Remya Krishanan L.K
45	26-03-2015	Anaga. M .J 383466 3/F	2.6mm PDA L-R, FC 2, NO PAH, GLV FN	PDADC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K

						<p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>			
46	26-03-2015	Aradhya. K 391700 0/F	CRS, 4mm PDA L-R, PFO L-R, MILD PAH, FC2, GLV FN	PDADC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K
47	26-03-2015	Aradhya. K 391700 0/F	CRS, 4mm PDA L-R, PFO L-R, MILD PAH, FC2, GLV FN	PDADC	ECG,SPO2,NI BP,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p> <p><u>Induction</u></p>	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K

						Fenta+Vec +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
48	26-03-2015	Mayuka Sajikumar 328243 4/F	Large OSASD L- R, FC 2, NO PAH, GLV FN	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K
49	26-03-2015	Vidhya Anilkumar 392234 28/F	Large OSASD L- R, NO PAH, FC2, GLV FN, H/O MTP DVT	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K

						+Ketamin+Glyco <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
50	26-03-2015	Vidhya Anilkumar 392234 28/F	Large OSASD L- R, NO PAH, FC2, GLV FN, H/O MTP DVT	ASDDC	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr. Venkat Dr. Krishnamoorthy	Dr. Kappian Dr. Keerthi	Remya Krishanan L.K

# **CARDIAC EP LAB PROCEDURE** **LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	01-04-2014	Albert Binoy 370258 12 Y/M	CONY CHB,NA RROW QRS ESCAPE, NO SHD,FC I	PPI	ECG,SPO2,N IBP,ETCO2	GA  <u>Lines</u> 20 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta +Midaz+Atrac+ Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflu rane  Revesed And Extubated	Dr.Aneez	Dr.Roy  Dr. Yuvraj	Remya Krishnan.L. K
2	04-11-2014	Abhinav.T. P 384989 4 Y/M	S/P VSD,S/P EPI PPI- CHB- II,ERI,NO PAH,FC I	PPI	ECG,SPO2,N IBP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube	Dr.Aneez  Dr.Nileesh	Dr.Roy  Dr.Saravana	Remya Krishnan.L. K

						<p><u>Induction</u> Fenta+Midaz+At rac+Ketamin+Gl yco</p> <p><u>Maintenance</u> O2+Air+Sevoflu rane</p> <p>Revesed And Extubated</p>			
3	04-11- 2014	Sreerajan. A.R 385490 2 Y/M	PSVT,AV RT WITH ABERRA NCY,SM ALL ASD,NO PAH,H/O CVA	EPS+RFA	ECG,SPO2,N IBP,ETCO2	<p>GA</p> <p><u>Lines</u> 22G Left hand IV</p> <p><u>Intubation</u> 3.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Atrac+Mi daz+Ketamin+Gl yco</p> <p><u>Maintenance</u> O2+Air+Sevoflu rane</p> <p>Revesed And Extubated</p>	Dr.Nambh oothiri  Dr.Aneez	Dr.Roy  Dr.Saravan a	Remya Krishnan.L. K

4	04-11-2014	Anandhu.R 386205 14 Y/M	PSVT,AV RT,GDLV ,SR,NO HF,FC I,STR N HEART	EPS+RFA	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV  <u>Intubation</u> 7.0 ID mm Rush Tube  <u>Induction</u> Fenta+Atrac+Mi daz+Propafol  <u>Maintenance</u> O2+Air+Sevoflu rane  Revesed And Extubated	Dr.Nambh oothiri  Dr.Aneez	Dr.Roy  Dr.Saravan a	Remya Krishnan.L. K
5	18-11-2014	Hareshma.S .H 340525 7 Y/F	CONY CHB,NQ RS,STRN HEART, MILD AR,GD LV,FC 14 Sec PAUSE	PPI	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 20 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+K	Dr.Nambh oothiri  Dr.Aneez	Dr.Yuvraj  Dr.Keerthi	Remya Krishnan.L. K

						etamin+Glyco+ Atrac  <u>Maintenance</u> O2+Air+Sevoflu rane  Revesed And Extubated			
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# **CARDIAC MRI PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Anaesthetist	Anesthesia Technician
1	06-06-2014	Uthara Saji 354366 5 Y/F	R/O ARVD	CARDIAC MRI	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atracuriu m+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr.Dash  Dr.Pravin	Remya Krishnan L.K
2	07-07-2014	Aiswarya A 381007 1 Y/F	AV CANAL DEFECT	CARDIAC MRI	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u> 26 G Left hand IV  <u>Intubation</u> 3.5 ID mm Rush Tube  <u>Induction</u> Fenta+Midaz+Atracuriu m+Ketamin+Glyco  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr.Yuvraj  Dr.Roshith	Remya Krishnan L.K
3	30-03-2015	Muhamme d Shamil 361138	VSD PA MAPCA	CARDIAC MRI	ECG,SPO2,NI BP,ETCO2	GA  <u>Lines</u>	Dr.Rohith  Dr.Rajesh	Remya Krishnan.L.K

		2 Y/M				<p>22 G Left hand IV</p> <p><u>Intubation</u> 4.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Midaz+Atracuriu m+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>		
4	30-03-2015	Jershin Jino 348473 3 Y/M	TOF	CARDIAC MRI	ECG,SPO2,A BP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV</p> <p><u>Intubation</u> 5.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Midaz+Atracuriu m+Ketamin+Glyco</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr.Rohith  Dr.Rajesh	Remya Krishnan.L.K

# **CARDIAC CT PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anesthesia Technician
1	20-07-2014	Kathirvel 343159 3 Y/M	VSD/PDA//PA	CARDIAC CT	ECG,SPO2,NI BP <sub>2</sub>	<u>Lines</u>  22 G_Right Leg IV	Dr. Yuvraj  Dr.Roshith	Remya Krishnan.L.K
2	20-07-2014	B/O Srojini 347295 2 Y/M	VSD/PA	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr. Yuvraj  Dr.Roshith	Remya Krishnan.L.K
3	21-04-2014	Sheik Rehana.S 375737 4 Y/M	HYSTERIA ANXITY	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr.Dash  Dr. Yuvraj	Remya Krishnan.L.K
4	09-06-2014	Jesian .M 362838 1 Y/M	DEFECT ATRIAL SEPTAL STENOSIS VALVE PULMONARY	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr.Suneel  Dr.Keerthi	Remya Krishnan.L.K
5	09-06-2014	Kanishka.M 379822 1 Y/F	PULMONARY VEIN ANATOMY	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr.Suneel  Dr.Keerthi	Remya Krishnan.L.K
6	09-06-2014	B/O Sandhya Jabitha 379701 10 Month/M	MAPCA	CARDIAC CT	ECG,NIBP,SP O2	<u>Lines</u>  22 G Right Leg IV	Dr.Suneel  Dr.Keerthi	Remya Krishnan.L.K
7	07-07-2014	B/O Kulthu 360199 1 Y/M	VSD,MAPCA	CARDIAC CT	ECG.SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr. Yuvraj  Dr.Roshith	Remya Krishnan.L.K
8	07/07/2014	Muhammed Bilal.A 330284 3 Y/M	VSD.PA,PDA+M APCA	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>  22 G Right Leg IV	Dr. Yuvraj  Dr.Roshith	Remya Krishnan.L.K
9	07-07-2014	Hanna Rajan 341530	TOF WITH PA	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u>	Dr. Yuvraj	Remya Krishnan.L.K

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		2 Y/F				22 G Right Leg IV	Dr.Roshith	
10	08-12-2014	Kannan 267730 7 Y/M	MAPCA	CARDIAC CT	ECG,SPO2,NI BP	<u>Lines</u> 22 G Right Leg IV	Dr.Sujatha Dr.Keerthi	Remya Krishnan.L.K

# **PEDIATRIC CARDIAC SURGERY OPERATION** **PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	02/04/2014	B/O Jeeja 367780 1Y/F	CCHD,SA VSD,PA,P DA,DEP CIRCLN, GOOD PA,SR	BT SHUNT/B DG	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Lines</u> 26 G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine	Dr.Thomas	Dr.Sunnel  Dr.Jagadheesh	Remya Krishnan L.K
2	04/04/2014	Vijesh.M 363360 11Y/M	IE/S/P ICR TAP+MO	REDO SURGERY	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi	GA+CPB  <u>Lines</u>	Dr.Baiju S Dharan	Dr.Suneel  Dr.Jagadheesh	Remya Krishnan

			NOCUP RECONSTRUCTION OF RVOT FOR TOF		O2.ETCO2	20 G Left hand IV 20 G Right Hand Artery Triple Lumen In Right IJV  <u>Intubation</u> 5.5 ID mm Portex Cuff Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idas  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine, Vasopressin  Pump Time:300 min Clamp Time:200 min		h	L.K
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3	23/04/2014	Esakki Durai .K 377536 5 Month/M	CCHD,SS,LC,PA,PDA,ASD,CYANOTIC SPELL,S R,S/P RMBTS	BT SHUNT	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen In Left Femoral Vein  <u>Intubation</u> 3.0 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u> Dopamine, Dobutamine	Dr.Thomas	Dr.Subin Dr.Keerthi	Remya Krishnan L.K
4	24/04/2014	Esakki Durai K 377536 9 Month/M	S/P RMBTS	DSC	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA <u>Induction</u> Fenta+Atrac+Ketamin+Glyco+Midaz	Dr.Thomas	Dr.Shrinivas Dr.Reshmi	Remya Krishnan L.K

5	24/04/2014	Krishna Babu 319616 9Y/M	CCHD, VS D MALALL IGNED,S EV INF PS,PDA,B /L SVC,CON F PA,SR,N C	ICR	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen Right IJV  <u>Intubation</u> 5.0 ID mm Portex Cuff Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine, Milrinone  Pump Time:150 min Clamp Time:65	Dr.Sabari	Dr.Suneel Dr.Reshmi	Remya Krishnan L.K
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						min			
6	29/04/2014	Sanuja .J.R 365436 6Y/F	ACHD,S V ASD,NO PAH,SR	ASD CLOSURE	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 5.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine  Pump Time:62 min Clamp Time:29	Dr.Sabari	Dr.Shrinivas  Dr.Sujatha	Remya Krishnan L.K

						min			
7	29/04/2014	Kashinathan.M 363013 1Y/M	CCHD, T OF, VALV ULAR PA, S/P PDA STENTIN G, NC, SR	ICR+PDA STENT REMOVAL	ECG, SPO2, A BP, CVP, TEM P, RespRate, Fi O2. ETCO2	GA  <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen In Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine  Pump Time:200 min Clamp Time:140 min	Dr. Thomas	Dr. Shrinivas Dr. Sujatha	Remya Krishnan L.K
8	06/05/201	Sujith S	CCHD, SA	UNOCALI	ECG, SPO2, A	GA	Dr. Baiju S	Dr. Unni	Remya

	4	251033 9Y/M	VSD,PA, CONF PA,LT ARCH,M APCAS,S R	SATION+I CR WITH CONDUIT	BP,CVP,TEM P,RespRate,Fi O2.ETCO2	<p><u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen In Right IJV</p> <p><u>Intubation</u> 5.5 ID mm Portex Cuff Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine, Milrinone, Vasopressin</p> <p>Pump Time:300 min Clamp Time:150min</p>	Dharan	Krishnan Dr.Sujatha	Krishnan L.K
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9	20/06/2014	B/O Jobeena 380501 9Y/M	S/P RMBTS WITH STENTE D STERNUM	DSC	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz	Dr.Sabari	Dr.Shrinivas Dr.Pravin	Remya Krishnan L.K
10	24/06/2014	Sreenanda .K 367750 1Y/F	CCHD,PA ,VSD,CO NFLUNT PA,GD LV,SR,S/ L SVC	BT SHUNT	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Right IJV  <u>Intubation</u> 5.5 ID mm Portex Cuff Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine,	Dr.Sabari	Dr.Subin Dr.Roy	Remya Krishnan L.K

						Vasopressin			
11	27/07/2014	Asrith S 362218 11 Month/M	S/P ASO WITH STENTE D STERNUM	DSC	ECG,SPO2,A BP,CVP,TEMP,RespRate,FiO2.ETCO2	GA  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz	Dr.Sabari	Dr.Unni Krishnan  Dr.Sujatha	Remya Krishnan  L.K
12	15/09/2014	Muhammed Bilal .A 3302584 3 Y/M	P/S UNIFOCAL SATION OF MAPCA,ICR,SSI	DEBRIDEMENT	ECG,SPO2,RespRate,FiO2.ETCO2	GA  <u>Lines</u> 22G Left hand IV  <u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz  <u>Maintenance</u> O2+Air+Sevoflurane	Dr.Baju S Dharan	Dr.Thomas Koshy  Dr.Roy	Remya Krishnan  L.K
13	20/09/2014	Danish Muhammed 361021 1 Y/M	S/P ICR,MED ESTINITIS	WOUND DEBRIDEMENT AND STERNAL REWIRING	ECG,SPO2,RespRate,FiO2.ETCO2	GA  <u>Lines</u> 22G Left hand IV	Dr.Sabari	Dr.Subin  Dr.Sujatha	Remya Krishnan  L.K

				G		<u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane			
14	06/10/2014	B/O Aneesha M.R 385697 10 Month/F	CCHD,IN FRACAR DIAC OBSTRU CTED ASD,SR	TAPVC	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 24G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.0 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u>	Dr.Baiju S Dharan	Dr.Suneel Dr.Yuvraj	Remya Krishnan L.K

						O2+Air+Sevoflurane  <u>Supports</u> Dopamine, Dobutamine, Milrinone, Vasopressin  Pump Time:200 min Clamp Time:120 min			
15	02/11/2014	B/O Sameera 3851629 month/M	S/P TRUNCUS REPAIR. STENTED STERNUM	DSC	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA  <u>Induction</u> Fenta+Atrac+Ketamin+Glyco+Midaz	Dr.Sabari	Dr.Sathyajeeth  Dr.Jagadheeth	Remya Krishnan L.K
16	05/11/2014	Ashwin Sasi 3861923 Month/M	SS,LC,ALCAPA,MOD MR,SEVLV AYSE,SR	LCA TRANSLOCATION	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u>	Dr.Baiju S Dharan	Dr.Sathyajeeth  Dr.Yuvraj	Remya Krishnan L.K

						<p>3.5 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine, Noradrenalin</p> <p>Pump Time:300 min Clamp Time:270 min</p>			
17	05/11/2014	Hamdan A.N 386436 11 Month/M	CHD,NE ONATEL SEIZURE S	PPI	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	<p>GA</p> <p><u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u></p>	Dr.Thomas s	Dr.Thomas Koshy Dr.Reshmi	Remya Krishnan L.K

						<p>3.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p>			
18	06/11/2014	Anti Aathish 387371 11 Month/M	OBSTRU CTIVE COARTR IATRIU,S EV PAH	COARTRI ATUM REPAIR	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	<p>GA</p> <p><u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 3.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl</p>	Dr.Thomas	Dr.Shrinivas Dr.Sujatha	Remya Krishnan L.K

						urane  <u>Supports</u> Dopamine, Dobutamine, Milrinone, Vasopressin			
19	06/12/2014	B/O Shellymol 388836 5 Month/F	CHD,CHB,PDA	PPI+INTERRUPTION	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA  <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.0 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midiaz  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u> Dopamine,	Dr.Thomas	Dr.Subin Dr.Sujatha	Remya Krishnan L.K

						Dobutamine			
20	07/01/2015	Darson .S 348274 2Y/M	ACHD,P M VSD,MIL D PAH,GDL V,SR	VSD CLOSURE	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 4.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine, Adrenalin  Pump Time:60 min Clamp Time:32	Dr.Thomas	Dr.Subin Dr.Sujatha	Remya Krishnan L.K

						min			
21	07/01/2015	B/O Sheeja M.V 390214 11 Month/F	S/P IC TAPVC REPAIR, STENTED STERNUM	DSC	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam	Dr.Thomas	Dr.Thomas  Dr.Yuvraj	Remya Krishnan  L.K
22	08/01/2015	Lavanya .P.V 346230 10Y/F	ACHD,PM VSD,SUPRAMITRAL MEMBRANE,SEVERMS,MODPAH,SR	VSD CLOSURE +SUPRAMITRAL MEMBRANE EXCISION	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 20G Left hand IV 22G Right Hand Artery Triple Lumen in Right IJV  <u>Intubation</u> 5.5 ID mm Portex Cuff Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u>	Dr.Baiju S Dharan	Dr.Shrinivas	Remya Krishnan  L.K

						Dopamine, Dobutamine  Pump Time:300 min Clamp Time190 min			
23	12/01/2015	B/O Anumol K.A 389036 8 Month/M	CCHD,T A,ASD,V SD,GDPA ,SR	BT SHUNT	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  Intubation 3.50 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine,	Dr.Sabari	Dr.Unnikrish nan  Dr.Kappian	Remya Krishnan  L.K

						Dobutamine			
24	13/01/2015	Salman Faris.K 342700 3Y/M	TOF SUB VALVULAR PS,GD PA,NC,SR	ICR	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	<p>GA+CPB</p> <p><u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 4.5 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine, Milrinone, Adrenalin</p> <p>Pump Time:150 min</p>	Dr.Sabari	Dr.Shrinivas Dr.Neelam	Remya Krishnan L.K

						Clamp Time:65 min			
25	14/01/2015	Angitha Moncy 375228 1Y/F	MYXOMATOUS MV,MVP OFAML,S EVERE MR,MODERATE TR,MO OS ASD	MV REPAIR,ASD CLOSURE	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 24G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u> Dopamine, Dobutamine, Adrenalin, Noradrenalin  Pump Time:290	Dr.Baiju S Dharan	Dr.Thomas  Dr.Neelam	Remya Krishnan  L.K

						min Clamp Time:220 min			
26	14/01/2015	B/O Anumol K.A 389036 8 Month/F	S/P RMBTS,T A,SEV PS,REST VSD	DSC	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz	Dr.Sabari	Dr.Unni krishnan	Remya Krishnan L.K
27	15/01/2015	Fathima 349968 2Y/F	TOF,ADD VSD,ASD ,PDA,GD LV	ICR	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 24G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane	Dr.Thomas	Dr.Unni Krishnan	Remya Krishnan L.K

						<u>Supports</u> Dopamine, Dobutamine, Adrenalin, Noradrenalin  Pump Time:150 min Clamp Time:65 min			
28	16/01/2015	Anju 389413 5 Y/F	TOF SUB VALVUL AR PS,GD PA,NC,S R	ICR	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 5.5 ID mm Portex Cuff Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl	Dr.Baiju S Dharan	Dr.Shrinivas Dr.Neelam	Remya Krishnan L.K

						urane  <u>Supports</u> Dopamine, Dobutamine, Noradrenalin  Pump Time:150 min Clamp Time:65 min			
29	17/01/2015	B/O Jaseena 389608 8 Month/F	S/P ASO FOR DTGA.M ULMUS VSD,ASD	DSC	ECG,SPO2,A BP,CVP ,RespRate,Fi O2.ETCO2	GA  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz	Dr.Sabari	Dr.Neelam  Dr.Kirubana nd	Remya Krishnan L.K
30	20/01/2015	Ansha K Shaji 5312279 7 Y/F	ACHD,N O PAH,GDL V,SR	ASD CLOSURE	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 20G Left hand IV 22G Right Femoral Artery Triple Lumen in Right IJV  <u>Intubation</u> 5.5 ID mm Portex Cuff Tube	Dr.Baiju S Dharan	Dr. Unnikrishnan  Dr.Neelam	Remya Krishnan L.K

						<p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine</p> <p>Pump Time:60 min Clamp Time:29 min</p>			
31	23/01/2015	B/O Rajani 385812 9 Month/F	ACHD,AP WINDO W PROXIM AL AND DISTAL, OS ASD,CHF ,SEV PAH	AP WINDOW REPAIR	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket	Dr.Sabari	Dr.Shrinivas Dr.Pravin	Remya Krishnan L.K

						<p>amin+Glyco+Midaz</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine, Adrenalin</p> <p>Pump Time:290 min Clamp Time:190 min</p>			
32	28/01/2015	B/O Sabira 383612 10 Month/M	S/P BT SHUNT	DSC	ECG,SPO2,ABP,CVP,Resp Rate,FiO2.ETCO2	<p>GA</p> <p><u>Induction</u> Fenta+Atrac+Ketamin+Glyco+Midaz</p>	Dr.Sabari	Dr.Yuvraj Dr.Pravin	Remya Krishnan L.K
33	28/01/2015	B/O Sinju 384237 11 Month/F	S/P PA BINDING	DSC	ECG,SPO2,ABP,CVP,Resp Rate,FiO2.ETCO2	<p>GA</p> <p><u>Induction</u> Fenta+Atrac+Ketamin+Glyco+Midaz</p>	Dr.Sabari	Dr.Shrinivas Dr.Neelam	Remya Krishnan L.K
34	30/01/2015	Sabarinath Ajeesh 389903 8	CCHD,MIXED TAPVC,RESTRICT	TAPVC REPAIR	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	<p>GA+CPB</p> <p><u>Lines</u> 26G Left hand</p>	Dr.Thomas	Dr.Yuvraj	Remya Krishnan L.K

		Month/M	IVE ASD,SEV PAH,GDL V,SR			IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine  Pump Time:260 min Clamp Time:96 min			
35	06/02/2015	Pugal R 387432 1Y/M	S/P DOBLE SWITCH OPERATI ON	DSC	ECG,SPO2,A BP,CVP,Resp Rate,FiO2.ET CO2	GA  <u>Induction</u> Fenta+Atrac+K etamin+Glyco+	Dr.Sabari	Dr.unnikrish nan Dr.jagadhees	Remya Krishnan L.K

						Midaz		h	
36	09/01/2015	Aruna S 389265 1Y/F	TA,PA,SA VSD,ASD ,MALPOSED GREAT ARTERIES, PDA,SR	BDG	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA  <u>Lines</u> 24G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u> Dopamine, Dobutamine	Dr.Sabari	Dr.Rupa Sreedhar  Dr.Pravin	Remya Krishnan L.K
37	09/02/2015	Vivek V.S 364705 4Y/M	ACHD,SV ASD,B/L SVC,SR	ASD CLOSURE +PAPAVC REROUTI	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 26G Left hand	Dr.Thomas	Dr.Shrinivas  Dr.Jagadhees	Remya Krishnan L.K

				NG		<p>IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 3.5 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine</p> <p>Pump Time:300 min Clamp Time:210 min</p>		h	
38	10/02/2015	Hezron edikkula santhosh 391762 2 Y/M	CCHD,SA VSD,PA,S /P PDA STENT,C ONF	ICR+CON DUIT	ECG,SPO2,A BP,CVP,TEMP,RespRate,FiO2.ETCO2	<p>GA+CPB</p> <p><u>Lines</u> 22G Left hand IV</p>	Dr.Thomas	Dr.Unnikrishnan Dr.Pravin	Remya Krishnan L.K

			PA,CYANOSIS,GDLV,SR			<p>22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 4.5 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine, Milrinone, Vasopressin</p> <p>Pump Time:250 min Clamp Time:150 min</p>			
39	12/02/2015	Sahama K 250080 9 Y/F	CCHD,SAVSD,PA,S/PBDG,SR	REDOSTERNOTOMY+ICR-RVTO	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 20G Left hand	Dr.Baiju S Dharan	Dr.Rupa Sreedhar	Remya Krishnan L.K

				PULMONARY CONDUIT		<p>IV 22G Right Hand Artery Triple Lumen in Left IJV</p> <p><u>Intubation</u> 5.5 ID mm Rush Cuff Tube</p> <p><u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine, Milrinone, Adrenalin, Noradrenalin</p> <p>Pump Time:300 min Clamp Time:240 min</p>		Dr.Roy	
40	12/02/2015	Mithun Krishna A 354126	CCHD, T OF, ABSENT	ICR+RECONSTRUCTION OF	ECG, SPO2, ABP, CVP, TEMP, RespRate, FiO2	GA+CPB <u>Lines</u>	Dr. Thomas	Dr.shrinivas Dr.Pravin	Remya Krishnan

		3 Y/M	PULMONARY VALVE, SEV PR, MOD PAH, NC, SR	PA	O2.ETCO2	<p>22G Left hand IV</p> <p>22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 4.5 ID mm RushTube</p> <p><u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midazolam</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine</p> <p>Pump Time:300 min Clamp Time:240 min</p>			L.K
41	20/04/2015	Selva Y 394466 2Y/M	TOF, GOOD PA ANATOMY, ADD	ICR	ECG, SPO2, ABP, CVP, TEM P, RespRate, FiO2.ETCO2	<p>GA+CPB</p> <p><u>Lines</u> 22G Left hand</p>	Dr.Sabari	Dr.Suneel Dr.Saravana	Remya Krishnan L.K

			ADDITIONAL VSD,SR			<p>IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 4.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Adrenalin, Milrinone, Vasopressin</p> <p>Pump Time:150 min Clamp Time:65 min</p>			
42	20/04/2015	B/O Jisha 395005 9 Days/F	SS,DC, LTCA,PA .VSD,PD A,SR	BT SHUNT	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	<p>GA</p> <p><u>Lines</u> 26G Left hand IV</p>	Dr.Thomas	Dr.Dash Dr.Rajesh	Remya Krishnan L.K

						<p>22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 3.0 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine</p>			
43	07/05/2015	Ayana P 318090 4 Y/F	TOF, CON FLUENT PA, GOOD BV FUNCTION, SR	ICR	ECG, SPO2, A BP, CVP, TEM P, RespRate, Fi O2, ET CO2	<p>GA+CPB</p> <p><u>Lines</u> 20G Left hand IV 22G Right Hand Artery Triple Lumen in Right IJV</p> <p><u>Intubation</u></p>	Dr, Sabari	Dr. Suneel Dr. saravana	Remya Krishnan L.K

						<p>5.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Dopamine, Dobutamine</p> <p>Pump Time:150 min Clamp Time:65 min</p>			
44	12/06/2015	Muhammed Firdose.T 397393 19Days/M	POST SUBCLAVIAN COATED RV, OS ASD, MILD PAH, NC	COARCTATION REPAIR	ECG, SPO2, ABP, CVP, TEMP, RespRate, FIO2, ETCO2	<p>GA</p> <p><u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 3.0 ID mm</p>	Dr. Thomas	Dr. Dash Dr. Roshith	Remya Krishnan L.K

						<p>Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p> <p><u>Maintenance</u> O2+Air+Sevofl urane</p> <p><u>Supports</u> Adrenalin, Milrinone</p>			
45	12/06/2015	B/O Ranjitha 369070 19 Y/F	CCHD,T OF,SPEL LS,LEFT ARCH,SR	ICR	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	<p>GA+CPB</p> <p><u>Lines</u> 26G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 3.5 ID mm Portex Tube</p> <p><u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz</p>	Dr. Thomas	Dr.Dash Dr.Roshith	Remya Krishnan L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p><u>Supports</u> Dopamine, Dobutamine</p> <p>Pump Time:150 min Clamp Time:65 min</p>			
46	16/06/2015	B/O Thankamani 388525 19 Days/F	PA,VSD,PSD DEPENDENT CIRCULATION	BT SHUNT	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	<p>GA</p> <p><u>Lines</u> 24G Left hand IV 22G Right Femoral Artery Triple Lumen in Left Femoral Vein</p> <p><u>Intubation</u> 2.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Pav+Ketamine+Glyco+Midaz</p> <p><u>Maintenance</u></p>	Dr.Baiju S Dharan	Dr.Suneel Dr.Deepak	Remya Krishnan L.K

						O2+Air+Sevoflurane  <u>Supports</u> Milirinone, Dobutamine			
47	16/06/2015	Avanthika P 390590 5 Y/F	OS ASD,MV P OF AML,MILD D TR,MILD PAH,DIL ATED RV,GD LV,SR	ASD CLOSURE +MV REPAIR	ECG,SPO2,ABP,CVP,TEMP,RespRate,FiO2.ETCO2	GA+CPB  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Right IJV  <u>Intubation</u> 4.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ketamin+Glyco+Midaz  <u>Maintenance</u> O2+Air+Sevoflurane  <u>Supports</u> Dopamine, Dobutamine, Adrenalin,	Dr.Sabari	Dr.Dash  Dr.Pravin	Remya Krishnan L.K

						Milrinone  Pump Time:160 min Clamp Time:98 min			
48	18/06/2015	Sindhu V 187156 25 Y/F	S/P PDA LIG+S M EXCISIO N,RES PDA,SEV LVOT,AR ,MR	REDO AVR/REP AIR+PDA INTERUP TION	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 18G Left hand IV 20G Right Hand Artery Triple Lumen in Right IJV  <u>Intubation</u> 7.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Pro pafol+Midaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine, Milrinone, Noradrenalin,	Dr.Thomas	Dr.Suneel  Dr.Roshith	Remya Krishnan L.K

						Vasopressin Pump Time:300 min Clamp Time:240 min			
49	18/06/2015	Anna S.K 323525 4 Y/F	S/P TV REPAIR TV ANNULO PLASY+E XCISION OF RV PSEUDO ANEURY SM	CLOSURE OF RIGHT AV VALVE	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 22G Left hand IV 22G Right Femoral Artery Triple Lumen in Right IJV  <u>Intubation</u> 3.5 ID mm Portex Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine, Dobutamine, Milrinone, Noradrenalin,	Dr.Baiju s Dharan	Dr.Dash  Dr.Roy	Remya Krishnan L.K

						Vasopressin Pump Time:270 min Clamp Time:190 min			
50	10/08/2015	Alshah P.K 352911 2 Y,M	DTGA,SP VSD,SEV PS,PFO,L POSED AO,P/BA S,SR,GDL V	RASTELI	ECG,SPO2,A BP,CVP,TEM P,RespRate,Fi O2.ETCO2	GA+CPB  <u>Lines</u> 22G Left hand IV 22G Right Hand Arterial Line Triple Lumen in Left Femoral Vein  <u>Intubation</u> 5.0 ID mm Rush Tube  <u>Induction</u> Fenta+Pav+Ket amin+Glyco+M idaz  <u>Maintenance</u> O2+Air+Sevofl urane  <u>Supports</u> Dopamine,	Dr.Baiju S Dharan	Dr.Shrinivas  Dr.Yuvraj	Remya Krishnan L.K

						Dobutamine, Milrinone, Noradrenalin, Vasopressin			
						Pump Time:199 min Clamp Time:130 min			

# **NEURO SURGERY OPERATION PROCEDURE LIST**

SL No	Date	Patient Details	Diaganosis	Proceudure	Monitoring	Anaesthesia technique	Surgens	Anaesthetist	Anaesthesia Technician
1	28/01/2014	Latha S 377511 27 Y/F	RIGHT TEMPORAL CAVERNOMA	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+propafol+vecuronium  <u>Intubation:</u> 7.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Dr.Mathew Abraham	Dr.Nilay  Dr.Josemine	Remya Krishnan.L.K
2	10/02/2014	Rajeswai . K 366106 52 Y/F	RIGHT FRONTO PARIETAL LESION	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16G right hand IV 20G left hand arterial line 16-18 cavafix right hand  <u>Induction:</u>	Dr.Easwer	Dr.Prof. Rathod  Dr.Madhu	Remya Krishnan.L.K

						<p>Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and Extubated</p>			
3	12/02/214	Susheelan .P 372810 58 Y//M	LEFT THALMIC LESION	NEURO NAVIGAT ION GUIDED BIOPSY	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16G right hand IV 20G left hand arterial line 14-16 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 8.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atrac infusion. Sevo+air+02</p> <p>Reversed and</p>	Dr.Easwer	Dr.Prof.Rat hod  Dr.Madhu	Remya Krishnan.L.K

						extubated			
4	14/02/2014	Jacob koshy 209290 49 Y/M	LEFT FRONTAL LESION	LEFT FRONTO TEMPRAL LESION	ECG,SPO2,A BP,RESP Rate,ETCO2	GA  <u>Lines</u> 16G right hand IV 20G left hand arterial line 14-16 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 8.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Dr.krishna kumar	Dr.manikan dan  Dr.madhu	Remya Krishnan.L.K
5	10/03/2014	Rukkiya C T 375208 60 Y/F	LEFT FRONTAL LESION	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,RESP Rate,ETCO2	GA  <u>Lines</u> 16G right hand IV 20G left hand arterial line 16-18 cavafix right hand	Dr.Easwer	Dr.Nilay  Dr.Soumya	Remya Krishnan.L.K

						<p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>			
6	18/03/2014	Jawahar Nisha M V 256034 56 Y/F	RIGHT MCA A NEURYS M	CRANIOT OMY AND CLIPPING	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16G right hand IV 20G left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p>	Dr.Mathew Abraham	Dr.Manikan dan  Dr.Nilima	Remya Krishnan.L.K

						Reversed and extubated			
7	21/03/2014	Yousuf Ali 339745 56 Y/F	PARKINSONS DISEASE	DBS	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+propafol+vecuronium  Intubation: 7.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Dr.Krishnakumar	Dr.Manikandan  Dr.Nilima	Remya Krishnan.L.K
8	22/03/2014	Girija Kumari.S 980526 38 Y/F	RIGHT INSULAR HEMATOMA	CRANIOTOMY AND EVACUATION	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand	Dr.Mathew Abraham	Dr.Nilay  Dr.Josephine	Remya Krishnan.L.K

						<p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>			
9	24/03/2014	Shameena k 375433 23 Y/F	CEREBEL LAR HEMANGI OBLASTO MA	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p>	Dr.Grish menen	Dr.Manikan dan  Dr.Madhu	Remya Krishnan L.K

						Reversed and extubated			
10	25/03/214	Renjith R 376426 9 Y/M	POST FOSSA LESION	SUBOCCIPITAL CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 20 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+propafol+vecuronium  <u>Intubation:</u> 6.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Dr.Prof Suresh Nair  Dr.Mathew Abraham	Dr.Manikandan  Dr.Nilima	Remya Krishnan L.K
11	26/03/2014	Sindhu O 371122 42 Y/F	OBSTRUCTIVE HYDROCEPHALUS	ENDOSCOPIC THIRD VENTRICULOSTOMY	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line	Dr.Girish Menon	Dr.Manikandan  Dr.Madhu	Remya Krishnan.L.K

						<p>16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>			
12	26/03/2014	Naina goseph George 344403 16 Y/F	RIGHT FRONTAL FCD	RIGHT FRONTAL LESIONE CTOMY	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria</p>	Dr.George C  Vilanilam	Dr.Manikandan  Dr.Nilima	Remya Krishnan.L.K

						infusion. Sevo+air+02  Reversed and extubated			
13	27/03/2014	Kamala subramaniyan 375784 58 Y/F	RIGHT PCA ANEURYSM	CRANIOTOMY AND CLIPPING	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+propafol+vecuronium  <u>Intubation:</u> 7.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02  Reversed and extubated	Dr.Grishmenon	Dr.Arulvelan  Dr.Madhu	Remya Krishnan.L.K
14	29/03/2014	Narayanan. V 372557 61 Y/M	RIGHT TEMPORAL LESIN	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand	Dr.Krishnakumar	Dr.Arulvelan	Remya Krishnan.L.K

						<p>arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 8.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>		Dr.Surabhi	
15	06/04/2014	Jeril Jacob 376877 32 Y/M	B/L SDH	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 8.5 id mm portex</p>	Dr.Mathew Abraham	Dr.Manikan dan  Dr.Jsemine	Remya Krishnan.L.K

						<p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>			
16	16/4/2014	Arumukam E 377628 32 Y/M	ACOM ARTERY ANEURYS M	CRANIOTOMY AND CLIPPING	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 8.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>	Dr.Girish Menon	Dr.Smitha  Dr.Josephine	Remya Krishnan.L.K
17	16/04/2014	Raji V B 377547 29 Y/F	LEFT FRONTO PARIETAL SDH	BURR HOLE/CRANIOTOMY AND	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand</p>	Dr.Arun P S	Dr.Smitha	Remya Krishnan.L.K

				DECOMP RESSION		IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 7.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated		Dr.Josephine	
18	06/06/2014	Babu V 385152 65 Y/M	RIGHT MCA ANEURYS M WITH MALIGNANT CEREBRAL EDEMA	RIGHT DECOMP RESSIVE HEMICRAN IOTOMY	ECG,SPO2,ABP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 8.5 id mm portex	Dr.Mathew Abraham	Dr.Arulvelan  Dr.Josephine	Remya Krishnan.L.K

						<p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>			
19	29/06/214	Unni C 252982 55 Y/M	LEFT FRONTO TEMPORO-PARIETAL EDH	CRANIOTOMY AND EVACUATION	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 8.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>	Dr.Jayanand Sudir	Dr.Manikandan  Dr.Josemine	Remya Krishnan.L.K
20	03/07/2014	Tessymol Mathews Thayil	PITUITARY ADENOMA	TRANSFRONTAL	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>	Dr.Girish Menon	Dr.Arulvelan	Remya Krishnan.L.K

		324421 49 Y/F	A	SPHENOIDAL DECOMPRESSION		<p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2</p> <p>Reversed and extubated</p>		Dr.Soumya	
21	05/08/214	Kamalu 372759 54 Y/F	PITUITARY ADENOMA	TRANSNASAL DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p>	Dr.Girish Menon	Dr.Prof Rathod  Dr.Madhu	Remya Krishnan.L.K

						<p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>			
22	7/08/2014	Priyanka V 381910 25 Y/F	CHIARI MALFOR MATION	FORAME N MAGNUM DECOMP RESSION	ECG,SPO2,A BP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+prop afol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>	Dr. Goerge C Vilanilam	Dr. Manikandan  Dr. Ajay	Remya Krishnan.L.K
23	08/08/2014	Balachandr	SUPRA	ICA-	ECG,SPO2,A	GA	Dr. Girish	Dr.	Remya

		an S 381613 63 Y/M	CLENOID RIGHT ICA ANEURIS M	BYPASS	BP,RESP Rate,ETCO2	<u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line Triple lumen in right IJV  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 8.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Menon	Manikandan  Dr. Josmine	Krishnan.L.K
24	08/08/2014	Subhadra P.S 380705 83 Y/F	RECORRE NT LEFT TENTORI AL MENINGI OMA	CRANIOT OMY & DECOMP RESSION	ECG,SPO2,A BP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium	Dr. Girish Menon	Dr. Smitha  Dr. Amandeep	Remya Krishnan.L.K

						<p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>			
25	11/08/2014	Aminu Backer 382249 53 Y/F	PITUITARY ADENOMA	TRANS-NASAL DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 7.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>	Dr. Girish Menon	Dr. Manikandan  Dr. Nilima	Remya Krishnan.L.K

26	11/08/2014	Nirmala N 395478 54 Y/F	LEFT FRONTAL CONVEXI TY MENINGI OMA	CRANIOT MY & DECOMP RESSIN	ECG,SPO2,A BP,RESP Rate,ETCO2	GA  <u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 7.5 id mm  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Dr.Gopala Krishnan	Dr.Manikan dan  Dr.Josephine	Remya Krishnan.L.K
27	28/08/2014	Ansha Bhasker 360178 11 Y/F	LEFT MESIAL TEMPOR AL LESION	ATL+AH	ECG,SPO2,A BP,RESP Rate,ETCO2	GA  <u>Lines</u> 20 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop	Dr.George C Vilanilam	Dr.Manikan dan  Dr.Nilima	Remya Krishnan.L.K

						<p>afol+vecuronium</p> <p><u>Intubation:</u> 6.0 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>			
28	28/08/2014	Drupad Vipin 369067 5 Y/M	RIGHT TEMPORAL LESION	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,RESP Rate,ETCO2	<p>GA</p> <p><u>Lines</u> 22 G Right hand IV 22 G Left hand arterial line</p> <p><u>Induction:</u> Fenta+xylo+propafol+vecuronium</p> <p><u>Intubation:</u> 5.5 id mm portex</p> <p><u>Maintenance:</u> Fenta+atria infusion. Sevo+air+02</p> <p>Reversed and extubated</p>	Dr.Mathew Abraham	Dr.Arul Dr.Soumya	Remya Krishnan.L.K
29	02/09/2014	Fadhil Bin	FOURTH	CRANIOT	ECG,SPO2,A	GA	Dr.	Dr.	Remya

		Firose 383848 16 Y/M	VENTRIC ULAR TUMOR	OMY & DECOMP RESSION	BP,RESP Rate,ETCO2	<u>Lines</u> 16 G Right hand IV 20 G Left hand arterial line 16-18 cavafix right hand  <u>Induction:</u> Fenta+xylo+prop afol+vecuronium  <u>Intubation:</u> 7.5 id mm portex  <u>Maintenance:</u> Fenta+atria infusion. Sevo+air+O2  Reversed and extubated	Jayanand Sudhir	Arulvelan  Dr. Surabhi	Krishnan.L.K
30	30/09/2014	Byju M.C 383444 36 Y/M	PITUITAR Y ADENOM A	TRANSNA SAL ENDOSCO PIC DECOMP RESSION	ECG,SPO2,A BP,ETCO2	<u>GA</u> <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand <u>Intubation</u> 8.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec	Dr.Girish Menon	Dr.Manikan dan  Dr.Vinoth	Remya Krishnan.L.K

						+Propafol <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
31	03/09/2014	Mookkan 376962 57 Y/M	CRANIOP HYRINGI OMA	TRANSCR ANIAL CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand <u>Intubation</u> 8.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Girish Menon	Dr.Manikan dan  Dr.Vinoth	Remya Krishnan.L.K
32	05/09/2014	Devi Sreeranga m 369017	SHUNT MALFUN CTION IN A A C/O	ENDOSCO PIC THIRD VENTRIC	ECG,SPO2,A BP,ETCO2	GA <u>Lines</u> 16G Left hand IV	Dr.Krisnna Kumar	Dr.Manikan dan	Remya Krishnan.L.K

		42/F	ADUEDU CTAL STENOSIS	ULOSTO MY		20G Right Hand Arterial Line 16-18 Cavafix in Left Hand <u>Intubation</u> 7.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion  Revesed And Extubated		Dr.Vinoth	
33	06/09/2014	Dharsan 383152 11/M	POSTERI OR FOSSA LESION	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	GA <u>Lines</u> 18G Left hand IV 18G Right Hand IV 20G Right Hand Arterial Line <u>Intubation</u> 6.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta	08/	Dr.Arul Dr.Vinoth	Remya Krishnan.L.K

						Infusion Revesed And Extubated			
34	08/09/2014	Shanavas 383753 34 Y/M	CNS VASCULI TIS	MENINGO CORTICA L BIOPSY	ECG,SPO2,N BP,ETCO2	GA <u>Lines</u> 16G Left hand IV <u>Intubation</u> 8.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflur ane  Revesed And Extubated	Dr.George C Vilanilam	Dr.Smitha  Dr.Soumya	Remya Krishnan.L.K
35	08/09/2014	Mohanan G 384418 60 Y/M	LEFT TEMPOR AL LESION	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand <u>Intubation</u> 8.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u>	Dr.George C Vilanilam	Dr.Smitha  Dr.Vinoth	Remya Krishnan.L.K

						O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
36	09/09/2014	Hari Kumar.K 378037 51 Y/M	LEFT TEMPORAL MENINGIOMA	CRANIOTOMY AND EXCISION	ECG,SPO2,ABP,ETCO2	GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand <u>Intubation</u> 8.5 ID mm Rush Tube <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Jayanan d Sudir	Dr.Smitha Dr.Vinoth	Remya Krishnan.L.K
37	10/09/2014	Shajahan.K 327517 32 Y/M	RIGHT MTS	RIGHT ATL+AH	ECG,SPO2,ABP,ETCO2	GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line	Dr.George C Vilanilam	Dr.Smitha Dr.Saroubh	

						<p>16-18 Cavafix in Left Hand  <u>Intubation</u>              8.5 ID mm Rush Tube  <u>Induction</u>              Fenta+Vec +Propafol  <u>Maintenance</u>              O2+Air+Sevoflurane              Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
38	11/09/2014	Muthu Lekshmi 369814 46 Y/F	LEFT BASIFRONTAL LESION	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,ETCO2	<p>GA  <u>Lines</u>              16G Left hand IV              20G Right Hand Arterial Line              16-18Cavafix in Left Hand  <u>Intubation</u>              7.5 ID mm Rush Tube  <u>Induction</u>              Fenta+Vec +Propafol  <u>Maintenance</u>              O2+Air+Sevoflurane              Atrac+Fenta Infusion</p>	Dr.Mathew Abraham	Dr.Smitha Dr.Vinoth	Remya Krishnan.L.K

						Revesed And Extubated			
39	15/09/2014	Rejitha Kumari.P. N 384706 45Y/F	POSTERI OR FOSSA LESION	MIDLINE SUB OCCIPITA L CRANIEC TOMY WITH EVD	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion  Revesed And Extubated	Dr.George C Vilanilam	Dr.Arul  Dr.Soumya	
40	06/09/2014	Savithri Bai 384440 73 Y/F	RIGHT PARIETA L HEMATO MA	DECOMP RESSIVE CRANIEC TOMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line	Dr.Mathew Abraham	Dr.Manikan dan Dr.Saroubh	Remya Krishnan.L.K

						<p>16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
41	11/09/2014	Rajendra Singh.R 388459 43 Y/M	RIGHT MTS	RIGHT ATL+AH	ECG,SPO2,A BP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.George C Vilanilam	Dr.Smitha Dr.Saroubh	Remya Krishnan.L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
42	11/09/2014	Devi Sreerangam 369017 42/F	OCO OF ADUEDUCTAL STENOSIS WITH SHUNT THBE MALFUNCTION	SHUNT REMOVAL	ECG,SPO2,ABP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Shifted To Icu On Ventilator</p>	Dr.Krishna Kumar	Dr.Smitha Dr.Surabhi	Remya Krishnan.L.K

43	18/09/2014	Krishna.K 383986 29 Y/F	RIGHT MTS	RIGHT ATL+AH	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion  Revesed And Extubated	Dr.George C Vilanilam	Dr.Arul DR.surabhi	Remya Krishnan.L.K
44	12/19/2014	Mohanam C 383754 50 Y/M	LEFT PICA ANEURYS M	CRANIOT OMY AND CLIPPING	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 14G Right hand IV 20G Right Hand Arterial Line Triple Lumen In	Dr.Mathem Abraham	Dr.Arul Dr.Surabhi	Remya Krishnan.L.K

						<p>Right IJV <u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
45	16/09/2014	Abdul Rasheed 384663 42 Y/M	COLLOID CYST	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.Mathem Abraham	Dr.Smitha Dr.Surabhi	Remya Krishnan.L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
46	17/09/2014	Ashraf Mozhikal 384095 48 Y/M	RIGHT POST 1/3 PARASAG ITAL LESION	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>	Dr.Mathem Abraham	Dr.Manikan dan Dr.Vinoth	Remya Krishnan.L.K

47	18/09/2014	Ramani 384121 47 Y/F	RIGHT CP ANGLE LESION	RMSO CRANIOT OMY AND DECOPMP RESSION	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  Intubation 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Prof.Sur esh Nair Dr.Mathew Abraham	Dr.Manikan dan Dr.Ajay	Remya Krishnan.L.K
48	18/09/2014	Sharmila M.A 360629 39 Y/F	LEFT FRONTAL RECURRE NT GLIOMA	CRANIOT OMY AND DECOMP RESSION	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand	Dr.Krishna Kumar	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K

						<p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
49	18/09/2014	Panchavarnam M 364807 49 Y/F	RIGHT PARIETAL LESION	BURRHOLE AND BIOPSY	ECG,SPO2,NBP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p>	Dr.George c vilanilam	Dr.Manikandan DR.Nilima	Remya Krishnan.L.K

						Revesed And Extubated			
50	19/09/2014	Satheesan Asari 384564/1 42 Y/M	ACOM ANEURY AM	CRANIOT OMY AND CLIPPING	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflur ane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Mathew Abraham	Dr. Prof .Rathod Dr.Vinod	Remya Krishnan.L.K
51	20/19/2014	Vellasamy 377540 47 Y/M	RIGHT CP ANGLE LESION	LEFT VP AHUNT	ECG,SPO2,A BP,ETCO2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line	Dr.Saravan a	Dr.Arul Dr.Smitha	Remya Krishnan.L.K

						<p>16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
52	23/09/2014	Padmini 384930 49 Y/F	LEFT VESTIBULAR SCHWAN NOMA	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2,ABP,ETCO2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.Prof .Suresh nair Dr.Mathew Abraham	Dr.Prof. Rathod Dr.Vinoth	Remya Krishnan.L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Reversed And Extubated</p>			
53	24/09/2014	Abdul Salam 282393 49 Y/M	TORCULAR MENINGIOMA	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p>	Dr.Girish Menon	Dr.Smitha Dr.Vinoth	Remya Krishnan.L.K

						Revesed And Extubated			
54	24/09/2014	John Issac 344334 15 Y/M	RIGHT MESIAL TEMPOR AL SCLERO SIS	RIGHT ATL+AH	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.George c Nilam	Dr.Arul Dr.Soumya	Remya Krishnan.L.K
55	25/09/2014	Suresh Kumar.J.P 384391	LEFT PARIETO OCCIPIT	NEURO NAVIGA TION	ECG,SPO2, NBP,ETCO 2	GA	Dr.Krishna Kumar	Dr.Manikan dan Dr.Nilima	Remya Krishnan.L.K

		55 Y/M	AL LESION	GUIDED BIOPSY		<u>Lines</u> 16G Left hand IV  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane  Revesed And Extubated			
56	26/09/2014	Nasima.S 385325 36 Y/F	ACOM ANEURY SM	CRANIO TOMY AND CLIPPIN G	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube	Dr.Girish Menon	Dr.Arul Dr.Saroubh	Remya Krishnan.L.K

						<u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated			
57	26/09/2014	Nagooram mal.M 385344 58 Y/F	ACOM ANEURY SM	CRANIO TOMY AND CLIPPIN G	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl	Dr.Jayanan d Sudir	Dr.Arul Dr.Saroubh	Remya Krishnan.L.K

						urane Atrac+Fenta Infusion  Revesed And Extubated			
58	26/09/2014	Chakko .P.T 385280 54 Y/M	ACOM ANEURY SM	CRANIO TOMY AND CLIPPIN G	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Jayanan d Sudir	Dr.Smitha Dr.Soumya	Remya Krishnan.L.K

59	26/09/2014	Kuryachan 378132 53 Y/M	HCP IN O/C/O OF MULTIPLE ANEURYSM	VP SHUNT	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Shifted To ICU On Ventilator	Dr.Girish Menon	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K
60	29/09/2014	Nisha T.V 385030 37 Y/F	LEFT FRONTAL LESION	REEXPLORATORY CRANIOTOMY	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix	Dr.Mathew Abraham	Dr.Arul Dr.Saroubh	Remya Krishnan.L.K

						<p>in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
61	07/10/2014	Jayaprakashan .K 228915 52 Y/M	RECURRENT BIFRONTAL AND ANTERIOR FALCINE MENINGIOMA	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p>	Dr.Krishna Kumar	Dr.Manikan dan Dr.Madhu	Remya Krishnan.L.K

						<u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated			
62	07/10/2014	Sajith.S 360892 28 Y/F	LEFT TEMPOR AL LOW GRADE LESION	CRANIO TOMY AND DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl	Dr.George C Vilanilam	Dr.Arul Dr.Soumya	Remya Krishnan.L.K

						urane Atrac+Fenta Infusion  Revesed And Extubated			
63	15/10/2014	Jaya Kumar.R 383483 36 Y/M	RIGHT FRONTA L AVM	CRANIO TOMY AND DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Girish Menon	Dr.Arul Dr.Soumya	Remya Krishnan.L.K

64	15/10/2014	Kandha Swamy.P 386089 56 Y/M	DACA ANEURYSM	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Reversed And Extubated	Dr.Mathew Abraham	Dr.Manikan dan Dr.Amandeep	Remya Krishnan.L.K
65	24/10/2014	Rajesh.K 360508 28 Y/M	RECURRENT CERVICAL EPENDY	LAMINECTOMY AND DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right	Dr.Prof.Suresh Nair Dr.Jayanaand Sudir	Dr.Smitha Dr.Saroubh	Remya Krishnan.L.K

			NOMA			<p>Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
66	29/10/2014	Jaysukhbhai Detroja 357736 30 Y/M	RIGHT MESIAL TEMPORAL LESION	RIGHT ATL+AH	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p>	Dr.George C Vilanilam	Dr.Arul Dr.Saroubh	Remya Krishnan.L.K

						<u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
67	29/10/2014	Nadarajan .R 385837 44 Y/M	PITUITARY ADENOMA	TRANSNASAL DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec	Dr.Girish Menon	Dr.Prof.R.C Rathod Dr.Madhu	Remya Krishnan.L.K

						+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
68	29/10/2014	Sabina.M 263465 25 Y/F	O/C/O II HT WITH VP SHUNT MALFUNCTION	TP SHUNT REVISION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Girish Menon	Dr.Smitha Dr.Nilima	Remya Krishnan.L.K

69	30/10/2014	Sunimol V.S 386073 33 Y/F	D5 6 IDEM	LAMINE CTOMY AND EXCISIO N	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Krishna Kumar	Dr.Smitha Dr.Soumya	Remya Krishnan.L.K
70	31/10/2014	Kavimani .L 386491 12 Y/M	ANTERI OR THIRD VENTRIC LE LESION	PARASA GITAL PERICOR ONAL CRANIO TOMY	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 20 G Left hand IV 20 G Right	Dr.Girish Menon	Dr.Manikan dan Dr.Nilima	Remya Krishnan.L.K

						<p>Hand Arterial Line Triple Lumen Right IJV</p> <p><u>Intubation</u> 6.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
71	06/11/2014	Karthika Krishna Kumar 387926 13 Y/F	LEFT OCCIPITAL PORENC EPHALIC CYST	LEFT OCCIPITAL LESIONE CTOMY	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 18 G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p>	Dr.George C Vilanilam	Dr.Smitha Dr.Surabhi	Remya Krishnan.L.K

						<u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
72	07/11/2014	Saranya.J 377747 8 Y/F	O/C/O OF HYPOTHALAMIC CHIASMATIC GLIOMA WITH HCP	SHUNT REVISION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 22 G Left hand IV 22 G Right Hand Arterial Line  <u>Intubation</u> 5.5 ID mm Rush Cuff Tube  <u>Induction</u> Fenta+Vec +Propafol	Dr.Saravana	Dr.Smitha Dr.Surabhi	Remya Krishnan.L.K

						<u>Maintenance</u> O2+Air+Sevoflurane  Shifted To ICU On Ventilator			
73	12/11/2014	Saiju Surendran 3888750 45 Y/M			ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated		Dr.Arul Dr.Josephine	Remya Krishnan.L.K

74	25/11/2014	Saraswath i.C 388208 46 Y/F			ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated		Dr.Manikan dan Dr.Madhu	Remya Krishnan.L.K
75	26/11/2014	Chandra Prakask Patidar 363196 26 Y/M	LEFT MTS	LEFT ATL+AH	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV	Dr.George c Vilanilam	Dr.Arul Dr.Saroubh	Remya Krishnan.L.K

						<p>20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
76	12/12/2014	Ganesan. R 361319 54 Y/M	PARKINSON DISEASE	DBS	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p>	Dr.Krishna Kumar	Dr.Manikan dan Dr.Madhu	Remya Krishnan.L.K

						<u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
77	08/02/2015	Mary John 389156 70 Y/F	SHUNT MALFUNCTION IN HCP IN VESTIBULAR SCHWAN NOMA	SHUNT REVISION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec	Dr.Jayanan d Sudir	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K

						+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Shifted To ICU On Ventilator			
78	16/03/2015	Shahida 268727 47 Y/F	RECURRENT LEFT PARIETAL OCCIPITAL MENINGIOMA	CRANIOTOMY AND DECOMPRESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta	Dr.George C Vilanilam	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K

						<p>Infusion</p> <p>Revesed And Extubated</p>			
79	20/03/2015	Radha 393771 76 Y/F	D7 IDEM LESION	LAMINE CTOMY AND EXCISIO N	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>	Dr.Krishna Kumar	Dr.Smitha Dr.Karen	Remya Krishnan.L.K

80	31/03/2015	Sindhu 332537 36 Y/F	WOUND INFECTI ON IN A OPERAT ED CASE OF PITUITA RY ADENO MA	BONE FLAP REMOVA L	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Shifted To ICU ON Ventilator	Dr.Jayanan d Sudir	Dr.Manikan dan Dr.Nilima	Remya Krishnan.L.K
81	02/04/2015	Vilasini 393409 60 Y/F	LEFT MTS	LEFT ATL+AH	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right	Dr.Mathew Abraham	Dr.Manikan dan Dr.Madhu	Remya Krishnan

						<p>Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
82	10/04/2015	Manjusha. J 385070 32 Y/F	RIGHT INSULAR GLIOMA	CRANIO TOMY AND DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p>	Dr.Prakash Nair	Dr.Manikan dan Dr.Shyamal a	Remya Krishnan.L.K

						<u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
83	10/04/2015	Radha Krishnan 394593 53 Y/M	CHAIRI MALFOR MATION	FORAMA N MAGNU M DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec	Dr.Tobin George	Dr.Arul Dr.Gautham	Remya Krishnan.L.K

						+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion Revesed And Extubated			
84	10/04/2015	Sheeja Mary Mathew 394879 47 Y/F	L4-15 PIVD	LAMINE CTOMY AND DISCECT ION	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion	Dr.krishna Kumar	Dr.Prof. Rathod Dr.Nilima	Remya Krishnan.L.K

						Revesed And Extubated			
85	11/04/2015	Narayani 395008 56 Y/F	ACOM ARTERY ANEURY SM	CRANIO TOMY AND CLIPPIN G	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line Triple Lumen In Right IJV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion Shifted To ICU On Ventilator	Dr.Jayanan d Sudir	Dr.Smitha Dr.Gautham	Remya Krishnan.L.K
86	17/04/2015	Nagaswa my 389481	O/C/O LEFT PARIETA	LEFT- FRONTO- PARIETO	ECG,SPO2, ABP,ETCO 2	GA	Dr.Viswara j P Partha	DR.Arul Dr.Bimal	Remya Krishnan.L.K

		61 Y/M	L HEMATO MA WITH REBLEE D	OCCIPIT AL DECOMP RESSIVE HEMICR ANIOTO MY		<u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Shifted To ICU On Ventilator			
87	23/04/2015	Pramod 392639 39 Y/M	THIRD VENTRIC ULAR COLLOI D CYST	CRANIO TOMY AND EXCISIO N	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line	Dr.Mathew Abraham	Dr.Arul Dr.Soumya	Remya Krishnan.L.K

						<p>14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
88	13/05/2015	Sabith O.S 9409271 27 Y/M	STRUGE WEBER SYN WITH OCCIPIT AL LEPTOM ENINGIA L ANGIOM ATOSIS	OCCIPIT AL CRANIO TOMY AND DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p>	Dr.George C Vilanilam	Dr.Manikan dan Dr.Madhu	Remya Krishnan.L.K

						<p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
89	15/05/2015	Omana 395737 62 Y/F	RIGHT CP ANGLE LESION WITH HYDROC EPHALO US	LEFT VP SHUNT	ECG,SPO2, NBP,ETCO 2	<p>GA <u>Lines</u> 16G Left hand IV</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane</p> <p>Revesed And Extubated</p>	Dr.Mathew Abraham	Dr.Smitha Dr.Shyamal a	Remya Krishnan.L.K

90	14/05/2015	Vikas Sharma 384776 26 Y/M	RIGHT MEDIAL TEMPOR AL ENCEPH ALOMAL CIA	RIGHT PTERION AL CRANIO TOMY AND LESIONE CTOMY	ECG,SPO2, ABP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.George c Vilanilam	Dr.Arul Dr.Bimal	Remya Krishnan.L.K
91	22/05/2015	Paulson M.K 396657 39 Y/M	RIGHT MEDIAL FRONTA L TUBERC ULOMA	NEURO NAVIGA TION GUIDED BIOPSY	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV	Dr.Krishna Kumar	Dr.Arul Dr.Nilima	Remya Krishnan.L.K

						<u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Reversed And Extubated			
92	22/05/2015	Bhaskaran K 396938 50 Y/M	RIGHT FRONTAL GLIOMA	FRONTAL CRANIOTOMY AND DECOMPRESSION	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol	Dr.Viswara j P Partha	Dr.Smitha Dr.Soumya	Remya Krishnan.L.K

						<u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
93	26/05/2015	Krishna Kumar 387025 46 Y/M	LUMBAR CANAL STENOSIS	LUMBAR LAMINE CTOMY AND DECOMPRESSION	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion	Dr.Krishna Kumar	Dr.Arul Dr.Bimal	Remya Krishnan.L.K

						Revesed And Extubated			
94	29/05/2015	Rajumon Devasia 378621 41 Y/M	PARKINS ON'S DISEASE	DBS	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Krishna Kumar	Dr.Arul Dr.Nilima	Remya Krishnan.L.K
95	08/06/2015	Amina Basheer 329293 13 Y/F	RIGHT MESIAL GLIOSIS WITH CPS	RIGHT OCCIPIT AL LOBECT OMY	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 20 G Left hand IV 20G Right Hand Arterial	Dr.George C Vilanilam	Dr.Arul Dr.Bimal	Remya Krishnan.L.K

						<p>Line</p> <p><u>Intubation</u> 6.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
96	19/06/2015	Prasobha. I 398373 43 Y/F	RIGHT DISTAL ACA ANEURY SM	CRANIO TOMY AND CLIPPIN G	ECG,SPO2, NBP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line Triple Lumen In Right IJV</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p>	Dr.Mathew Abraham	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K

						<p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
97	19/06/2015	Anandan .P 348515 55 Y/M	LEFT FRONTOPARIETAL HEMATOMA	CARNIOTOMY/Craniectomy AND HEMATOMA EVACUATION	ECG,SPO2, NBP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.Krishna Kumar	Dr.Smitha Dr.Madhu	Remya Krishnan.L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
98	29/06/2015	Saji george 398376 39 Y/M	SELLAR SUPRAS ELLAR LESION	CRANIO TOMY AND DECOMP RESSION	ECG,SPO2, ABP,ETCO 2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p>	Dr.Mathew Abraham	Dr.Smitha Dr.Karen	Remya Krishnan.L.K

						Revesed And Extubated			
99	30/06/2015	Sindhi .R 398377 37 Y/F	LEFT THALMI C GLIOMA WITH HCP	SEPTOST OMY SHUNT+ BIOPSY	ECG,SPO2, NBP,ETCO 2	GA <u>Lines</u> 16G Left hand IV  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevofl urane  Revesed And Extubated	Dr.Prakash Nair	Dr.Manikan dan Dr.Madhu	Remya Krishnan.L.K
10 0	15/07/2015	Pathu 399446 65 Y/F	EDH IN AN OCO PCOM	REEXPL ORATIO N AND EDH EVACUA TION	ECG,SPO2, NBP,ETCO 2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-16 Cavafix in Left Hand	Dr.Mathew Abraham	Dr.Arul Dr.Soumya	Remya Krishnan.L.K

						<u>Intubation</u> 7.5 ID mm Rush Tube			
						<u>Induction</u> Fenta+Vec +Propafol			
						<u>Maintenance</u> O2+Air+Sevofl urane Atrac+Fenta Infusion			
						Shifted To ICU On Ventilator			

# **DSA LAB PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	20/06/2014	Ashok.R 378386 18 Y/M	LEFT DIRECT CCF	EMBOLIZATION	ECG,SPO2,ABP,ETC O2	GA  <u>Lines</u> 18 G Left hand IV 20 G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.0 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Jayadevan Dr.Santhosh	Dr.Nelay  Dr.Soumya	Remya Krishnan.L.K
2	27/06/2014	Saji.P 381110 45 Y/M	ACOM ANEURYSM	COILING	ECG,SPO2,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 14-18 Cavafix in Left Hand	Dr.Santhosh Dr.Jayadevan	Dr.Nelay  Dr.Soumya	Remya Krishnan.L.K

						<u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
3	17/09/2014	Haseena Thanveer 376294 24 Y/F	LEFT PARIETAL AVM	SQUID EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane	Dr.Santhosh Dr.Jayadevan	Dr.Madhu Dr.Soumya	Remya Krishnan.L.K

						Atrac+Fenta Infusion			
						Revesed And Extubated			
4	25/09/2014	Elizabeth Anil 384129 34 Y/F	RIGHT ICA COMMUNICATING SEGMENT ANEURYSM	COILING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Ajay	Remya Krishnan.L.K
5	29/09/2014	Remya 367910 28 Y/F	SPINAL AVM	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in	Dr.Santhosh Dr.Jayadevan	Dr.Josephine  Dr.Madhu	Remya Krishnan.L.K

						<p>Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafo 1</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
6	03/11/2015	Sumathi.C. K 386816 57 Y/F	RUPTURED DAVF	DSA+/- EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflura</p>	Dr.Jayadevan	Dr.Manikandan  Dr.Soumya	Remya Krishnan.L.K

						ne Atrac+Fenta Infusion  Revesed And Extubated			
7	05/11/2015	Waltor Manoharan 385555 51 Y/M	LEFT ICA BIFURCA TION ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Soumya	Remya Krishnan.L.K
8	06/11/2014	Manikanda n.K 384526 30 Y/M	TENTORI AL DAVF	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Soumya	Remya Krishnan.L.K

						<p>20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
9	12/11/2015	Balamani 387472 60 Y/F	ACOM ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.Santhosh Dr.Jayadevan	Dr.Ajay Dr.Surabhi	Remya Krishnan.L.K

						<p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
10	17/11/2014	Nabina Gupta 387515 41 Y/F	SPINAL DAVF	DSA+EMB OLIZATIO N	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Amandeep	Remya Krishnan.L.K
11	01/12/2014	Asainar.V 386075 47 Y/M	BASILAR ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV</p>	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Surabhi	Remya Krishnan.L.K

						<p>20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
12	11/12/2014	Abhinandh. B 382506 31 Y/M	NECK VASCULAR MALFORMATION	DSA+EMBOLIZATION	ECG,SPO2,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p>	Dr.Santhosh Dr.Jayadevan	Dr.Josephine Dr.Surabhi	Remya Krishnan.L.K

						<u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
13	11/12/2014	Shaji.P.K 386137 37 Y/M	LEFT TS DAVF	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Josemine Dr.Surabhi	Remya Krishnan.L.K
14	15/12/2014	Vijaya Lekshmi.A. C	BASILAR ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u>	Dr.Santhosh Dr.Jayadevan	Dr.Josemine Dr.Amandeep	Remya Krishnan.L.K

		382566 55 Y/F				<p>16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
15	29/12/2014	Brundga Devi.M 383848 17 Y/F	VEIN OF GALEN MAIFOR MATION	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 18G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.00 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec</p>	Dr.Santhosh Dr.Jayadevan	Dr.Ajay Dr.Soumya	Remya Krishnan.L.K

						+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
16	01/01/2015	Shilpa Thankachan 390086 16 Y/F	VEIN OF GALEN MAIFORMATION	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 18 G Left hand IV 20 G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Manikandan  Dr.Nilima	Remya Krishnan.L.K
17	12/01/2014	Sujan	DAVF	EMBOLIZ	ECG,SPO2	GA	Dr.Santhosh	Dr.Madhu	Remya

		Ram.M 389569 23 Y/M		ATION	,ABP,ETC O2	<u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated	Dr.Jayadevan	Dr.Gautham	Krishnan.L.K
18	15/01/2015	Omana Amma.P 390592 71 Y/F	SAH DUE TO REPTUR ED BASILAR TOP ANEURY SM	COIL EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube	Dr.Santhosh Dr.Jayadevan	Dr.Arul Dr.Madhu	Remya Krishnan.L.K

						<u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
19	19/01/2015	Athira.C.R 386309 19 Y/F	CONUS AVM	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr,Bimal	Remya Krishnan.L.K

20	19/01/2015	Paraman.P. K 390241 63 Y/M	RIGHT TS- TORCUL A DAVF	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Bimal	Remya Krishnan.L.K
21	22/01/2015	Pushkar Dubey 382417 21 Y/M	TEMPOR AL AVM	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Bimal	Remya Krishnan.L.K

						<p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
22	28/01/2015	Dominica. S 351613 34 Y/F	D8 SC AVM	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And</p>	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Gautham	Remya Krishnan.L.K

23	08/03/2015	Willinton.T 386951 45 Y/M	ACOM ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	Extubated GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Karen	Remya Krishnan.L.K
24	27/03/2015	Sathyan 393086 40 Y/M	SPINAL DAVF	SPINAL ANGIO AND EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Soumya	Remya Krishnan.L.K

						<p>Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
25	27/03/2015	Thulaseedharan.T.V 374263 52 Y/M	DAVF	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p>	Dr.Santhosh Dr.Jayadevan	Dr.Madhu Dr.Soumya	Remya Krishnan.L.K

						Revesed And Extubated			
26	08/04/2015	Eswari.M 394057 50 Y/F	RIGHT ICA ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Soumya	Remya Krishnan.L.K
27	08/04/2015	Jubin John.K 394192 38 Y/M	CIRSOID ANEURY SM SCALP	GLUE EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand  <u>Intubation</u>	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Soumya	Remya Krishnan.L.K

						8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
28	16/04/2015	Anamika.K 399752 6 Y/F	LEFT ORBITAL SWELLI NG	DSA	ECG,SPO2 ,ETCO2	GA  <u>Lines</u> 22G Left hand IV  <u>Intubation</u> 5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Gautham	Remya Krishnan.L.K
29	16/04/2015	Ashmi Jose 391998 11 Y/F	GANGLI CAPSUL AR AVM	DSA	ECG,SPO2 ,ETCO2	GA  <u>Lines</u>	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Gautham	Remya Krishnan.L.K

						<p>20 G Left hand IV</p> <p><u>Intubation</u> 6.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
30	16/04/2015	Nizar ali.J.A 386949 54 Y/M	RESIDUAL DAVF	EMBOLIZATION	ECG,SPO2,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-14 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u></p>	Dr.Santhosh Dr.Jayadevan	Dr.Arul Dr.Gautham	Remya Krishnan

						O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
31	22/04/2015	Thendral.S 393935 26 Y/F	LEFT ICA COMMUNICATING SEGMENT ICA ANEURYSM	FLOW DIVERTE PLACEMENT	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Bimal	Remya Krishnan.L.K
32	22/04/2015	Prasanna 394687 58 Y/F	RIGHT ICA ANEURYSM	DSA+/- BALLON OCCLUSION TEST	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Gautham	Remya Krishnan.L.K

						<p>Arterial Line 16-18 Cavafix On Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
33	24/04/2015	Venkatesha n.V 395226 38 Y/M	LEFT DIRECT CCF	EMBOLIZ ATION	ECG,SPO2 ,NBP,ETC O2	<p>GA</p> <p><u>Lines</u> 16 G Left hand IV 20 G Right Hand Arterial Line 16-14 Cavafix On Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec</p>	Dr.Santhosh Dr.Jayadevan	Dr.Nilima Dr.Bimal	Remya Krishnan.L.K

						+Propafol <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
34	25/04/2015	Mrula Devi.S 395523 48 Y/F	LEFT ICA ANEURY SM	COILING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16 G Left hand IV 20 G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Manikandan  Dr.Nilima	Remya Krishnan.L.K
35	26/04/2015	Shahana sherin 394878	LEFT DIRECT CCF	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u>	Dr.Santhosh Dr.Jayadevan	Dr.Ajay  Dr.Nilima	Remya Krishnan.L.K

		19 Y/F				<p>18G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 7.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
37	03/05/2015	Mohandas 395900 35 Y/M	LEFT DIRECT CCF	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand</p> <p><u>Intubation</u> 8.5 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec</p>	Dr.Santhosh Dr.Jayadevan	Dr.Madhu Dr.Shyamala	Remya Krishnan.L.K

						+Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
38	06/05/2015	Ansil Shajahan 390847 11 Y/M	LEFT PARIETAL AVM	4V DSA	ECG,SPO2 ,NIBP,ETC O2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Soumya  Dr.Gautham	Remya Krishnan.L.K
39	06/05/2015	Pooja K Santhosh 381650 8 Y/F	LEFT THALMIC AVM	SRS PLANNING DSA	ECG,SPO2 ,NIBP,ETC O2	GA  <u>Lines</u> 22 G Left hand IV  <u>Intubation</u>	Dr.Santhosh Dr.Jayadevan	Dr.Soumya  Dr.Gautham	Remya Krishnan.L.K

						5.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
40	06/05/2015	Ganesan .S 395224 55 Y/M	LEFT DIRECT CCF	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16 G Left hand IV 20 G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion Revesed And	Dr.Santhosh Dr.Jayadevan	Dr.Soumya  Dr.Gautham	Remya Krishnan.L.K

41	07/05/2015	Mukilan.R 395029 5 Y/M	MOYA MOYA DISEASE	4 V DSA	ECG,SPO2 ,NIBP,ETC O2	Extubated GA <u>Lines</u> 22 G Left hand IV  <u>Intubation</u> 5.0 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Soumya	Remya Krishnan.L.K
42	07/05/2015	Mohaboob Basha.M 373396 43 Y/M	DAVF	EMBOLIZ ATION	ECG,SPO2 ,ABP,ETC O2	GA <u>Lines</u> 16 G Left hand IV 20 G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Soumya	Remya Krishnan.L.K

						<p>+Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>			
43	25/05/2015	Ashmi Jose 391998 11 Y/F	RT GANGLIO CAPSUL AP AVM	DSA+EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 20 G Left hand IV 20 G Right Hand Arterial Line</p> <p><u>Intubation</u> 6.0 ID mm Rush Tube</p> <p><u>Induction</u> Fenta+Vec +Propafol</p> <p><u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion</p> <p>Revesed And Extubated</p>	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Gautham	Remya Krishnan.L.K
44	25/05/2015	Althaf Rahman 393140	VOG MALFORMATION	DSA+/- MRI+/- EMBOLIZ	ECG,SPO2 ,NIBP,ETC O2	<p>GA</p> <p><u>Lines</u></p>	Dr.Santhosh Dr.Jayadevan	Dr.Arul  Dr.Gautham	Remya Krishnan.L.K

		4 Y/M		ATION		22G Left hand IV  <u>Intubation</u> 4.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated			
45	26/05/2015	VijeeshaN 396689 15 Y/F	SPINAL HEMAGI OBLAST OMA	SPINAL DSA	ECG,SPO2 ,NIBP,ETC O2	GA  <u>Lines</u> 18 G Left hand IV  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	Dr.Manikandan  Dr.Bimal	Remya Krishnan.L.K
46	03-06-2015	Nidha	VOGM	EMBOLIZ	ECG,SPO2	GA	Dr.Santhosh	Dr.Smitha	Remya

		397356 7 Y/M		ATION	,ABP,ETC O2	<u>Lines</u> 20 G Left hand IV 20 G Right Hand Arterial Line  <u>Intubation</u> 6.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflura ne  Revesed And Extubated	Dr.Jayadevan	Dr.Bimal	Krishnan.L.K
47	03-06-2015	Siva Dasan 389274 52 Y/M	INTRAC RANIAL ASVD	BASILAR ARTERY STENTING	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 8.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol	Dr.Santhosh Dr.Jayadevan	Dr.smitha Dr.Bimal	Remya Krishnan.L.K

						<u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated			
48	24-06-2015	Swarnalatha.M 396722 29 Y/F	RIGHT DIRECT CCF	EMBOLIZATION	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16G Left hand IV 20G Right Hand Arterial Line 16-18 Cavafix in Left Hand  <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol  <u>Maintenance</u> O2+Air+Sevoflurane Atrac+Fenta Infusion  Revesed And Extubated	Dr.Santhosh Dr.Jayadevan	DR.Madhu  Dr.Gautham	Remya Krishnan.L.K
49	25-06-2015	Vijayakumari.S 386353	AVM	EMBOLIZATION	ECG,SPO2 ,NBP,ETC O2	GA  <u>Lines</u>	Dr.Santhosh Dr.Jayadevan	Dr.Madhu  Dr.Karen	Remya Krishnan.L.K

		46 Y/F				16G Left hand IV <u>Intubation</u> 7.5 ID mm Rush Tube  <u>Induction</u> Fenta+Vec +Propafol <u>Maintenance</u> O2+Air+Sevoflura ne Atrac+Fenta Infusion  Revesed And Extubated			
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# **CARDIAC DSA LAB PROCEDURE LIST**

SL NO	Date	Patient Details	Diagnosis	Procedure	Monitoring	Anaesthesia Technique	Surgeons	Anaesthetist	Anesthesia Technician
1	19-08-2014	Gopala Krishnan.P 381054 75 Y/M	TAA	TEVAR	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial Line Triple Lumen In Right IJV  <u>Induction</u> Fenta+Xylo+ Atrac+Midaz +Propafol  <u>Intubation</u> 8.5 ID mm Portex Tube  <u>Maintenance</u> O2+Air+Sevo  Shifted To ICU On Ventilator	Dr.Kapilamoorthy  Dr.Jayadevan	Dr.Suneel  Dr.Roshith	Remya Krishnan L.K
2	08-01-2015	Ramachandran.M 390288 68 Y/M	RUPTURED THORACIC AORTIC	TEVAR	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16 G Right Hand IV	Dr.Kapilamoorthy  Dr.Jayadevan	Dr.Sathyajeeth  Dr.Pravin	Remya Krishnan.L. K

			ANEUR YSM			<p>20 G Right Hand Arterial Line Triple Lumen In Right IJV</p> <p><u>Induction</u> Fenta+Xylo+ Atrac+Midaz +Propafol</p> <p><u>Intubation</u> 8.5 ID mm Portex Tube</p> <p><u>Maintenance</u> O2+Air+Sevo</p> <p>Shifted To ICU On Ventilator</p>			
3	22-01-2015	Bijili Varughese 389693 66 Y/M	THORACIC ABDOMINAL AORTIC ANEURYSM	TEVAR	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial Line Triple Lumen In Right IJV</p> <p><u>Induction</u> Fenta+Xylo+</p>	Dr.Kapilamoorthy  Dr.Jayadevan	Dr.Dash  Dr.Deepak	Remya Krishnan.L.K

						<p>Atrac+Midaz +Propafol+Glyco</p> <p><u>Intubation</u> 8.5 ID mm Portex Tube</p> <p><u>Maintenance</u> O2+Air+Sevo</p> <p>Shifted To ICU On Ventilator</p>			
4	23-04-2015	Vellaimmal .K 390587 65 Y/F	AORTIC ARCH ANEUR YSM	TEVAR	ECG,SPO2 ,ABP,ETC O2	<p>GA</p> <p><u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial Line Triple Lumen In Right IJV</p> <p><u>Induction</u> Fenta+Xylo+ Atrac+Midaz +Propafol</p> <p><u>Intubation</u> 7.5 ID mm Portex Tube</p>	Dr.Kapilamoorthy  Dr.Jayadevan	Dr.Neelam  Dr.Indranil	Remya Krishnan.L. K

						<u>Maintenance</u> O2+Air+Sevo  Shifted To ICU On Ventilator			
5	30-04-2015	Kamalam. M 392635 62 Y/F	ARCH ANEUR YSM	TEVAR	ECG,SPO2 ,ABP,ETC O2	GA  <u>Lines</u> 16 G Right Hand IV 20 G Right Hand Arterial Line Triple Lumen In Right IJV  <u>Induction</u> Fenta+Xylo+ Atrac+Midaz +Propafol  <u>Intubation</u> 7.5 ID mm Portex Tube  <u>Maintenance</u> O2+Air+Sevo  Shifted To ICU On Ventilator	Dr.Kapilamoorthy  Dr.Jayadevan	Dr.Keerthi  Dr.kappian	Remya Krishnan.L. K

