

#33829 ASSOCIATION BETWEEN THE TIME OF SURGERY AND THE INCIDENCE OF POSTOPERATIVE NAUSEA – VOMITING: PROPENSITY SCORE MATCHED ANALYSIS

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10.1136/rapm-2023-ESRA.435

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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Background and Aims A study by Wright et al found that the probability of postoperative nausea and vomiting (PONV) increased for cases starting at 2pm compared with 7am. There has been no other study published exploring the association between time of surgery and PONV. To address this gap in knowledge, we conducted a study to determine the effect of surgical time of day on PONV.

Methods With ethics approval, data of all patients undergoing elective non-cardiac non-neurosurgery, having a high-risk of PONV and which had a 24-hour assessment of PONV between October 2017 to December 2020 were extracted. Surgical-sessions were classified as either Morning-surgery (defined as start-time and end-time before noon) or Afternoon-surgery (defined as surgery start-time at 12noon). Those patients which had surgical-sessions extending across morning-sessions to afternoon-sessions were excluded. A propensity-score-matching (PSM) based on 1:1 matching was performed to potential biases. For the entire study population before matching, we used Pearson's chi-square test or Fisher's exact-test for categorical-variables; and Student's t-test or Mann-Whitney U-test for normally or non-normally distributed continuous-variables, respectively. For the matched study-population, we used conditional logistic-regression to test for differences. A p-value of <0.05 was considered statistically significant.

Results Of the 3808 surgical-sessions, 1439 surgical-sessions were excluded from analysis because they extended between morning and afternoon-surgery. After 1:1 PSM, 1043 matched-pairs were obtained (table 1). The incidence of PONV, prior to matching remained statistically insignificant even after PSM (table 2).

Conclusions We found that the time of surgery did not affect both the overall incidence and severity of PONV.

Attachment tables.docx

#35918 A RANDOMIZED CONTROL TRIAL TO EVALUATE THE EFFECTS OF KETOFOL VERSUS PROPOFOL ON CEREBRAL OXYGENATION IN PATIENTS UNDERGOING TRANS-PHENOIDAL PITUITARY SURGERY UNDER TOTAL INTRAVENOUS ANESTHESIA

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10.1136/rapm-2023-ESRA.436

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Background and Aims Propofol causes hypotension and respiratory depression while Ketamine preserves airway reflexes and respiration, prevents hypotension. Ketofol (combination of Propofol and Ketamine) has shown to have cumulative effects on analgesia, and hypnosis, requiring lower dose of drug and less adverse effects, maintains hemodynamics. Effect of various intravenous anaesthetic agents on cerebral oxygenation has not been evaluated. We compared the effects of Ketofol&Propofol on cerebral oxygenation in patients undergoing pituitary surgery.

Methods Study, conducted on 50 patients, undergoing pituitary surgery. Patients divided into Ketofol&Propofol groups, 25 patients each. Intra-operative cerebral oxygenation (rSO₂), hemodynamic parameters, SpO₂, Total analgesic, time to emergence and time to first post-operative analgesia, recorded.

Results In both groups, baseline values of rSO₂ were within normal limits. rSO₂ values were significantly higher in Ketofol-group than Propofol-group all-time, on both sides. rSO₂ during surgery were higher in Ketofol-group and lower in Propofol-group on both sides. rSO₂ values at specific stages of surgery/anaesthesia were higher than baseline in Ketofol-group and lower in Propofol-group on both side. Intraoperative hemodynamic parameters was similar in the two groups, but significant increase in HR and MAP in Propofol group was observed during various stimuli (anaesthesia/surgical) compared to Ketofol. Episodes of hypotension were significantly higher in Propofol compared to Ketofol group. Intraoperative requirement of opioid, propofol was significantly reduced in Ketofol-group. Time to first analgesic was longer in Ketofol than Propofol-group, emergence from anaesthesia was significantly longer in Propofol group.

Conclusions In patients with pituitary surgery, Ketofol provides better cerebral oxygenation, hemodynamic stability, rapid emergence, prolong analgesia, compared to Propofol.

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#35209 INCIDENCE OF NOSOCOMIAL INFECTIONS IN ICU OF A TERTIARY CARE HOSPITAL AND ANTIBIOGRAM

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10.1136/rapm-2023-ESRA.437

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Background and Aims Antimicrobial resistance (AMR) has become a global issue. Not only decreasing the treatment options but serious threat to low-income countries associated with both misuse and overuse of antibiotics. This study has determined the antibiogram profile of patients admitted in SURGICAL ICU (SICU) at Doctors Hospital and Medical Centre, Lahore.

Methods This study was retrospective cross-sectional in nature. Total 502 patients were admitted in ICU during our study period. Blood, tracheal and urine culture reports of 364 patients were recorded for the purpose of study. All cultures were processed in accordance with standard microbiological protocols defined by CLSI. CLED used for urine cultures,

while Mac-Conkey, Chocolate and Blood Agar were being used for tracheal and sputum cultures. Blood cultures were processed on BACT/ALERT automated blood culture system. Statistical analysis were performed using the SPSS 64-bit version.

Results Among 364 patients analyzed in the study, the cultures obtained from different sites were Blood (54%), Urine (33%) and tracheal (13%). Among blood cultures, no organism was isolated. Among tracheal cultures, most common organisms isolated were Klebsiella (5), followed by Acinetobacter

(4) and Pseudomonas (3). Among urine cultures, most common organism isolated was E. coli (4), then Klebsiella (3) and Pseudomonas (2). Vancomycin and Linezolid showed zero percent resistance to Staphylococcus sp. Collistin showed zero percent resistance for Acinetobacter and Klebsiella. Moxifloxacin was resistant for E. coli.

Conclusions The gram-negative bacteria were the major cause of infection in the ICU. Gram negative organisms (88.46%) were detected more than gram positive organisms (11.53%). We need to prescribe broad-spectrum antibiotics more wisely to reduce pressure on sensitive strains.

Attachment antibiogram dhmc.docx

#36509 **SPINAL ANESTHESIA FOR TRANSURETHRAL RESECTION IN A PATIENT WITH SEVERE ASYMPTOMATIC AORTIC STENOSIS AFTER BALLOON AORTIC VALVULOPLASTY**

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10.1136/rapm-2023-ESRA.438

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Background and Aims One of the most prevalent serious valve disease problems is aortic stenosis. Patients with significant AS are often advised against receiving neuraxial anesthesia because they won't be able to handle the crucial decrease in coronary perfusion pressure. We present a case of a successful transurethral resection under spinal anesthesia in a patient with severe asymptomatic AS which has been managed with balloon aortic valvuloplasty prior to the procedure.

Methods An 81-year-old male, with a history of prostate cancer and a condition after prostatectomy, new-onset deep vein thrombosis of the left iliac vein, and newly detected severe asymptomatic aortic stenosis, was admitted to the hospital for a planned TUR due to tumor process of the urinary bladder. Echocardiography revealed preserved systolic function of the left ventricle, with severe aortic stenosis. In this case, TAVI was not indicated, so it was concluded that BAV would be performed to reduce the anesthetic risk. Balloon dilatation of the aortic valve was successfully performed. After a month from BAV, the patient was again admitted to the hospital for a planned surgical procedure. For TUR, a mixture of 0.5% bupivacaine, 40% glucose, and fentanyl was applied intrathecally at the L4-L5 level with a 27G needle.

Results During the procedure the patient was stable, and TUR was done without any adverse effects. The patient was discharged home three days after surgery in good general condition.

Conclusions In conclusion, our case report is evidence of successful outcome with spinal anesthesia in patient with adequately managed severe AS.

#35938 **VENOVENOUS ECMO IN NEAR FATAL ASHTMA: CASE REPORT**

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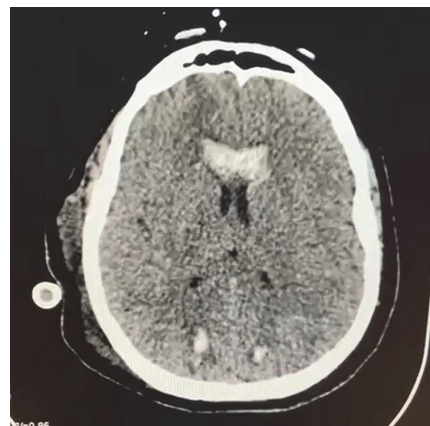
10.1136/rapm-2023-ESRA.439

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Background and Aims VV-ECMO is used for the temporary support of patients with respiratory failure most commonly due to Acute Respiratory Distress Syndrome (ARDS). Use in near fatal asthma (NFA) is found only in case reports. We intend to present a case of NFA that received support with VV-ECMO.

Methods A 21-yo man, asthmatic, with medication nonadherence developed a status asthmaticus that failed to respond to non-invasive therapy requiring intubation and mechanical ventilation (MV). After 24 hours on MV he developed pneumomediastinum, continued with severe respiratory acidosis and developed increased intracranial pressure (ICP). He was commenced on VV-ECMO therapy, his CO₂ was normalized within 48 hours. MV was continued, still with high peak pressures, he received Sevoflurane for 24 hours. After 48 hours with ECMO he developed midriasis due to ICP and intracranial hemorrhage was seen in the CT scan. He was treated with hyperosmolar therapy. Diagnosis of acute hemorrhagic leukoencephalitis (AHL) is done after finding Herpes Virus type 1 in CSF. 6 days after cannulation the bronchospasm solved and 48 hours after ECMO was discontinued. A tracheostomy was done the day after the discontinuation of ECMO and the next day the patient woke up and followed commands. He was discharged home 8 days after ECMO weaning.



Abstract #35938 Figure 1 AHL1