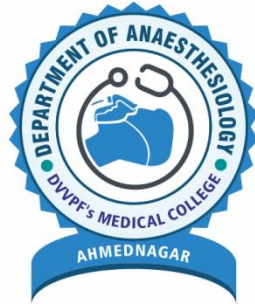


DR VITHALRAO VIKHE PATIL FOUNDATION'S
MEDICAL COLLEGE & HOSPITAL



**DEPARTMENT OF
ANAESTHESIOLOGY**

**DEPARTMENTAL
PROFILE**

INDEX

Sr. No.	Information	Page Number
1.	Introduction	05
2.	Services Provided by Department	06-07
3.	Vision & Mission	08
4.	Scope of services	09
5.	Best practices of Department	10
6.	Courses offered	11
7.	Infrastructure of Department and OT	12-14
8.	Departmental staff list	15-17
9.	Heads of Department	18
10.	Academic schedule	19-25
11.	MD Anaesthesiology : First position holder	26
12.	Awards and Achievements	27-28
13.	List of Publications	29-39
14.	MD Dissertation topics	40-47
15.	Posters presented in conferences	48-51
16.	Papers presented in conferences	52-55
17.	CME & Workshops conducted	56
18.	Students enrolment	57
19.	Role of Anaesthesiologists	58-63
20.	Infrastructure, learning resource and IT facilities	64-65
21.	Catering diverse needs and student support	66
22.	Extension and outreach activities	67
23.	OT maintenance and cleaning schedule	68
24.	Uniqueness of Department	69
25.	Workload of Department	70
26.	Future Plans Of Department	71
27.	Glimpses of Department	72-76

Our College



OPD Complex



INTRODUCTION

Dr. Vikhe Patil Memorial Multispeciality Hospital was established in March 2000. Department of Anaesthesiology, DVVPF Medical College, Ahmednagar was established in 2004. Post graduate degree courses started since 2011.

DVVPF's Medical College and Hospital has a team of highly skilled and dedicated anaesthesiologists who provide anaesthesia care to almost all disciplines of medicine in Vikhe Patil Memorial Hospital (VPMH), be it curative, investigative, or palliative.

In addition to this, it provides excellent and comprehensive medical education and hands-on training to under-graduate and post-graduate students in the fields of Anaesthesiology and critical care.

Advanced and specialized anaesthesia care is critical to the success of the complex and highly specialized surgery being carried out at hospital. In this respect the role of anaesthesiologist can be compared to the percussionist in musical concert. He rarely gives a solo performance, but can make or mar the concert.

VPMH has 13 operation theatres, 9 major, 3 super speciality and 1 minor OT. With the help of most modern monitoring facilities, anaesthesia workstations and advanced ventilators, anaesthesiologists ensure successful conclusion of 25-30 surgeries everyday.

The anaesthesiologists also manage critically ill patients in a 14 bedded surgical intensive care unit that is equipped with latest life support systems. In addition they provide cover to MRI, CT centre, cardiac catheterization laboratory, radiotherapy, and artificial reproductive technology (ART).

Anaesthesiologists are skilled in resuscitation of patients whose hearts may cease to beat or whose respiration may have failed. The Anaesthesiology department provides these services round the clock in the entire hospital.

The department has a yearly intake of 4 post-graduate students who are imparted excellent teaching and training in Anaesthesiology. Since the inception of PG training in this discipline in the year 2011, 27 PG students have successfully passed the MD Anaesthesiology exam held annually under the aegis of MUHS.

SERVICES PROVIDED BY DEPARTMENT

SERVICES OFFERED IN OT:

Emergency and elective surgeries

Anaesthesia for basic and super speciality surgical disciplines

- Organ transplant surgery
- Paediatric
- Geriatric
- Genitourinary surgery
- Neurosurgery
- Reconstructive surgery
- Oncology
- Joint replacement
- Oral and Maxillofacial surgery
- Cardiothoracic surgery
- Endoscopy
- Laparoscopic surgeries
- Orthopaedics
- Obstetrics and gynaecology
- Otorhinolaryngology
- Ophthalmology

SERVICES OFFERED OUTSIDE OT:

- Sedation and Anaesthesia for Radiodiagnosis
- Sedation and Anaesthesia for Radiotherapy
- Pain Clinic
- Emergency care and ventilator management of critical care patients in Surgical ICU
- Ambulance transfers for high risk patients
- Training to medical, paramedical and others in BLS as well as ACLS

VISION

- To strive to be a department of excellence clinical practice and programs, research and education thus providing high quality academic as well as patient centered anaesthesia care.

MISSION

- To deliver services through up to date evidence based clinical care, ensuring safe and effective anaesthesia
- To maintain a positive and encouraging work environment and to be the department of choice for anaesthesia professionals.

SCOPE OF SERVICES

1. Pain management
2. Emergency and trauma case management
3. Critical care management
4. ICU set-up
5. Paediatric anaesthesia
6. Cardiac Anaesthesia
7. Covid positive patients management
8. Neuro-surgical anaesthesia
9. Obstetric anaesthesia
10. Transplant Anaesthesia
11. Regional anaesthesia
12. Onco-anaesthesia

BEST PRACTICES OF DEPARTMENT

1. Managing cases with difficult airway.
2. Fiberoptic intubation.
3. Intra-arterial lines for advanced hemodynamic monitoring.
4. Regional blocks-
 - a) USG Guided
 - b) PNS Guided
 - c) Blind Blocks
5. Managing cases with one lung ventilation.
6. Managing emergency cases in casualty.
7. Managing hemodynamically unstable patients.
8. Managing cases of pre-eclampsia and eclampsia.
9. Management of Paediatric cases.
10. Handling of unco-operative patients during CT-scan and MRI.
11. Management of Covid patients during pandemic.
12. Handling of critical patients in ICU.
13. Pain management in post-op patients.
14. Anaesthetic management of patient posted for major onco-surgery, Paediatric surgery & Joint replacement surgery.
15. Management of Mucormycosis patients.
 - Emergency services
 - Obstetric emergency
 - Trauma management
 - Respiratory support
 - Hemodynamic support
 - Neurosurgery
16. Reduction in intra- operative blood loss
17. Reduction in haemodynamic response in the peri operative period in spinal anaesthesia
18. Reduction in post-operative nausea and vomiting
19. Prolongation of spinal anaesthesia
20. Prolongation of sensory blockade in regional anaesthesia
21. Patient controlled analgesia (infusion & elastomeric pump)
22. Patient comfort in ICU patients requiring mechanical ventilation

23. Prevention of delirium in ICU patients
24. Prevention of ventilator associated pneumonia
25. Decreasing ICU stay
26. Safe transportation of critically ill patients over long distances

COURSES OFFERED

- Undergraduate (MBBS) teaching has been available since 2004.
- Post graduate courses have been offered since 2011.
- Annual student intake for MD Anaesthesiology and Critical Care – 4 seats

INFRASTRUCTURE OF DEPARTMENT OF ANAESTHESIOLOGY

Sr. No.	Specification	Area as per NMC norm
1.	Professor & HOD	23.91 Sq. Meters
2.	Associate Professor	11.62 Sq. Meters
3.	Associate Professor	11.61 Sq. Meters
4.	Associate Professor	11.61 Sq. Meters
5.	Associate Professor	16.84 Sq. Meters
6.	Associate Professor	17.22 Sq. Meters
7.	Assistant Professor	08.30 Sq. Meters
8.	Assistant Professor	08.30 Sq. Meters
9.	Assistant Professor	08.30 Sq. Meters
10.	Assistant Professor	08.30 Sq. Meters
11.	Assistant Professor	08.46 Sq. Meters
12.	Assistant Professor	08.46 Sq. Meters
13.	Senior Resident room	25.82 Sq. Meters
14.	Museum	34.63 Sq. Meters
15.	Research room	26.46 Sq. Meters
16.	Demonstration room	26.46 Sq. Meters
17.	Seminar room/Library	26.46 Sq. Meters
18.	Department Office	11.73 Sq. Meters

INFRASTRUCTURE OF OPERATION THEATRE

O.T. NO.	O.T. Name
1	Ophthalmology
2	Gynaecology
3	Obstetrics
4	ENT
5	General surgery
6	General surgery
7	General surgery
8	Orthopaedics
9	Septic
10	Casualty OT
Superspeciality	
	Cardiac
	Transplant
	Neurosurgery

OT INFRASTRUCTURE

- It is a busy department, providing emergency and elective anaesthetic services in 13 operation theatres every day to a variety of surgeries including OT for neuro and joint replacement and 1 OT for cardiothoracic surgery.
- State of the art technology and science is being used including multimodular-monitors, newer anaesthetics, ultrasound-guided regional anaesthesia and a large variety of difficult airway equipment among many others providing excellent training opportunities.
- In addition to providing anaesthesia, the department also oversees a 14-bedded surgical intensive care unit that largely caters to post-surgical patients as well as to other critical care patients.
- Regular and organized teaching programs with periodic evaluation, combined with plenty of hands-on clinical work ensures that the postgraduates are well-trained and confident at the end of their training period.
- Our alumni have gone ahead to perform exceptionally well in job interviews and are pursuing super specialty degrees.

DEPARTMENTAL STAFF LIST

Teaching Staff List

Sr. No.	Name of the Staff	Designation	Date of Joining
1.	Dr. H.S. Rawat	Professor & Head	01.01.2014
2.	Dr. Gore R.B.	Professor	11.09.2018
3.	Dr. Mohole S.P.	Associate Professor	20.04.2006
4.	Dr. Sonar V.M.	Associate Professor	03.08.2004
5.	Dr. Mone S.N.	Associate Professor	15.02.2006
6.	Dr. Pol M.P.	Associate Professor	01.02.2014
7.	Dr. Nale S.R.	Associate Professor	18.05.2013
8.	Dr. Mamde R. D.	Associate Professor	04.01.2017
9.	Dr. Sayyad N.C.	Assistant Professor	24.04.2010
10.	Dr. Karale P.V.	Assistant Professor	01.06.2016
11.	Dr. Kawade D.B.	Assistant Professor	09.08.2019
12.	Dr. Vanjare P.A.	Assistant Professor	09.11.2020
13.	Dr. Mrs. Sayamber S.N.	Sr. Resident	01.10.2004
14.	Dr. Ms. Shisode A.S.	Sr. Resident	02.04.2012
15.	Dr. Landge S.D.	Sr. Resident	01.02.2008
16.	Dr. Ms. Mahindrakar D.B.	Sr. Resident	01.10.2010
17.	Dr. Bagul V.P.	Sr. Resident	02.12.2013
18.	Dr. Ms. Khandale P.S.	Sr. Resident	01.01.2014
19.	Dr. Ms. Deokate N.C.	Sr. Resident	20.03.2014
20.	Dr. Ms. Thombre P.A.	Sr. Resident	19.05.2014
21.	Dr. Ms. Rupnawar P.B.	Sr. Resident	15.06.2013
22.	Dr. Ms. Bhavekar N.P.	Sr. Resident	21.12.2020
23.	Dr. Pandey Ritwika	Resident	25.06.2019
24.	Dr. Kulkarni Amruta	Resident	25.06.2019
25.	Dr. Babariya Jinisha	Resident	25.06.2019
26.	Dr. Chirde Ankit	Resident	25.06.2019
27.	Dr. Adke Mrunmayee	Resident	01.08.2020
28.	Dr. Kamble Sonal	Resident	01.08.2020
29.	Dr. Mishra Shreya	Resident	01.08.2020
30.	Dr. Khandagale Dhananjay	Resident	20.01.2021

FACULTIES RELIEVED IN THE MONTH OF November 2021

Sr. No.	Name of the Staff	Designation	Date of Joining
1.	Dr. Mrs. Baride S.J.	Professor	27.10.2009

Non-teaching Staff

Sr.No.	Name of the Staff	Designation
1.	Mr. Gade S.G.	O.T. Technician
2.	Ms. Gaikwad P.C.	O.T. Technician
3.	Ms. Barfe S.T.	O.T. Technician
4.	Mr. Bhosale D.A.	O.T. Technician
5.	Mr. Gahire K.P.	O.T. Technician
6.	Mr. Waghmare R.B.	O.T. Technician
7.	Mr. Tribhuvan S.V.	O.T. Technician
8.	Mr. Ingale A.R.	O.T. Technician
9.	Mr. More S.R.	Steno/ Comp. Operator
10.	Mr. Thorve M.S.	Record Clerk
11.	Mr. Patole A.R.	Storekeeper/ Clerk

HEADS OF DEPARTMENT

Sr. No	Name	Duration	
		From	TO
1.	Dr. Mrs. Baride S J	27.10.2009	30.09.2011
2.	Dr. Panditrao M.	01.10.2011	02.07.2012
3.	Dr. Mrs. Baride S J	03.07.2012	30.09.2012
4.	Dr. Mrs. Manju Jha	01.10.2012	11.10.2013
5.	Dr. Mrs. Baride S J	12.10.2013	04.12.2016
6.	Dr. H S Rawat	05.12.2016	Till date

ACADEMIC SCHEDULE

Teaching Schedule for Undergraduates (MBBS):

VIIIth and IXth Semester: 1st and 3rd Tuesday- 2 to 3 pm

VIth and VIIth Semester: 2nd and 4th Tuesday- 3 to 4 pm

Post Graduate training

Academic year 2020-2021

1. Journal Club -	17
2. Case Presentation -	36
3. Symposia -	33
4. Seminars-	172
5. Group Discussion-	18

Group discussion and Journal Club done once in alternate weeks

Case presentations and Symposia done once in a week

Teaching Schedule for Post graduate students:

9am to 1pm- Work in OT

2pm to 3pm- Monday: Symposia

Tuesday: Journal Club / Group Discussion

Wednesday: Case presentation by PG students

Thursday & Friday: Lectures by faculty

3pm to 5pm- Pre-anaesthesia assessment

Saturday- Log Book assessment

Supervision of OT maintenance and Manifold visit

11 to 1pm- - Pre-anaesthesia assessment

I Year Residents:–

Assisting during minor & major anaesthesia procedures and managing patients in recovery or intensive care areas (all Under Supervision)

- The first month of the first year will be spent in orientation in the operating rooms and attending lectures covering the basics of the discipline.
- Learning the fundamentals of anesthesiology with emphasis on checking of anaesthesia equipment
- Preparation of appropriate dosages of various drugs
- Mastering clinical skills regarding selection and implementation of an appropriate anesthesia plan
- Emphasis will also be placed on learning regional anaesthesia and Cardiopulmonary resuscitation.
- Also the candidates will be assigned guides for thesis so as to help them prepare protocols.

II Year Residents:–

Assisting during minor & major procedures under anaesthesia, managing patients in recovery or intensive care areas and Independently conducting minor procedures under anaesthesia (GA/RA) for ASA grade I or II patients (excluding expected difficult airway cases and cases with expected major body fluid shift)

- The second year of training will be devoted to the subspecialties/superspecialities of anesthesia
- Aim to concentrate on mastering the knowledge and technical skills associated with providing anesthesia to subspecialty/superspeciality patients.
- They will be taught to give general anaesthesia and regional anesthesia (Extradural Block - EDB, Spinal Block, and Peripheral Nerve Blocks) to ASA grade I, II, III & IV patients under supervision for superspeciality theaters.

III Year Residents:–

Assisting during minor & major procedures under anaesthesia, managing patients in recovery or intensive care areas and Independently conducting both minor and major procedures under anaesthesia (GA/RA) for ASA grade I or II patients (excluding expected difficult airway cases and cases with expected major body fluid shift)

- The third (final) year of training will be devoted to management of most complex cases available at the institute under the supervision of a faculty member.
- The student should be able to plan and administer anaesthesia to all patients under graded supervision
- The aim at the end is to be competent and independent soon after the third year of residency in providing anaesthesia to elective and emergency cases belonging to all specialties.

Teaching and Learning

Teaching tools:

- We use a combination of traditional and modern teaching methods.
- Power Point presentations and audio-visual aids are commonly employed
- Hands-on training on manikins available in the department
- PG teaching seminars are conducted on a regular basis.
- Logbooks are maintained by every student, detailing the procedures done.
- Journal club meets once a week

Field visits: Visits to hospital Central Oxygen and Nitrous Manifold

MD ANESTHESIOLOGY: FIRST POSITION HOLDERS

Sr. no.	Year of Exam	Name of student	Marks obtained	Percentage Marks obtained	Remark
1.	2014	Dr. Bokil Sourabh Sudhir	507	63.37%	
2.	2015	Dr. Roma Saraf	570	71.25%	2 nd in College
3.	2016	Dr. Khushboo Dharmani	546	68.25%	
4.	2017	Dr. Neeta M Charwande	512	64%	
5.	2018	Dr. Vishnu Anantrao Tidke	506	63.25%	
6.	2019	Dr. Deepak Duggal	532	66.50%	
7.	2020	Dr. Pranshu Sharma	581	72.62%	1 st in College
8.	2021	Dr. Wasim Feroz	561	70.12%	1 st in College

AWARDS AND ACHIEVEMENTS

Awards

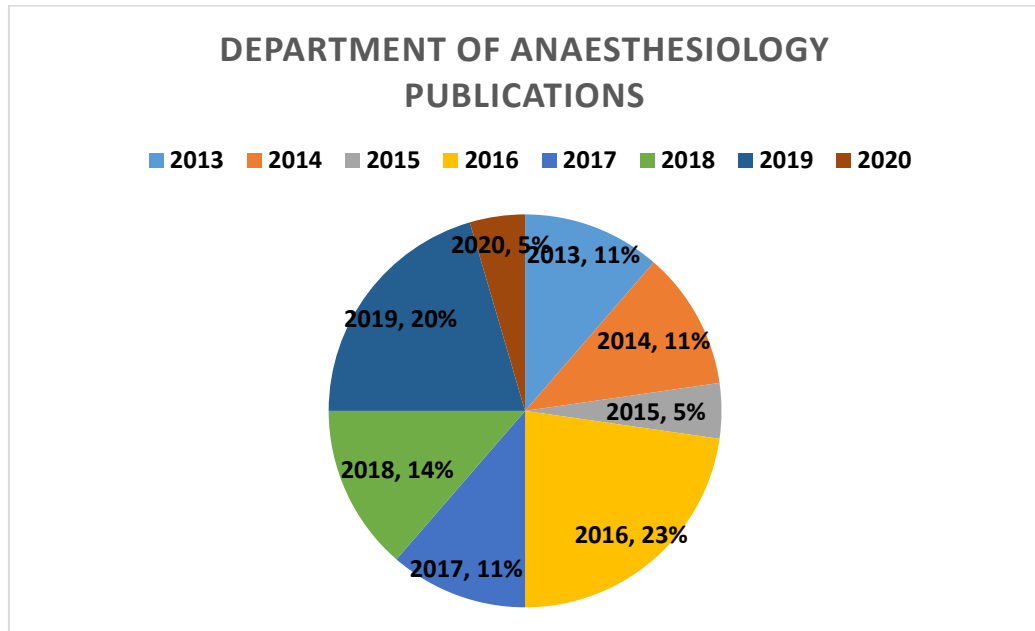
Sr. No	Name	Awards	Year
1.	Dr. Pol M P	President's appreciation award, ISACON Ludhiana	2016
		Proficiency Award, ISACON Bengaluru	2019
		Received Proficiency Award 2021, at ISACON Ahmedabad	2021
2.	Dr. Saurabh Bokil	Best paper award in Academic year 2013 Successful anaesthetic management of a myasthenic patient who had undergone laparoscopic cholecystectomy with epigastric hernia repair and having co-morbid conditions-A case report. Mahacriticon 2013, Kolhapur	2013

ACHIEVEMENTS

1. Dr. Mohole S. P.
Treasurer post of Maharashtra state chapter of Indian society of Anaesthesiologist 2014 - 2016.
2. Dr. Pol M P
Honorary secretary - ISA Maharashtra 2014-2016.
President elect - ISA Maharashtra 2016-2018.
President - ISA Maharashtra 2018 -2021.
Chairperson for 2 sessions at ISACON Ahmedabad 2021.
3. Dr. Rahul Mamde -Work as cardiac anaesthetist.
Fellowship in Cardiovascular Anaesthesia at (Training Centre) Seth G. S, Medical College & K. E. M. Hospital, Mumbai
4. Dr. Deepak Kawade – Experienced in Onco-Anaesthesia
Ex-SR TATA Cancer Hospital, Mumbai.
5. Dr. Pranshu Sharma - 1st in college, 72.62% PG Batch of 2017.
6. Dr. Wasim Feroz - 1st in college , 70.12% PG Batch of 2018.

DEPARTMENT OF ANAESTHESIOLOGY PUBLICATIONS

List of Publications



Year	No of Publications
2013	5
2014	5
2015	2
2016	10
2017	5
2018	6
2019	9
2020	2

Sr. No	Name Of Article	Authors	Name Of Journal	Publication Details			
				Year	Month	Vol. No	Page No
1.	Can repeated scorpion bite lead to development of resistance to the effect of local anesthetics? May be it does!	Dr. M.M. Panditrao Dr. Mrs. M.M. Panditrao Dr. Sunil Kumar Dr. Aditi M Panditrao	Case Reports in Clinical Medicine	2013	April	2(2)	179-182
2.	Effect of previous scorpion bite(s) on the action of intrathecal bupivacaine: A case control study	Dr. M.M. Panditrao Dr. Mrs. M.M. Panditrao Dr. Sunil Kumar Dr. Aditi M Panditrao	Indian Journal of Anaesthesia	2013	May-June	57(3)	236–240.
3.	Complications of Central Venous Catheter Cannulations in Tertiary Care Hospital ICU- A 2 years retrospective, observational study.	Dr. Mrs. Manju Jha Dr. Sunil Kumar Dr. Khushboo Dharmani Dr. Saurabh Bokil	Pediatric Anesthesia and Critical Care Journal	2013	July	1(2)	87-92
4.	Anesthetic management of a one day old neonate with multiple congenital anomalies posted for emergency colostomy	Dr. Sunil Kumar Dr. Mrs. Manju Jha Dr. Khushboo Dharmani Dr. Saurabh Bokil Dr. Roma Sharaf Dr. Shweta Bhopale Dr. Mohit Rohra	Pediatric Anesthesia and Critical Care Journal	2013	July	1(2)	46-49
5.	Dexmedetomidine , the ideal drug for attenuating the pressor response	Dr. Roma Sharaf Dr. Mrs. Manju Jha Dr. Sunil Kumar Dr. Khushboo Dharmani Dr. Saurabh Bokil	Pediatric Anesthesia and Critical Care Journal	2013	July	1(1)	78-86
6.	To study the effect of pretreatment with Lidocaine &	Dr. A. K. Pandey Dr. Sunil Kumar V.	VIMS Health Science	2014	March	1(1)	17-21

	Diclofenac in reducing Succinylcholine induced myalgia	Dr. Saraf Roma Dr. Kale S	Journal				
7.	Effects of intranasal Midazolam as premedication in paediatric anaesthesia – A clinical study	Dr. H. S. Rawat Dr. Saraf R R Dr. Sunil Kumar V.	Paediatric Anaesthesia & Critical Care Journal	2014	October	2(2)	112-121
8.	Regional Versus General Anaesthesia For Caesarean Section: A Changing Perspective	Dr. H. S. Rawat Dr. Bhopale S A	VIMS Health Science Journal	2014	Dec.	1(4)	191-195
9.	Comparative Study Of Butorphanol & Pethidine In Post Operative Nausea & Vomiting When Used As Pre Medicant In Laparoscopic Cholecystectomy.	Dr. H.S. Rawat Dr. Bhopale S A	Scholars Journal Of Applied Medical Sciences (SJAMS)	2014	Sept.- Oct.	2(6H)	3438 - 3444
10.	Case Report Successful anaesthetic management of a patient who had undergone laparoscopic cholecystectomy with epigastric hernia repair having Myaesthesia Gravis, IHD, NIDDM & Bronchial Asthama	Dr. AK Pandey Dr. Sourabh Bokil Dr. Khushboo Dharmani	VIMS Health Science Journal	2014	June	1(2)	22-26
11.	Case Report Anaesthetic Considerations & Difficult Airway Management in a	Dr. HS Rawat Dr. Snehal Rupanar Dr. Roma Saraf	VIMS Health Science Journal	2015	June	2(2)	72-74

	case of Carcinoma tongue.						
12.	Anaesthesia for foreign body removal from airway in children	Dr. H. S. Rawat Dr. Bhopale S A Dr. PN Jadhav	VIMS Health Science Journal	2015	Sept.	2(3)	112-114
13.	Role of intra-operative Dexamethasone with Propofol to improve outcome after Laparoscopic surgeries.	Dr. H. S. Rawat Dr. Khushboo Dharmani Dr. PN Jadhav	Indian Journal of Anaesthesia and Analgesia	2016	Jan	3(1)	27-31
14.	Case Report Unusual presentation of Congenital diaphragmatic hernia- Anaesthetic considerations	Dr. AK Pandey Dr. H. S. Rawat Dr. Mikkilineni. J	VIMS Health Science Journal	2016	March	3(1)	25-27
15.	Anaesthesia for bronchoscopy -A Review Article	Dr. Aakash Trivedi Dr. Rawat H. S. Dr. A. K. Pandey	VIMS Health Science Journal	2016	Jun	3(2)	66-73
16.	Effects of addition of Midazolam, Fentanyl or Dexmedetomidine to 0.5% hyperbaric Bupivacaine given intrathecally in patients undergoing lower abdomen and lower limb surgeries.	Dr. H. S. Rawat Dr. Khushboo Dharmani Dr. Sourabh Bokil Dr. Shivam Kesarwani	VIMS Health science Journal	2016	Sept.	3(3)	111-116
17.	Study of effects of addition of Ketamine and Atracurium to Lidocaine in Intravenous Regional Anaesthesia	Dr. Neeta Charwande Dr. Pravin S. Thorat Dr. H. S. Rawat Dr. Avinash Pawar	Indian Journal of Basic and Applied Medical Research	2016	Sept.	5(4)	411-417
18.	Evaluation of total thyroidectomy for	Dr. Darshil Rajgor , Dr. Niranjana	Indian Journal of	201	Dec.	6(1)	05-11

	benign thyroid diseases	Dash, Dr. Jayant Gadekar, Dr. Pravin Thorat	Basic and Applied Medical Research	6			
19.	Comparative Study Of Dexmedetomidine And Fentanyl As An Adjuvant To Intrathecal 0.5% Hyperbaric Bupivacaine In Infraumbilical Surgeries	Dr. Akash Trivedi , Dr. Pravin S. Thorat , Dr. H S Rawat , Dr. Shekhar Aney	Indian Journal of Basic and Applied Medical Research	2016	Dec.	6(1)	60-65
20.	Study of effectiveness of Dexmedetomidine and Fentanyl in attenuating the pressor responses associated with laryngoscopy and endotracheal intubation	Dr. G. Anjana Purnima Dr. Pravin S. Thorat Dr. Prashant Rai Dr. Shaswat Srivastava	Indian Journal of Basic and Applied Medical Research	2016	Dec.	6(1)	66-75
21.	Can we Reduce Morbidity and Mortality in viper snake Bite?	Dr. Pankaj Suryawanshi Dr. Vijay sonar	VIMS Health science Journal	2016	Dec.	3(4)	48-151
22.	Comparative evaluation of sex with shape of the dental arch and hard palate: Surgical implications	Dr. Gore Pratibha Dr. Thorat Pravin Dr. Kulkarni Meera	Indian Journal of Basic and Applied Medical Research	2016	June	5(3)	401-409
23.	Comparative study of oral clonidine versus intravenous esmolol in attenuation of hemodynamic changes during laparoscopic surgeries	Dr. Hiren, Dr. Pravin S Thorat, Dr. H S Rawat	VIMS Health science Journal	2017	June	Vol-4	67-72
24.	Comparison of combined spinal	Vishnu A. Tidke, Nale S.R	Indian Journal of	2017	Sept.	6(4)	119-129

	and general anaesthesia versus general anaesthesia alone for lumbar spine surgery	Rawat H.S , Shekhar G. Aney	Basic and Applied Medical Research				
25.	A comparative study of Intrathecal Bupivacaine with Nalbuphine and Bupivacaine with Fentanyl for Intra and post-operative Analgesia in Gynaecological Surgeries	Dr.Avinash Pawar, Dr.Thorat P S, Dr.H S Rawat	Scholars Journal of Applied Medical Sciences (SJAMS)	2017	Nov	Vol-5(11)	4405 - 4409
26.	Post operative mesh infection : Is it a problem ? An experience with 241 cases of Lichtenstein prolene meshoplasty in inguinal hernias	Dr.Niranjan Dash, Dr.Pravin Thorat, Dr.Arvind Kumar Prabhat	Indian Journal of Basic and Applied Medical Research	2017	Dec.	Vol-7	245-248
27.	A Comparison of Two Different Doses of Sildenafil in Pulmonary Arterial Hypertension – A Prospective Randomised Controlled Study	Dr. Rahul Mamade Dr. Majula Sarkar	Journal of Cancer Prevention & current Research	2017		07(03)	01-03
28.	Comparison of efficacy of Dexmedetomidine with Ketamine for Anaesthesia in Dilatation and Curettage	Dr. Meghana nain Dr. S R Deshmukh Dr. Sunil Godara Dr.Rahul Jibkate Dr. Kawade D B	Indian Journal of Anaesthesia and Analgesia	2018	March	Vol 5(6)	1009 - 1016
29.	Comparison Between Efficacy Of Fentanyl	Dr. Shekhar Ganesh Aney Dr. Aju Joy Dr.Nale	Scholars Journal of Applied	2018	June	Vol-6(6)	2486 - 2492

	1.5µg/kg In Combination With 1.5% Lignocaine 5mg/kg Vs 1.5% Lignocaine 5mg/kg With Normal Saline In Prolonging The Duration Of Sensory Block And Analgesia For Axillary Brachial Plexus Block Following Upper Limb Surgeries-A Prospective Randomised, Double- Blinded Controlled Study	S.R , Dr.Rawat HS	Medical Sciences (SJAMS)				
30.	Endotracheal Tube Cuff Inflation By 4% Lignocaine, Saline and Air: A Comparative Study	Dr.Deepak Duggal, Dr.Aju Joy, Dr. H.S. Rawat	Scholars Journal of Applied Medical Sciences (SJAMS)	2018	June	Vol-6(6)	2476 - 2485
31.	A Comparative Study Of Peripheral Nerve Stimulated Guided Supraclavicular Brachial Plexus Block Using Bupivacaine-Lignocaine With Adrenaline And Dexmedetomidine Added To Bupivacaine-Lignocaine With Adrenaline	Dr. Avinash B. Pawar , Dr. H. S.Rawat	VIMS Health science Journal	2018	June	Vol.-5 Issue 2	66-70
32.	Comparison between Combined Spinal and General Anaesthesia Vs General Anaesthesia and Vasodilator Durgs	Dr.Shekhar Ganesh Aney , Dr.Nale S R, Dr. Rawat HS	Scholars Journal of Applied Medical Sciences (SJAMS)	2018	Sept.	Vol. 6 Issue 9	3483 - 3489

	as a Means to Achieve Controlled Hypotension in Lumbar Spine Surgery						
33.	Comparison between Combined Supraclavicular-Interscalene Block versus Interscalene Block Under Ultrasound Guidance in Patients Undergoing Humerus Shaft Fracture Surgery	Dr. Deepak Duggal Dr. H.S. Rawat, Dr. D.L. Lakhkar	Scholars Journal of Applied Medical Sciences (SJAMS)	2018	Nov.	Vol. 6 Issue 11	4365 - 4368
34.	Comparative study of tramadol Vs nalbuphine as an additive with 0.125% Bupivacaine Plain for Post-Operative Epidural Analgesia in total knee replacement and total hip replacement surgeries	Dr. Vikram Agarwal Dr. Rajesh Gore Dr. Deepak Kawade Dr. Prachi Shelke	IOSR Journal Of Dental And Medical Sciences	2019	Sept.	Vol. 18 Issue 9	54-58
35.	Attenuation of Extubation response in patients undergoing abdominal and Lower-Limb Surgeries under General Anesthesia – A Comparative Study Between Dexmedetomidine and Esmolol	Dr. Rahul Mamde Dr. Vinay Chhallani Dr. Ashutosh Jaiswal	Indian Journal of Scientific Surgery	2019	Sept.	Vol. 07 Issue 06	01-06

36.	Comparison of Propofol with Butorphanol and Propofol with Nalbuphine for total intravenous Anaesthesia in short surgical Procedures	Dr. Rajesh Goe Dr.Aju Joy Dr.Karthika Raju	Indian Journal Applied research	2019	Oct.	Vol. 09 Issue 10	01-03
37.	Comparison between propofol and kotofol (Ketamine and Propofol in the ratio of 1:1), during Colonoscopy for hemodynamic stability	Dr.Wasim Feroz Dr.Rajesh Gore Dr.Aju Joy Dr.Karthika Raju Dr.Santosh Palve	IOSR Journal Of Dental And Medical Sciences	2019	Oct.	Vol. 18 Issue 10	58-61
38.	Comparative Study Between Propofol With Nalbuphine and Etomidate With Nalbuphine in Major Surgeries Under General Anesthesia	Dr.Aju Joy Dr.Rajesh Gore Dr.Ishan Gaekar	Indian Journal Of Research	2019	Oct.	Vol.8 Issue. 10	01-02
39.	Study of effect of Intermittent Epidural injection of normal saline on duration of motor and sensory blockade after combined spinal epidural (CSE) Anaesthesia. A Prospective, RCT	Dr. D B Kawade Dr. S R Deshmukh Dr. Borkar Noopur	Indian Journal Applied research	2019	Oct.	Vol.9 Issue. 10	10-13
40.	Comparative Study of Bupivacaine with Nalbuphine and Buprenorphine Intrathecally for Postoperative Analgesia in Lower Limb	Dr. Srishti Tiwari Dr.Hukam Singh Rawat Dr.Chandrasen Chaughule Dr.Wasim Feroz Dr.Prachi Shelke	IOSR	2019	Nov	Vol. No.1 8 Issue 11	59 - 64

	surgeries						
41.	Comparative Study of Ketamine-Propofol versus Fentanyl-Propofol in Total Intravenous Anaesthesia – A Double Blind Randomised Clinical Trial	Dr. Srishti Tiwari Dr. Hukam Singh Rawat Dr. Rajesh Gore	IJSR	2019	Nov.	Vol. No 08 Issue 12	685-687
42.	A Prospective Observational Cohort Study on the Incidence of Postoperative Sore Throat in the Pediatric Population	Dr. Mohole S P Dr. Tipare Rucha Dr. Ramesh Kothari Dr. Mhaske S N	Pediatric education and research	2019	Dec	Vol 07 Issue 04	145-149
43.	A comparative Study of epidural ropivacaine 0.2% with Nalbuphine and ropivacaine 0.2% with Fentanyl in unilateral total knee replacement surgeries	Dr. Prachi Shelke Dr. Sandeep Ramchandra Nale Dr. Jinisha Babariya Dr. Srishti Tiwari	International Journal Of Medical Anaesthesiology	2020	June	Vol No 3 Issue 3	14-17
44.	Effects of intrathecal dexmedetomidine versus intravenous dexmedetomidine as a pre-medication on clinical profile of bupivacaine spinal anaesthesia in Lower abdominal surgeries: A RCT	Dr. Surabhi Kashalkar Dr. Deepak Kawade	International Journal Of Medical Anaesthesiology	2020	Dec	Vol No 4 Issue 1	102-107

DISSERTATION TOPICS

Student Dissertations:

- PG students undertake research projects on various topics during their period of residency, as mandated by MCI and MUHS.
- Students also participate in State/National Level seminar, symposia, conferences and workshops all over India.
- Rare clinical cases and findings, unique treatment modalities newer anaesthetic techniques are discussed in these symposia as posters or papers.
- Student researches have been published in prominent scientific journals.

TOPIC OF DISSERTATION

Sr. no.	Topic of dissertation	Name of student	Name of guide	Year of admission	Completed/Ongoing
1.	To compare the effect of Clonidine with Dexmedetomidine given intravenously for attenuation of pressor response to laryngoscopy & endotracheal intubation for General anaesthesia- A randomized controlled trial.	Dr. Sunil Kumar V	Dr. S J Baride	2011	Completed
2.	To study the effect of addition of Midazolam, Fentanyl or Dexmedetomidine to 0.5% hyperbaric Bupivacaine given intrathecally in the patient undergoing lower abdominal & lower limb surgeries.	Dr. Saurabh Bokil	Dr. A K Pandey	2011	Completed
3.	Comparison of effect of Ropivacaine alone, Ropivacaine with Fentanyl and Ropivacaine with Dexmedetomidine in supraclavicular block.	Dr. Roma Saraf	Dr. V M Sonar	2012	Completed
4.	A study of pre-emptive analgesic effect of epidural Clonidine on acute postoperative pain after abdominal surgery- A prospective randomized double blind case control study.	Dr. Shweta A Bhopale	Dr. S J Baride	2012	Completed
5.	A comparative study between Ropivacaine with Fentanyl versus Bupivacaine with Fentanyl for postoperative epidural analgesia in patients	Dr. Snehal S Rupanar	Dr. S N Mone	2013	Completed

	undergoing elective lower abdominal and lower limb surgeries.				
6.	Effects of IV Dexmedetomidine as a pre-medication on clinical profile of Bupivacaine spinal anaesthesia in lower abdominal surgeries.	Dr. Amit K Choudhary	Dr. S J Baride	2013	Completed
7.	To compare the effect of preloading with 6% Hexaethyl starch (HES) versus intravenous Ephedrine for the prevention of hypotension following spinal anaesthesia for parturients undergoing Cesarean section.	Dr. Khushboo Dharmani	Dr. VM Sonar	2013	Completed
8.	Comparison of haemodynamic changes of Proseal LMA and endotracheal tube for laparoscopic surgeries.	Dr. Jyotsna Mikkilineni	Dr. A K Pandey	2013	Completed
9.	Comparison of Propofol with Butorphanol and Propofol with Fentanyl for Total intravenous anaesthesia in short surgical procedures.	Dr. Aakash Trivedi	Dr. S J Baride	2014	Completed
10.	Comparative study of effect of intrathecal 0.5% Levobupivacaine(H) with Fentanyl and 0.5% Levobupivacaine(H) in infraumbilical abdominal surgeries and lower limb surgeries.	Dr. Pritam N Jadhav	Dr. S N Mone	2014	Completed
11.	Comparison of Hyperbaric Ropivacaine + Fentanyl	Dr. Neeta M	Dr. HS	2014	Completed

	with Hyperbaric Bupivacaine + Fentanyl in subarachnoid block for lower segment surgeries.	Charwande	Rawat		
12.	Comparative study between propofol and etomidate as an inducing agent in laparoscopic cholecystectomy surgeries under general Anaesthesia.	Dr. Pankaj Suryawanshi	Dr.VM Sonar	2015	Completed
13.	A Comparative study between ultrasound versus peripheral nerve stimulator guided techniques for supraclavicular brachial plexus block in upper limb surgeries	Dr. Hiren R. Senjalia	Dr. HS Rawat	2015	Completed
14.	Effects of oral clonidine premedication on hemodynamic stability during laparoscopic surgeries under general Anaesthesia.	Dr. Shivam Kesarwani	Dr. SJ Baride	2015	Completed
15.	Comparative study between intravenous lignocaine versus fentanyl for attenuation of sympathetic response to laryngoscopy and intubation.	Dr. Vishnu Anantrao Tidke	Dr. S N Mone	2015	Completed
16.	To compare adductor canal block and femoral nerve block for Postoperative pain relief in unilateral total knee arthroplasty using peripheral nerve stimulator	Dr. Deepak Duggal	Dr.VM Sonar	2016	Completed
17.	Comparison of laryngeal mask airway classic with	Dr. Aney Shekhar	Dr. S N	2016	Completed

	endotracheal tube using propofol as an induction agent in short surgical procedures	Ganesh	Mone		
18.	Comparative study of Post-operative epidural Analgesia using 0.125% Levobupivacaine with tramadol and 0.125% Levobupivacaine with Nalbuphine in infraumbilical abdominal and lower limb surgeries.	Dr. Akshat Garg	Dr. H. S. Rawat	2016	Completed
19.	Comparison between intrathecal bupivacaine [0.5% (H) 10mg (2 ml)] and bupivacaine [0.5% (H) 5mg (1 ml) with fentanyl 25 mcg] for transurethral resection of the prostate surgeries.	Dr. Avinash Pawar	Dr. S. J. Baride	2016	Completed
20.	Comparative study of effect of Ropivacaine alone and Ropivacaine with Dexmedetomidine in Supraclavicular Brachial Plexus Block	Dr. Karthika Raju	Dr. H. S. Rawat	2017	Completed
21.	Comparative Study Of Combined Spinal Epidural Anaesthesia Versus Spinal Anaesthesia In Major Lower Limb Orthopaedic Surgeries	Dr. Ishan Gadekar	Dr. H. S. Rawat	2017	Completed
22.	Comparative Study Of Levobupivacaine And Levobupivacaine With Nalbuphine For Caudal Analgesia In Children Undergoing Lower	Dr. Pranshu Sharma	Dr. V M Sonar	2017	Completed

	Abdominal Surgeries.				
23.	Comparative Study Of Sedative Effect Of Dexmedetomidine And Clonidine In Mechanically Ventilated Neurosurgery Patients	Dr. Vikram Agrawal	Dr. S N Mone	2017	Completed
24.	Comparative study of Lignocaine and Lignocaine with Paracetamol in attenuating hemodynamic response during endotracheal intubation	Dr. Wasim Feroz	Dr. V. M. Sonar	2018	Completed
25.	Comparison between Levobupivacaine 0.25% versus Ropivacaine 0.25% given by caudal route in pediatric patients in infraumbilical day care surgeries	Dr. Prachi Shelke	Dr. S. N. Mone	2018	Completed
26.	A Comparative study of peripheral nerve stimulator guided supraclavicular brachial plexus block using Bupivacaine -Lignocaine versus Bupivacaine – Lignocaine with Buprenorphine	Dr. Srishti Tiwari	Dr. H. S. Rawat	2018	Completed
27.	A Comparative study of effect of intrathecal 0.5% isobaric Levobupivacaine and 0.5% isobaric Ropivacaine in patients undergoing elective Inguinal Hernioplasty.	Dr. Surabhi Kashalkar	Dr. H. S. Rawat	2018	Completed
28.	A Comparative Study Between Post-Operative Epidural Analgesia Using Ropivacaine (Plain) And	Dr. Pandey Ritwika	Dr. V. M. Sonar	2019	Ongoing

	Ropivacaine With Nalbuphine In Total Knee Replacement Surgery				
29.	A Comparative Analytical Study Of Effect Of Rocuronium Bromide And Succinylcholine Chloride During Rapid Sequence Induction In Adult Patient	Dr. Ankit Chirde	Dr. H. S. Rawat	2019	Ongoing
30.	A Comparative Study Of Haemodynamic Changes During Induction Using Propofol With Nalbuphine VS Thiopentone With Nalbuphine	Dr. Amruta Kulkarni	Dr. H. S. Rawat	2019	Ongoing
31.	A Cross-Sectional Analytical Study Comparing Propofol-Ketamine Combination With Propofol-Fentanyl Combination For Total Intravenous Anaesthesia During Suction And Evacuation Procedure.	Dr. Jinisha Babriya	Dr. S N Mone	2019	Ongoing
32.	An Observational Analytical Study Comparing Fentanyl and Paracetamol In Attenuating Haemodynamic Response During Endotracheal Intubation	Dr. Shreya Mishra	Dr. H. S. Rawat	2020	Ongoing
33.	An analytical study of usg-guided transversus abdominis plane block with and without Hydrodissection for Infraumbilical surgeries	Dr. Mrunmayee Adke	Dr. H. S. Rawat	2020	Ongoing
34.	A Cross-Sectional Analytical Study Comparing Usg Guided Supraclavicular Brachial Plexus Block Using	Dr. Sonal Kamble	Dr. V. M. Sonar	2020	Ongoing

	Ropivacaine Plain Vs Ropivacaine With Fentanyl				
35.	Comparative evaluation of efficacy of Dexmedetomidine and tramadol for perioperative shivering prevention in lower abdominal surgeries under spinal Anaesthesia : A cross-Sectional analytical study	Dr. Dhananjay Khandagale	Dr. S. P. Mohole	2020	Ongoing

Posters presented in conferences

Sr. No	Name Of Poster	Presenter	Name Of Conference	Place Of Conference	Local/ State/ National/ International	Date/ Year
1.	Spinal anaesthesia for emergency cesarean section in a morbidly obese woman with severe pre-eclampsia	Dr. Aakash Trivedi	2 nd MASICON	Jalgaon	State	2015
2.	Comparison of proseal laryngeal mask airway with Endotracheal tube in general Anaesthesia for laparoscopic surgeries.	Dr. Neeta M Charwan de	6 th PGCON	Pune	State	2015
3.	Palliative management of advanced gastric carcinoma with gastric outlet obstruction with poor cardio-respiratory status.	Dr. Neeta M Charwan de	IAPCON	Pune	International	2016
4.	Difficult airway management in a case of maxillofacial trauma- A case report	Dr. Vishnu A. Tidke	TMC-DAC 2016	Mumbai	International	2016
5.	Difficult airway management in a case of Ca Tongue-A case report	Dr. Pankaj Suryawanshi	TMC-DAC	Mumbai	International	2016

6.	Goldenhar Syndrome: Airway and Anesthetic Management-A case report	Dr.Hiren Senjalia	TMC-DAC	Mumbai	International	2016
7.	Management of Difficult Airway in a case of severe burn contracture posted for Laparoscopic Cholecystectomy	Dr.Pritam Jadhav	TMC-DAC	Mumbai	International	2016
8.	Difficult airway management in a case of BECHTEREW's disease- A case report	Dr. Shivam Kesarwani	Difficult airway (TMC-DAC, Mumbai)	Mumbai	International	2017
9.	Difficult airways management in a case of a patient with giant Lipoma at the nape of neck a case report	Dr.Avina sh Pawar	Difficult airway (TMC-DAC, Mumbai)	Mumbai	International	2017
10.	Participated in "Poster presentation" during TMC National conference "The Difficult Airways" at Tata Memorial Hospital	Dr. Deepak Duggal	Difficult airway (TMC-DAC, Mumbai)	Mumbai	International	2017
11.	Airway management in a pediatric patient with massive congenital	Dr. Shekhar Aney	Difficult airway (TMC-DAC, Mumbai)	Mumbai	International	2017

	hydrocephalus – A case report					
12.	Paraplegia in an obstetric patient following subarachnoid block	Dr. Akshat Garg	AORA 2017	Indor	International	2017
13.	Anaesthetic consideration in neurosurgery in patient for awake craniotomy	Dr. Vikram Agarwal	TMC-DAC 2018	Mumbai	International	07 Dec. 2018
14.	Anesthetic management of elderly male patient posted for Left. Proximal femur nailing with low ejection fraction : A case report	Dr.Ishan Gadekar	Medinspire 2019	Mumbai	International	17 Feb. 2019
15.	Treatment of post spinal Anaesthesia Shivering comparative study on the efficacy of dexmedetomidin e and tramadol	Dr.Karthi ka Raju	WAD 2019 ISA Mumbai	Mumbai	State	12 to 13 oct. 2019
16.	Euglycemic diabetic ketoacidosis-a dreaded complication in post op patients	Dr. Wasim Feroz	Criticare 2020	Hyderabad	National	28 Feb. to 1 Marc h 2020

Papers Presented In Conferences

Sr. No.	Name Of Paper	Presenter	Name Of Conference	Place Of Conference	Local/ State/ National/ International	Date / Year
1.	Effect of Scorpion Bite on the Action of Local Anaesthetics Administered via Neuraxial Route – A Case Control Study.	Dr Sunil Kumar	ISACON	Indore	National	2012
2.	A Study Of Preemptive Effect Of Epidural Ketamine or Diltiazam In Gynecological Surgeries Undergoing Abdominal Hysterectomy.	Dr Saurabh Bokil	MASICON	Kolhapur	State	2012
3.	Successful anesthetic management of a Myasthenic patient who had undergone laparoscopic cholecystectomy with epigastric hernia repair and having co-morbid conditions-A case report	Dr Saurabh Bokil	Mahacriticon	Kolhapur	State	2013
4.	Use of different Supraglottic	Dr. Shweta	NCPA	Goa	State	2014

	devices in Pediatric patients: A prospective Study	Bhopale				
5.	A comparative Study Between Thoracic Epidural And Para-vertebral Block For Oncologic Mastectomy	Dr. Shweta Bhopale	AORA	Delhi	National	2014
6.	Effects of addition of Midazolam, Fentanyl or Dexmedetomidine to 0.5% hyperbaric Bupivacaine given intrathecally in patients undergoing lower abdomen and lower limb surgeries.	Dr. Khushbo o Dharmani	AORA	Delhi	National	2014
7.	Comparative study of clonidine and fentanylas adjuvant to intrathecal 0.5% hyperbaric bupivacaine In lower abdominal surgeries.	Dr. Aakash Trivedi	2 nd MISACON	Jalgaon	State	2015
8.	Comparative study between	Dr.Hiren R	PGCON 2016	Nashik	State	2016

	ultrasound versus peripheral nerve stimulator guided techniques for supraclavicular brachial plexus block in upper limb surgeries	Senjalia				
9.	Comparative study between ondansetron and palonosetron for post operative nausea and vomiting in laparoscopic cholecystectomy surgeries.	Dr.Pankaj Suryawanshi	PGCON 2016	Nashik	State	2016
10.	Comparison of hyperbaric ropivacaine + fentanyl with hyperbaric Bupivacaine + fentanyl Subarachnoid Block for lower segment surgeries	Dr.Neeta M Charwande	GPCON 2015	Pune	State	2015
11.	Spinal Anaesthesia in case of severe thoracolumbar kyphoscoliosis for cystolithotomy	Dr.Pritam N Jadhav	63 rd ISACON	Jaipur	National	2015
12.	The Effects Of Colloid Preload And Crystalloid	Dr Aakash Trivedi	AOA-MASCON	Mumbai	National	2016

	Preload On Hemodynamic Changes During Spinal Anesthesia For Elective Lower Segment Caesarean Section.					
13.	A Comparative study between the effect of 0.5% Hyperbaric Bupivacaine and 0.5% Hyperbaric Bupivacaine with fentanyl in spinal Anaesthesia for Obstetric patients undergoing LSCS surgeries.	Dr.Shivam Kesarwani	AOA-MASCON	Mumbai	National	2016

CME & WORKSHOPS CONDUCTED BY DEPARTMENT

Sr. No.	Name Of The Seminar	Date	MMC Registration No.	State / National Level	Credit points
1.	CME on Critical-care	6 th April 2013	NA	State Level	
2.	Workshop & Video conferencing on peripheral nerve blocks	09 th August 2014	MMC/MAC/2014/C-001411	State Level	2
3.	Anaesthetic Challenges in Obstetrics	5 th March 2016	MMC/MAC/2016/C-004616	State Level	2

STUDENT ENROLMENT

- Current Enrolment: 12 Residents; 4 each in every year for MD Anaesthesia
- Admissions: Students who desire admission in PG medical degree have to appear for NEET exam conducted by NBE and seat allotment is done by the DMER, Maharashtra; as per schedule prescribed by the MCI.
- Enrolment and its trends: Enrolment is usually completed by the 2nd round of counselling. Students who have completed MBBS from institutes in Maharashtra make up majority of our intake.

ROLE OF ANAESTHESIOLOGISTS

An anaesthesiologist is a doctor who gives a patient medication so that they do not feel pain when they undergo surgery.

It is said that;

'A surgeon may be the Captain of the ship

But an Anaesthesiologist is the Admiral of the fleet.'

'The Anaesthesiologist not only puts you to sleep but he is the ONLY ONE who knows how to wake you up after surgery.'

They are also involved in a range of other medical procedures like critical care units, dealing with emergency situations, and giving advice about pain management.

What is Anaesthesiology?

Anaesthesiology is defined by the American Society of Anaesthesiologists as: "The practice of medicine dedicated to the relief of pain and total care of the surgical patient before, during and after surgery."

What do anesthesiologists do?

The anaesthesiologist provides pain relief before, during and after surgery, but they also fulfill a number of other important roles.

Pain relief in surgery

Before an operation, a patient will meet with the anaesthesiologist for an evaluation. The anaesthesiologist will make a plan for the operation that takes into account the individual needs of the patient.

On the day of the operation, the anesthesiologist supervises the administration of medication so that the patient will not experience pain.

The type of pain relief offered during surgery may be:

General anaesthesia: The patient "goes to sleep" till the operation lasts.

Sedation: Intravenous drugs calm the patient or make them unaware of the procedure.

Regional anaesthesia: Local anaesthetic is injected near the nerves to numb the area that will be operated. These may be nerve blocks or spinal or epidural injections.

During the procedure, the surgeon carries out the surgical work, but the anaesthesiologist will continue to be responsible for the medical management of the patient.

They monitor the patient's vitals, assess the best way to treat the vital organs, and provide a balance of medications suited to the individual's needs.

The functions they need to monitor include:

- heart rate and rhythm
- breathing
- blood pressure
- body temperature
- fluid balance

The anaesthesiologist controls these vital measures and the patient's level of pain and unconsciousness throughout the operation.

After surgery

After the procedure, the anaesthesiologist continues to be responsible for the patient's overall care. They will reverse the effects of the anaesthesia and continue to evaluate the patient and keep them comfortable as they recover.

Critical and emergency care and other roles

The anaesthesiologist also plays a key role in critical care and treatment of trauma patients. They assess patients, make diagnoses, provide support for breathing and circulation, and help to ensure that infection is prevented.

Anaesthesiologists are also qualified to contribute to emergency medicine, providing airway and cardiac resuscitation and support advanced life support, as well as pain control. They help stabilize patients and prepare them for surgery.

Specializations

Every anaesthesiologist is trained to support surgical intervention, but many also specialize in particular areas.

These include:

- Cardiac anaesthesia, for heart surgery
- Paediatric anaesthesia, for pain management and anaesthetics in children.
- Neuro-anaesthesia, related to surgery of the nervous system, brain, and spinal cord
- Obstetrics anaesthesia offering pain relief during labor and delivery
- Transplant anaesthesia
- Onco-anaesthesia
- Emergency and Critical case- Intensivist

Pain control and advice

An anaesthesiologist who specializes in pain medicine may assist patients who have pain due to a range of causes, including headaches, burns, diabetes and herpes, or where they are experiencing chest pain, abdominal, pain pelvic pain, and so on.

Their role in this field includes:

- treating the patient
- prescribing medication and rehabilitative services
- performing pain-relieving procedures
- counseling patients and families

They may also direct a multidisciplinary team, co-ordinate other health care professionals, and act as a consultant about the best way to deliver care to patients who have pain.

Critical care

Anaesthesiologists who work in critical care are sometimes known as intensivists.

The anaesthesiologist-intensivist helps with diagnosing and managing disorders that affect all body systems, whether to do with circulation, digestion, the kidneys, the nervous system, or any other system.

Anaesthesiologists working in critical care are also qualified to help when a patient is unconscious, whatever be the reason.

Obstetrics

Anaesthesiologists are involved in maternity units, where they administer pain relief and assist if complications arise.

An epidural supplies anaesthetic medicines to the lower back to reduce the pain felt from contractions.

If a caesarean section is needed, stronger anaesthetics can be given in the same location, to numb the lower body completely for surgery.

If severe complications arise, the anaesthesiologist may need to provide general anaesthesia.

The anaesthesiologist can provide or supervise the administration of medications such as morphine, fentanyl, and others.

The patient may be given control of their pain management, under the anaesthesiologist's supervision. They may be given an infusion pump that delivers additional analgesic medication whenever the patient presses the button.

INFRASTRUCTURE, LEARNING RESOURCE AND IT FACILITIES

❑ Library Facilities:

Department has a well-stocked library, giving access to wide range of titles in texts and reference books. Students can avail the facilities for free, throughout the academic period.

Total No of books: 128

❑ Museum:

Dedicated anaesthesia museum displaying Boyle's apparatus, defibrillator, AMBU bags and other OT equipment of earlier times.

Display also contains samples of drugs, spinal needles, epidural needle and catheter, infusion pumps etc. which are currently in use.

❑ Demonstration Room:

Equipped with video projector for demonstration and teaching UG & PG students

Major Equipments for teaching:

Fibreoptic bronchoscope with LED monitor

❑ IT facilities: Video projector



CATERING DIVERSE NEEDS AND STUDENTS SUPPORT

- As part of the orientation programme for students, they are given a tour of the OT including the sterilization and packing centre, laundry and dirty area for clearing biomedical waste.
- Students are taught the basic principles of sterility in the OT and biomedical waste management.
- Students are introduced to WHO surgical safety checklist
- Each student is assigned to a guide, who acts as their mentor through the academic years.
- Students are helped with settling into their new environment by their colleagues and faculty alike, the basics of local language, Marathi, is taught to them for ease in history taking and communication with patients.
- Faculty is available on campus at all times for any needs of the students.
- Undergraduate students are introduced to Anaesthesiology as a career path and given proper counselling about the pros and cons.
- Career guidance and counselling of all students ensures that our alumni are well placed in jobs or pursuing higher education
- With the current competitiveness of pre-pg entrance tests, undergraduate interns require deep understanding of the subject and training in answering multiple choice questions, they are given lectures for the same. Interns are also given practical training in intubation, iv cannulation and spinal anaesthesia.
- Both UG and PG students are trained in BLS and ACLS.

EXTENSION & OUTREACH ACTIVITIES

Our department is the largest producer of Biomedical waste in the hospital owing to the operation theatre.

We ensure safe collection, transport and disposal of all biomedical waste in the OT.



OT MAINTENANCE AND CLEANING SCHEDULE

Cleaning and maintenance of OT is done once a week (Saturday)

Every OT is fumigated and culture plates are kept to detect the growth of microorganisms, these plates are sent to Department of Microbiology for assessment.

UNIQUENESS OF DEPARTMENT

It is one department which provides benefits of anaesthesia care to all disciplines of medicine in the hospital, be it curative, investigative or palliative.

Backbone of all surgical departments.

Act as peri-operative physician.

Role in palliative care for terminal illness to eliminate pain and psychological support.

Universal role:

- Pre-operative to post-operative period
- Trauma
- Disaster management
- Resuscitation
- Public awareness to mitigate emergencies

Role in diagnostic procedures: MRI and CT-scan.

WORKLOAD OF DEPARTMENT

Statistics of Anaesthesia-2017 to 2021

TECH.	Year					TOTAL
	2017	2018	2019	2020	2021	
SA	3568	3067	3216	2408	2235	14494
GA	1585	1631	1663	833	1033	6745
EA	99	08	03	17	18	145
CSE	145	218	240	178	279	1060
RA	230	245	239	171	165	1050
MAC/LMA	2180	2981	2253	534	193	8141
TIVA	694	714	825	273	244	2750
EA+GA	--	--	--	30	73	103
TOTAL	8501	8864	8439	4444	4240	34488

FUTURE PLANS OF DEPARTMENT

1. Upgradation of all OT's with centralised air conditioning system.
2. Advanced Haemodynamic monitoring for high risk patients.
3. Labour Analgesia.
4. Anaesthetic management for robotic surgery.
5. Anaesthetic management and peri-operative care for patients planned for transplant.
6. Critical care for ICU patients.
7. Pain clinic.
8. Acute pain management services.
9. Management of burn patients.
10. Increasing role of Anaesthesiologist peri-operatively from optimization to post-operative care.
11. Monitoring of somato-sensory evoked potential (SEP) and motor evoked potential (MEP)-
Neuro monitoring in neurosurgery.
12. Electronic medical record keeping.
13. Conduct of BLS and ACLS training programme for public awareness.











DEPARTMENTAL PROFILE

DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE & HOSPITAL

📍 Dr. Vithalrao Vikhe Patil Foundation's,
Medical College & Hospital
Opp. Govt. Milk Dairy, Vadgaon Gupta, Post MIDC,
Ahmednagar - 414111 (M.S.) India.

☎ 0241 – 2778042, 2777059, 2779757
principal_medical@vims.edu.in
✉ deanmedicalcollegeahedmagar@gmail.com
🌐 www.vimsmch.edu.in