ISA Indian Society of Anaesthesiologists

UTTAR PRADESH STATE BRANCH

Nishchetak

The official newsletter of ISA UP State

Anesthetists: The Unsung Heroes Guarding Every Breath, Sustaining Every Beat

Vol 4 - Issue 1 | 2026 - Jan to Mar

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Message from President, ISA UP State

Dear Colleagues,

It is a pleasure to see the vibrant academic and professional activities organised under ISA UP. I congratulate the teams behind the successful One-day ISA Sponsored CME in Kanpur and ISA UP YUVACON 2026 in Bhimtal, Uttarakhand. These events highlighted our members' commitment, enthusiasm, and organisational skills, offering valuable opportunities for scientific discussion, skill development, and networking among anaesthesiologists.

The active participation of postgraduate residents, young consultants, senior faculty, and practitioners reflects the growing academic spirit within ISA UP. YUVACON 2026 is especially an important platform for nurturing young talent, fostering innovation, leadership, and research skills among future anaesthesiologists. I sincerely thank all organisers, scientific committee members, speakers, and delegates who contributed to these successes.

Looking ahead, ISA UP is committed to advancing academic excellence, professional unity, patient safety, and the well-being of anaesthesiologists across the state. Upcoming initiatives include targeted CMEs, workshops, simulation-based training, and subspecialty academic programs to keep our members up to date with the latest knowledge and skills. We also aim to strengthen mentorship for postgraduate students and young professionals.

I also appreciate the positive response to the ISA UP Newsletter "Nishchetak," which effectively shares academic achievements, scientific updates, literary contributions, and chapter activities. I encourage members to contribute articles, research, opinions, and creative writings to ensure our newsletter remains a lively showcase of our collective academic and social efforts.

We must also confront several pressing issues: increasing workplace stress and burnout, violence against healthcare workers, medicolegal concerns, workforce shortages, mental health of healthcare professionals, and the need for greater public awareness of the role of anaesthesiologists. Additionally, ongoing technological advances, artificial intelligence, perioperative safety protocols, and critical care preparedness demand continuous learning and skill development.

As anaesthesiologists, intensivists, pain physicians, and perioperative experts, we must work together with unity, compassion, and scientific integrity to overcome these challenges and elevate our speciality.

Let us move forward with renewed dedication to academic growth, ethical practice, patient-centred care, and professional excellence.

With warm regards and best wishes,

Rajeev Kumar Dubey

Dr. Rajeev Kumar Dubey

Message from Secretary, ISA UP State

Dear Members of Indian Society of Anaesthesiologists Uttar Pradesh State,

Greetings from ISA UP.

It gives me immense pleasure to present the latest edition of NISCHETAK, the official newsletter of ISA UP. This issue reflects the vibrant academic spirit, professional excellence, and collective enthusiasm of our members across the state. Through this edition, we aim to showcase the remarkable activities conducted under the banner of ISA UP, along with informative articles that contribute to continued learning and professional growth.

Over the past few months, ISA UP has witnessed several successful academic programs, workshops, CMEs, postgraduate teaching activities, public awareness initiatives, and collaborative events involving institutions from across Uttar Pradesh. The active participation of our members and the dedication of our city branches continue to strengthen the vision and mission of ISA.

This newsletter also features insightful contributions from faculty members, residents, and young anaesthesiologists on diverse clinical and academic topics. Such contributions not only enrich our scientific community but also encourage the exchange of ideas and experiences.

I sincerely thank all contributors, editors, office bearers, and members whose efforts made this edition possible. I hope NISCHETAK continues to inspire knowledge sharing, unity, and professional excellence among anaesthesiologists of our state.

With warm regards,
Dr. Tanmay Tiwari
Honorary Secretary, ISA UP State

Dr. Tanmay Tiwari

Editor's Note, Nishchetak

Greetings, fellow anesthesiologists!!

Welcome to the latest edition of our newsletter, **Anesthesia in the Modern Era: Clinical Pearls, Current Guidelines, and Research Perspectives**. As we navigate the intricate tapestry of complex cases in critical care and anesthesia, this issue brings together a curated collection of actionable clinical insights, the latest guideline updates, and forward-looking research perspectives—carefully designed to support the dynamic needs of busy clinicians.

In the radiant spirit of **International Women's Day** celebrated earlier this year, we proudly recognized the trailblazing women shaping the field of anesthesiology. Their dedication, innovation, and resilience continue to inspire excellence across generations. The entries we received for our competitive section were equally remarkable—thought-provoking, creative, and reflective of the vibrant and multifaceted personality of the anesthesiology community.

Our mission remains to help you stay ahead in clinical practice and academic growth. We sincerely thank all our contributors for their invaluable efforts in enriching this edition with their expertise and insights. We also acknowledge the commendable strides made by the Indian Society of Anaesthesiologists (ISA/ISS, as applicable) in advancing patient safety through widespread CPR training initiatives and public awareness programs—efforts that continue to strengthen community resilience and save lives.

We warmly invite your feedback for future editions. Please share any guidelines you would like us to simplify, as well as your queries or areas of interest in research—we are committed to making this platform increasingly relevant and impactful for you.

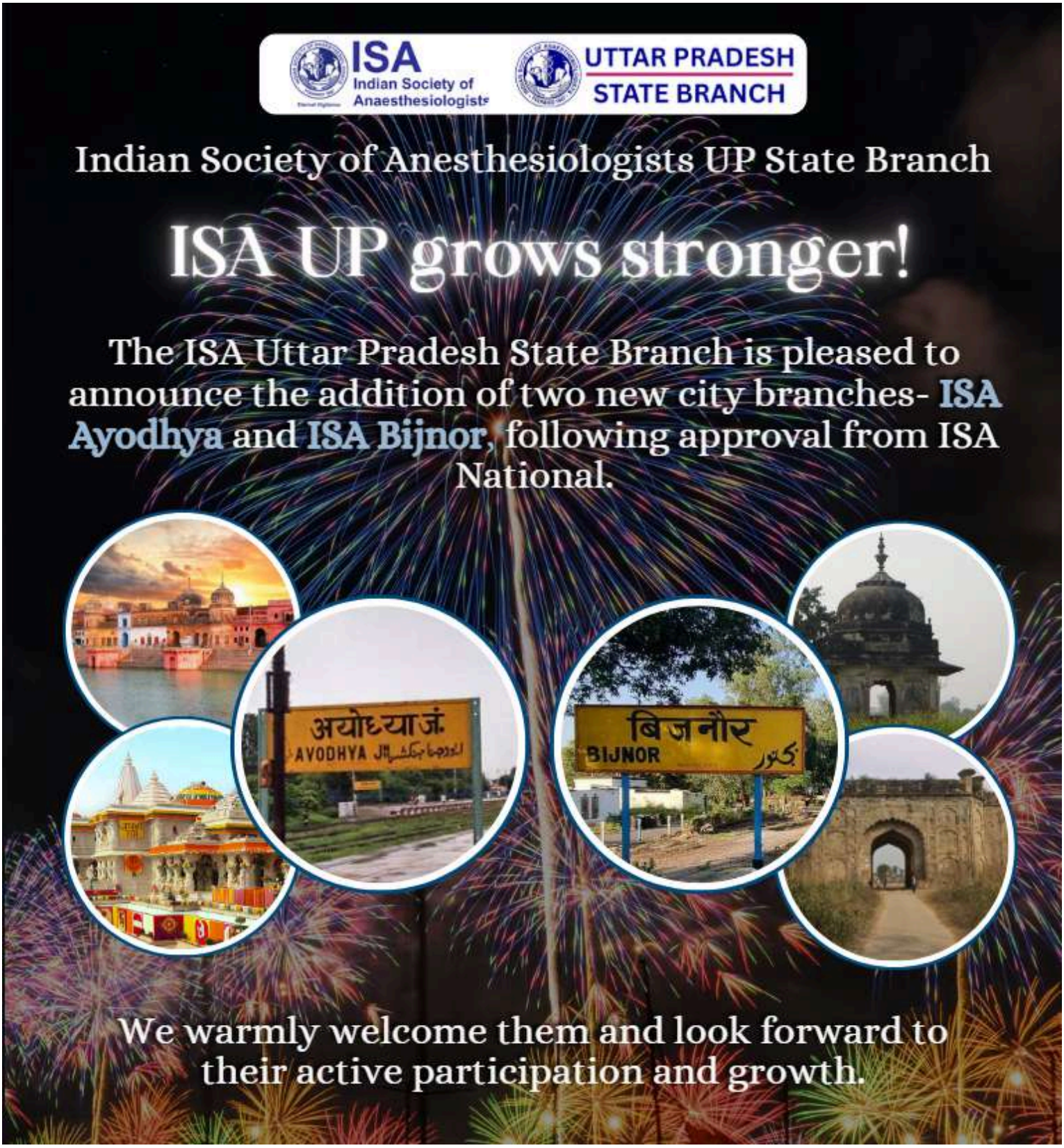
With warm regards,

Dr Bhavya Naithani Dube

Central Zone & UP YUVA ISACON 2026

Central Zone & UP YUVA ISACON 2026

- Branch - ISA UP State
- Date - 2026-04-05
- Venue - Bhimtal, Uttarakhand
- Description - 1st Central Zone & 2nd UP YUVA ISACON 2026
- Theme: "Future of Anaesthesia & ICU - Powered by Youth & AI" Click to visit Website


ISA
Indian Society of Anaesthesiologists
UTTAR PRADESH
STATE BRANCH
Indian Society of Anesthesiologists UP State Branch
ISA UP grows stronger!
The ISA Uttar Pradesh State Branch is pleased to announce the addition of two new city branches- ISA Ayodhya and ISA Bijnor, following approval from ISA National.
अयोध्या जं.
AVODHYA JN.
बिजनौर
BIJNOR
We warmly welcome them and look forward to their active participation and growth.

ISA UP State News & Activities

ISA UP Website Inauguration

- Branch - ISA UP State
- Date - 2026-01-24
- Venue - Hotel Renaissance, Lucknow
- Description - ISA Uttar Pradesh Executive committee is pleased to share the pictures of the BIS-CME and ISA UP Website Inauguration in association with Medtronics at Hotel Renaissance, Lucknow on 24th of January 2026 in August presence of distinguished guests in the field of Anaesthesiology and Critical care.

ISA UP Social Outreach Initiative

- Branch - ISA UP State
- Date - 2026-01-25
- Venue - Lucknow
- Description - On the eve of Republic Day, ISA UP State officials met the Honourable Health Minister, and Deputy Chief Minister of Govt. of Uttar Pradesh, Shri Brajesh Pathak ji, and proposed and discussed collaboration to provide Emergency Life-Saving Skills training for the general public across UP. Committed to building a safer and more prepared Uttar Pradesh

ISA UP State News & Activities

CME & WORKSHOP on AI & Simulation in Airway Management

- Branch - ISA UP State
- Date - 2026-02-28
- Venue - Hotel Clarks Awadh, Lucknow
- Description - Organised by AIDAA Lucknow City Branch and Dept. of Anesthesia, KGMU in association with ISA UP

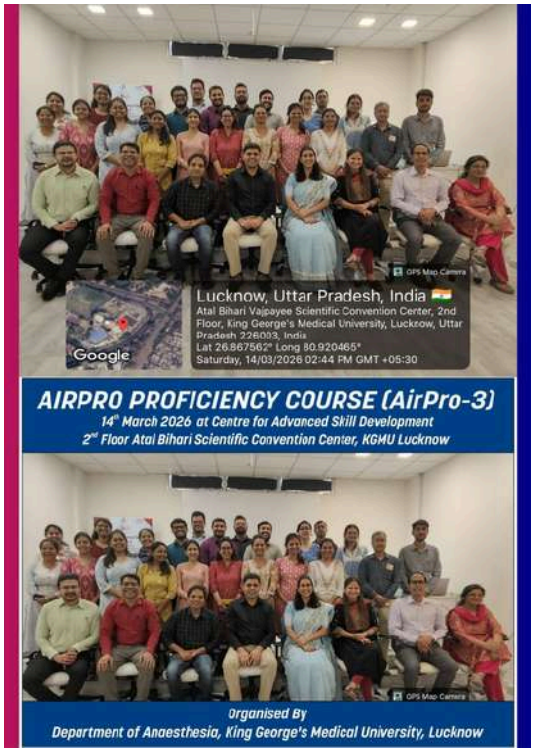
ISA UP Social Outreach Initiative

- Branch - ISA UP State
- Date - 2026-02-16
- Venue - Lucknow
- Description - ISA UP secretary Dr Tanmay Tiwari and Prof Hemlata from Department of Anaesthesiology King George's Medical University Lucknow met Mr Amit Kumar Ghosh, Additional Chief Secretary, Medical Health and Medical Education Government of Uttar Pradesh for briefing him on the scientific meeting on Use of Artificial Intelligence and Simulation in Airway Management under the aegis of All India Difficult Airway Association Lucknow branch and ISA Uttar Pradesh on 28th of February 2026

ISA UP State News & Activities

PG Case series - Mar 2026

- Branch - ISA UP State
- Date - 2026-03-26
- Venue - Virtual
- Description - This month's case presentation on "Total Laparoscopic Hysterectomy in a Morbidly Obese Patient" highlights the evolving challenges in perioperative management and the importance of evidence-based anaesthesia practice. Such focused discussions provide our PG students a valuable platform to enhance their academic depth, critical thinking, and presentation skills.



AirPro-3 (Airway Proficiency Course)

- Branch - ISA UP State
- Date - 2026-03-14
- Venue - KGMU, Lucknow
- Description - ISA UP state in association with Department of Anesthesia KGMU organised the very famous AirPro-3 (Airway Proficiency Course) on 14th March 2026 at Lucknow The course was very well received by the 20 delegates for the training of Airway Management

ISA UP
City Branches
News & Activites

ISA Lucknow

Academic Meet

- Branch - ISA Lucknow
- Date - 2026-02-20
- Venue - Renaissance Lucknow Hotel
- Description - The Indian Society of Anaesthesiologists, Lucknow Chapter cordially invites you to attend an Academic Meet on: “Advancing Anesthesia: Safer & Smarter”

Panch Rakhshak - International Women’s Day

- Branch - ISA Lucknow
- Date - 2026-03-08
- Venue - SGPGIMS, Lucknow
- Description - Panch Rakhshak demonstration at the community centre Sgpgims on the occasion of International Women’s Day

ISA Kanpur

ISA UP Sponsored CME

- Branch - ISA Kanpur
- Date - 2026-03-15
- Venue - GSVM Medical College Kanpur
- Description - The executive committee of ISA Uttar Pradesh is glad to share the scientific program for the ISA UP Sponsored CME by the Department of Anesthesia, GSVM Medical College Kanpur and ISA Kanpur city branch on Sunday 15th of March 2026. All are invited to attend and spread the word

ISA Noida

ISA UP Sponsored CME

- Branch - ISA Noida
- Date - 2026-01-20
- Venue - PGICH, Noida
- Description - Topics:
  1. NORA in paediatric patients - Dr Bhumika
  2. Principles of pain management in paediatric patients - Dr Amrit Kaur.

Moderators - Dr Mukul Kumar Jain and Dr Poonam Motiani

ISA Noida

Monthly Clinical Meet

- Branch - ISA Noida
- Date - 2026-02-12
- Description - Mode: Offline
- Venue- Conference Room, 6th Floor, Metro Multispeciality Hospital, Noida Sector - 11

International Women's Day celebrations - Noida

- Branch - ISA Noida
- Date - 2026-03-08
- Venue - Noida Stadium
- Description - Anaesthetists of Noida celebrated International Women's Day with lots of enthusiasm! Sareethon and Panch-Rakshak were organised under the ISA National.

ISA Noida

The Anesthesia Update 2026

- Branch - ISA Noida
- Date - 2026-03-14
- Venue - Fortune Hotel, Sector - 27, Noida
- Description - TOPIC - Optimizing Inhalational Anesthesia through Gasman: Flow & Consumption Dynamics, Benefits, Cost, and Environmental Impact of desflurane

Monthly Clinical Meet

- Branch - ISA Noida
- Date - 2026-03-30
- Venue - Max Super Speciality Hospital, Sector 128, Noida
- Description - Mode: Offline 30th March 2026 | 4 pm onwards

ISA Noida & ISA Ghaziabad

Cricket Match + Picnic

- Branch - ISA Noida
- Date - 2026-02-22
- Venue - TNM cricket ground, Indirapuram, Ghaziabad
- Description - Get ready for a day full of cricket, fun, food & fellowship! Whether you want to show your cricketing skills on the field or simply come along with family to cheer, relax and enjoy the picnic vibe, we need YOU to make it grand and memorable!

ISA Ghaziabad

CME Session

- Branch - ISA Ghaziabad
- Date - 2026-03-11
- Venue - Yashodha Hospital & Research Center, Ghaziabad
- Description - CME Session

ISA Mathura

Committee Meeting

- Branch - ISA Mathura
- Date - 2026-02-01
- Venue - Mathura
- Description - Committee Meeting

Literary musings

Women's day special segment honouring women in anesthesiology

There are all kinds of women in this world
The jealous ones,
who wear smiles like borrowed jewels,
shimmering on the surface while shadows
whisper behind your back.
The self-crowned queens,
bathed in makeup and draped in labels,
loud in their glory,
eager to flaunt their virtues
And find a flaw in others to polish their shine brighter

And then there are the quietly confident ones,
Who never broadcast their capabilities.....
dignified damsels, seemingly nondescript
But somehow, their grace needs no announcement.
Simplicity— their finest silk,their ultimate sophistication
kindness— their richest perfume.
They lift you up softly,
applaud from the sidelines with real smiles,
and celebrate your light as though it were their own.
#happywomensday —to BOTH KINDS of WOMEN
To the ones who dazzle, even when their glow hides shadows—
and to the ones whose quiet strength lights up others without trying.
To the ones who teach us what grace looks like,
and to those who remind us what it shouldn't become.
For every woman, in all her moods and hues,
is part of the grand mosaic of womanhood.
Here's to them all—
the fierce, the flawed, the fearless, the fair.
So, without being judgemental .....to the variegated tapestry of womanhood ...let's raise a toast
For life is woven in both darkness and light, shadows and sun
Each thread leaving us with a deep lesson
One, what not to become

the other, what we can still rise to be.
So tell me—
which woman lives in you today?
And which one will you choose to be tomorrow?

From the editor's desk
Dr Bhavya Naithani

Ladies in Anaesthesiology- Creative Writing Competition

Winners

1 st position: Bhawana Singh

2 nd position: Tie between Maj Lalita Sharma & Dr Romita Sondhi

Ladies in Anaesthesiology- Creative Writing Competition

1st Position: Bhawana Singh

I began my journey as a Junior Resident in MD Anesthesiology & Critical Care in 2016 at Dr. Ram Manohar Lohia Institute of Medical Sciences Lucknow, full of dreams and determination like every young doctor.

But in 2018, during my second year, life took an unexpected turn. Me and my parents met with a devastating car accident. All three of us were critically injured, fighting for our lives. In a single moment, everything changed. I was admitted to the trauma center at KGMU Lucknow.

With no one in a condition to make decisions, it was my own HOD Dr. Deepak Malviya sir, Dr. Pravin Kumar Das sir and my whole Anesthesia department from Dr.RMLIMS LKO that stood beside us like family, like a pillar of strength. I underwent neurosurgery and was shifted to the ICU with a GCS of E1VTM1. From there, I was transferred to SGPGI LKO for further care, and then to DR.RMLIMS LKO for continued treatment. After 1.5 months, I regained consciousness, my 2nd life—but **Survival was just the beginning of another battle**. Physically weak, mentally and emotionally shattered, I abandoned my dream of becoming an anaesthesiologist. I struggled with my confidence and identity

But somewhere within, belief remained. I reminded myself that my parents and teachers still had faith in me. That belief became my turning point.

I chose to rise again! I rebuilt myself—my physical strength, skills, looks, confidence and studied hard. It wasn't easy, but it was worth it, with perseverance and determination I finally cleared my MD exams—who was once on the verge of losing everything.

Ladies in Anaesthesiology- Creative Writing Competition

Life rewarded my resilience. I got married, became a mother to a beautiful daughter, and continued to grow professionally while contributing to my field:

- Winner – ISA Premier League 2022
- Recognized at UP ISACON 2022
- Chairperson – UP-UK ISA National CME 2023
- Faculty – Comprehensive NeuroCriticalCare 2023
- Chairperson/Faculty – Anesthesia Refresher Course 2024
- Faculty – UPCriticon2024 Workshop (Obstetric Critical Care)
- Judge – UPCriticon2024
- Panelist & Speaker – UP CZISACON2024
- Active participation in IMA & ISA (ISA Bareilly EC member since 3yrs)
- Guest Lecturer – Segmental Spinal Anesthesia at Jhansi.
- Faculty – CME&Workshop on Segmental Spinal Anesthesia AIIMS Rishikesh 2025
- Faculty – POCUS CME&Workshop 2025
- Many others, along with paper publications.
- Till now I have authored 8 chapters in 2 books of anesthesiology & critical care, next one is under process.
- Today, we have established our own—"SADBHAVNA HOSPITAL" in Bareilly, UP.

Yes, I am working female, daily I used to cook food for my family, go to work at medical college, do private practice, I also love travelling, passionate participant in academic and cultural activities. Last but not the least I am deeply spiritual and devoted to God.

Strength is not just about survival.
Precision is not just about profession.
Legacy is not just about success.
It's about rising every time life tries to break you.
Believe in yourself. You already have the power within you.
Because there is nothing a woman cannot do.

Ladies in Anaesthesiology- Creative Writing Competition

2nd Position (tie): Maj Lalita Sharma

Anaesthesiologist, Army Medical Corps

BETWEEN THE OPERATION THEATRE AND A BROKEN HOME: A MOTHER'S SILENT BATTLE

In the operation theatre,
life spoke in rhythms—
a beep, a breath, a fragile pause.
Under bright lights, I learned control,
to quiet my fears,
to hold a stranger's life
with steady hands.

Outside,
in a smaller, quieter world,
my child waited.

Each morning, I left
with a hurried kiss
and an unspoken promise—
this is for you... for your tomorrow.

I trusted the walls of my home,
the hands I had chosen,
the silence that reassured me
everything was alright.

Until it wasn't.

The truth did not arrive like a storm.
It came like a whisper—
soft, delayed,
and unbearably heavy.
My child had been hurt.
Not by fate,
but by trust misplaced.

Ladies in Anaesthesiology- Creative Writing Competition

Time, in that moment,
forgot how to move.

And somewhere deep within me,
a question began to echo—
While I was saving lives...
who was saving my child?

Bruises fade, they say.
But some marks
do not live on the skin.
They settle quietly in the heart,
in places words cannot reach.

Soon, my world changed its language.
From monitors to statements,
from vitals to evidence.

A case under the Protection of Children from Sexual Offences Act—
justice, they called it.

But justice has its own weight.

Each retelling,
each question,
each pause—
a wound reopening
before it could heal.

By day, I stood in the OT,
steady, composed,
exactly who I was trained to be.

By night,
I gathered the pieces
of a mother learning to endure.

No textbook had taught me this—
how to carry guilt without breaking,
how to breathe through helplessness,
how to continue
when stopping felt easier.

And yet, I did.

Because somewhere between
duty and despair,
I discovered a quieter strength
— not in perfection,
but in persistence.

Today, I still stand
under the same lights,
listening to the same rhythms.

But I am no longer untouched.

I carry my story gently now—
in softer eyes,
in careful trust,
in a love that holds tighter than before.

Some wounds do not ask to be healed.
They remain—
to remind,
to protect,
to transform.

And in their silence,
they teach us how to endure...
and how to love,
even more fiercely.

Ladies in Anaesthesiology- Creative Writing Competition

2nd Position (tie): Dr Romita Sondhi

DM Critical Care, Junior Consultant, Apollo Indraprastha Hospital, Delhi

THE PHEONIX SONG

I want to be more
Beyond the glass ceilings,The spiked traditional doors
No flight ,no sail but solid ground and excellence galore
I want to be resurrected like the heart beat I pumped into a dying man
To be shocked into clarity ,beyond the emotional scam
I know the vent settings,can discern prealarms
But the mirror is blurred supported by weary arms
The valley of death ,witnessing battles everyday,
fighting for life ,help them survive anyway
They loose their haunt in the face of a child's sleepless night
A helpless moan for a mother lost to sight
He giveth the burden to those who can bear
But the metal of the armour will not spare
The warrior I am wounded and scarred,
Deep gashes of lessons learnt in every sparr
And yet when duty calls which one do you choose, a mother a doctor there is no excuse
I balance it on my delicate palms,with steely resolve and outward calm
And glow like a pheonix resurrected from the ashes that burn but cannot char
My undaunted spirit,the healers scepter and a mother's heart.

Ladies in Anaesthesiology- Creative Writing Competition

Participation Entries: Dr Hemlata

DNB, PDCC (Neuroanaesthesia), FRCP (London), FIACM, IDRA, MNAMS
Professor
Department of Anaesthesiology
King George's Medical University Lucknow, UP (India) 226003

LADY IN ANAESTHESIA: A LIVELY FIESTA

A lady in anaesthesia, skilled and true,
Masters the art, with a heart anew.

She juggles all the tubes and lines,
And with care the vital signs.

In Neuro, cardiac, Obstetrics & Childcare,
Transplant & regional, her expertise is rare.

Amidst the chaos, she finds her stride,
Through Pain, Critical care, she'll easily glide.

Work-life balance, a delicate dance she plays,
Family by her side, through life's ebbs and ways.

In all the chaos, she forgets her own delight,
A moment's peace, a cup of tea, a gentle night.

She deserves to breathe, to laugh, and to be,
A lady in anaesthesia, happy and carefree

Ladies in Anaesthesiology- Creative Writing Competition

Participation Entries: Dr Sonia Mathur

[ISA Noida],Consultant Anaesthetist, Neo Hospital .Noida

MY JOURNEY AS AN ANAESTHETIST

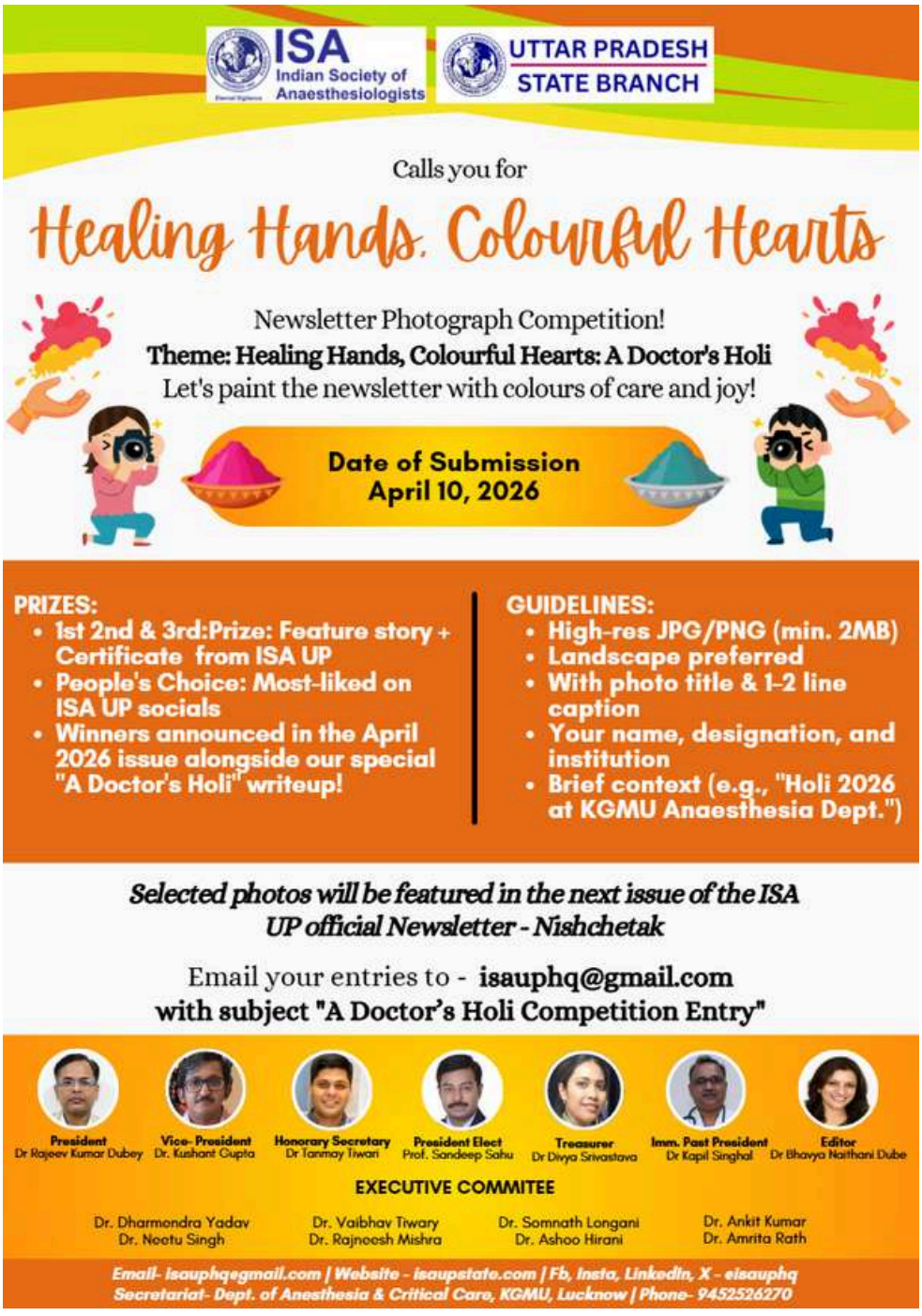
My journey as an anaesthetist took a leap to the Kingdom of Saudi Arabia. I practiced for six years, trying to bridge barriers of labour and language. I learnt how to adapt to be able to serve without any borders. I learnt a lot by staying with people from different backgrounds and cultures. As a result, I grew both as a person and as a doctor.

After returning to India and practicing for two decades, I was drawn to medical law. I secured a PGDMLE from NLU Bengaluru. It taught me the value of staying informed on latest medical developments and legal practices.

As Honorary Secretary of ISA, I am learning to honour leadership along with spreading my knowledge. Travelling for academic activities taught me how to balance my passion with my personal life.

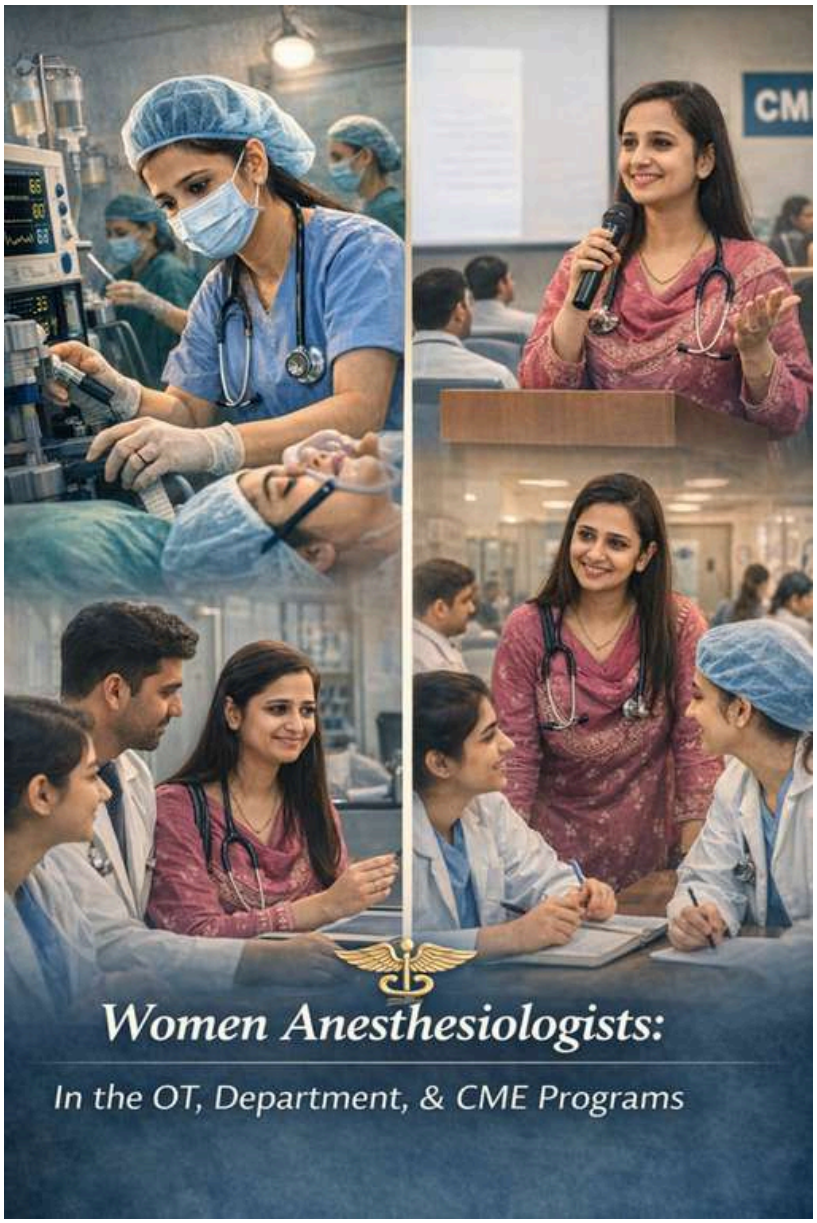
Anesthesiology has taught me the value of precision and preparedness. It has made me a complete woman.

Healing Hands, Colorful Hearts- Photography Competition



Participation Entries: Dr Neha Mishra
Associate Professor, GSVM Medical College, Kanpur

THE STRENGTH YOU DON'T SEE



A LADY ANAESTHESIOLOGIST: VIGILANT IN THE OT, GUIDING IN THE DEPARTMENT, AND INSPIRING AT CME.

Unseen in the spotlight, yet unwavering at every heartbeat—she is the silent guardian of life.

Upcoming Activities

UPISACON 2026

- Branch - ISA UP State
- Date - 2026-10-02
- Venue - Varanasi, UP
- Description - Good afternoon, members of ISA! The executive committee of ISA Uttar Pradesh is pleased to announce the dates for the 48th UPISACON 2026, to be held in Varanasi from 2nd to 4th October 2026. Please join the academic event and be a part of the UPISACON 2026.

For more details visit:
https://isaupstate.com/indi-conference.php?submit=8

DAS 2025 Difficult Airway Guidelines

– Summarised by Dr Bhavya Naithani

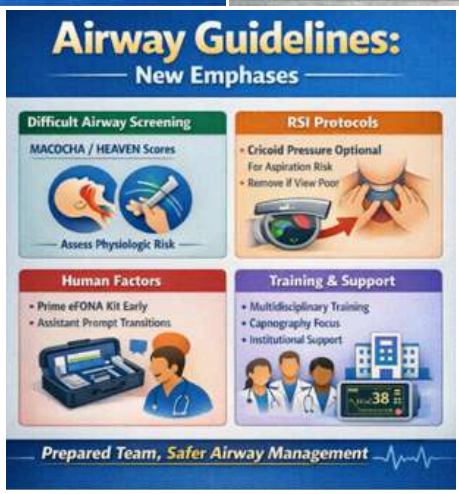
DAS 2025 Difficult Airway Guidelines

– Summarised by Dr Bhavya Naithani

Overview

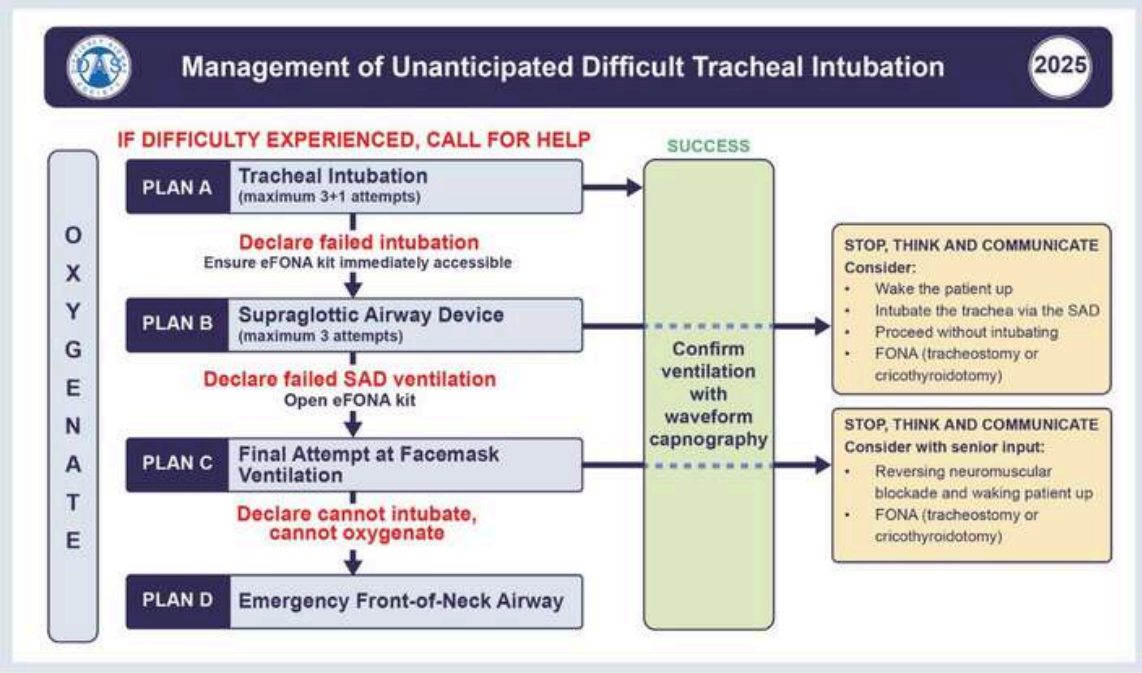
Component	Details
Evidence Base	Systematic review (1241 papers post-2012), three-round Delphi consensus, eFONA expert panels
Scope	65 recommendations across assessment, drugs, monitoring, and training
Focus	Unanticipated difficult tracheal intubation in adults

Core Philosophy Shift



DAS 2025 Difficult Airway Guidelines

Management of Unanticipated Difficult Racheal Intubation



Citation: Difficult Airway Society 2025 guidelines:
Ahmad I, El-Boghdadly K, Iliff HA, Dua G, Higgs A, Huntington M, et al. Difficult Airway Society 2025 guidelines for management of unanticipated difficult tracheal intubation in adults. Br J Anaesth. 2026 Jan;136(1):283-307. doi:10.1016/j.bja.2025.10.006.

Airway Assessment

Element	Details
History	Prior difficulty, OSA/snoring
Bedside Tests	Upper lip bite best single predictor
Investigations	POCUS, nasendoscopy aspirational
Screening Scores	MACOCHA (ICU), HEAVEN (pre-hospital)
CTM Identification	Palpation/ultrasound, neck extended — identify early to guide eFONA
Strategy	Act on findings for individualized strategy considering context (urgency, location, staffing)

DAS 2025 Difficult Airway Guidelines

Preparation Strategy

Element	Details
Planning	Formulate strategy addressing anticipated issues in Plans A–D, guided by prior history
Communication	Communicate with assistant/team brief
Positioning	Optimize position (head-up ≥30° for obesity)
Equipment	Ensure Plans A–D equipment ready
Anticipated Difficulty	Consider awake tracheal intubation (ATI) per DAS ATI guidelines
Emergencies	Use checklists for emergencies/out-of-hours; senior input early for non-OR settings

Monitoring and Drugs

Element	Details
Capnography	Check waveform capnography pre-induction (target EtO_2 ≥0.9)
SpO_2	Enable audible SpO_2 alarms
NMB Monitoring	Use quantitative neuromuscular monitoring
NMB Agents	Routine neuromuscular block (rocuronium/suxamethonium)
Sugammadex	Avoid in failed intubation (risks laryngospasm/aspiration)
Induction	Propofol standard but dose cautiously in physiologically difficult airways; prepare for instability

Peroxygenation

Element	Details
Principle	Continuous O_2 delivery
Preoxygenation	All patients (head-up, positive pressure via facemask/HFNO/NIV)
Apnoeic Oxygenation	HFNO >30 L/min ideal for high-risk
During Laryngoscopy	Nasal O_2
Priority Patients	Especially critical for rapid desaturators (obesity, physiological difficulty)

DAS 2025 Difficult Airway Guidelines

Plan A: Tracheal Intubation

Element	Details
Attempts	Max 3+1 (senior final); declare failure anytime if no success-improving changes possible
First-Line Device	Videolaryngoscope (awareness of blade types: Macintosh/hyperangulated)
Adjuncts	Use stylet/bougie/flexible scope with hyperangulated
Optimization	Full block, time awareness (timer from block), ergonomics, external manipulation (BURP), remove cricoid if poor view
Between Attempts	Facemask O_2, maintain anesthesia
Confirmation	Two-point (sustained capnography + visual tube through cords)
Assistant Role	Monitors time/attempts, preps Plan B SAD

Plan A Updates

Update	Details
VL Priority	Videolaryngoscopy is first-line for all intubations, with hyperangulated blades requiring stylet/bougie
Attempt Limit	Limit to 3+1 attempts (senior final); optimize each with position, blade change, or external manipulation
Confirmation	Two-point confirmation: capnography + visual tube passage

Plan B: Supraglottic Airway Device

Element	Details
Attempts	Max 3 attempts with 2nd-generation SAD (cuffed preferred for seal; competence required)
If Successful	"Stop, think, communicate": default wake patient (reverse block carefully)
High-Risk Alternatives	Proceed via SAD, intubate via SAD with fiberoptic/Aintree only—no blind, FONA — need senior
If Failure	Declare, open eFONA kit, to Plan C

DAS 2025 Difficult Airway Guidelines

Plan B Refinements

Update	Details
SAD Type	Second-generation SADs are default rescue; max 3 attempts
Decision Point	"Stop, think, communicate": default to wake patient
High-Risk Alternatives	SAD surgery, intubation via SAD, FONA — need senior input
Prohibition	Blind SAD intubation prohibited

Plan C: Facemask Ventilation

Element	Details
Role	Final rescue post-Plan B failure
Optimization	Full block, optimize position, adjuncts (Guedel/nasopharyngeal), two-person (VE grip preferred), adequate anesthesia
Confirmation	Capnography/SpO_2
If Successful	Senior input (wake/reverse cautiously or FONA)
If Failure	Declare CICO, to Plan D

Plan D: Emergency FONA

Element	Details
Indication	Post-Plans A–C failure/CICO
Technique	Immediate scalpel-bougie-tube (size 6.0 cuffed)
Preparation	Full block, max neck extension, upper airway O_2 (SAD ideal)
Incision	Default vertical incision (up to 8 cm midline, caudad-cephalad; no intra-crisis palpabil

DAS 2025 Difficult Airway Guidelines

eFONA Technique (Right-Handed on Left)

Step	Action
1	Tension/stabilize larynx
2	Blunt dissect
3	Transverse cricothyroid stab (perpendicular, rotate 90° caudal)
4	Bougie down blade
5	Railroad tube (rotate)
6	Confirm capnography

Plan C and D Changes

Plan	Updates
Plan C	Maximize facemask (two-person, adjuncts, full block)
Plan D eFONA	Default vertical scalpel incision (no intra-crisis palpability decision); assess cricothyroid earlier by ultrasound
Kit	Scalpel-bougie-tube kit standard; full neuromuscular block required

Special Scenarios

Scenario	Key Points
RSI	Preoxygenate head-up, gentle facemask/apnoeic O_2, videolaryngoscope/bougie ready, cricoid optional (trained assistant, remove if poor view/vomiting)
Physiological Difficulty	Optimize hemodynamics (fluids/vasopressors, dedicated monitor), ketamine/etomidate alternatives
Obesity	ATI/HFNO early SAD consideration, head-up
Human Factors	Prime eFONA early, assistant prompts transitions/assertiveness, multidisciplinary training

DAS 2025 Difficult Airway Guidelines

Implementation

Element	Details
Documentation	Document fully (alert cards, registries)
Institutional Support	Equipment/training (videolaryngoscopes, regular eFONA simulation)
Quality Review	Review failures at M&M
Leadership	Airway leads key

Citation:
Difficult Airway Society 2025 guidelines:
Ahmad I, El-Boghdadly K, Iliff HA, Dua G, Higgs A, Huntington M, et al. Difficult Airway Society 2025 guidelines for management of unanticipated difficult tracheal intubation in adults. Br J Anaesth. 2026 Jan;136(1):283-307. doi:10.1016/j.bja.2025.10.006.

Research Pearl of the Day - Dr Rakesh Garg

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Observational Research in Anaesthesiology, Critical Care & Pain Medicine

SECTION 1

Research Question and Study Design

Pearl – Start with a clear clinical question

Every research study begins with a clinical problem that needs an answer. If the question is vague, the study design, data collection, and conclusions will also become unclear.

A good research question should be specific, measurable, and clinically meaningful.

Example:

Instead of asking:

"Does sedation affect ICU outcomes?"

A better question is:

"Does dexmedetomidine sedation reduce delirium compared with propofol in mechanically ventilated ICU patients?"

Pearl – Use the PECO framework to structure your question

Observational studies often use the PECO framework:

Population

Exposure

Comparator

Outcome

This framework helps clearly define what exactly you want to study.

Example:

Population → ICU patients on mechanical ventilation

Exposure → Dexmedetomidine sedation

Comparator → Propofol sedation

Outcome → Incidence of ICU delirium

Research Pearl of the Day - Dr Rakesh Garg

Pearl — Choose the appropriate observational study design
The type of observational study should match the research objective.
Common designs include:
Cohort study → Follows patients over time to observe outcomes
Case-control study → Compares patients with and without an outcome
Cross-sectional study → Measures prevalence at a single time point
Example:
If studying risk factors for postoperative pulmonary complications, a cohort study is usually appropriate.

Pearl — Prospective observational studies improve data quality
In prospective studies, data collection is planned before patients are enrolled.
This allows researchers to use standardized definitions, tools, and measurements, improving data accuracy.
Example:
Prospective study evaluating postoperative nausea and vomiting in patients receiving opioid analgesia.

Pearl — Retrospective studies are useful but require caution
Retrospective studies analyze existing medical records or databases.
They are efficient and less expensive but may suffer from missing data or inconsistent documentation.
Example:
Retrospective analysis of vasopressor use and outcomes in septic shock patients admitted to ICU.

Pearl — Clearly define inclusion and exclusion criteria
Inclusion and exclusion criteria determine which patients are eligible for the study.
This ensures that the study population is clearly defined and reproducible.
Example:
Inclusion criteria:
Adult ICU patients requiring mechanical ventilation for more than 24 hours.
Exclusion criteria:
Patients undergoing cardiac surgery.

Pearl — The study setting influences results
Results obtained in a specialized tertiary care center may not be applicable to smaller hospitals.
Researchers should clearly describe the hospital type, patient population, and healthcare setting.
Example:
Airway management outcomes in a tertiary oncology center may differ from general hospitals.

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Pearl – Define the study time period
A study must specify the time frame during which patients were enrolled.
This helps readers understand the context of clinical practice during that period.
Example:
Patients admitted to ICU between January 2022 and December 2024.

Pearl – Exposure must be precisely defined
The exposure variable should be described clearly.
Example:
Instead of writing "opioid use", specify:
Drug used → fentanyl
Dose → microgram per kilogram per hour
Duration → number of hours of infusion
Clear definitions improve study reproducibility.

Pearl – Outcomes must have standardized definitions
Outcome measures should be defined using clear clinical criteria.
Example:
Instead of saying "hypotension occurred", define it as:
Mean arterial pressure less than 65 mmHg for at least one minute.
This allows consistent measurement across patients.

SECTION 2
Understanding Bias in Observational Studies
Pearl – Confounding is the biggest challenge
Confounding occurs when a third variable influences both the exposure and the outcome, making the association misleading.
Example:
Critically ill patients may receive more vasopressors and also have higher mortality.
Mortality may be due to illness severity rather than the drug itself.

Pearl – Selection bias occurs during patient recruitment
Selection bias happens when the patients included in the study are not representative of the general population.
Example:
Studying postoperative outcomes but including only elective surgery patients, while excluding emergency surgeries.
This may underestimate complications.

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Pearl — Information bias occurs due to inaccurate measurement
Information bias arises when data about exposure or outcomes are recorded inaccurately.
Example:
Pain scores recorded inconsistently by different healthcare workers.
Using validated tools reduces this bias.

Pearl — Observer bias can influence outcomes
Observer bias occurs when the person assessing outcomes knows the treatment or exposure.
This may subconsciously influence assessment.
Example:
Clinician evaluating sedation depth knowing which sedative drug was used.

Pearl — Survivor bias can distort ICU studies
Survivor bias occurs when patients who die early are excluded from analysis, leaving only survivors.
Example:
Long-term ICU outcomes studied only in patients discharged alive.
This may underestimate complications.

Pearl — Loss to follow-up can affect study validity
If many participants are lost during follow-up, results may become unreliable.
Example:
Chronic postoperative pain study where many patients do not return for follow-up visits.

Pearl — Exposure must occur before the outcome
For a valid association, the exposure must precede the outcome.
Example:
If hypotension occurs before vasopressor administration, the drug cannot be considered the cause.

Pearl — Registry studies may have reporting bias
Large clinical registries are valuable but may have incomplete reporting of complications.
Example:
Minor airway complications may not always be documented.

Pearl — Confounding by indication is common in medicine
Confounding by indication occurs when a treatment is given because the patient is already sicker.
Example:
Patients receiving vasopressors usually have severe shock.
Higher mortality may reflect disease severity rather than the drug effect.

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Pearl– Identify confounders early
Researchers should identify possible confounding variables during study planning.
Example:
Age
Comorbidities
Severity scores
Type of surgery
These should be included in statistical analysis.

SECTION 3
Data Collection and Variable Definition
Pearl – Clearly define all study variables
Each variable must have a clear definition and measurement method.
Example:
Pain intensity measured using the Visual Analog Scale (VAS).

Pearl – Use validated clinical scales
Validated tools ensure reliability and comparability.
Examples:
RASS → sedation assessment
CAM-ICU → delirium detection

Pearl – Create a data dictionary
A data dictionary explains every variable collected in the study.
Example:
Variable: Delirium
Definition: Positive CAM-ICU score.

Pearl – Pilot testing improves study quality
Before starting the full study, test the data collection form on a small number of patients.
Example:
Testing ICU data sheet on first 10 patients.

Pearl – Electronic data systems improve accuracy
Electronic databases reduce data entry errors and improve organization.
Example:
REDCap used for perioperative research data collection.

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SECTION 4
Statistical Analysis Principles
Pearl — Start with descriptive statistics
Descriptive statistics summarize the study population.
Example:
Mean age
Gender distribution
Severity score distribution.

Pearl — Compare baseline characteristics
Researchers must compare baseline characteristics between groups.
Example:
Age, comorbidities, and illness severity between two sedation groups.

Pearl — Multivariable regression helps adjust confounders
Regression analysis allows researchers to adjust for multiple variables simultaneously.
Example:
Adjusting for age, APACHE II score, and comorbidities when studying ICU mortality.

Pearl — Propensity score methods mimic randomization
Propensity score techniques attempt to balance baseline characteristics between groups.
Example:
Matching patients receiving dexmedetomidine with similar patients receiving propofol.

Pearl — Sensitivity analysis tests robustness
Sensitivity analyses check whether results remain consistent under different assumptions.
Example:
Repeating analysis after excluding patients with extreme severity scores.

SECTION 5
Interpretation and Reporting
Pearl — Association does not mean causation
Observational studies identify associations, not definitive causal relationships.
Example:
Sedation type associated with delirium may not necessarily cause it.

Pearl — Compare findings with existing literature
Interpret results in the context of previous studies and clinical evidence.

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Pearl — Acknowledge study limitations
Every study has limitations that should be transparently reported.
Example:
Single-center design
Retrospective data collection.

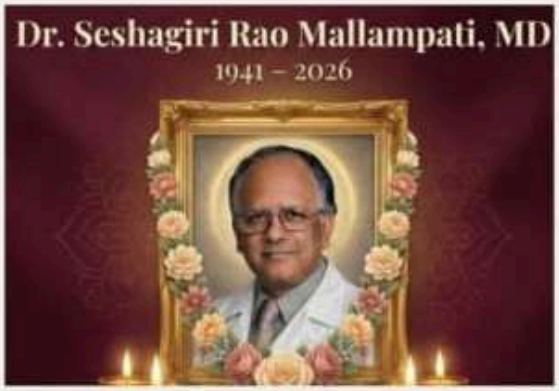
Pearl — Observational studies often reflect real-world practice
Because treatments are not controlled by protocol, these studies often represent real clinical practice.

Pearl — Follow reporting guidelines
Researchers should follow STROBE guidelines for reporting observational studies.

Pearl — Observational research often leads to randomized trials
Many important randomized controlled trials originate from observational findings that suggest potential associations.
Example:
Observational studies in sepsis led to trials evaluating early goal-directed therapy.

Obituary

DR. MALLAMPATI: ETERNAL AIRWAY GUARDIAN



OBITUARY

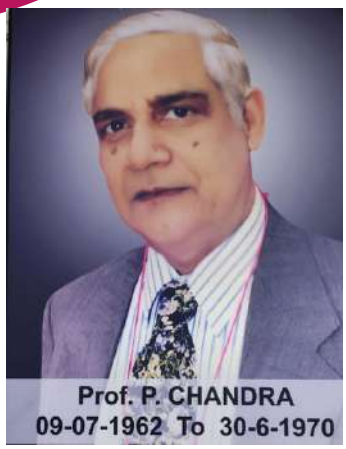
In Every Airway, Your Legacy Lives
With every tongue we lift, your name we breathe—
Dr. Mallampati, sight beyond the sheath.
Class I's vast arch, so open, so serene,
Class IV's veiled gate, where risks convene.
Your scale endures, etched deep in memory's core,
Guiding our blades through shadows evermore.
Epiglottis faint or bold in tonsil's throng—
Your piercing gaze makes passage safe and strong.

Though obituary marks your earthly end,
Each airway calls: "Think of him, my friend."
From first reveal to final, vital breath,
Your wisdom triumphs over fear of death.
Rest now, eternal Master of the view—
Each blade we wield revives your spirit through.
In every breath secured, we honor you,
In every safe intubation, we renew
Your sacred art, forever pure and true.
The entire anesthesiology fraternity, your faithful crew,
Gives the Master of airway a standing ovation
As he moves towards his final destination.
Dr. Mallampati, forever in our view.

The anesthesiology fraternity stands in solemn ovation, honoring Dr. Mallampati as he journeys to his eternal rest, his airway scale forever etched in our practice.

-Dr Bhavya Naithani Dube and the entire ISA fraternity

Obituary



With profound grief and deep respect, we mourn the passing of Prof. Phool Chandra (1931–2026), an illustrious teacher, visionary anaesthesiologist, institution builder, and a true son of India whose contributions to the field of anaesthesiology will remain etched in history.

Born in Allahabad, Prof. Phool Chandra pursued excellence in anaesthesiology with unwavering dedication and earned a prestigious FRCA qualification in the United Kingdom. He established the Department of Anaesthesia at the Institute of Medical Sciences, Banaras Hindu University, in 1962, laying the foundation for one of the premier centres of anaesthesiology education and patient care in India. As the head of the department until 1970, he nurtured generations of students, including Prof. K Pandey and Prof. Akram Lal, thereby strengthening the speciality during its formative years in the country.

Later, Prof. Phool Chandra migrated to the United States, where he continued to excel professionally. Yet, despite his global accomplishments, he remained deeply connected to his motherland and alma mater. A true Indian at heart, his affection for the department and commitment to its growth never diminished.

In a remarkable gesture of generosity and gratitude, Prof. Phool Chandra made a monumental contribution of approximately ₹1 crore (around 1 million USD) during 2019–20 for the development of the Department of Anaesthesia at IMS, BHU. This noble act reflected not only his magnanimity but also his enduring vision for advancing medical education and patient care in India.

Prof. Phool Chandra also played a pivotal role in the recognition of the Indian Society for the Study of Pain (ISSP) as the Indian Chapter of the International Association for the Study of Pain (IASP), thereby strengthening the academic and scientific foundations of pain medicine in India.

A teacher par excellence, a compassionate physician, an institution builder, and a philanthropist, Prof. Phool Chandra leaves behind a towering legacy of excellence, service, and inspiration. His life exemplified dedication to medicine, a love of education, and an unwavering commitment to humanity.

The Indian Society of Anaesthesiologists (Uttar Pradesh State Chapter) and the fraternity of anaesthesiologists, his students, colleagues, and admirers across the world deeply mourn his loss. His memory shall continue to inspire generations to come.

May his noble soul attain eternal peace.

ISA
Indian Society of Anaesthesiologists
Eternal Vigilance

UTTAR PRADESH
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The official newsletter of ISA UP State

Anesthetists: The Unsung Heroes Guarding Every Breath, Sustaining Every Beat

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