NSA 2024 CONFERENCE ABSTRACT PROCEEDINGS

Abstracts of the 32nd Annual Scientific Conference of the Nigerian Society of Anaesthetists (NSA) held in Collaboration with the World Federation of Societies of Anaesthesiologists (WFSA)
Date – 11th - 15th November, 2024
Venue – National Orthopaedic Hospital/Amadeo Event Centre, Enugu, Nigeria

Submental Intubation in an Anticipated Difficult Airway in a Patient with Bilateral Mandibular Fracture for Open Reduction, Internal Fixation and Intermaxillary Fixation

Authors: *Eya JC, Okechi UC, Ugwuanyi SE.*
Corresponding Author: Eya JC. Department of Anaesthesia, University of Nigeria Teaching Hospital (UNTH) Ituku-Ozalla, Enugu, Enugu State - Nigeria.

Background: Fracture of the mandible is usually as a result of blows from the side or from the front to the lower third of the face. Mandibular fractures may pose challenges to Anaesthetists particularly during intubation for the open reduction and internal fixation (ORIF) of the fractures and during extubation after intermaxillary wiring.
Case Report: A 32-year-old man presented with bilateral mandibular fracture following road traffic accident. Our finding on preoperative assessment revealed limited mouth opening with Mallampati grade 3. Difficult airway was anticipated and arrangement was made for that. Flexible fibre optic bronchoscope was not provided. Attempts at nasotracheal intubation failed but orotracheal intubation using non-kinking endotracheal tube was successful. This was later converted to submental intubation. The anaesthesia and surgery, ORIF, were successful with an intermaxillary fixation. Extubation was well planned. Wire cutter and other materials for resuscitation were made available. After reversal of the neuromuscular blocker patient was allowed to wake up fully and obey command before extubation was done within the theatre complex. He was thereafter moved to the recovery room where further monitoring was done before moving the patient to the general ward. There was no intensive care unit admission.
Conclusion – Airway challenges in maxillofacial surgeries can be overwhelming but with proper planning and good choice of management technique, success will almost always be guaranteed and post procedural complication minimized for the patient.
Keywords: Submental intubation, Difficult airway, Mandibular fracture, Intermaxillary fixation.

Obstructed Lumbar Hernia repair under Segmental Spinal – Epidural Anaesthesia: UUTH Example - A Case Report

Authors: *Jacob E, Eyo C, Ebu A, Udoh A, Ehwre F.*
Correspondence: Jacob E, Department of Anaesthesia, University of Uyo Teaching Hospital, Uyo - Nigeria.

Background: Lumbar hernias are rare globally, and this report is the first documented Lumbar hernia in UUTH. There is a paucity of literature regarding the anaesthesia techniques used and challenges faced in Lumbar hernia repairs especially in sub - Sahara Africa. Segmental spinal-epidural Anaesthesia is a technique indicated in lumbar hernia especially in patient with multiple comorbidities, it is also indicated in open hernioplasty which is the most convenient surgical technique among general surgeons for lumbar hernia repairs in Nigeria.
Case Report: We report a case of an obstructed right lumbar hernia operated in our institution, using segmental spinal - epidural technique in an 86-year-old male J/W patient with CCF secondary to HHD, COPD, and CAP with possible metastasis to the spine, who had a swelling over the right flank of 20 years duration (12 X 12 cm). Hernia was repaired under segmental spinal-epidural anaesthesia using open hernioplasty. Height of block was T6, hypotension was treated with iv ephedrine 5mg stat. Patient was positioned on left lateral position for surgery. He was hemodynamically stable with no complaint of pain or discomfort in the intra-operative and post operative period.
Conclusion: Segmental spinal - epidural is a safe anaesthesia technique for lumbar hernia as it offers patients' safety and comfort especially in patients with multiple comorbidities such as cardiac and respiratory diseases.
Keywords: Obstructed lumbar hernia, Segmental spinal-epidural Anaesthesia.

Pacemaker and Geriatric Anaesthesia: A Case Report

Authors: *Agwu N, Ogbu V, Oguelina C.*
Corresponding Author: Agwu N, Department of Anaesthesia and Intensive Care University of Abuja Teaching Hospital (UATH) Gwagwalada. FCT Abuja, Phone: +234 – 8067378968, Email:drnnanna@yahoo.com

Background: Cardiac patients with pacemakers presenting for noncardiac surgeries pose a considerable challenge to the anaesthesiologists. This is because they have increased risk of perioperative morbidity and mortality, more so those with implantable electronic cardiac devices or pacemakers.
Case Summary: Our patient is an 81-year-old man who had right knee arthrotomy, synovectomy and washout on account of septic arthritis of the right knee. He had a cardiac pacemaker placed about 18months prior to our review and placed on DDDR mode. He had multiple co-morbid conditions. He was hypertensive on monitored care, a known diabetic patient with adequate blood glucose control, had end stage renal disease (ESRD) on dialysis 3 times a week, with background retroviral disease on highly active antiretroviral treatment (HAART). Following preoperative review, he was referred to see a cardiologist, also the pacemaker technologist was also contacted for possible reprogramming of the pacemaker on the day of surgery. Surgery was done under combined spinal epidural (CSE) with a low dose spinal technique with no attendant intraoperative or postoperative complications.
Conclusion: The successful conduct of anaesthesia for a geriatric patient with a pacemaker and multiple comorbid conditions require a multidisciplinary approach to the patient management, adhering to safety precautions and ensuring adequate monitoring during the perioperative period. Our report shows that low dose single shot spinal anaesthesia may be suitable for geriatric patients with low ejection fraction presenting for lower limb surgeries.
Keywords: Geriatric, Pacemaker, Low-dose spinal, Cardiac, Surgery.

Early Management of Severe Sepsis in a Ninety-Five-Year-Old Patient with Multiple Organ Dysfunction using Imipenem Cilastatin: A Case Report

Authors: *Aghadi IK, Opara IK.*
Correspondence: Aghadi IK, Department of Anaesthesia, Barau Dikko Teaching Hospital, Kaduna State University, Kaduna Nigeria, Email: ifoifeanyi73@gmail.com, Telephone: +2348035502172

Background: Sepsis is a systemic inflammatory host response to infection that can lead to multiple acute organ dysfunction. Sepsis and septic shock are leading causes of death worldwide. Early administration of appropriate antibiotics has been shown to reduce mortality from sepsis. Older adults have higher rates of sepsis compared with younger Adults and are more likely to die from sepsis. In our environment, management of sepsis especially in adult patients has not been standardized. Standardized care will help us to develop evidence-based guide lines in order to address the high mortality associated with Sepsis. The microbial causes of Sepsis differ from one health facility to another and also depends on clinical practices, syndromes and the use of antimicrobials. However certain microbes such as Escherichia Coli, Staphylococcus aureus, Klebsiella pneumoniae and Pseudomonas aeruginosa are the most commonly involved. The high level of resistance to these organisms to most of the available antibiotics in our environment is alarming. This case report aims to show the benefits of the early use

of Imipenem cilastatin in our setting in older patients that developed Sepsis following Aspiration Pneumonitis.
Case Report: The index patient is a 95-year-old man that was referred from a peripheral hospital with Severe sepsis on account of Aspiration Pneumonitis. He came in with GCS of 10 and temperature of 38.7 degrees centigrade and Spo2 of 90%. We immediately took samples for laboratory investigations and started him on Imipenem Cilastatin (Bacqure) from Ranbaxy Pharmaceuticals I gram 12hourly, Vasopressors and anti-thrombotic agent. Electrolyte derangement was managed with intravenous fluids and Potassium Infusion. He was also managed with non-invasive ventilation. Patient regained consciousness after 72 hours on treatment and was transferred to the ward after 10 days of ICU admission.
Conclusion: Early Use of Imipenem Cilastatin in the management of elderly patient with severe sepsis has a very good outcome.
Keywords: Severe Sepsis, Imipenem -cilastatin, ICU, Aspiration Pneumonitis.

Burnout among Anaesthesia Providers in Subsaharan Africa: A Scoping Review

Authors: *Zynat SA, Dalhat S, Alhassan DM, Ruqayya AS, Abubakar SN, Oliwe AC.*
Correspondence: Alhassan DM, Aminu Kano Teaching Hospital/Bayero University, Kano - Nigeria.

Background: Literature on burnout among Anaesthesia providers in Sub-Saharan Africa is limited. Anaesthesia providers are a unique population of healthcare workers because of the specialised nature of their work in the perioperative period and management of the critically ill. Sub Saharan Africa constitutes a large portion of the Low- and Middle-Income Countries (LMICs), where there are limited manpower and resources. Thus, this scoping review was conducted on Burnout among Anaesthesia Providers in Sub-Saharan Africa (SSA) from 2013-2023 to clarify existing knowledge and identify important gaps.
Methods: Google Scholar, Research Gate, and National Library of Medicine (NLM) databases were searched. Eleven eligible sources between 2013-2023 were included. This review, a first attempt to synthesize existing data on burnout among Sub Saharan Africa Anaesthesia providers shows there is limited data, especially on interventions to mitigate burnout.
Results: This scoping review revealed that burnout is prevalent among Sub-Saharan Anaesthesia providers, with a mean Maslach Burnout Inventory score of 38.05%. The subscales of high Emotional Exhaustion (EE) of 50.37%, high depersonalisation (DP) 44.05%, and moderately low Personal Accomplishment of 35.7% were found. A number of factors were identified as impacting Anaesthesia providers in SSA such as their demographics and work environment. Unfortunately, there's little evidence on outcomes of burnout, with no studies on interventions aimed at ameliorating burnout among SSA Anaesthesia providers.
Conclusion: Findings highlight the need for more research on burnout among Sub Saharan Africa, and urgent need for implementation of interventions to mitigate burnout in Sub-Saharan Anaesthesia providers.
Keywords: Burnout, Physician Anaesthetist, Non-physician anaesthetist, Sub Saharan Africa.

The Role of Intraoperative Neuromonitoring for Cervical Spine Surgery in a Low, Middle Resource Country, Nigeria

Authors: *Dennar I, Oshunpidan OA, Ogunmuyiwa FA.*
Corresponding Authors: Oshunpidan OA, Department of Anaesthesia Lagos State University Teaching Hospital (LASUTH), Lagos-Nigeria, Email - kunbianaesthesia@gmail.com

Background: Intraoperative neuromonitoring (IONM) plays an important role during cervical spine surgeries and it is a useful tool that reduces the risk that may arise from the neurosurgical procedure. While IONM has been widely used in developed countries, it is still evolving in our clime. This is a case report of its use in our Centre.
Case Presentation: A 39-year-old male who presented with a day history of weakness of the legs with inability to walk and an assessment of cord compression syndrome was made. He had a thoracolumbar MRI done which revealed antero-lateral cervicothoracic extradural arteriovenous malformation with hematoma formation and was worked up for surgery. A multidisciplinary team was involved in his management which included the neurosurgeons, anaesthetists and neurophysiologist. On surgery day, the anaesthetists put into consideration, choice of anaesthetic agents, providing a stable physiological and anaesthetic state to ensure a good interpretation of the signals and proper guidance during the procedure and considerations of IONM complications. General anaesthesia was performed using intravenous 200mg of propofol, IV atracurium 50mg were given. A video laryngoscopy performed and 7.5mm ID reinforced ETT inserted. Patient was maintained on propofol, dexmetomedine and fentanyl infusion intraopratively and BIS of 45 maintained. The neurophysiologists applied the electrodes and regular communication was observed amongst the team.
At the end of surgery, patient was transferred awake and extubated to ICU for post-operative monitoring and was discharged on the third day post operation with sustained neurological improvement.
Discussion: IONM provides a good avenue for real time monitoring of the nervous system but requires a
multidisciplinary team approach for its successful outcome. The anaesthesiologists play a crucial role during its implementation by assessing the impact of anaesthesia and optimisation of any challenges during IONM.
Keywords: Anaesthesia, Intraoperative neuromonitoring, Neurosurgical.

Speciality Choice Amongst Final Year Medical Students and House Officers in Nigeria: Implications on Anaesthesia Practice

Authors: *Okonkwo TC, Olatunji GD, Adeleye VM, Akinwale MO.*
Correspondence: Okonkwo TC, Department of Anaesthesia and Intensive Care, University College Hospital, Ibadan- Nigeria.

Background: The existing global doctor shortage is worsening with mass exodus and imbalanced speciality distribution. Anaesthesia face particularly critical shortages. Medical graduate speciality choice has a vital impact on the workforce and is important for healthcare planning. This study aimed to identify the current speciality preferences of final-year medical students and house officers in Nigeria and their implications on anaesthesia practice.
Methods: We conducted a cross-sectional study among final-year medical students and house officers in Nigeria using a self-administered, semi-structured electronic-questionnaire which was active for 4.5 months. The survey question was in 4 sections-sociodemographic data, speciality preferences, factors considered in choosing a speciality, perception on anaesthesia posting and anaesthesia as a speciality.
Results: A total of 760 valid responses were received. The majority (63.8%) of the participants were final-year medical students. Surgery (26.6%), Internal medicine (14.5%) and Obstetrics and gynaecology (14.3%) were the top-ranking speciality choice. Only 3.6% (8th in ranking) intended to specialise in Anaesthesia. There was positive correlation between respondents' speciality choice and the speciality of their doctor role model. Passion, flexibility, financial gains and job prospects were important factors considered in choosing a speciality. Most decision was made during clinical rotations (64%) and only 35.3% had career guidance. Many enjoyed their anaesthesia posting but over half of them feel the exposure was inadequate.
Conclusion: Anaesthesia remains a poorly sought-after speciality amongst young medical graduates. There is an urgent need for career counselling, anaesthetist mentors and a review of students' clinical rotation in anaesthesia.
Keywords: Anaesthesia; House officers; Medical students; Speciality choice; Nigeria.

Management of Community Acquired Pneumonia in a known Myasthenia Gravis Patient

Authors: *Okonna FG, Igbonekwu CO, Ekanem MS, Ejezie CCi.*
Correspondence: Okonna FG. Consultant Anaesthsiologist, Department of Anaesthesia University of Nigeria Teaching Hospital (UNTH) Enugu- Nigeria.

Background: Pneumonia, commonly caused by bacteria is an inflammation of the alveoli, can also be caused by viruses or fungi.

Community acquired pneumonia can be diagnosed when an individual has new or increased cough or difficulty with breathing with radiological evidence; temperature more than 38°C or less than 36°C and white blood cell count of less than 4 ×10⁹/L or more than 10 ×10⁹/L is highly suggestive. We hereby present a case managed in our Centre.

Case report: A 30-year-old woman diagnosed of Myasthenia Gravis 3 years prior to presentation, was referred from a peripheral hospital with a history of cough, generalised muscle weakness and respiratory distress. Other findings are difficulty in breathing, high grade fever which was intermittent and relieved by taking paracetamol. She also presented with drooping left eyelid, difficulty with swallowing, talking, facial weakness, blurry vision and diplopia but no proximal weakness.

Initial vital signs PR 90b/m, BP 160/80mmHg, RR 32/min, SPO2 98% on INO2 at 5L/min. Plan IV Rocephin 1g 12hrly, Tabs Losartan 50mg dly, Tabs Pyridostigmine 60mg 4hrly. Consult was sent to haematology and to the ICU.

In ICU, she complained of choking, tiredness, and subsequently became drousy. She was intubated and mechanically ventilated, sedated and nebulized 4 hourly. Other ICU protocol activated including physiotherapy, investigations requested accordingly. By the 3rd day in ICU, weaning off mechanical ventilation was commenced following clinical and radiological improvements. She was extubated by 6th day in ICU monitored and with full recovery was transferred to the ward on the 8th day.

Conclusion: Patients who have bacterial community acquired pneumonia with certain co-morbidties may require intensive care unit admission with or without endotracheal intubation and mechanical ventilation just like our index patient.

Keywords: Pneumonia, Community Acquired, Myasthenia Gravis.

Ultrasound Guided Bilateral Erector Spinae Plane Block Versus Wound Infiltration with Plain Bupivacaine for Post-Operative Pain Relief following Myomectomy under Spinal Anaesthesia

Authors: *Odukuye RM, Ejiro BA, Idehen HO.*
Corresponding Author: Odukuye RM, Department of Anaesthesia, Delta State University Teaching Hospital Oghara, Delta State, Nigeria.

Background: Opioid analgesia has been the gold standard for managing post-myomectomy pain, but its use is limited. Regional anaesthesia techniques have been explored for pain relief in order to overcome these challenges.

Objective: To compare the post-operative analgesic efficacy of ultrasound guided bilateral erector spinae plane block to wound infiltration in patients undergoing myomectomy under spinal anaesthesia.

Methodology: The study involved patients aged 18-65 with ASA I or II and divided into two groups. The ES group received an ultrasound-guided bilateral erector spinae plane block before spinal anesthesia, while the WI group received wound infiltration at the end of surgery. The objectives were to determine the time to first analgesic request, pain scores, total postoperative pentazocine consumption, haemodynamic variables, complications, and patients' satisfaction. The results showed that these factors significantly influenced the outcomes of the surgery.

Results: The study involved 34 patients in the ES group and 35 in the WI group. The mean time to first analgesic request postoperatively was shorter in the WI group (141.3 ± 15.7 min) vs ES group (297.6 ± 17.8 min). The ES group had significantly lower NRS at rest ($p = 0.044$, $p = 0.032$, $p < 0.001$ and $p = 0.009$). Postoperative total pentazocine consumption was lower in the ES group (38.7 ± 12.4 mg) vs WI group (86.7 ± 13.6 mg).

Conclusion: The study found that UGBESPB is more effective than WI for post myomectomy pain due to increased time to first analgesic request, reduced pain scores, lower opioid consumption, and improved patient satisfaction.

Keywords: Erector spinae, Regional anaesthesia, Opioid analgesia, Numerical rating score.

Risk Factors of AKI among Adult ICU Patients in University of Uyo Teaching Hospital, Uyo, Comparing Serum Cystatin C and Serum Creatinine-Based Criteria

Authors: *Jacob E, Eyo C, Edubio M, Ebu A.*
Corresponding Author: Jacob E, University of Uyo Teaching Hospital, Uyo - Nigeria.

Background: Acute kidney injury (AKI) is a major complication in critical illness. The most implicated risk factor for AKI in ICU is sepsis. Others include diabetes mellitus, hypertension, chronic kidney disease, use of mechanical ventilator, and use of vasopressors.

Methodology: This was a prospective observational study and the convenience sampling method was used. Data collected included: socio-demographics, baseline Serum creatinine (SCr) and vital signs. Samples were collected for analysis of SCr and Cystatin C (Cyst C) at 00hour, 12 hourly for 48 hours, and day-3 to day-7 from presentation in the ICU to detect AKI. The diagnosis of AKI was made based on the KDIGO criteria. P-value < 0.05 was statistically significant.

Results: Result

The Risk factors were categorized into socio-demographics, aetiology, co-morbidity and interventions in ICU. Comparing these risk factors among Scr vs Cyst C revealed that AKI was more common among middle aged group (30.5% vs 27.6%), followed by elderly population (21.9% vs 21.9%) [p- value < 0.001 and 0.001]. Considering gender, male gender (39% vs 36.1%) > female gender (21% vs 24.8%) (P-value 0.02 vs 0.09). Based on aetiology, both criteria had head injury as the most common aetiology complicated by AKI (30.5%); sepsis (14.3%) P-value < 0.001. The implicated comorbidities were: Hypertension (24.8%), followed by DM (5.7%) P- value 0.02 vs 0.0. Implicated interventions in ICU were mechanical ventilation (22.9% vs 21.9%,) followed by Mechanical ventilation + use of vasoactive agent (9.5% vs 8.6%), P-value 0.37 vs 0.45.

Conclusion: The risk factors for AKI were similar in both Scr and Cyst C diagnostic criteria, with similar prevalence of AKI in each risk factor studied

Keywords: AKI, ICU, Serum creatinine, Serum cystatin.

Anaesthesia for a Gravid Jehovah Witness Patient for Adrenal Tumour Excision: A Case Report

Authors: *Uzowulu RC, Olawoye T, Mordi C.*
Correspondence: Uzowulu RC, Department of Anaesthesia National Hospital Abuja- Nigeria, e-mail: uzowulurosemary@gmail.com.

Background: Phaeochromocytoma is a type of neuroendocrine adrenal tumour. Removing it is always a great challenge to the surgeon and anaesthesiologist because of severe haemodynamic changes that can be life threatening during surgery and the immediate post-operative period.

Case Report: We present a case of a 37yr old Jehovah Witness, pregnant G2P1 at 16 weeks, with Phaeochromocytoma who had an elective tumour excision done in a multi specialist private hospital in Abuja. It was a multi-disciplinary management involving the Anaesthetist, Urologist, Endocrinologist, Obstetrician, Haematologist and Cardiothoracic surgeon. The anaesthetic management started with a proper preoperative review and pre-surgical meeting with the multi-disciplinary team. The preoperative work up was done with the use of Prazocin tablets (alpha blocker) and Bisoprolol tablets (Beta blocker) to achieve haemodynamic stability before surgery. Phenoxybenzamine tablets which was the alpha blocker drug of choice was not available in Nigeria. The patient also received Erythropoietin to build up her Haemoglobin prior to surgery (Hb= 10g/dl). Standard preoperative work up was done in preparation for surgery, blood transfusion was not an option since she was a Jehovah witness and objected to blood transfusion, but Haemacel (a colloid) was made available. She was counselled preoperatively on the possibility of losing the pregnancy, bleeding that may compromise her survival, as well as ICU admission, with a high-risk consent obtained. General anaethesia with a lumbar epidural was the preferred technique of choice used. The risk of perioperative hypertension, hyperglycemia, hypokalemia, and cortisol blood level were considered as well as avoidance of

hyperventilation, use of histamine release drugs and sevoflurane as inhalation agent. Invasive and non-invasive monitoring for haemodynamics changes were in place. Surgery was successfully done and the patient was managed in the Intensive care unit on a non-rebreathing face mask for 48 hours before she was discharged to the ward. The patient remained haemodynamically stable post operatively. The obstetricians through an ultrasound certified the foetus viable without any compromise.
Conclusion: In this report, we demonstrated the importance of multi-disciplinary approach, clinical acumen and teamwork in the management of this high-risk condition without the option of blood transfusion.
Keywords: Phaeochromocytoma, Pregnancy, Jehovah Witness, Multi-disciplinary approach.

Postoperative Delirium in Elderly Surgical Patients: A Prospective Cohort Study

Author: Nwosu ADG, National Orthopaedic Hospital Enugu - Nigeria, adnwosu@yahoo.com.

Background: Postoperative delirium is a frequent complication following surgery in elderly patients. Despite its strong association with poor health outcomes the literature in Nigeria has been limited to few case-reports. We undertook to determine the prevalence and risk factors of postoperative delirium in our cohort of elderly surgical patients.
Methods: We conducted a prospective cohort study in a regional trauma and burn centre in Enugu, Southeast Nigeria. The participants were patients aged 65 years and above, who underwent various orthopaedic and plastic surgical procedures. Each patient was visited once daily for three days post-surgery and assessed for delirium by the trained non-psychiatrist physician. The "Confusion Assessment Method" was used for the diagnosis of delirium, based on in-person interview of the patient and the accompanying care-giver. The motor sub types were classified based on the predominant psychomotor disturbance (hyperactive, hypoactive, mixed, none). Multivariate analysis using binary logistic regression was used to determine the predictors of delirium. The level of statistical significance was determined by a p value of <0.05.
Results: Data from 304 patients (mean age, 71.7+6.4years) were analysed. The prevalence of postoperative delirium was 24.0% (73/304). Most of the delirious incidents, 90.4% were undetected by the managing surgical teams. The predictors of delirium were normal preoperative cognitive status; (AOR=0.2; 95% CI: 0.1-0.5), perioperative anaemia (AOR=4.6; 95%CI: 1.3-16.5), perioperative blood transfusion (AOR=2.1; 95%CI: 1.1-4.2), and surgery lasting between 120 and 179 minutes (AOR=0.3; 95%CI: 0.1-0.8).
Conclusion: Postoperative delirium was usually unrecognised by the managing surgical teams despite the high prevalence in Nigeria.
Keywords: Delirium, Elderly, Nigeria, Surgery.

A Case Report of Delayed Abnormal Reaction following Propofol Sedation

Authors: *Ilo IS, Ilo DI, Anyalechi CC.*
Correspondence: Ilo IS, Department of anaesthesia Federal Medical Center Umuahia, Abia State - Nigeria.
Email: drafielumelu@gmail.com

Background: Propofol, 2,6-diisopropylphenol is a short acting intravenous agent use for sedation, induction and maintenance of anaesthesia. Propofol has been noted over the years to have several rare side effects which include skin rashes, itching, hives, swelling of the face, lip, or tongue, dystonia, seizures etc. This is an account of one of its rare side effects.
Case Report: A 45yr old male who had upper GI endoscopy on account of dyspepsia to rule out peptic ulcer disease. There was no history of fever, headache, no co-morbid conditions. Patient was premedicated with glycopyrrolate 0.2mg, propofol 80mg was administered, the upper GI endoscopy was done successfully, the procedure lasted for about 8mins, and the patient woke up immediately after the procedure and mouth gag was removed. Vital signs during the procedure were stable.
The patient was discharged about 2hrs after the procedure. There was history of fever associated with shivering and weakness 30mins after the discharge. There was also history of passage of dark yellowish coloured urine and peppery sensation in the mouth that prevented the patient from eating food which developed 12hrs after the procedure, urine colour improved with hydration. At 48hrs after the procedure the patient noticed blisters around the mouth and changes in the nail bed., tab dexamethasone 8mg 12hrly for 48hrs was prescribed and he was encouraged to take plenty of fluids, the reactions resolve spontaneously after 2 weeks.
Conclusion: We reported a case of delayed onset abnormal reaction after procedural sedation with propofol.
Keywords: Propofol, Abnormal reaction, Sedation, Endoscopy.

Propofol Induced Anaphylaxis: A Case Report

Authors: *Akata BE, Oladokun OD, Ogunmuyiwa FA, Adetayo FK, Adubi OE, Adefusi TO.*
Correspondence: Adetayo FK, Department of Anaesthesia, Lagos State University Teaching Hospital, Ikeja, Lagos- Nigeria.

Background: Although propofol is one of the most commonly used drugs for induction of anaesthesia, it is not devoid of anaphylactic potential. Early detection of any suspected anaphylactic reaction during anaesthesia, prompt management, identification of the offending agent and prevention of exposure to the offending agent in the future is the responsibility of the anaesthesiologist. This is a case report of anaphylaxis to propofol at the induction of anaesthesia in a previously non-allergic 9year old boy who had right herniotomy done and responded to epinephrine infusion.
Case Report: A 9yr old male child who had right herniotomy on account of right communicating hydrocele. Preoperative history was not remarkable. Intraoperative period was complicated by an anaphylactic reaction following administration of propofol at induction and was subsequently managed by securing the airway and adrenaline administration. Post-operatively he had two episodes of bronchospasm which was also managed successfully. He was transferred to PACU and monitored closely for several hours.
Conclusion: Early recognition and administration of adequate adrenaline is the mainstay of anaphylaxis management. Anaphylaxis is a clinical diagnosis, and tests such as total plasma tryptase are only supportive of the diagnosis. The anaesthesiologist plays a key role in coordinating care for the patient during and after a perioperative anaphylaxis event.
Keywords: Anaphylaxis, Epinephrine, Propofol.

Spinal Shock in Cervical Spine Lesion in Poor Resource Setting, a Diagnostic Dilemma: Case Report

Authors: *Okonna FG, Igbonekwu CO, Iloabachie CR, Ekanem MS, Ejezie CC.*
Correspondence: Okonna FG. Department of Anaesthesia, University of Nigeria Teaching Hospital Ituku -Ozalla Enugu - Nigeria.

Background: Spinal shock is the loss of function of the spinal cord below the level of injury. Spinal cord injury can occur most commonly as a result of trauma however other causes have been described which includes myelopathies, neoplastic, autoimmune amongst others. At the onset of spinal shock, there is loss of sympathetic activities, but normalises within few days depending on the level. Management includes haemodynamic monitoring and support, respiratory support, surgical decompression if indicated, physiotherapy and other supportive care. A managed case of spinal shock is hereby presented.
Case Report: A 21-year-old right-handed primigravida at gestational age of 29 weeks and 4 days who was referred from a peripheral hospital on account of persistent fever, posterior neck pain and muscle weakness, unable to move all limbs for three days prior to presentation, no history of trauma or surgery. Further review revealed intra-uterine foetal death, following ultra-sound she was induced and she expelled fresh still male baby of 2kg weight. She was moved to the Intensive Care Unit (ICU), due to multiple focal seizure, fever, respiratory distress, deteriorating level of consciousness and diarrhea. In ICU, she required both ionotropic and ventilatory support.
Her condition worsened and many possible diagnoses were entertained like, Cervical transverse myelitis with ascending cord oedema, Myasthenia Gravis, Gullain Barré Syndrome and

Haemangioma because the initial Brain CT was not helpful. Following percutaneous tracheostomy, stabilization and weaning from inotropes and ventilator, patient was able to go for Cervical MRI which revealed Multiple Intramural Lesions within C4 -C6, with Gross Spinal Cord Oedema and possible Multiple Sclerosis Plaques. The Neurosurgery team immediately began working her up for possible surgical intervention. Patient was discharged to the ward on tracheostomy tube to continue surgical workup after 32 days in the ICU.
Conclusion: Managing an unstable patient like spinal shock can be challenging in a setting where facilities for support and diagnosis are not available.
Keywords: Spinal Shock, Spinal Leion, Diagnosis, Support.

Audit of Anaesthesia Chart Completion at the University College Hospital, Ibadan

Authors: *Osinaike BB, Okonkwo TC, Omoniyi DA, Olawale SI, Adebayo OK*.
Corresponding Author: Okonkwo TC, Department of Anaesthesia and Intensive Care, University College Hospital, Ibadan- Nigeria.

Background: The anaesthesia chart is a vital component of the medical record of patients undergoing surgery and anaesthesia. It is often the sole record that the Anaesthetist has of peri-operative events and hence should be comprehensive, accurate and clear. Unfortunately, it has been repeatedly reported to be poorly completed by many Anaesthetists thus exposing them to malpractice claims in the event of a lawsuit. An audit of the anaesthesia chart is therefore key in improving peri-operative care and minimising medico-legal risks. Our experience is hereby presented.
Methods: The study was a prospective audit of anaesthesia charts at the University College Hospital, Ibadan. A checklist designed from variables on the currently used anaesthesia chart was used to score chart completeness. All anaesthesia charts of patients who underwent general, or regional anaesthesia, or monitored anaesthesia care at all operating theatres in February 2024 were included.
Results: One hundred and eighty-eight charts were analysed in this audit. The mean percentage chart completion was 68.2±9.3%. The minimum score was 25% while the maximum was 87.6%. Eight charts (4.3%) scored < 50%, 134 (71.3%) scored 50-74% while only 46 charts (24.5%) scored ≥ 75%. The demographic section was better completed than the pre-operative and intra-operative sections (91.2%, 54.4% and 49.1% respectively). Charts of procedures done under general anaesthesia, those completed by junior registrars and charts for procedures done during the day were better completed. ($p< 0.05$)
Conclusion: The anaesthesia chart is an often overlooked but essential part of anaesthesia practice. This audit of anaesthesia chart completion revealed that charts were not adequately filled. This finding has far-reaching medico-legal implications.
Keywords: Anaesthesia chart; Audit; Malpractice claim; Perioperative events; Record keeping.

Perioperative Fluid Management of a Patient with a Long Standing Huge Uterine Mass and Ascites with Anticipated Severe Hypotension.

Authors: *Eya JC, Okonna FC, Michael O.*
Corresponding Author: Eya JC, Department of Anaesthesia Enugu State University of Science and Technolgy Teaching Hospital Enugu- Nigeria.

Background: The goal of intravenous fluid (IVF) administration is to restore and maintain tissue and electrolyte haemostasis and central euvolaemia, while avoiding salt and water excess. The fluid management in a patient with a long standing huge uterine mass and ascites with anticipated severe hypotension is hereby presented.
Case Report: A chronically ill-looking 52-year-old woman weighing 100kg who presented with a long standing very huge uterine fibroid. The abdomen was pendulous, looking like a woman with multiple gestations. Abdominal ultrasound showed a huge degenerating uterine fibroid mass with ascites. She was optimized before surgery. Combined spinal and epidural anaesthesia were the technique used. She was preloaded with 1litre normal saline (1 L N/S) after establishing two intravenous lines with wide bore cannulae. She was given intranasal oxygen because supine position caused significant splitting of the diaphragm leading to respiratory distress and desaturation. Intravenous atropine 0.6mg and intravenous ephedrine 6mg shortly after instituting the epidural catheter and before spinal anaesthesia were given. Fluid deficit was replaced and maintenance therapy given. At the initial hypotension, vasopressor was added to the fluid. A total of 5 litres of fluid was given intraoperatively. In spite of all the fluid therapy measures we took we still had severe hypotension that was further managed by raising the feet of the patient. This helped to improve the patient's blood pressure.
Conclusion: Proper anaesthetic planning involving adequate fluid therapy, use of vasopressor and feet elevation will improve the outcome in huge intraabdominal masses with ascites involving anticipated large fluid loss.
Keywords: Perioperative, Fluid management, Huge uterine mass, Hypotension.

A Comparison of Two Routes Of Magnesium Sulphate Administration for Prevention of Postoperative Sore Throat

Authors: *Agi B, Alagbe-Briggs OT, Johnson UU.*
Corresponding Author: Agi B, Department of Anaesthesia and Intensive Care, University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt, Rivers State-Nigeria.
Email: braveryagi@gmail.com, Phone number: +2348036905142

Background: Postoperative sore throat (POST) is an undesirable complication after general anaesthesia involving use of endotracheal tubes (ETT). Pharmacological agents via different routes have been used to prevent POST. This study compares two routes of magnesium sulphate in reducing its incidence and severity.
Methods: This was a prospective, randomized, double-blind, placebo-controlled study in 84 patients undergoing abdominal surgery under general anaesthesia with tracheal intubation. Patients were randomly allocated into three groups. Group I (n=28) patients were nebulised with 3mls of normal saline (NS) and received 30mg/kg of IV $MgSO_4$ in 50mls of NS. Group II (n=28) patients were nebulised with 225mg (3mls) of isotonic $MgSO_4$ and infused with 50mls of NS. Patients in control group III (n=28) were nebulised with 3mls of NS and infused with 50mls of NS. Postoperatively, incidence and severity of POST were assessed at 0hour, 1hour, 4hours and 24hours using a four-point scale proposed by Stout et al. ETT cuff pressure in all patients was maintained at 25cmH_2O. Data including demographic-clinical characteristics were analysed using SPSSv22.
Results: There were 84 patients with M:F ratio of 1:1.6 and mean age was 35.2years. Overall incidence of POST was 30.1%, but 11.1%, 25%, and 53.6% in Groups I, II and III respectively. Severity was worse in the control group($p=0.002$). No statistical difference was seen between Nebulised and Intravenous Groups ($p = 0.324$).
Conclusion: Intravenous and nebulised routes of $MgSO_4$ have comparable effects in reducing incidence and severity of POST.
Keywords: Tracheal Intubation, $MgSO_4$, Sore Throat.

Admission Patterns and Outcome of Patients in the Adult Intensive Care Unit of University of Nigeria Teaching Hospital (UNTH) Enugu: A 5 Year Retrospective Review (2017-2022)

Author: *Okonna FG, Ejezie CC, Ogbodo OV, Eya JC, Chime MO, Onyekwulu FA.*
Corresponding Author: Okonna FG, Department of Anaesthesia and Intensive Care Unit, University of Nigeria Teaching Hospital (UNTH) Enugu - Nigeria.

Background: Intensive Care Units (ICUs) are critical components of healthcare systems, designed to provide specialized care to patients with life-threatening conditions. Such patients often require constant and close intensive monitoring using specialized equipment to arrest the patient's deteriorating physiology.
Aim: To determine the admission patterns, common indications and outcomes of patients admitted into the adult intensive care unit of UNTH.
Methods: This is a retrospective review of all the patients admitted into the ICU of UNTH over a 5-year period from April 2017 to March 2022. Data of patients were collected from the admission and

discharge registers. Data collected include demographics (age and gender), source of admission, diagnosis on admission and outcome. The data were entered on a spreadsheet designed for the study and analysed using SPSS version 24.0.

Results: A total of 693 patients were admitted into the ICU during the period under review. There were more male (57.6%) than female patients (42.4%). Their average age ± SD was 38.89 ± 21.17. The theatre (49.5%) was the most common source of admission into the ICU, followed by Accident and emergency (32.3%) and Wards (18.2%). Surgical indications (71.4%) were the most common reasons for admission into ICU. Surgical indications for ICU admission showed neurosurgery 52.9% to be the most common surgical indication. Acute abdomen (21.6%), post-thoracic procedures (7.7%), post-cardiac procedures (6.9%), obstetric and gynaecological indications (6.9%) and other post-operative procedures (4%). Our review showed that more than half of the patients (66.2%) admitted were discharged to the ward, 29.7% died, 3.8% were discharged to their homes while less than a percent was either discharged against medical advice or on request to other facilities.

Conclusion: We recommend establishment of proper and strict protocols for admissions into the ICU and a functional HDU to reduce the number of post-surgical admissions into ICU.

Keywords: Admission, Outcome, Pattern, Indications, ICU.

Central Neuraxial Anaesthesia for Exploratory Laparotomy: A Case Series

Authors: *Ilo IS, Ilo DI, Nduka EC.*

Correspondence: Ilo IS, Department of anaesthesia Federal Medical Center Umuahia, Abia State - Nigeria.

Background: Exploratory laparotomy is frequently performed for a variety of abdominal conditions, traditionally under general anaesthesia. However, the use of regional anaesthesia has gained attention due to its potential benefits including improved postoperative pain management and faster recovery. This is an account of a series done under refional anaesthesia.

Methods: We conducted a case series on 18 adult patients who received regional anaesthesia for exploratory laparotomy over a five months period. The technique employed included spinal anaesthesia, epidural only and combined spinal epidural. Key parameters assessed intraoperative analgesia, opioid consumption, sedation score, postoperative complications.

Results: A total of 20 patients were enrolled into the study out of which 2 were excluded due to incomplete data, 12 were males (66.6%), while 6 were females (33.3%), age range was between 46-80yrs, indications for the surgery were perforation from peptic ulcer disease-8, mesenteric cyst-2, ovarian malignancy-2 and intestinal obstruction-6. Regional anaesthesia techniques employed were spinal 5.6% (1), epidural 55.6% (10), CSE 38.9% (7).

Only 4 patients had need for additional analgesia due to abdominal discomfort following bowel manipulation for which ketamine 15mg+15mg was administered, haemodynamic were relatively stable except for two patients that had transient hypotension after the block, PONV were observed in 4 (22.2%) patients, no patients required conversion to General anaesthesia

Conclusion: The use of regional anaesthesia for exploratory laparotomy is a viable alternative to general anaesthesia, offering benefits in pain management, recovery and patient satisfaction.

Keywords: Central neuraxial block, Exploratory laparotomy, Combined spinal anaesthesia.

An Audit of Non-Obstetric Intraoperative Cardiac Arrests in Nnamdi Azikiwe University Teaching Hospital

Authors: *Oranusi IO, Ajani NL, Nwofor CK.*

Corresponding author: Oranusi IO, Nnamdi Azikiwe University/Nnamdi Azikiwe University Teaching Hospital, Nnewi - Nigeria.

Background: Intraoperative cardiac arrest (IOCA) is a rare complication of surgery. The global incidence ranges from 1.1 per 10,000 to 34.6 per 10,000 anaesthetics. The risk of IOCA is not well understood. Risk factors of IOCAs vary. Poor outcomes necessitate monitoring and audit of records. This study evaluates the incidence, risk factors, causes, and outcome of IOCA among non-obstetric patients at the Nnamdi Azikiwe University Teaching Hospital.

Methods: Anaesthesia records from the main theatre of the Nnamdi Azikiwe University Teaching Hospital over a 5-year period were reviewed retrospectively, cases of intraoperative cardiac arrests were identified and analysed using the Statistical Package for the Social Sciences (SPSS) version 25.

Results: There were 4386 surgeries and 13 cardiac arrests. The incidence of non-obstetric IOCA was 2.96 per 1000 and the mortality rate was 1.1 per 1000. There was no significant relationship between risk factors and outcome of IOCA, $p>0.05$. Most IOCA occurred during emergency surgery (69.2%), all occurred during maintenance of anaesthesia. Neurosurgery cases (46.1%) and general surgery cases (38.5%) had the highest number of cardiac arrests. The causes of IOCA were blood loss, hypertension, hypotension and hypoxia.

Conclusion: The incidence of IOCA is comparable with those from similar studies. Control of risk factors may help in reducing incidence of IOCAs. There was no significant relationship between risk factors and outcome of IOCA

Keywords: Intraoperative, Cardiac arrest, Anasthesia, Surgery, Risk.

A National Survey of Substance use Disorder among Nigerian Physicians – The Terrain Study

Authors: *Onyeka TC, Briggs B, Yakubu S, Mohammed D, Osele T, Oluwadun O, Abdullahi M, Onyeji C, Ibrahim S, Ogboli-Nwasor E, Mato C, Soyannwo O, Olomu P; for NSA Research group.*

Corresponding Author: Onyeka TC, Dept. of Anaesthesia, University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu, Enugu State - Nigeria.

Background: Substance abuse is a global crisis, with 3.3 million alcohol-related deaths yearly and 14.4% of people globally using drugs. In Nigeria, 30-35 million individuals use psychotropic drugs and alcohol, driving crime and incarceration. This study examines substance use disorder (SUD) prevalence, knowledge, and attitudes among Nigerian physicians.

Methods: The survey instruments, which included the Brief Substance Abuse Attitude Survey, collected data on physicians' attitudes and experiences with substance use. Information was distributed widely via email, media, and targeted medical groups.. Data analysis was performed using descriptive statistics, and logistic regression to explore factors associated with SUD. P-values < 0.05 were considered statistically significant.

Results: A total of 1016 doctors completed the survey. Majority (54.5%) of respondents reported knowing colleagues who used substances, with use most frequently observed during residency training (37.7%). A little over half of the respondents (53.6%) reported that colleagues who engaged in substance use eventually returned to their professional activities and 6.9% admitted to personal use. Majority believed in random drug screening for improving safety for doctors (89.8%) and patient safety (90.6%). Gender was predictive of attitude towards SUD with more males having a negative attitude (55.9%) compared to females (31.2%) with a positive attitude ($p = 0.045$).

Conclusion: Substance use among physicians is concerning, with over half aware of colleagues' use, mainly during residency. Strong support exists for random drug screening to enhance doctor and patient safety. Gender differences in attitudes suggest males hold more negative views. Future research should explore interventions and cultural factors influencing physician substance use.

Keywords: Substance Use Disorder, Knowledge, Attitude, Physicians, Nigeria.

Massive Intrapartum Haemorrhage following Caesarean Section leading to Subtotal Hysterectomy and Cell Salvage Autotransfusion

Authors: *Dekah IJ, Abdulrasheed L, Popoola A M.*
Correspondence: Dekah IJ, Department of Anaesthesia, Barau Dikko Teaching Hospital Kaduna Kaduna State - Nigeria, ibrahimdekah@gmail.com.

Background: Massive intrapartum hemorrhage is a leading cause of maternal morbidity and mortality, requiring immediate intervention especially during Caesarean sections. This report describes a case of severe hemorrhage following a Caesarean section that required subtotal hysterectomy and cell salvage autotransfusion.
Case presentation : A 39-year-old gravida 3 para 2-woman, 2 previous caesarean section at 39 weeks of gestation underwent an emergency Caesarean section for breech presentation at past midnight. During placental delivery which was morbidly adherent to the uterus (placenta increta), she experienced heavy uterine bleeding, with an estimated blood loss of 3 liters. Initial management with uterotonic agents and surgical techniques, including uterine packing and B-Lynch sutures, failed to control the hemorrhage. Cell salvage technology was employed to collect the blood lost intraoperatively, and approximately 1.5 liters of salvaged blood from suction bottle were reinfused. Despite this, the hemorrhage persisted, and due to worsening hypovolemic shock, an emergency subtotal hysterectomy was performed to achieve hemostasis. Postoperatively, the patient was admitted to the intensive care unit (ICU) for continued monitoring and received further blood products, including 4 units of packed red blood cells.
Conclusion: The patient's recovery was uneventful, and she was extubated within 24 hours. Her hemoglobin stabilized, and she was discharged home on postoperative day 7. This case highlights the critical importance of prompt recognition and management of massive intrapartum hemorrhage, the role of cell salvage autotransfusion in reducing the need for allogenic blood transfusion, and the life-saving potential of hysterectomy when conservative treatments fail. Further studies are needed to assess the efficacy of cell salvage in obstetrics.
Keywords: Intrapartum haemorrhage, Caesarean section, Subtotal hysterectomy, Cell salvage, Autotransfusion.

Role of Chest X-Ray in Diagnosing Abnormally Placed Subclavian Central Venous Catheter: A Few Case Reports

Authors: *Okonna FG, Ogwuegbu HT, Ejezie CC, Ogbodo OV.*
Correspondence: Okonna FG. Consultant Cardiac Aneasthesiologist and Intensivist, University of Nigeria Teaching Hospital (UNTH), Enugu- Nigeria, drgodwinday@gmail.com, +2348038726605.

Background: Central venous catheter (CVC) placement is a common clinical procedure in the management of critically ill patients. Among the various sites used for CVC insertion, the subclavian vein is often preferred due to its ease of access and lower infection risk. However, incorrect placement of subclavian catheters can lead to complications, such as malpositioning, vascular injury with haematoma and potentially life-threatening outcomes. Prompt detection of an abnormally positioned CVC is essential, and imaging modalities, primarily chest X-ray (CXR), play a crucial role in this. This article reviews the role of chest X-ray in identifying abnormally placed subclavian central venous catheters through a series of case reports.
Case Reports:
Case 1: A 55-year-old male was admitted to the ICU for sepsis management. A subclavian central venous catheter was inserted using anatomical landmarks. Post-procedure check chest X-ray revealed the catheter tip was in the ipsilateral internal jugular vein. It was subsequently removed and another catheter passed and position confirmed by a follow up chest X-ray.
Case 2: A 68-year-old male who was managed for community acquired pneumonia complicated with plueral effusion and type 1 respiratory failure. Following the subclavian catheter insertion, the chest X-ray showed the catheter tip crossing the midline above superior vena cava towards the contralateral subclavian vein. The catheter was removed and successfully repassed, with the follow-up X-ray confirming correct placement.
Case 3: A 55-year-old man managed as a case of severe traumatic brain injury, underwent subclavian catheterization. Post-procedural CXR revealed the catheter passing into the ipsilateral internal jugular vein instead of the superior vena cava. The abnormalcatheter was removed and another passed, position was confirmed with a follow-up chest X-ray.
Conclusion: The check X-ray is generally performed immediately after catheter placement, especially in critical care and emergency settings where rapid confirmation is necessary. While ultrasound guidance has improved CVC insertion accuracy, X-ray remain essential, especially in settings where the catheter course or final tip position may be unclear. Check X-rays are indispensable in these instances as they provide a reliable, readily available, and cost-effective method to confirm catheter placement. With advancements in portable imaging, X-rays can be performed bedside, facilitating immediate action when malpositioning is identified. Moreover, integrating ultrasound and CXR may enhance procedural safety and accuracy.
Keywords: Central venous catheter, X-Ray, Malposition.

Reliability of Cuff Palpation and Predetermined Volume Techniques in Generating Ideal Endotracheal Tube Cuff Pressure in Patients Undergoing General Anaesthesia

Authors: *Orji MO, Ogunsiji AO, Idowu OK, Osinaike BB, Okonkwo TC.*
Correspondence: Okonkwo TC, Department of Anaesthesia and Intensive Care, University College Hospital, Ibadan - Nigeria.

Background: Incorrect endotracheal tube cuff inflation can have grave consequences including tracheal ischaemia, pulmonary aspiration and more recently aerosolization of deadly infectious organisms. Cuff manometry is not routinely practiced in our setting because of unavailability of cuff manometers. Pilot balloon palpation (PBP) and predetermined volume techniques (PVT) are the clinical methods frequently utilized for cuff pressure estimation. Our objective was to determine the precision, incidence and extent of cuff over- and under-inflation when these clinical methods are used.
Methods: This observational study was conducted on 118 consecutive patients aged ≥16 years, undergoing general anaesthesia with endotracheal intubation. The anaesthesia team performed tracheal intubation and cuff inflation as deemed fit without interference by the Investigator. The cuff pressures were measured after inflation, recorded and corrected to 25cmH20. Cuff pressures were also measured at the end of surgery.
Results: Of the 118 patients, PVT was used to estimate cuff pressure in 73 (61.9%) compared with 45 (38.1%) estimated with PBP. The mean cuff pressure generated with PVT was 48.02 ± 15.64 cmH20 compared with 45.50 ± 13.04 cmH20 from PBP. Two cases (2%) had cuff pressures less than 20 cmH20; 22% between 20 – 30 cmH20; 76% had cuff pressures greater than 30 cmH20 with 3% having cuff pressures in excess of 60 cmH20. Mean cuff pressure following intubation was 47.1 cmH20 (S.D 14.7 cmH20). At the end of surgery, the mean cuff pressure was 20.9±5.5 cmH20 a reduction from the pre-set 25 cmH20.
Conclusion: Use of PBP and PVT in our setting resulted in frequent over-inflation of endotracheal tube cuff. Measurement of cuff pressure with a manometer, following intubation and intermittently over the course of surgery, is necessary to reduce the risk of cuff related complications.
Keywords: Cuff pressure; Intubation; Palpation technique; Predetermined volume.

Smartphone Use Habits of Anaesthesia Providers During Anaesthetized Patient Care

Authors: *Ilo DI, Ilo IS, Ifezue UC.*
Correspondence: Ilo IS, Department of Anaesthesia, Federal Medical Centre Umuahia - Nigeria.

Background: Smartphone usage has become pervasive across various professional environments which includes the healthcare sector. For anaesthesia providers who continuously monitor surgical patients, smartphone usage during the period has raised concerns as

regards its impact on clinical performance, attentiveness and patient safety. This is a study to evaluate its use during anaesthesia among Anaesthesia providers.

Methods: A questionnaire-based study was conducted among anaesthesia providers including anaesthesiologists, nurse anaesthetist, anaesthesia residents across multiple healthcare facilities. The study was an online survey consisting of 20 open-ended multiple-choice questions which was distributed as Goggle forms via WhatsApp.

Results: A total of 112 participants completed the survey, with the majority aged 31-40yrs (45.5%). A total of 61 resident doctors (54.5%), 25 consultants (22.3%), and 19 nurse anaesthetists (17%) participating. All the respondents have smartphones. Many providers acknowledge that smartphone use in the OR could be both beneficial and potentially distracting. The purpose of smartphone uses during anaesthetized patient care include, 72.7% phone calls, 63.6% medical application, 50.9% surf internet, 50% WhatsApp/SMS, 25.5% social media, 20% reading/writing mails, 6.4% playing games. Only 22.1% of respondents has experienced distractions and had negative medical consequences due to smartphone use during anesthetized patient care. 14.7% of respondents agreed smartphone usage in the OR should be restricted, 67% of respondents agreed that smartphone usage in the OR should be partly restricted with only in house communication while 18.3% agreed that it should not be restricted. The respondents described their attitude to smartphone use in the OR a s helpful (44%), essential (24.8%), and distracting (8.3%).

Conclusion: While the smartphone could enhance clinical decision making and communication, there is a nee d for guidelines to balance its usage with patient safety in the OR. Institutions should consider implementing policies that encourage restriction to smartphone use for essential clinical purpose s while minimizing distractions.

Keywords: Smartphone, Habit, Anaesthesia providers.

Maternal and Surgeons' Satisfaction across Different Degrees of Left Lateral Tilt During Caesarean Section Under Spinal Anaesthesia

Authors: *Chime MO, Eya JC, Okonna FG, Onyekwulu FA, Amuchazi AO, Nwoke OM, Ebirim LN, Ogboli-Nwasor E, Nnacheta TE.*

Correspondence: Chime MO, Department of Anaesthesia, University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu, Enugu State, Nigeria.

Background: Left lateral tilt has been shown to relieve the aorto-caval compression during spinal anaesthesia for Caesarean section however, the optimal tilt to achieve this has been a topic of debate. These tilts could have different Surgeon's satisfaction in operating conditions and possible patient comfort during the procedure. This study aimed to compare maternal and surgeons' satisfaction across three different degrees (10,15,20) of left lateral tilt during Caesarean section under spinal anaesthesia.

Methods: Eighty-one term pregnant women for Caesarean section aged 18-45 years were randomized into 3 groups; A, B, C corresponding to three degrees of left lateral angulation (A = 10°, B = 15°, C = 20°) with 27 participants in each group. A standardized, structured questionnaire was used to collect information on the perception of surgeons' and participants' comfort in the three groups. Comparison of means (ANOVA) was used to determine the differences in the surgeons' and participants' comfort among the various groups.

Results: The average operating time with 20° was longer than in groups 10° and 15° (P=0.000). Surgeons who operated at 10° and 15° tilt appeared to be more comfortable than those who did at 20° tilt, and this was statistically significant (P=0.015). There was no statistically significant difference in maternal comfort across the groups (P = 0.114).

Conclusion: There is a difference in the surgeon's comfort in favour of 100 angle but no statistical difference in maternal comfort.

Keywords: Spinal anaesthesia, Left lateral tilt, Caesarean section.

Case Report: Resuscitation of a 20-Year-Old Female With Status Asthmaticus During Caesarean Section Under Spinal Anesthesia

Authors: *Dekah IJ, CalebM, Popoola AM..*

Correspondence: Dekah IJ, Department of Anaesthesia, Barau Dikko Teaching Hospital Kaduna, Kaduna State - Nigeria. Email - ibrahimdekah@gmail.com.

Background: Status asthmaticus during Caesarean section is a rare but life-threatening condition, particularly when it occurs under spinal anesthesia. It can lead to respiratory failure and cardiac arrest if not managed promptly. This case highlights the challenges and successful management of a 20-year-old female who developed status asthmaticus during an elective Caesarean section.

Case Presentation: A 20-year-old primigravida with a history of poorly controlled bronchial asthma presented for emergency Caesarean section due to breech presentation. Spinal anesthesia was administered without complications, and a healthy infant was delivered. Shortly after delivery, the patient developed severe bronchospasm, hypoxemia, and respiratory distress, progressing to status asthmaticus. Despite initial treatment with bronchodilators and high-flow oxygen, she deteriorated and suffered a cardiac arrest. Immediate cardiopulmonary resuscitation (CPR) was initiated, along with endotracheal intubation, administration of epinephrine and corticosteroids.

Management and Outcome: After 8 minutes of CPR, the patient achieved return of spontaneous circulation (ROSC). She was transferred to the intensive care unit for continued management and close monitoring. Her respiratory status improved with ongoing bronchodilator therapy and systemic corticosteroids. The patient made a full recovery and was discharged with appropriate asthma management. The newborn was healthy and unaffected.

Conclusion: This case illustrates the importance of prompt recognition and intervention in patients with asthma undergoing Caesarean section. Early resuscitation efforts, along with targeted asthma management, can result in positive outcomes even in severe cases of status asthmaticus.

Keywords: Status asthmaticus, Caesarean section, Spinal anaesthesia, Cardiac arrest.