

PROGRAMME

Paediatric Anaesthesia

Tuesday, March 05, 2024

Session Date/Time: Tuesday, March 5, 2024 - 08:30 - 09:30

MR 336 (Level 3)

Paediatric Anaesthesia PBLD: Emergency Laparoscopy in Pierre Robin Syndrome

PBLD Fee: 20 USD

2 month old male , 4.5 kg, scheduled for emergency laparoscopy for potential bowel obstruction. Diagnosis of Pierre Robin sequence at birth. Child was fed formula about 1 hour ago, and appears to be slightly diaphoretic.

1. How will you induce anaesthesia?
2. Is RSI Indicated?
3. What equipment is needed for the safe delivery of anaesthesia?
4. Can you do this under regional anaesthesia?

Emergency Laparoscopy in Pierre Robin Syndrome

Thomas Engelhardt, Canada

Session Date/Time: Tuesday, March 5, 2024 - 08:30 - 09:30

MR 336 (Level 3)

Paediatric Anaesthesia PBLD: Laparoscopy for a Child with Fontan Circulation

PBLD Fee: 20 USD

8 year old with Fontan Circulation for single ventricle,, presents for emergency laparoscopic Appendectomy under general anaesthesia.

1. What hemodynamics is needed to be monitored for the child before induction of anaesthesia?
2. Technique for induction and maintenance of anaesthesia
3. What monitoring is needed intraoperatively?
4. Does the child need to be transferred to the ICU for postoperative care?

Laparoscopy for a Child with Fontan Circulation

Walid Habre, Switzerland

Session Date/Time: Tuesday, March 5, 2024 - 08:30 - 09:30

MR 335 (Level 3)

Paediatric Anaesthesia PBLD: Paediatric Massive Haemorrhage Management

PBLD Fee: 20 USD

6 months old child undergoing craniyosynostosis. Strategies for blood management and transfusion strategies will be discussed.

PROGRAMME

Paediatric Massive Haemorrhage Management

Susan Goobie, United States

Paediatric Massive Haemorrhage Management

Heidi Meyer, South Africa

Session Date/Time: Tuesday, March 5, 2024 - 08:30 - 09:30

MR 335 (Level 3)

Paediatric Anaesthesia PBLD: The Foreign Body at Midnight: Should I Sleep, or Should I Go?

PBLD Fee: 20 USD

2 year old with severe wheezing and coughing presents at 10 PM to the ED, history of choking while eating peanuts in the evening. Suspect a FB in the airway. Chest X-Ray shows diffuse atelectasis.

1. Should we proceed with a bronchoscopy now or wait for the morning?
2. Can a RSI be performed on this child?
3. If mask induction, does NPO status matter?

The Foreign Body at Midnight: Should I Sleep, or Should I Go?

Laszlo Vutskits, Switzerland

Session Date/Time: Tuesday, March 5, 2024 - 13:00 - 14:00

MR 335 (Level 3)

Paediatric Anaesthesia PBLD: Chronic Pain Management

17 year male s/p right below elbow amputation presents to your pain clinic with severe refractory complex regional pain syndrome. Current medications include high dose opioids, gabapentin, amitriptyline, and acetaminophen.

1. What other modalities can be provided for pain control?
2. If neuromodulation is an option, is peripheral neuromodulation or central neuromodulation a better option?
3. Could this have been prevented at the time of surgery?

Chronic Pain Management

James Rathmell, United States

Chronic Pain Management

Santhanam Suresh, United States

Session Date/Time: Tuesday, March 5, 2024 - 13:00 - 14:00

MR 335 (Level 3)

Paediatric Anaesthesia PBLD: ICU/ECPR Initiation

6-year-old s/p major bowel resection and small bowel transplantation, in step down ICU has severe hypotension, and is now in severe sinus bradycardia, CPR is initiated. After several doses of epinephrine, patient is now in refractory ventricular tachycardia.

PROGRAMME

1. When do we initiate ECPR in these children? What criteria is needed for ECPR?
2. What equipment is needed and how do we proceed?
3. What protocol needs to be set up for ECMO initiation in hospitals?

ICU/ECPR Initiation

Ken Brady, United States

Session Date/Time: Tuesday, March 5, 2024 - 13:00 - 14:00

MR 336 (Level 3)

Paediatric Anaesthesia PBLD: Pain Control in Difficult Situations

14 year with end stage osteosarcoma of right femur now scheduled for above knee amputation. Patient on methadone 10 mg bid, Oxycontin every 6 hrs, gabapentin 400 mg qid, acetaminophen 600 mg every 6 hrs.

1. How do we manage his perioperative pain?
2. What opportunities do we have for regional anaesthesia?
3. Can we prevent phantom pain in this patient?
4. Do we need to scale down his pain meds before surgery?

Pain Control in Difficult Situations

Ban Tsui, United States

Pain Control in Difficult Situations

Santhanam Suresh, United States