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## Pediatric ophthalmic anesthesia: It's different

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**Introduction:** Administering safe and effective anesthesia to a neonate is a challenging task for an anesthesiologist. There are many studies on safety and role of pediatric anesthesia in general and dental surgeries but none reported in ophthalmology. The purpose of this study was to elucidate anesthesia-related challenges in 78 neonates who underwent ophthalmic surgery in a tertiary eye care center.

**Methodology:** It was a retrospective cohort study where medical records of 78 consecutive neonates who underwent ophthalmic surgery between 1st January, 2007 to 31st December, 2016 were collected, studied, and analyzed.

**Results:** The mean age of the patients was 16.97±7.73 days. The most common indication

for performing ophthalmic surgery in the neonatal period was found to be Congenital Glaucoma (57.69%). All neonates considering their age were found to have ASA grade III. Comorbidities were seen in 28.2% of the neonates operated. Neonates who were shifted to a neonatal care facility for routine postoperative observation amounted to 79.48%. We did not encounter any morbidity or mortality in this study.

### Conclusion and Significance:

Although the ophthalmic surgical procedure is considered "low risk" in terms of blood loss, third spacing of fluids and postoperative pain, the patient population as a whole tends to be a "high-risk" Anesthesiologist concerns include, the sterile draping preventing access to the airway and the equipment never being at the head end of the patient. These issues however minor they may sound become more pronounced when the patient is a neonate.

There are numerous challenges in anesthetizing a neonate. No one single anesthetic drug or technique will prove to be ideal for all situations. The 'art of neonatal anesthesia' requires and needs a sound scientific base in order to optimize the conduct of anesthesia care for this population

### Biography

S Lakshmi Prasanna has expertise in pediatric ophthalmic anesthesia. Over thirteen years she has been exposed to a multitude of cases ranging from Preterm babies coming for retinopathy of prematurity surgery to a huge load of pediatric cases presenting with congenital cataract and squints through to geriatric cases presenting for eye surgery with a host of multiple systemic problems. She is a member of Ophthalmic Forum of Indian Society of Anesthesiologists (OFISA) She has been part of the Scientific Committee of the first Ophthalmic Forum of Indian Society of Anesthesiologists Conference (OFISACON). She was also invited as a faculty for the second OFISACON, 72<sup>nd</sup> All India Ophthalmic society and 63<sup>rd</sup> Indian society of anesthesiologist's conference. She has had poster presentations in Ophthalmic Anesthesia Society, Chicago 2016, Principles of pediatric anesthesia and critical care in Boston 2017 and in International Anesthesia Research society meeting held in Chicago last year.

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