

conferenceseries.com TENTATIVE PROGRAM

Anesthesia and Intensive Care Treatment

San Antonio, USA September 15-16, 2016

Theme: "Current Challenges in Perioperative Medicine"



Conference Secretariat

2360 Corporate Circle, Suite 400 Henderson, NV 89074-7722, USA
Tel: +1-888-843-8169, Fax: +1-650-618-1417, Ph: +1-650-268-9744, Toll free: +1-800-216-6499
Email: anesthesia@insightconferences.com, anesthesia@omicsgroup.com
anesthesia@conferenceseries.com

<http://anesthesia.conferenceseries.com/>

PROGRAM AT A GLANCE

Day 1				
Morning Sessions	Reception/Registration	08:30-09:30		
		Time	General Session	
		09:30-09:55	Inaugural Address	
	Least of 3 Keynote/Plenary Talks	10:00-10:25	Keynote/Plenary Talk 1	
		10:25-10:50	Keynote/Plenary Talk 2	
		10:50-11:15	Keynote/Plenary Talk 3	
	Panel Discussions/Group Photo			
	Coffee/Tea Break 11:15-11:30 (Networking)			
	11.30-13.10	Different types of Anesthesia	Anesthesia and acute pain management	
	Lunch Break 13:10-13:50			
13.50-16:10				
Evening Sessions	Coffee/Tea Break 16.10-16.25 (Networking)		Intensive Care Medicine and Organ Support Systems	Anesthetic Physiology

Day 2				
Morning Sessions		Time	Session 1	Session 2
		10:00-11:15	Anesthetic Pharmacology	Adult Subspecialty Management
	Coffee/Tea Break 11:15-11:30 (Networking)			
		11:30-12:15	Critical Care Medicine	
		12:15-13:10	Anesthesia Awareness	

Evening Sessions	Lunch Break 13.10-13.50			
	13.50-16.10	Anesthesia Complications	Anesthesia Management Systems (AIMS)	
	Coffee/Tea Break 16.10-16.25 (Networking)			
	16.25-18.30			
	Awards & Closing Ceremony		Anesthesia in Vaccines	Current Research in Anesthesia

NOTE: Program Schedule is subject to change with final allotment of the speaker slots

Biography

Alex Bekker is Professor and Chairman of Anesthesiology at Rutgers New Jersey Medical School. He obtained his Doctoral Degree in Engineering from the New Jersey Institute of Technology and received his Medical Degree from the Rutgers - New Jersey Medical School. He completed his anesthesia training at Columbia Presbyterian Medical Center in New York. Dr Bekker has joined the Department of Anesthesiology at the NYU Medical Center in 1995 and was appointed a Vice-Chair for Research in 2005. Dr Bekker is internationally recognized expert in neuroanesthesia and is frequently invited to speak at Grand Rounds and Scientific Panels. Dr. Bekker has been active in research and for many years. He is an author of 74 peer reviewed publications, 6 US patents, 33 educational reviews and more than 100 abstracts. His work has focused on perioperative brain protection, neuroinflammation, postoperative pain control and clinical pharmacology. Dr Bekker was a PI of numerous clinical trials, including studies sponsored by the National Institute of Aging. He serves on the editorial board of the Journal of Neurosurgical Anesthesiology and is ad hoc reviewer for 15 peer-reviewed journals, including NEJM, Anesthesiology, Neurosurgery, PLoS One, and Anesthesia and Analgesia.

Abstract

Perioperative Stroke

Alex Bekker
Rutgers New Jersey Medical School, NJ, USA

Perioperative stroke is defined as an episode of focal or global loss of cerebral function with symptoms lasting more than 24 hours. General surgical procedures are associated with a 0.08-0.7% risk of stroke. Potential stroke etiology includes hypoperfusion, thromboembolism, and hemorrhage. The preoperative patient related risk factors for perioperative stroke are: advanced age, previous cerebrovascular diseases, peripheral vascular disease, chronic obstructive pulmonary disease (COPD), atrial fibrillation, hypertension, cardiac valvular disease, diabetes mellitus, HTN, atherosclerosis, and renal disease. General anesthesia, dehydration, bed rest, stasis in the postoperative period, and perioperative withholding of antiplatelet or anticoagulation agents can aggravate surgery-induced hypercoagulability and increase the risk of perioperative thrombotic events.

Elective surgery should be delayed for at least 1 month after a documented ischemic stroke. Another consideration in the preoperative period is patients who require chronic anticoagulation. Bridging oral anticoagulant therapy (warfarin) with heparin or low molecular weight heparin should be considered for the majority of patients who require temporary interruption of warfarin therapy

Postoperative risk factors for a stroke include heart failure, myocardial infarction, arrhythmias (atrial fibrillation), dehydration (blood loss), and hyperglycemia. Preoperative administration of statins, ASA, a continuation of anticoagulation therapy (when indicated), as well as appropriate timing of surgery do appear to reduce the incidence of stroke after CABG and vascular surgery and may show similar results in the general surgery population as well.

Biography

Alex Bekker is Professor and Chairman of Anesthesiology at Rutgers New Jersey Medical School. He obtained his Doctoral Degree in Engineering from the New Jersey Institute of Technology and received his Medical Degree from the Rutgers – New Jersey Medical School. He completed his anesthesia training at Columbia Presbyterian Medical Center in New York. Dr Bekker has joined the Department of Anesthesiology at the NYU Medical Center in 1995 and was appointed a Vice-Chair for Research in 2005. Dr Bekker is internationally recognized expert in neuroanesthesia and is frequently invited to speak at Grand Rounds and Scientific Panels. Dr. Bekker has been active in research and for many years. He is an author of 74 peer reviewed publications, 6 US patents, 33 educational reviews and more than 100 abstracts. His work has focused on perioperative brain protection, neuroinflammation, postoperative pain control and clinical pharmacology. Dr Bekker was a PI of numerous clinical trials, including studies sponsored by the National Institute of Aging. He serves on the editorial board of the Journal of Neurosurgical Anesthesiology and is ad hoc reviewer for 15 peer-reviewed journals, including NEJM, Anesthesiology, Neurosurgery, PLoS One, and Anesthesia and Analgesia.

Abstract

Postoperative Cognitive Decline in the Elderly

Alex Bekker
Rutgers New Jersey Medical School, NJ, USA

After attending the presentation, the participants will be able to:

1. Discuss the incidence and clinical features of postoperative delirium (PD) and postoperative cognitive dysfunction (POCD)
2. Recognize ongoing controversies surrounding the time course, the severity, and even the clinical relevance of POCD
3. Identify subgroups of patients who are at higher risk for PD and POCD and assess the preventive strategies to reduce incidence of these complications

The brain is vulnerable during the perioperative period. Neurobehavioral disturbances are common complications of surgery, manifesting in three distinct forms: emergence delirium, postoperative delirium, and POCD. The relationship between these conditions has yet to be fully elucidated. Although not limited to geriatric patients, the incidence and impact of both are more profound in geriatric population. Delirium has been shown to be associated with longer and more costly hospital course and higher likelihood of death within 6 months or postoperative institutionalization. POCD is a condition characterized by deterioration of cognitive performance after surgery presenting as impaired memory and/or concentration. Perioperative physiological derangements (e.g. hypotension), anesthetics, duration of surgery, respiratory complications have been suggested as possible causes, but only age and limited education has proven to be consistent risk factors in most studies. Current research suggests that patients with preoperative cognitive impairment are at higher risk for POCD because of their already compromised status and their potential vulnerability to worsen into dementia due to a less cognitive reserve. In this presentation, we review the definitions, etiology, prevention and treatment of both disorders in patients undergoing major non-cardiac surgery.

Anesthesia and Intensive Care Treatment

September 15-16, 2016 San Antonio, USA

Biography

Dr. Parul Maheshwari is currently working as an Assistant Professor in the Department of Anesthesiology, University of Oklahoma Health Sciences Center, USA, a multispecialty, tertiary care hospital and is the only Level 1 trauma center in the state of Oklahoma. Dr. Maheshwari completed her Anesthesiology residency and Cardiothoracic and Vascular Anesthesiology fellowship at University of Texas Health Science Center, Houston. She is a Diplomate of American Board of Anesthesiology and National Board of Echocardiography. She has been extensively involved with teaching and mentorship of students, residents, and fellows. She has been a member of departmental and hospital committees. She is an editorial board member for Journal of International Archives of Clinical Anesthesia Research and has numerous peer reviewed publications.

Abstract

Multimodal analgesic technique

Parul Maheshwari
University of Oklahoma Health Science Center, Oklahoma city.

Pain is one of the main predictable postoperative adverse outcome and is reason for distress in patients. Adequate pain control is important for perioperative period. Any single analgesic may not be capable of providing best pain control with minimum or no side effect. Multimodal analgesia is combining different entities to decrease pain as well as the side effects of medications and improve patient satisfaction. Combination of drugs allow modulation of pain at various points in the neurochemical pathway, resulting in synergistic and/or additive analgesia which is corner stone of multimodal analgesia. Multimodal analgesia not only decreases pain and discomfort, but also decreases over all cost by decreasing length of stay. My talk will focus on concepts of multimodal analgesia, its advantages, different modalities used and its impact on patient care.

Anesthesia and Intensive Care Treatment

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Biography

Dr. Praveen Maheshwari is currently working as an Assistant Professor in the Department of Anesthesiology, University of Oklahoma Health Sciences Center, USA, a multispecialty, tertiary care hospital and is the only Level 1 trauma center in the state of Oklahoma. Dr. Maheshwari completed his Anesthesiology residency and Cardiothoracic and Vascular Anesthesiology fellowship at the University of Texas Health Science Center, Houston. He is a Diplomate of American Board of Anesthesiology and National Board of Echocardiography. He has been actively involved with teaching and mentorship of students, residents, and fellows. He has been a member of numerous departmental and hospital committees. He is a question writer for American Society of Anesthesiology and a junior editor for American Board of Anesthesiology. He has been invited to present lectures at regional meetings and have done presentations at national and international meetings. He has numerous peer reviewed publications. He is an editorial board member and is a peer reviewer for several Anesthesiology journals.

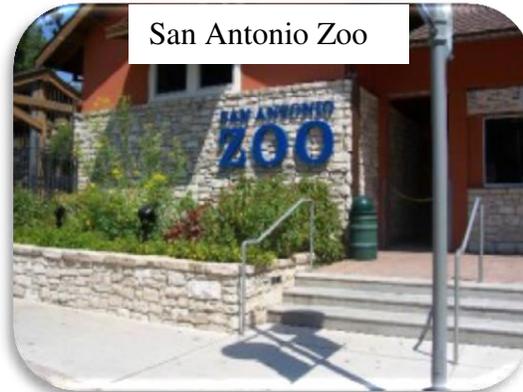
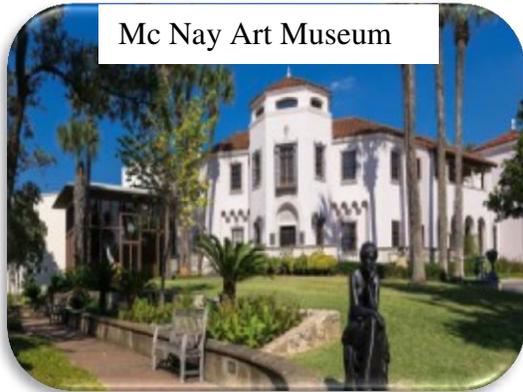
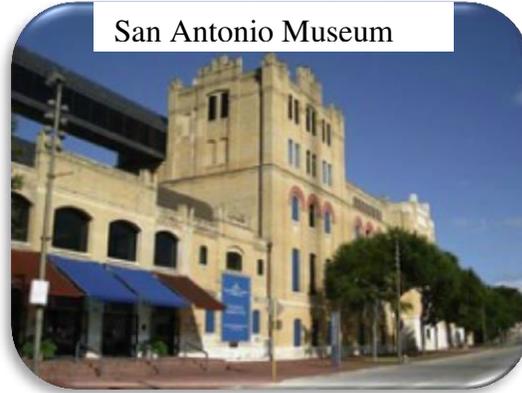
Abstract

Anesthesia for morbid obesity

Praveen Maheshwari
University of Oklahoma Health Science Center, Oklahoma city.

Prevalence of obesity is increasing all over the world. Obese patients are not just large but they also have multiple physiological and anatomical changes associated with obesity. These patients have multiple co morbidities associated with obesity which are independent predictors of poor outcome in the perioperative period. Obesity has its effect on bolus dosing and infusions of medications. Obesity makes these patients at higher risk for anesthesia. So it is very important for anesthesiologists to know about all these changes and how to manage these patient safely and efficiently in the perioperative period. The aim of my talk is to understand the magnitude of the problem, anatomical and physiological changes of obesity, comorbidities associated with obesity, their effect on anesthesia and their management in the perioperative period.

Tourist Attractions



Glimpses of Past Conferences

