PROCEEDING & ABSTRACT

INDONESIAN SOCIETY OF NEUROANESTHESIA AND CRITICAL CARE (ISNACC)
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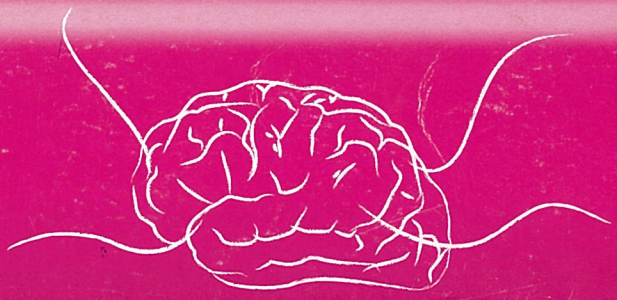

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in conjunction with

JOINT SYMPOSIUM

Indonesia - Singapore

08 - 09 April 2011

Aston Primera Pasteur Hotel & Conference Center

BANDUNG - INDONESIA

Further Information Regarding Registration And Hotel Accommodation, Please Contact :

INDONESIAN SOCIETY OF NEUROANESTHESIOLGY AND CRITICAL CARE (ISNACC)

Departement Anestesiologi & Intensive Care
Faculty of Medicine Padjadjaran University,
Dr. Hasan Sadikin Hospital Bandung
Jalan Pasteur No. 38 Bandung
Tel : 022 - 2038285, 2034853 Ext.3221
Fax : 022-2038306
CP : Mrs.Tini 0815.6104952

IC/O.
Global Echo Organizer convex

Jl. Kebon Sirih Timur 4, Jakarta Pusat - Indonesia
Tel : +62 +21-3149318 / 3149319
Mobile : +62+21-32244.117 – 118
Fax : +62 +21-3153392
E-mail : info@geoconvex.com
Web : www.geoconvex.com
CP : Pahla +62.811.882080

No	Presenter	Institution	Topic
PP-01	Hanna Trimaharani	Resident in Department of Emergency Medicine, Faculty of Medicine – University of Brawijaya, Indonesia	The Influence Of Status and The Patterns of Driving License Ownership Toward The Gardation Head Injury
PP-02	Joni Wahyuhadi	Dept.of Neurosurgery Dr.Soetomo Hospital-Airlangga Medical Faculty Surabaya Indonesia	Hypertonic Sodium Lactat versus Mannitol in The Treatment of Intracranial Hypertension in Severe Traumatic Brain Injured Patients with Non Surgical Lesion
PP-03	Takashi Suto	Gunma University Graduate School of Medicine Department of Anesthesiology 3-39-22, Showa, Maebashi, Gunma 371-8511, Japan	Long-Term Effect of Slow Releasing Lidocaine Particle and Sheet in a Rat Model of Postoperative Pain
PP-04	Muhamad AR	Dept. Anesthesiology and Intensive Therapy, Faculty of Medicine, University of North Sumatera. Medan Indonesia	Anesthetic Problem in Opthalmic Injury and Traumatic Brain Injury
PP 05	Raka Jati Prasetya	Dept. Anesthesiology and Intensive Therapy, Faculty of Medicine, University of North Sumatera. Medan Indonesia	Anesthesia for Drainage Brain Abscess in Patient With Uncorrected Tetralogy O Fallot
PP 06	M.Jalaluddin A Chalil	Dept. Anesthesiology and Intensive Therapy, Faculty of Medicine, University of North Sumatera. Medan Indonesia	Subdural Empyema L1-L5 Due to Spinal Anesthesia Complications
PP 07	Agus Baratha Suyasa	Department of Anesthesiology & IntensiveCare Kasih Ibu Hospital Denpasar Bali-Indonesia	Anesthetic Management Patient With TOF Undergoing Drainage Trepanation Cerebellar Abscess
PP 08	Theresia Monica Rahardjo	Department of Anesthesiology and Intensive Care, Faculty of Medicine, Universitas Padjadjaran, Hasan Sadikin Hospital-Bandung	Anesthesia Management in Cretin Patient With Hypopitutarism Secondary of Craniopharyngioma
PP 09	Diana Christine Lalenoh	Department of Anaesthesiology & Intensive Care, Faculty of Medicine Sam Ratulangi University, Prof. R.D. Kandou Hospital, Manado	Anesthesia Management in Intracranial Haemorrhagic With Cerebral Oedema Because of Haemorrhagic Stroke: A Case Report
PP 10	Dewi Yulianti Bisri	Department of Anesthesiology & Intensive Care, Faculty of Medicine, Universitas Padjadjaran, Hasan Sadikin Hospital Bandung - Indonesia	Hypertensive Emergencies in Older Patient With Traumatic Brain Injury
PP 11	M Dwi Satriyanto	Departement of Anesthesiology & Intensive Care, Eka Hospital Pekanbaru Riau - Indonesia	Case Report : Succsessfully of Cardio Pulmonary Cerebral Resuscitation (CPCR) in Massive Blood Loos During Surgical of Infratentorial Tumor with Prone Position
PP 12	Bambang Harijono	Department of Anesthesiology & Intensive Care, Faculty of Medicine, Airlangga University, Dr.Soetomo Hospital, Surabaya-Indonesia	Craniotomy Management of a Pregnant Woman with Intra Cerebral Tumor: A Case Report
PP 13	Kuncoro Wibowo	Department of Anesthesiology & Intensive Care, Awal Bros Hospital Bekasi -Indonesia	Laminectomy in Post Partum Woman with Paraplegia Inferior Cause by Spondylocitis Tuberculosis in Vertebra Thoracal 3-4
PP 14	Fitri Sepviyanti	Department of Anesthesiologist & Intensive Care, Faculty of Medicine, Universitas Padjajaran, Hasan Sadikin Hospital – Bandung	Haemorrhagic Disease of Newborn With Acquired Prothrombin Complex Deficiency Syndrome Diagnosed in Hasan Sadikin General Hospital From July 2010 to February 2011

PP09. ANESTHESIA MANAGEMENT IN INTRACRANIAL HAEMORRHAGIC WITH CEREBRAL OEDEMA BECAUSE OF HAEMORRHAGIC STROKE: A CASE REPORT

Diana Christine Lalenoh, Department of Anaesthesiology & Intensive Care, Faculty of Medicine Sam Ratulangi University, Prof. R.D. Kandou Hospital, Manado

Abstract

ICH happens to approximately 20 in 100,000 people every year. The typical hemorrhagic stroke patients are ten years younger than the ischemic stroke patients. Most ICH bleedings are sub cortical and over 50% of spontaneous intra-cerebral haemorrhages occur in the basal ganglia. People at the greatest risk for ICH are men, elderly people, African, American, and Asian. Stroke is one of among clinical situations where the protection of central nervous system is a priority. Drugs such as barbiturates, etomidate, propofol, isoflurane, methylprednisolone, tirilazad mesylate, nimodipine, nicardipine, and mannitol are used for protecting the nervous tissue. The sooner the neuroprotective medication is given, the better.

Here we have a successful report of anaesthetic management for male, 41 years old, and 60 Kg bodyweight. He was diagnosed with left parietal Intracranial Haemorrhage (ICH) with oedema ec Haemorrhage stroke. He underwent Craniotomy procedure to evacuate blood clot in left median cerebral artery (Thalamo Striata artery). Blood pressure was 214/142 mmHg, HR 92 x/m, RR 28 x/, and core temperature was 360 C. GCS E1 V1 M4. After 3 hours and 30 minutes, the anaesthesia for craniotomy ended, and the patient was transferred to ICU. The next six days patient was transferred to room care. Intracranial haemorrhage was one of among complication of hypertensive emergencies is poorly understood, but is known to vary in part by etiology. A recognized phenomenon is a sudden increase in systemic vascular ressisstance secondary to circulating humoral vasoconstrictor. There is also evidence of a critical arterial pressure being reached which overwhelms the target organ's ability to compensate for the increase arterial pressure, limiting blood flow to the organ. In this patiens, 41 yrs old, with haemorrhagic

stroke, possibility hypertensive emergencies, BP 224/124 mmHg, Co induction and induction with propofol and fentanyl titration, maintenance with Sevoflurane. According to guidelines, hypertensive emergencies management is antihypertension drug which is rapid onset and can be titrated, so the drug can be closed monitoring. In hypertension patients, cerebral autoregulation was shift to the right. Post surgery patient was transported to ICU with ETT no.7,5. In ICU patient was support with ventilator, after 24 hours patient was adequate spontaneous and after that we extubated the patient. Drugs regimen and support ventilation in this patient is targetting of perioperative brain rescucitation. Length of stay patients in ICU was 6 days because unstable blood pressure and suspect pneumonia. After that, patient was discharge from Icu with adequate spontaneus breathing, Blood Pressure 175 / 95 mmHg, heart rate 84 beat / minutes, respiratory rate 20 breath / minute, and GCS was E4M6VX (afasia). Sequelae in this patients was afasia and right hemiparesa, according to bleeding location. Now, after one half months, patients was under neurologist and medical rehabilitationst care. The importance anesthesia management in Intracranial bleeding ec stroke haemorrhagic is basic brain rescucitation perioperative with pharmacological and non pharmacological strategies, besides principle management of hypertensive emergencies.
Key Word: Intracerebral Haemorrhage, stroke, Brain Rescucitation, Hypertensive emergencies.