

## ABSTRACT AND POSTER FORMAT

(A) Abstract format for Poster

(1) Abstracts to be printed in the program book **13th Biennial Myanmar Conference of Anaesthesia and Intensive Care, Feb 6-9, 2019.**

(2) **Abstracts will be reviewed and selected for poster competition in the conference. Authors must be present on the day of conference for oral presentation to enroll for competition.**

Please follow the following format:

Title:

**ALL CAPITAL LETTERS, BOLD, CENTER, TIMES NEW ROMAN**

**SIZE 11**

Author:

Capital Each Word, not bold, center, times new roman, size 11, name (not mention DR. ) followed by degree, department, hospital

Abstract should include:

**Introduction/Background:**

**With or without Hypothesis:**

**Methods:**

**Results:**

**Discussion:** (may be included)

**Conclusion:** (recommendation may be included)

Times new roman, size 11, words spacing- justify, line spacing- 1.15

Page layout- left margin 1 inch, right 1 in, top 1 in, bottom 1 in

The whole content in single page A4.

Last date of submission: Dec 31, 2019.

(2) Example: see page 2

# **EFFECT OF INTRAVENOUS LIGNOCAINE ON QTc CHANGES DURING LARYNGOSCOPY AND ENDOTRACHEAL INTUBATION**

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**Introduction :** Although endotracheal intubation and laryngoscopy are routine procedures during general anesthesia, these procedures may result in prolong QTc interval duration on ECG by activation of sympathetic nervous system and increased catecholamine release. Prolongation of QTc interval presents a problem for patients with coronary artery disease, recent myocardial infarct and hypertension who are at high risk of morbidity and mortality. Lignocaine, a common local anaesthetic and Class Ib anti-arrhythmic agent, is used to attenuate on cardiovascular responses such as tachycardia, hypertension and arrhythmia. In this study, we studied the effect of intravenous lignocaine for prevention of QTc prolongation induced by laryngoscopy and endotracheal intubation.

**Research Question :** Does the administration of intravenous lignocaine before laryngoscopy and endotracheal intubation have influence on QTc changes induced by these procedures?

**Method:** From September 2010 to December 2011, a hospital based randomized control study conducted in 44 patients who needed general anaesthesia for surgical intervention were randomly allocated in two groups (n=22). In both groups, the anaesthesia was induced with intravenous Fentanyl(1mcg.kg-1) and Propofol(1.5mg.kg-1) with O<sub>2</sub> 5 L/min via facemask. For muscle relaxation, Vecuronium was given to all patients. Then, intravenous lignocaine (1mg.kg-1) was administered to patients in study group and saline was given to those in control group. Three minutes after administration of lignocaine or saline, endotracheal intubation by laryngoscopy was performed. ECG recording was taken at 7 time points: 5 minutes before induction, after propofol administration, after lignocaine or saline administration, immediately after and 1 minute, 3 minutes and 5 minutes after laryngoscopy and endotracheal intubation. Heart rate, systolic blood pressure, diastolic pressure and mean arterial pressure were recorded at the same time. Heart rate corrected QT interval was evaluated by using Bazett's formula.

**Results :** The QTc interval immediately after laryngoscopy and tracheal intubation differed significantly between study group and control group (407 msec vs. 473 msec,  $P<0.01$ ). One minute after laryngoscopy and tracheal intubation, there was statistically difference in QTc interval between study group and control group, (411.40 msec vs. 451.36 msec,  $P<0.01$ ). In control group, QTc interval immediately after and 1 min after laryngoscopy and endotracheal intubation were higher than normal value of 430 msec while patients in study group are within the normal range of QTc interval at all time points.

**Conclusion :** It was concluded that administration of intravenous lignocaine (1mg.kg-1) given 3 minutes before laryngoscopy and endotracheal intubation can effectively reduce QTc interval prolongation induced by these procedures. Systolic blood pressure, diastolic blood pressure, mean arterial pressure and heart rate were more stable in the study group than the control group.

**(B) Poster format**

The vinyl/ paper poster will be:

**Size** : 34 x 46 inch, portrait

**Font**: time news roman/ calibri,

size : title 36-38

body 32-34

**Column**: double

**Colour**: background and words- any colour

**Contents**: title, researcher name and designation as abstract format, with or without figures and pictures