

2nd World Congress on Clinical Surgery and Anesthesia

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E-Poster



CLINICAL SURGERY AND ANESTHESIA

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Successful laparoscopic extraction of trichobezoar due to Rapunzel Syndrome: First reported case in Kuwait

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Rapunzel syndrome is a rare condition typically found in young female patients with mental or psychiatric disorders. It manifests as a large trichobezoar extending beyond the pylorus into the small intestine and leads to various adverse conditions. Early diagnosis and prompt management are crucial to avoiding complications. These bezoars are extracted endoscopically, laparoscopically and via open surgery (most common). In this current report, we discuss a successful laparoscopic extraction of a trichobezoar in a 12-year-old girl with acute abdominal pain due to small bowel obstruction. We describe our technique compared with others' techniques and include a literature review on this topic.

Recent Publications:

Ahmad Essam Al-Mulla, Maznah Al-Mutairi, Fawzia Ashkanani, Mohammed algazar, Mohammed Yousry abdelhamid, et al. (2022) Para-Duodenal Hernia Unusual Presentation of Abdominal Obstruction: A Case Report. *Journal of Surgery & Anesthesia Research*. SRC/JSAR-148. DOI: [doi.org/10.47363/JSAR/2022\(3\)148](https://doi.org/10.47363/JSAR/2022(3)148)

2. Al-Mulla AE, Saleh MY, Zanki M. Chylous ascites associated with internal hernia post-roux-en-Y gastric bypass: A case report. *Obes Res Open J*. 2021; 8(1): 15-17. doi: 10.17140/OROJ-8-146

3. Ahmad E Al-Mulla, Abdulla E Sultan, Ehab S Imam, Raghad A Al-Huzaim, Swirl sign in post-Roux-en-Y gastric bypass patients: a case series, *Journal of Surgical Case Reports*, Volume 2021, Issue 7, July 2021, rjab321, <https://doi.org/10.1093/jscr/rjab321>

Biography

Ahmad E. Al-Mulla is a senior specialist in General and Bariatric surgery. He is associated with the Kuwaiti Board of General Surgery and Fellowship Minimal Invasive and Bariatric and Endoscopy. Currently, he functions in the Department of Surgery Farwaniya Hospital, and London hospital (Kuwait). He has interest in researches involved with general surgery, bariatric and endoscopy.

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Video Presentation



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Contrast spread technique: Algorithm and study

Yakov Perper

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Contrast Spread Technique (CST) is a new and evolving method for epidural space recognition. It is based on the interpretation of the radiological images and possesses some theoretical advantages over the conventional loss of resistance (LOR) technique. Unlike the LOR technique, which relies on the subjective feeling of the performing physician, the CST technique allows for objective verification of the needle tip location inside or outside of the epidural space by visual assessment of the contrast spread that may also be observed and interpreted by the third party. By putting the emphasis on the analysis of resulted radiological images instead of relying on the tactile sense of resistance, it may improve the accuracy of the needle placement and improve the safety of the epidural injections by preventing dural penetration. I safely performed more than 1500 injections with CST and, together with my coworkers, created an algorithm for performing cervical ESI with this technique. I also performed an IRB approved study (Canadian SHIELD, 07/18/19) where both techniques were compared. Cervical ESI was performed with either 18G or 25G needle, with 20 patients in each group. In both groups, 95% Confidence Interval for the proportion of epidural space detection was significantly less for LORT. There was also a significant difference between the proportions of detection of epidural space confirmed by LORT using 18G needle and 25G needles: 60% vs. 10%. Epidural space recognition was 100% for CST in both groups.

Discussion & Conclusion: In both groups, CST was superior to LORT in epidural space recognition. Although it is understandable for 25G group, it is unclear why in 18G group visual recognition of the contrast spread came before the tactile loss of resistance. Further studies are warranted to explore a new technique.

Recent Publications:

1. Perper Y. Contrast spread technique. Pain Med. 2015; 16: 827-828.
2. Perper Y. Contrast spread technique: evolution. Pain Med. 2016; 17: 1385-1386

Biography

Yakov Perper was born in Uzbekistan in 1962, graduated from Tashkent Medical School in 1985, immigrated to United States in 1996 and completed his anesthesia residency at Maimonides Medical Center in Brooklyn. Throughout his professional career, he developed a special interest in cervical epidural injections. Besides creating two inventions on how to safely perform cervical injections in the sitting position, he also discovered a new way of epidural space identification and named it Contrast Spread Technique (CST). He published several articles and presented on CST at different conferences: London Pain Forum Winter Symposium (2015, 2016, 2017 and 2020), at the New York State Pain Society ASM (2017), and the British Pain Society ASM (2018).

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Accepted Abstracts



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Evaluation of diaphragmatic function after interscalene block with liposomal bupivacaine: A randomized controlled trial

Aaron Berg, D.O

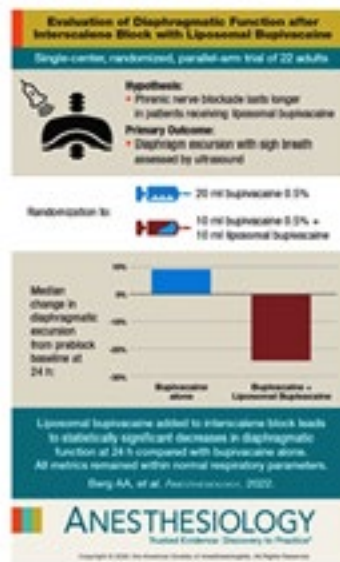
University of Minnesota, USA

Background: Interscalene blocks provide analgesia for shoulder surgery but also cause phrenic nerve paralysis. Liposomal bupivacaine is approved for use in interscalene blocks with the potential to provide longer pain control. However, the impact of liposomal bupivacaine on the phrenic nerve has not been evaluated. It was hypothesized that patients who received an interscalene block with the addition of liposomal bupivacaine would have a decreased diaphragmatic excursion at 24h.

Methods: This was a double-blinded study of adult patients who were randomized to receive an interscalene block either with 20 ml 0.5% bupivacaine (bupivacaine group) or 10 ml 0.5% bupivacaine plus 10 ml liposomal bupivacaine. Twenty-six patients were randomized with 22 included in the analysis. Diaphragmatic excursion (via ultrasound) and spirometry were assessed before the block, in PACU, and at 24 h. The primary outcome was diaphragm excursion with sigh.

Results: At 24 h, the liposomal bupivacaine group median [25th, 75th], had a greater percent change in diaphragmatic excursion during sigh breath compared to the bupivacaine group, -24% [-30, -9] versus 9% [-8, 26], difference in location, 32 (95% CI, 12 to 52), $P=0.007$. Five patients in the liposomal bupivacaine group had a greater than 25% reduction in diaphragmatic excursion at 24 h versus zero in the bupivacaine group. They also had a significantly greater percent reduction in FEV1 and FVC compared with the bupivacaine group at 24 h (median decrease of 22% vs. 2%, $P=0.006$, and median decrease of 19% vs. 1%, $P=0.049$, respectively).

Conclusions: The addition of liposomal bupivacaine to bupivacaine in an interscalene block results in statistically significant reductions in diaphragm excursion and pulmonary function testing 24 h after block placement when compared to bupivacaine alone. This reduction, however, falls within the range of normal diaphragmatic function.



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Recent Publications:

1. Sommer, M.*; de Rijke, J. M.*; van Kleef, M.*; Kessels, A. G. H.†; Peters, M. L.¶; Geurts, J. W. J. M.*; Gramke, H.-F.*; Marcus, M. A. E.* The prevalence of postoperative pain in a sample of 1490 surgical inpatients, *European Journal of Anaesthesiology*: April 2008 - Volume 25 - Issue 4 - p 267-274 doi: 10.1017/S0265021507003031
2. Salviz EA, Xu D, Frulla A, Kwofie K, Shastri U, Chen J, Shariat AN, Littwin S, Lin E, Choi J, Hobeika P, Hadzic A: Continuous Interscalene Block in Patients Having Outpatient Rotator Cuff Repair Surgery: A Prospective Randomized Trial. *Anesth Analg* 2013; 117:1485-1492
3. Ilfeld, Brian M. MD, MS Continuous Peripheral Nerve Blocks, *Anesthesia & Analgesia*: October 2011 - Volume 113 - Issue 4 - p 904-925 doi: 10.1213/ANE.0b013e3182285e01
4. Marhofer D, Marhofer P, Triffiterer L, Leonhardt M, Weber M, Zeitlinger M. Dislocation rates of perineural catheters: a volunteer study. *Br J Anaesth*. 2013 Nov;111(5):800-6. doi: 10.1093/bja/aet198. Epub 2013 Jun 7. PMID: 23748198.
5. Vandepitte C, Kuroda M, Witvrouw R, Anne L, Bellemans J, Corten K, Vanelderden P, Mesotten D, Leunen I, Heylen M, Van Boxstael S, Golebiewski M, Van de Velde M, Knezevic NN, Hadzic A. Addition of Liposome Bupivacaine to Bupivacaine HCl Versus Bupivacaine HCl Alone for Interscalene Brachial Plexus Block in Patients Having Major Shoulder Surgery. *Reg Anesth Pain Med*. 2017 May/Jun;42(3):334-341. doi: 10.1097/AAP.0000000000000560. PMID: 28157791

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Clavipectoral plane block as a sole anesthetic technique for clavicle surgery - A case report

Aileen Rosales

Makati Medical Center, Philippines

Background: The clavipectoral fascia plane block was introduced by Dr. Luis Valdes in a symposium at the 2017 European Society of Regional Anesthesia and Pain Therapy Congress.

Case: Clavipectoral plane block (CPB) with intravenous sedation provided surgical anesthesia and analgesia in a 39-year-old male patient with a right midshaft clavicle fracture. This in-plane technique was used to deposit 30 ml of a local anesthesia mixture between the clavipectoral fascia and periosteum on both the medial and lateral sides of the fracture line.

Conclusions: Excellent anesthesia and analgesia for up to 16 h post-block were provided by CPB during the clavicle surgery.

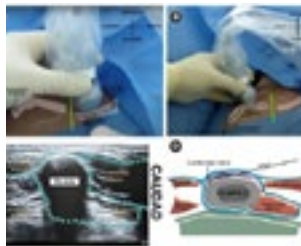


Figure 1: (A) Scanning the clavicle medial to the fracture line. (B) Scanning the clavicle lateral to the fracture line. (C) Sonoanatomy of the clavicle and its surrounding structures (dotted lines show the clavipectoral fascia). (D) A schematic illustration showing the surrounding structures of the clavicle and the local anesthesia deposition during the clavipectoral plane block.

Recent Publications:

1. Rivera AS, Lam HY, Macalino JU. Epidemiology of Injuries in the Philippines: An Analysis of Secondary Data. *Acta Med Philipp* [Internet]. 2018Apr.30 [cited 2022Jul.2];52(2).
2. Qin, Miao MSa; Zhao, Shishun PhDa; Guo, Wenlai PhDb; Tang, Li MSa; Li, Hangyu MSa; Wang, Xuejie MSb; Zhu, Zhe PhDb, Sun, Tianwen PhDc, Open reduction and plate fixation compared with non-surgical treatment for displaced midshaft clavicle fracture, *Medicine*: May 2019 - Volume 98 - Issue 20 - p e15638 doi: 10.1097/MD.0000000000015638
3. Shrestha BR, Sharma P. Regional anaesthesia in clavicle surgery. *JNMA J Nepal Med Assoc* 2017; 56: 265-7.
4. Kukreja P, Davis CJ, MacBeth L, Feinstein J, Kalagara H. Ultrasound-Guided Clavipectoral Fascial Plane Block for Surgery Involving the Clavicle: A Case Series. *Cureus*. 2020 Jul 8;12(7):e9072. doi: 10.7759/cureus.9072. PMID: 32782888; PMCID: PMC7413568.
5. Fugelli CG, Westlye ET, Ersdal H, Strand K, Bjørshol C. Combined Interscalene Brachial Plexus and Superficial Cervical Plexus Nerve Block for Midshaft Clavicle Surgery: A Case Series. *AANA J*. 2019 Oct;87(5):374-378. PMID: 31612842

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Portal vein gas detected by point of care ultrasound, case report

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Introduction: Portal venous gas could be rarely found in adults and is typically associated with underlying intestinal ischemia. Portal venous gas can be detected by a bedside point of care ultrasound (POCUS) examination in adult patients in critical care units (CCU). Findings include echogenic bubbles flowing centrifugally throughout the portal venous system.

Case presentation: We present the case of a 73-year-old female with advanced ischemic cardiomyopathy and cardiorenal syndrome who was managed in the CCU. She developed vague abdominal pain and respiratory depression requiring intubation and dialysis during her course of treatment in the CCU. Her findings were consistent with portal venous gas upon POCUS, prompting computed tomography of her abdomen and surgical consultation. She was ultimately found to have nonobstructive mesenteric ischemia.

Clinical discussion: PVG is an ominous radiological sign and reflects intestinal ischemia up to 72% of cases. Occlusive or non-occlusive obstruction of the arterial blood supply or obstruction of venous outflow could be the particular reasons for acute mesenteric ischemia of the small bowel. Nonocclusive obstruction accounts for 5% to 15% of patients with acute mesenteric ischemia.

Conclusion: With the increasing use of POCUS, critical care physicians should be aware of findings consistent with portal venous gas as a bedside tool for directing the treating physician toward an ominous diagnosis in patients with shock.

Keywords: Point of care ultrasound, mesenteric vessel occlusion, portal vein gas.

Recent Publications:

1. Bitar ZI, Shamsah M, Bamasood OM, Maadarani OS, Alfoudri H. Point-of-Care Ultrasound for COVID-19 Pneumonia Patients in the ICU. *J Cardiovasc Imaging*. 2021 Jan;29(1):60-68. doi: 10.4250/jcvi.2020.0138. PMID: 33511802; PMCID: PMC7847790.
2. Lung Ultrasound and Sonographic Subpleural Consolidation in COVID-19 Pneumonia Correlate with Disease Severity. Zouheir Ibrahim Bitar, Mohammed Shamsah , OssamaSajeh Maadarani ,Omar Mohammed Bamasood, Ali Zouheir Bitar, and Huda Alfoudri . *Critical Care Research and Practice Volume 2021*, Article ID 6695033, 6 pages <https://doi.org/10.1155/2021/6695033>
3. Maadarani O, Bitar Z, Zaalouk T, Mohsen M Elshabasy R. Point-of-care ultrasound can suggest COVID-19. *EJCRIM* 2020;7: doi:10.12890/2020_001915.
4. Zaalouk, TM, Bitar, ZI, Maadarani, OS, Elhabibi, ME. Carbamazepine-induced Stevens-Johnson syndrome in a patient with history of methotrexate-induced mast cell activation syndrome. *Clin Case Rep*. 2021;9:256–259. <https://doi.org/10.1002/ccr3.3509>
5. Bitar, Z.I., Maadarani, O.S., Zaalouk, T.M. et al. The use of point-of-care ultrasound to guide clinical management in intra-abdominal hypertension. *J Ultrasound* 24, 183–189 (2021). <https://doi.org/10.1007/s40477-020-00546-8>
6. Maadarani O, Bitar Z, Elshabasy R, et al. Double heart – chronic large missed pseudoaneurysm of left ventricle. *JRSM Open*. July 2021. doi:10.1177/205427042111025258
7. Bitar, Z. , Al-Ajmi, M. , Maadarani, O. , Shammari, Y. , Elzouairy, M. and Al-Muwaizri, M. (2021) Attitude (Acceptance) of the COVID-19 Vaccine among Adult Kuwait Oil Company Workers. *Open Journal of Internal Medicine*, 11, 210-219. doi: 10.4236/ojim.2021.114017.

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Maternal nutritional status and pregnancy outcomes post-bariatric surgery

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Obesity in childbearing women leads to pregnancy-related complications such as gestational diabetes mellitus, pregnancy-associated hypertensive disorders, and macrosomia. Weight loss helps reduce these complications. Studies show bariatric surgery reduces obesity-related complications during and after pregnancy. However, bariatric surgery might be associated with adverse outcomes, such as low birth weight and small-for-gestational-age infants. In addition, several studies suggest pregnancy which is occurring in less than a year post-bariatric surgery adversely affects pregnancy outcomes and causes micronutrients deficiency since the dramatic weight loss occurs in the first year. These adverse outcomes may lead to nutritional malabsorption, such as anemia, low vitamin B12 and folic acid levels. The review aims to overview obesity-related complications during pregnancy and the benefits and risks of bariatric surgery on pregnancy outcomes and maternal nutrition status.



Recent Publications:

1. World Health Organization. Global status report on noncommunicable diseases. Geneva, Switzerland: World Health Organization; 2014
2. Memish ZA, El Bcheraoui C, Tuffaha M, Robinson M, Daoud F, Jaber S, et al. Obesity and Associated Factors — Kingdom of Saudi Arabia, 2013. *Prev Chronic Dis* 2014;11:140236. DOI: <http://dx.doi.org/10.5888/pcd11.140236>.
3. Skubleny, D., Switzer, N.J., Gill, R.S. et al. The Impact of Bariatric Surgery on Polycystic Ovary Syndrome: a Systematic Review and Meta-analysis. *OBES SURG* 26, 169–176 (2016). <https://doi.org/10.1007/s11695-015-1902-5>

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