

## **Dr Pallavi Lande-Marghade**

**MBBS, MD (Anaesthesiology)  
PDCC (Cardiac Anaesthesia)  
FRCA (London)  
Editor in Chief JACCR  
Founder Director Anesthesia TV**



### **EDUCATION & QUALIFICATIONS:**

**Primary Degree M.B., B.S. Seth G S Medical College & K.E.M. Hospital, Mumbai, India – December 2001**

**Postgraduate Certification M.D. (Anaesthesia) Seth G S Medical College & King Edward VII Memorial Hospital, Mumbai, India, January 2005**

**FRCA (London) passed, December 2011**

#### **Further Certification**

**PDCC (Post doctoral certificate completion in cardiac anaesthesia) at Apollo Hospital, Chennai.**

**Date of completion 31<sup>st</sup> July 2009**

**ACLS Provider November 2016**

**PALS Provider February 2017**

#### **Websites:**

1. [www.jaccr.com](http://www.jaccr.com)
2. [www.anaesthesiatv.com](http://www.anaesthesiatv.com)

### **ACADEMIC ACHIEVEMENTS:**

- **Dr Belsare Kartutvavaan Puraskaar Gold Medal;** Dr V S Kale Memorial Trust August 2013
- **Distinctions** in Physiology, Pathology, Microbiology, Forensic Medicine, Pharmacology, ENT and Ophthalmology in University of Mumbai exams 1995 – 2000
- **Dr. R. G. Dhayagude memorial 3<sup>rd</sup> prize** in anatomical drawing competition for the year 1996 in Seth G S Medical College and KEM Hospital
- **Top student award** in March 1993 Secondary School Certificate exam by Rotary club of Bombay.

**CURRENT APPOINTMENT:****Specialist Anaesthesiologist**

Al Zahra Pvt Hospital, Sharjah, NMC Healthcare Group

Have worked previously in KEM Hospital Mumbai, Apollo Hospitals Chennai & George Eliot Hospital, UK

**Area of Interest:** Regional Anaesthesia, Obstetric Anaesthesia, Labour Analgesia, CPR awareness amongst general population

**Charitable contributions:**

On panel for Smile train for cleft lip and cleft palate surgeries at Amravati, Maharashtra

Blood donation drives

Vaccination camps

**Presentations:**

1. **How to make article submission easy for publication:** Post Graduate Student's Session, Maharashtra State Conference of Anaesthesiologist 5th- 8th October 2016, Nanded, Maharashtra, India as invited international faculty
2. **CPR Guidelines in Pregnancy, Neonate, Paediatrics:** World Anesthesia Day Conference 2017, organized by ISA Mumbai & Dr G S Ambardekar Society, Mumbai as invited international faculty
3. **Failed Intubation in Obstetrics:** Maharashtra State Conference of Anaesthesiologist 5th-8th October 2016, Nanded, Maharashtra, India as invited international faculty
4. **Recent Updates of CPR guidelines:** Department of Anaesthesia, PDMMC, Amravati, India, World Anesthesia Day 2016 as invited international faculty
5. **Essentials of Day Care Anaesthesia: MISACON 2016:** Maharashtra State Conference of Anaesthesiologist 15<sup>th</sup> -16<sup>th</sup> October 2016, Aurangabad, India as invited international faculty
6. **CPR guidelines 2015: What has changed & why?**  
**TACON 2016:** The Anaesthetist Society First International Annual Conference- 26<sup>th</sup>- 28<sup>th</sup> August 2016, Ahmedabad, India as invited international faculty
7. **Perioperative Obstetric Care: Coagulation & other common conundrums:** Association of Obstetrics and Gynaecology, IMA-Amravati Jan 2015 as a guest speaker.
8. **Perioperative Obstetric Care: Coagulation & other common conundrums:** TACON 2014-1<sup>st</sup> Annual Conference of The Anaesthetist Society-15-16<sup>th</sup> Nov 2014 as invited national Faculty

9. **Who are we?:** Presentation on the role of awareness about Anaesthesiologist at ISA Amravati, World Anaesthesia Day- 16<sup>th</sup> October 2014 as invited local faculty
10. **Is Thoracic Paravertebral Block an ideal anaesthesia for modified radical mastectomy: A case review:** presented as oral presentation: MISACON –WISACON 2014, Latur, Maharashtra, Nov 2014
11. **Thoracic Paravertebral Block in Ischaemic Heart Disease Patient:** presented as poster: MISACON –WISACON 2014, Latur, Maharashtra, Nov 2014
12. **Comparison of fascia iliaca compartment block with spinal anaesthesia in a hip surgeries for postoperative pain relief –** presented as a platform presentation in CME, Nagpur, Nov 2013
13. **Airway and intubation problems during general anaesthetic for LSCS-** Presented as a poster in the Midland's Society of Anaesthesia meet, UK, March 2012
14. **Swine flu in a pregnant patient : a case report-** Presented as a poster in the Midland's Society of Anaesthesia meet, UK, March 2012
15. **Survey on the use of dexamethasone for post operative nausea and vomiting-** Presented as a poster in the Midland's society of Anaesthesia meet, UK, March 2011
16. **Airway and intubation problems during general anaesthetic for LSCS-** George Eliot Hospital, UK presented in departmental audit meeting, December 2011
17. **Audit On Perioperative use of emergency drugs ( atropine and suxamethonium)-** George Eliot Hospital, UK presented at the departmental audit meeting, August 2010
18. **Thromboprophylaxis in post natal period: is it enough?:** George Eliot Hospital, UK presented at the departmental audit meeting, August 2010
19. **Height of Confusion: assessing regional blockade before caesarean section** Presented: at the departmental audit meeting at George Eliot Hospital, UK, May 2010
20. **Massive Pulmonary Thromboembolism on the 2<sup>nd</sup> postoperative day following OPCAB surgery.** Presented: as a presentation in free paper session at Indian Association of Cardiovascular Thoracic Anaesthesia 2009, Chennai, India
21. **Informed consent: Level of awareness amongst resident doctors and general population.** Presented: as a presentation in free paper session at Research society and clinical pharmacology 2006, Pune, India
22. **Thoracic epidural in management of pain in laparotomies** Presented: as a presentation in award paper session at Research society and clinical pharmacology 2006, Pune, India. Primary author Dr Ajay Arvind
23. **Paraganglionoma of the spine, a rare presentation**

Presented: as a poster at Maharashtra State Anaesthesiologist's Conference 2004, Solapur, India

Presented at Research Society and Clinical Pharmacology 2004, Mumbai, India

### **Faculty in Workshops:**

1. **How to make article submission easy for publication!** : World Anesthesia Day Conference 2017, organized by ISA Mumbai & Dr G S Ambardekar Society, Mumbai, 13th October 2017, One day workshop on Medical Writing Skills as invited faculty
2. **AURA Course for USGRA:** organized by **British Anesthesia & Pain Academy**, Blocks below clavicle, Feedback 4.6/5 by delegates, Dubai, 25 th September 2017
3. **Workshop for Ultrasound Guided Regional Anaesthesia:** Advances in Regional Anesthesia Abdominal and Lower Limb Blocks, Faculty- NMC Hospital, Dubai Investment Park, Dubai Marriott,7th July 2017
4. **Workshop for Ultrasound Guided Regional Anaesthesia:** Faculty- Al Zahra Private Hospital 14<sup>th</sup> October 2016

### **Publications:**

1. **Editorial: Anaesthetist as a Perioperative Physician:** Journal of Anesthesia and Critical Care Case Reports, May- Aug 2017; 3(2): 1-2
2. **Editorial: Tackling Stress in Anesthesia Practice: Personal Experience & Insights:** Journal of Anesthesia and Critical Care Case Reports, Jan- Apr 2017; 3(1): 1-2
3. **Editorial: Choice of Anaesthesiology as a career option A dilemma?:** Journal of Anesthesia and Critical Care Case Reports, Jan – Apr 2016; 2(1): 1-2
4. **Editorial: Surgical Safety Checklist : Are we there yet?** Journal of Anesthesia and Critical Care Case Reports, Jan – Apr 2016; 2(2): 1-2
5. **Editorial: Role of Simulation in Anesthesia:** Journal of Anesthesia and Critical Care Case Reports, Oct-Dec 2015; 1(1): 1-2
6. Epidural anesthesia and analgesia for caesarean section in a patient with Eisenmenger's syndrome: Journal of Anesthesia and Critical Care Case Reports, Jun-Aug 2015; 1(1): 5-7
7. **Editorial : Safety in Anesthesia :** Journal of Anesthesia and Critical Care Case Reports, Jun-Aug 2015; 1(1): 1-2
8. A public awareness article regarding **WORLD ANAESTHESIA DAY** in cityline and vidarbhaline edition of **HITAVADA newspaper-** a leading **ENGLISH DAILY** of central India, 16<sup>th</sup> October 2014

9. **Thoracic Paravertbral Block in Ischaemic Heart Disease Patient. APICARE Journal:** published as a case report in September 2014 edition
10. A public awareness article regarding **CPR AED** in cityline and vidarbhaline edition of **HITAVADA newspaper**- a leading **ENGLISH DAILY** of central India-16<sup>th</sup> june 2014
11. **Analysis of Anaesthetic Management of Excision of Pheochromocytoma:** Retrospective data of 51 operated cases in 15 years. **The Internet Journal of Anaesthesiology. 2007. Volume 14 Number 1.** Prerna Shroff, Pallavi Marghade, Bharati Tendolkar, Surekha Kamath.
12. **Incidental Diagnosis of Sphenoid Meningioma after Spinal Anaesthesia:** The Internet **Journal of Anaesthesiology. 2007. Volume 12 Number 2.** Pallavi Lande Marghade, Sunil Gvalani et al.
13. **Cardiopulmonary Bypass In Pregnancy: An Experience Of Three Different Clinical Scenarios:**The Internet **Journal of Anaesthesiology. 2007. Volume 12 Number 1.** Chandan Shastri, Deepa Kane, Prerana Shroff, Pallavi Marghade et al.
14. **Case report “Paraganglionoma of the spine, a rare presentation”.**  
Published: in abstract books of Maharashtra State Anaesthesiologist’s Conference 2004 and Research Society and Clinical Pharmacology, 2004

### **Book Contributions:**

A chapter on Anaesthesia MCQ’s in Dr Bipin Daga’s Maharashtra State Post graduate entrance exam Review Book 2014

### **Educational Initiatives:**

#### **1. Journal of Anesthesia & Critical Care Case Reports**

Case reports are the stepping stones in building any body of literature. They are easy to write, have a mass appeal and have an important practical application to patient care. In recent times this body of evidence has been neglected and the number of case reports accepted by mainstream journals has decreased considerably. Journals as policy are now not accepting case reports due to lack of space and the low priority attached to them. However, other branches like surgery and medicine have journals dedicated exclusively to case reports. The Journal of Anaesthesia and Critical Care Case Reports (JACCR) has been conceived on similar lines in order to cater to Anaesthetists and Critical Care Physicians. Journal of Anaesthesia and Critical Care Case Reports will be a quarterly online and print journal which will be published under the aegis of International Academic Research Group (IARG). It will be an open access and peer reviewed journal for wide circulation. The focus will be on case reports and small case series. These include rare cases, cases that have any significant message to deliver and challenging cases that have controversial management

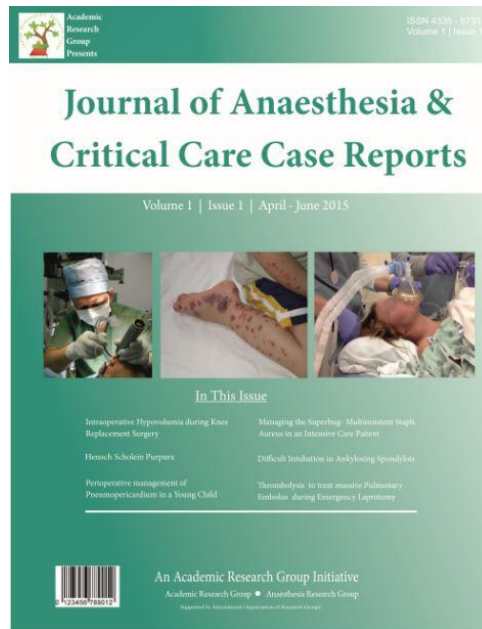
options in literature. It may also include any variation in techniques that the authors have innovated or a particular case that in authors' opinion holds a special significance.

Journal of Anaesthesia and Critical Care Cases is affiliated to

**The Anaesthetist Society**

The Journal of Anaesthesia and Critical Care Case Reports will have a special “manuscript assist section” to support authors in writing manuscripts. This service will be provided by the Academic Research Group which will help in making all manuscripts submitted to the JACCR of highest academic quality.

**WEBSITE: [www.jaccr.com](http://www.jaccr.com)**



**2. Anesthesia TV:**

Intelligent & International

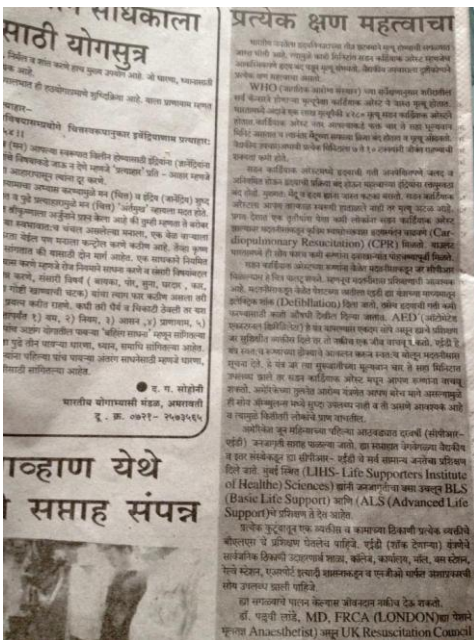
Technology has grown rapidly and medical field has harnessed this technological advancement specially to spread knowledge and ad to academics. Anaesthesia TV is one such project that completely relies on technology and ‘Academic Philanthropy’. We believe every speaker in a conference or every author of a paper wishes to share his knowledge with his peers. A lot of hard work and effort goes into preparing these talks and papers but the impact of it quite limited as only delegates of the conference get to benefit from the effort. Anaesthesia TV aims to provide a platform where videos of conferences and talks can be made available to all Anaesthetist across the globe completely free of cost. The hard work and effort of the speakers

can reach an international community of Anaesthetist who can benefit. Also this will create a record for posterity both for the speaker and for the conference and its organisers.

website: [www.anaesthesiatv.com](http://www.anaesthesiatv.com)



**3. Actively involved in teaching & creating awareness about CPR & BLS in medicos and general population. Awareness about the speciality amongst general population always has been my priority through print and social media. Conducted workshops for medical students and paramedics for CPR-BLS.**



Vodafone IN 3G 8:03 AM 13%

## Beware! Sudden Cardiac Arrest - The silent killer epidemic gripping India

**■ Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA usually causes death if it is not treated within minutes**

**■ By Rajendra Divo**

"One minute ago we were talking with each other, discussing the things; she was normal and within a fraction of second she suddenly collapsed. We shifted her to renowned hospital and doctor declared her dead... Such tragic incidence might have been faced by number of people in recent times. Couples lost their loving partners within a fraction of second, shattering their happy life and creating a big vacuum which can not be filled easily. These incidences confirm how few

**■ Awareness about Cardio Pulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) in India is need of the hour. Various organisations in USA observes CPR-AED awareness week every year in the first week of June.**

**■ These organisations conduct CPR training programmes which provide CPR and AED training to public during this week and month.**

**■ In Mumbai, the Life Supporters Institute of Health Sciences, a not for profit organisation does the pioneering job of training people in the BLS (Basic Life Support) and ALS (Advanced Life Support).**

**■ This is the need of the hour in the Indian setup with more people becoming aware and atleast one person in the family and all people at workplace getting formally trained to perform the BLS.**

**■ Installation of AED's needs to be done at various public places including schools, colleges, offices, malls, airports, etc.**

**■ The government needs to take initiative in installing these at the places mentioned above. This way we can give the gift of life and make a massive difference in the quality of healthcare provided.**

Sudden Cardiac Arrest is a sudden, unexpected failure of heart function occurring due to fast fluttering action of the ventricles, which does not allow enough blood to be pumped out to the organs which includes the brain and the heart itself. Sudden Cardiac Arrest is a medical emergency, which can be fatal if not treated immediately. Dr Marghade pointed out.

Dr Marghade is an anaesthesiologist by profession and a trained CPR provider by UK Resuscitation Council. She aims to create awareness amongst local population regarding SCA.

According to her, "Sudden Cardiac Arrest is reversible, if the victim is administered prompt and appropriate emergency care. This generally involves administration of cardio pulmonary resuscitation (CPR) and shock treatment to the chest to reset the heart's rhythm. Sudden Cardiac Arrest being the result of a disturbed rhythm pattern the only effective treatment is the delivery of an electrical shock which is called defibrillation."

There are number of drugs available to suppress the fast heart rates, but no drug is available to control the episodes of Sudden Cardiac Deaths.

Giving the details about latest Automated External Defibrillator (AED) Dr Marghade stated, AEDs are devices used to deliver the shock.

An AED is extremely easy to use by trained laypersons, with voice-activated instructions and is critical for rapid response to a cardiac arrest. This device can save lives if made available within 4 to 7 minutes of the onset of ventricular fibrillation. With the healthcare infrastructure and system in India still far behind that in the USA, such devices are not freely available in public or even most ambulances. It is also not always convenient to carry one around and connect whenever required. Thus more than 99% of Indians who experience Sustained Ventricular fibrillation face certain death, she added.





# Anaesthesiologists ensure safety of surgery and patients

By Dr Pallavi Lande Marghade



CAN you imagine an operation on your abdomen or your heart without feeling the pain or being aware?

Can you imagine being in a coma like state, not able to breath on your own, for an operation that last for nearly half or even whole of the day and still be alive, pain free and

awake at the end of the operation?

Who do you think makes this happen? It is your Anaesthesiologist, not the surgeon, the person you often forget to acknowledge. No surgery would be possible with anaesthesia and no major advances in surgical field could have occurred without the help of anaesthesia and

despite these huge contributions, anaesthesiologist still remains behind the curtain, without any acknowledgement

and often not even mentioned in the successful complex operations, published by the media.

Exactly 168 years ago, on 16th October 1846 Sir William TG Morton did the first successful demonstration of Ether anaesthesia. It ranks as one of the most significant events in the history of medicine which made it possible for patients to obtain the benefits of surgical treatment without the pain associated with it. World Anaesthesia Day is celebrated every year on this day to commemorate this event. Today, anaesthesiology has emerged as one of the most diverse specialty in medical science ranging from perioperative care of the patient to pain management, critical care, palliative care, labour analgesia, and emergency and trauma management. Anesthesiologist thus plays a decisive role in patient management. With the advent of newer and safer drugs, better drug delivery systems and formulation of optimal management plans, anaesthesia has become very safe. Mortality from anaesthesia is even less than that from road traffic accidents in general population. This is due to the excellent care provided by anaesthesiologist and despite this, leave alone the general population even, the surgeons still fail to acknowledge the contribution of this branch of modern medicine. Many surveys have been conducted till date to study the perception about

anaesthesia and anaesthesiologist across various socio-economic strata and literacy levels in general population. The results have been very disappointing. Many think that the anaesthesiologist are technicians, not trained doctors. Many feel that the anaesthesiologist's job is done once the patient is put to sleep. Many don't even bother who their anaesthesiologist was. In western countries the situation is slightly better but with very little change in the attitude.

To clarify, the anaesthesiologist is a qualified MBBS doctor who has done post-graduation in anaesthesia and even sub-specialisation like pain medicine, Intensive care medicine, Cardiac or Neuro anaesthesia etc similar to their surgical colleagues practicing in specialised fields. He/she is actually every patient's internist and a physician to the surgeons. The professional work of anaesthesiologist can be described as providing anaesthesia for surgery

## WORLD ANAESTHESIA DAY

### GUEST COLUMN

controlling/monitoring the patient's vital functions, help alleviate pain and anxiety in patients, caring for critically ill and be a good manager to ensure smooth functioning of the operation theatres.

The Anaesthetist Society (TAS), an online society founded by a group of Anaesthesiologists/Anaesthetists from all over the world, has taken important steps in formulating a questionnaire, which includes five must ask questions by every patient to surgeon and the hospitals treating them.

The questions include: a) Will a qualified Anaesthesiologist provide me Anaesthesia?

b) Will the Anaesthesiologist/Anaesthetist look after me during and after the operation?

c) Do you have all the necessary machines and monitoring to provide safe Anaesthesia.

d) What different options do you provide for Anaesthesia and pain relief for the operation?

e) What facilities do you have to provide safe after case if I develop complications?

This is to ensure safe anaesthesia, safe surgery and safe patient. This noble initiative of TAS is to wipe out the ignorance about anaesthesia and anaesthesiologists amongst general public, improve the image of the anaesthesiologist and to project anaesthesiologists as perioperative physicians in the eye of the general public, and the surgical specialties who use their services

The author is a consultant Anaesthesiologist.



### Non Academic Interests:

1. Sketching & Drawing
2. Music: not a classical singer, but like to sing bollywood numbers and listening to concerts
3. Winner at Elocution competitions at school level.