



GCC 2011

27th March 2011, Sunday



Organizing Secretary:

Dr. Rajesh Mishra
MD, FNB, EDIC, FCCP

In Association with:



HCG Medi-Surge Hospitals



ISCCM
Ahmedabad

Venue : Cambay Grand, B/h PERD Centre,
Nr. Thaltej, S. G. Highway, Ahmedabad.

Message



Dear Friends

I am honoured to organise the 2nd Gujarat Critical Care Congress, a meeting to serve the needs of practicing medical fraternity as well as the students of critical care.

GCC is organised every year on the 4th Sunday of March. This event is organised under the auspice of Critical Care Society. The society is formed to serve the purpose of organising congress to educate medical fraternity, train the paramedical staff and to help the poor patients. The society will have its own news letter to increase awareness about critical care in public. This year, we have invited renowned national as well as international faculties.

The theme for this year's meet is - "First, do no harm", which is one of the fundamental principles of critical care and which means, we should not harm the patient intentionally or unintentionally while treating them in ICU by unnecessary medication, doing avoidable procedures and prolonging futile life.

Critical care is a demanding and challenging profession and it requires continuous upgrade in your skills, as new ideas and unique challenges arise in day to day practice. During the meet, we will focus on issues; which have caused more harm to the patients rather benefiting them like, for example using steroids in traumatic brain injury. Congress attendees have to come to expect high level educational programme that includes lectures, discussions and in depth presentation of key issues.

An intensivist is a highly specialised medical professional who is dedicated to treat the complicated and terminally acute ill patient in intensive care unit. At present, the concept of closed ICU is prevailing over open ICU. The evidence shows that the closed ICU care decreases the cost and improves the survival. Patients, suffering from problems like acute brain injury, ARDS, terminal COPD and asthma, pulmonary embolism, ventilator associated pneumonia, acute pancreatitis, fulminant hepatic failure, complicated poisoning, sepsis with multiorgan failure, polytrauma patients have shown tremendous improvement and positive outcome after treatment by trained and qualified intensivists.

Lastly I would like to end with a quote in which I firmly believe-

"We have discovered that there are ways of getting almost anywhere we want to go, if we really want to go there." Langston Hughes

Looking forward to meet you in GCC 2011

Thanks and Regards

Dr. Rajesh Mishra MBBS; MD (MEDICINE) FNB: EDIC.FCCP
Course Director and Organising secretary GCC 2011
Free Lance Consultant Intensivist Ahmedabad
Managing Trustee, Critical Care Society

International Faculties



GCC 2011

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Dr. Atul C. Mehta

Department of Pulmonary, Allergy & Critical Care Medicine,
Cleveland Clinic Foundation
Cleveland, Ohio

- Vice Chairman, Department of Pulmonary & Critical Care Medicine 1998 – present
- Head, Section of Bronchology, 1988 - present
- Medical Director, Lung Transplantation, Transplant Center 2001 - present
Cleveland Clinic Foundation, Cleveland, OH
- Elected to Board of Governors, Cleveland Clinic Foundation, 2008 – 2013, Cleveland, OH
- Director, Center for International Medical Education 2008 – present



Dr. Semra Bilaceroglu MD, FCCP

Associate Professor of Pulmonary Medicine
Co-Director, 5th Pulmonary Department,
Izmir Dr. Suat Seren Training & Research Hospital
For Thoracic Medicine and Surgery,
Yenisehir, Izmir, Turkey

- Secretary of the European Association of Bronchology and Interventional Pulmonology (2010-present)
- Editorial board member of Respiration, the Journal of Bronchology & Interventional Pulmonology and Respirology
- Consultant to the Editorial Boards of the Journals: Solunum, Türkiye Klinikleri Medical Sciences, Türkiye Klinikleri – The Archives of Lung, Tuberculosis & Thorax, Chest, Respiration, Journal of Bronchology and Interventional Pulmonology and Annals of Thoracic Medicine
- Member of the TRS, American College of Chest Physicians (ACCP), World Association of Bronchology, American Association of Bronchology, and European Association of Bronchology & Interventional Pulmonology



National Faculties



Dr. R. K. Mani MD, MRCP (UK)

Director, Dept. of Pulmonology,
Critical Care and Sleep Medicine,
Artemis Health Institute, Gurgaon



Dr. Ajay Naik

MD, DM, DNB, FACC, FHRS
Cardiac Electrophysiologist
The Heart Care Clinic,
Care Institute of Medical Sciences
Ahmedabad



Dr. Asit Hegde MD, MRCP

Consultant Intensivist
Hinduja Hospital
Mumbai



Dr. Sunil Karanth MD, FNB, EDIC, FCICM

Consultant Intensivist
Department of Critical Care Medicine
Manipal Hospital, Bangalore



Dr. Sanjay Dhanuka

EDIC
(European Diploma in Intensive Care)
Consultant Intensivist & ICU Incharge,
CHL Apollo Hospital, Indore, M.P.
Chairman ISCCM Indore Branch



Dr. Yatin Mehta M.D., DNB, FRCA (Lon)

Chairman - Medanta Institute of
Critical Care and Anesthesiology,
Medanta The Medicity, Gurgaon,
Haryana



**Dr. Narendra Rungta
MD, FISCCM, FCCM**

Head – Critical Care Medicine
Rungta Hospital, Malviya Nagar,
Jaipur
President –Elect Indian Society
of Critical Care Medicine



Dr. Rajesh Mishra

MBBS, MD (Internal Medicine), FNB,
EDIC, FCCP, Free Lance, Consultant in
Critical Care Medicine,
Internal Medicine, Pulmonologist and
Sleep Apnea Expert, Ahmedabad

27th March 2011, Sunday

7:30a.m. - 8:15a.m. Registration & Breakfast

8:15a.m. - 8:30a.m. Saraswati Vandana & Inauguration

Acute Brain Injury

Learning objective :

- To know about current goals in treating acute brain injury
- When and how to initiate hypothermia in hypoxic brain injury

8:30a.m. - 8:50a.m. Goal directed therapy in acute brain injury;
Goals and how can we achieve in 1st 24 hours

Dr. Ashit Hedge

8:50a.m. - 9:10a.m. Hypothermia goals to treat hypoxic brain injury

Dr. Rajesh Mishra

Hemodynamic Monitoring

Learning objective:

- Invasive and Echo-Cardio graphic monitoring for resuscitating shock patient
- How to achieve goals in shock patients?
- Tachycardia when to use anti-arrhythmic and when not to use it

9:15a.m. - 9:35a.m. Arterial and CVP monitoring is must in shock patient

Dr. Sanjay Dhanuka

9:35a.m.-9:55a.m. Echocardiography guided assessment and
resuscitation of shock patients

Dr. Yatin Mehta

9:55a.m.-10:15a.m. Tachyarrhythmia in intensive care-is patient
surviving on heart rate or heart rate needs anti arrhythmic

Dr. Ajay Naik

10:15a.m.-10:35a.m. Early goal directed therapy in shock

Dr. Rajesh Mishra

10:40a.m -11:00a.m. **Tea / Coffee Break**

Acute Lung Injury

Learning objective:

- Discuss ventilator strategies and rescue therapy in ARDS
- Role of methyl prednisilone in ARDS— timing and dose
- Weaning strategies in ventilated patients
- Bronchoscopy in ventilated patients when to do when not to do

11:00a.m.-11:25a.m. Initiation of ventilator in ARDS and optimisation of
PEEP and methylprednisilone treatment

Dr. R. K. Mani



11:25a.m.-11:45a.m.	When and how I initiate and wean in difficult to Wean patients	Dr. Rajesh Mishra
11:45a.m.-12:05noon	Bronchoscopy in ventilated patient When To do when not to do	Dr. Atul Mehta
12:05noon.-12:25p.m.	Extra Corporeal Membrane Oxygenation A life saving therapy in H1N1 associated hypoxemic ARDS	Dr. Yatin Mehta
	Non Invasive ventilation Learning objective : <ul style="list-style-type: none">• Which mode to use• When to use and when not to use• Goal s of NIV – what to monitor• Can we use it as a substitute to invasive ventilation	
12:30p.m.-12:50p.m.	Non invasive ventilation in ICU	Dr. R. K. Mani
	Pulmonary embolism Learning objective : <ul style="list-style-type: none">• When to suspect pulmonary emboli in day to day practice• Do we need to do confirmatory test in all the patients• Criteria to thrombolyse or not to thrombolyse• How long to give anticoagulant	
12:50p.m.-1:10p.m.	How do I manage massive pulmonary embolism?	Dr. Semra Bilaceroglu
1:10p.m. to 2:10p.m .	Lunch Break	
	Sepsis Learning objective: <ul style="list-style-type: none">• What not to do while treating sepsis patients• Can multidrug resistant bacterial emergence be prevented• Renal replacement therapy in shock—can it improve outcome• Metabolic acidosis when to give bicarbonate and when to treat cause	
02:10p.m.-02:30p.m.	Controversial aspect in treating sepsis	Dr. Semra Bilacerglu
02:30p.m.-02:50p.m.	Strategies to prevent MDR emergence in ICU	Dr. Ashit Hedge



02:50p.m.-03:10p.m.	CRRT—Rescue therapy in resistant septic shock	Dr. Sunil Karanth
03:10p.m.-03:30p.m.	Metabolic acidosis –what to do	Dr. Narendra Rungta
	Preventive practice in ICU Learning objective : <ul style="list-style-type: none">• Avoid the secondary hits in ICU patients and improve survival• To learn about daily checklist in all ICU patients• How to avoid life threatening complication in ICU	
03:30p.m.-03:50p.m.	VAP Preventive strategies in ICU	Dr. Semra Bilacerglu
03:50p.m.-04:10p.m.	Contrast Induced Nephropathy prevention in ICU	Dr. Sanjay Dhanuka
04:10p.m.-04:30p.m.	Daily FASTHUG in all ICU patients	Dr. Narendra Rungta
04:30p.m.-04:50p.m.	Preventing necrosis in acute pancreatitis	Dr. Ashit Hedge
	Life threatening bleeding Learning objective : <ul style="list-style-type: none">• Diagnostic approach in dangerous bleeding• Monitoring protocol• Therapeutic approach	
04:50p.m.-05:10	Haemoptysis and diffuse alveolar haemorrhage in ICU	Dr. Atul Mehta
	Harmful medicine in ICU Learning objective : <ul style="list-style-type: none">• Why and How certain medicine kills the patients in ICU• Better management in given condition	
05:10p.m.-05:30p.m.	Dopamine and frusemide in ARF, Steroid in traumatic Brain injury, paralysis in day to day ventilated patients	Dr Sunil Karanth
5:30 p.m. onwards	High Tea & depart	

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Zypher

Biocon

Glenmark

Organizing Secretary:

Dr. Rajesh Mishra MD FNB EDIC FCCP

Course Director GCC

Free Lance Consultant Intensivist Ahmedabad

Managing Trustee, Critical Care Society



Room No. 105, HCG Medisurge Hospital,
Mithakhali Six Road, Ellisbridge, Ahmedabad - 06 India

Mobile: +91- 98250 13983; 99242 31500

Website: www.gujaratcriticalcare.com

E-mail: gcc@gujaratcriticalcare.com

For Registration &
other detail:

Mr. Hiren Shah - +91- 98254-07551 (Event Manager)

Dr. Rishikesh Trivedi - +91- 96627-60123

Mr. Tanmay Mehta - +91 - 99988 84845