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Delhi Branch
Eternal Vigilance

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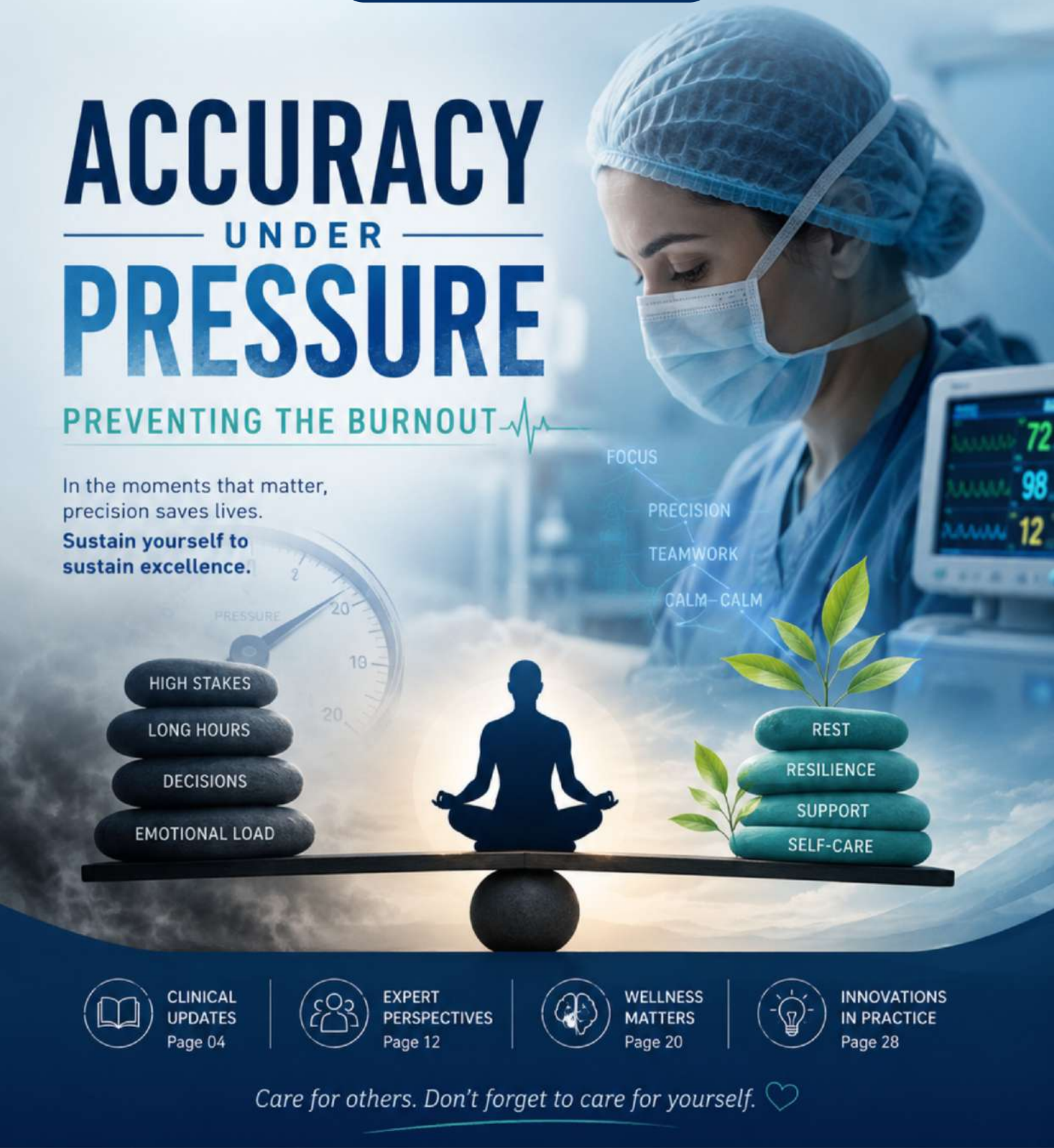

Care for others. Don't forget to care for yourself.

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President (ISA Delhi)

Dear Friends and Colleagues,

Greetings from ISA Delhi!

I am delighted to share that the much-awaited ISACON Delhi 2026 has been announced on 19th and 20th Sep 2026.The theme of the Conference is Beyond Mind and Monitors - Precision, Intelligence and Compassion for patient safety in Anaesthesia. I warmly invite you all to participate wholeheartedly in this annual conference and contribute to making it a grand academic success.

Six Pre Conference workshops will be held on 18th Sep offering participants an opportunity to refine practical skills under the guidance of experienced faculty. This will be followed by a comprehensive scientific programme on 19th and 20th Sep, featuring keynote lectures, panel discussions, debates, free paper sessions, poster presentations, and interactive case-based discussions covering the latest advances in anaesthesia, critical care, pain medicine, and perioperative medicine.

ISACON Delhi also provides an excellent platform for postgraduate students to present their research work, showcase innovative ideas, and interact with renowned experts from across the country. I strongly encourage our postgraduate students and young anaesthesiologists to actively participate and make the most of this invaluable learning and networking opportunity.

I am also pleased to inform you that the elections for the ISA Delhi Governing Council have been announced. I request all eligible members to actively participate in the electoral process. Your involvement and support are essential for the continued growth and progress of our society.

I look forward to welcoming all of you to ISACON Delhi 2026 and to your enthusiastic participation in both these important events.

With warm regards,

Dr Neerja Banerjee
President
ISA Delhi

Vice President (ISA Delhi)

Dear Friends,
Anaesthesiology is one of the few medical specialties where every decision is measured in seconds, every action demands precision, and every moment carries the responsibility of safeguarding a human life. Whether in the operation theatre, intensive care unit, trauma centre, or labour room, anaesthesiologists work under relentless pressure, often making critical decisions with unwavering accuracy and composure.

Our profession is intellectually demanding, physically exhausting, and emotionally taxing. Long working hours, emergency calls, sleep deprivation, high-stakes situations, and the constant need for vigilance make anaesthesiologists particularly vulnerable to stress and burnout. Yet, despite these challenges, we continue to deliver safe, compassionate, and high-quality patient care with remarkable dedication.
Accuracy under pressure is not merely a professional expectation—it is a reflection of our training, teamwork, and resilience. However, sustained excellence is possible only when we take equal care of ourselves.

A few simple yet powerful steps can help prevent burnout:
Prioritise adequate rest and sleep whenever possible.
Foster a culture of teamwork and never hesitate to seek or offer support.
Maintain physical fitness and a healthy lifestyle.
Take brief mental pauses during demanding schedules to reset and refocus.
Nurture relationships with family and friends, who provide our strongest emotional foundation.
Recognise early signs of burnout in yourself and colleagues, and seek professional help without hesitation.

As anaesthesiologists, we are experts at stabilising others. Let us also remember to care for ourselves with the same commitment. A healthy, resilient anaesthesiologist is essential for delivering safe anaesthesia and ensuring the highest standards of patient care.

Let us continue to support one another, celebrate our profession, and build a culture where excellence and well-being go hand in hand.

With warm regards,

Dr Gurpreet Singh Popli
Vice President
ISA Delhi

Honorary Secretary (ISA Delhi)

Dear Delhi ISAians,

Greetings from ISA Delhi headquarters!

July in Delhi marks the peak of monsoon season, bringing relief to scrotching summer heat. The rain rejuvenates city's greenary, infuses positive energy but also can lead to challenges like waterlogging . ISA Delhi advices all its members to stay safe feom vector borne diseases such as dengue.

ISA Delhi thank all its members for actively participating during ISA National Governing Council elections.

I am pleased to share with you all that many major institutions and hospitals of Delhi had conducted Life support skills training sessions today under the banner of ISA DELHI on National Doctors day. They trained patients n attendants visting pac clinic, technical staff, security personalles at institutions.

I thank Honorary Treasurer Dr Abhijit Kumar for regular filing taxes so meticulously. I also congratulate Dr Farah and her editorial team for bringing out this amazing newsletter every month. Pain and palliative course is being successfully run due to efforts of Dr Geetanjali Chilkoti.

ISA Delhi congratulate Department of Anaesthesiology Hindu Rao Hospital under the leadership of Dr Sanjay for successfully organising 7th CME cum Clinical meeting. It was well attended by many head of departments and budding anaesthesiologists. Versatility of topics and sumptuous high tea was icing on the cake.

Governing council ISA Delhi and organizing committee of 65th annual conference of ISA Delhi ISACON 2026 is all set to welcome you all to the biggest academic extravaganza of the state. There will be six specialty workshops at different institutions of Delhi on 18th September 2026. Academic fiesta will be on 19th and 20th September 2026 at hotel Hyatt Centric. There will be lots of awards n prizes so requesting seniors to please encourage residents and faculty members to participate in big numbers.

Long Live ISA Delhi,

Dr Amit Kohli
Honorary Secretary
ISA Delhi

Honorary Treasurer (ISA Delhi)

Dear ISA Delhi members,

Greetings from the treasurer's desk.

On behalf of ISA Delhi branch, my heartfelt gratitude goes out to all those who have attended the ISA monthly clinical meets in massive numbers. To gracefully continue with the illustrious academic journey and scholarly pursuits of ISA Delhi, we are now magnificently setting the stage for the most anticipated and prestigious main event of our beloved ISA Delhi branch, ISACON Delhi 2026. This extraordinary and comprehensive gathering promises to be a remarkable three-day extravaganza, commencing from the auspicious date of 18th September 2026. The event will feature an impressive array of meticulously designed interactive hands-on workshops alongside an exceptionally immersive and enriching academic program that will captivate minds and inspire excellence. The detailed brochure of ISACON Delhi 2026 has already been released and the Scientific program will be announced shortly. Please keep the spirits high and participate wholeheartedly in the forthcoming ISA Delhi activities as well as in ISACON Delhi 2026.

Furthermore, please continue to visit our social media platforms and website regularly for updates on the various initiatives and events organized by ISA Delhi.

Thank you all for being valuable members of ISA Delhi.

Dr Abhijit Kumar
Honorary Treasurer
ISA Delhi

Editor (ISA Delhi)

Dear Esteemed Delhi ISAians,

As Delhi's sweltering July heat and humidity puts us all at unease, it is difficult to not notice the national capital witnessing a youth led Gen Z movement with hunger strikes and peaceful protest against the lapses in educational system in the country. I hope we as a nation only come out stronger.

On behalf of the entire editorial team, it gives me great pleasure in releasing a very important and useful read for our fellow anesthesiologists. In anaesthesiology, the margin for error is measured in seconds, millilitres, and millimetres. Every induction, every intubation, every titration demands a level of sustained cognitive accuracy that few other professions encounter — often while sleep-deprived, time-pressured, and alone with the patient's physiology. It is a specialty built on vigilance. Yet this very demand for flawless performance under pressure has made anaesthesiologists disproportionately vulnerable to an occupational hazard of our own: burnout. Global data suggest that nearly one in two anaesthesiologist's experiences symptoms of burnout — emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.

The irony is stark. The same traits that make us safe clinicians — hyper-responsibility, perfectionism, discomfort with uncertainty — also predispose us to self-neglect when the system demands more than we can physiologically sustain. And the consequences extend beyond personal wellbeing. This newsletter issue shall reframe burnout not as a personal failing, but as a predictable outcome of chronic, unmitigated pressure on human performance systems. Ultimately, preventing burnout in anaesthesiology is not about lowering standards. It is about designing our practice — and our professional culture — to support the very accuracy our patients entrust to us. Because the person holding the airway cannot afford to be the last one protected.

Best,

Dr Farah Husain
Editor in Chief
ISA Delhi

ISA DELHI CLINICAL MEET

The ISA Delhi Clinical Meet, organised by Hindu Rao Hosptal, Delhi under the aegis of ISA Delhi North Zone, was held on Wednesday, 24th June 2026, at Hindu Rao Hospital, Malka Ganj, New Delhi.
The meeting provided an opportunity for participants to exchange knowledge, discuss contemporary clinical practices, and strengthen professional collaboration in the field of anaesthesiology.

The ISA Delhi Clinical Meet commenced with an inaugural address by the Chief Host and Head of the Department, Dr. Sanjay Kumar Gupta. He also underscored the importance of sustained academic interaction and clinically focused deliberations in advancing anaesthesiology practice. As the compere for the event, Dr. Dheeraj Prakash Gupta gracefully conducted the entire programme and extended a warm welcome to the delegates. The meeting was graced by the presence of distinguished ISA office bearers, eminent senior consultants, faculty members, and resident doctors representing various institutions across Delhi. Their enthusiastic participation reflected the specialty's shared commitment to continuous professional development, academic collaboration, and excellence in patient care.

The inaugural ceremony was honoured by the presence of distinguished dignitaries on the dais, including Dr Rajiv Gupta, Honorary Secretary, ISA National; Dr Neerja Banerjee, President, ISA Delhi; Dr. Dr Amit Kohli, Honorary Secretary, ISA Delhi; Dr Farha Husain, Editor, ISA Delhi; and Dr Sanjay Kumar Gupta, Host and Head of the Department of Hindu Rao Hospital. The formal proceedings began with the ISA Flag Hoisting Ceremony, followed by the invocation through Saraswati Vandana and the ceremonial lighting of the lamp, marking the beginning of an occasion dedicated to education, scientific inquiry, and clinical excellence.

The scientific programme comprised a series of engaging presentations that explored contemporary clinical challenges and evolving concepts in anaesthesiology practice. The academic sessions were complemented by an interactive quiz and concluded with a thought-provoking discussion on physician mental well-being, highlighting the importance of supporting healthcare professionals alongside advancing clinical expertise.

1. EFFECT OF NASAL OCCLUSION ON TIDAL VOLUME DURING FACE MASK VENTILATION IN MALE PATIENTS UNDERGOING ELECTIVE SURGERY UNDER GENERAL ANAESTHESIA

Presenter: Dr Simpika Thakur (Senior resident), Department of Anaesthesiology

Highlights: The presentation highlighted the significant role of nasal airway patency in effective face mask ventilation, demonstrating that nasal obstruction leads to a marked reduction in tidal volume at both 10 and 15 cm H_2O inspiratory pressures ($p<0.001$). The findings emphasized the importance of incorporating nasal airway assessment into routine preoperative airway evaluation, with consideration of measures such as nasal decongestants to enhance ventilation efficacy where appropriate. The study also highlighted the need for cautious use of higher inspiratory pressures, as an increase from 10 to 15 cm H_2O was associated with a rise in gastric insufflation from 0% to 12%, warranting particular attention in patients at risk of aspiration. Further research involving patients with difficult airway risk factors and the use of objective modalities such as ultrasonography for quantitative assessment of gastric insufflation was recommended.

2. COMPARATIVE EVALUATION OF TWO DOSES OF ISOBARIC LEVOBUPIVACAINE WITH FENTANYL FOR THORACIC SPINAL ANESTHESIA IN PATIENTS UNDERGOING LAPAROSCOPIC CHOLECYSTECTOMY

Presenter: Dr Ankita Bansal (PG-3), Dept of Anesthesiology

Highlights: The presentation evaluated the efficacy and safety of two doses of isobaric levobupivacaine combined with fentanyl for thoracic spinal anaesthesia in patients undergoing laparoscopic cholecystectomy. Both groups demonstrated comparable sensory onset, duration of analgesia, and hemodynamic stability, with similar tolerability and only mild, manageable side effects. However, the higher-dose group showed a significantly faster onset and denser motor blockade, along with improved intraoperative anaesthetic quality. The study concluded that thoracic spinal anaesthesia using isobaric levobupivacaine with fentanyl is a safe and effective technique for laparoscopic cholecystectomy, with higher dose levobupivacaine providing a superior quality of intraoperative anaesthesia compared with the lower dose regimen.

3. COMPARISON OF ULTRA LOW DOSE OF BUPIVACAINE AND ROPIVACAINE, WITH FENTANYL IN PATIENTS UNDERGOING ANORECTAL SURGERY UNDER SADDLE BLOCK AS DAY CARE SURGERY

Presenter: Dr Rafey Khan (PG-2), Dept of Anesthesiology

Highlights: The presentation compared equipotent doses of hyperbaric 0.5% bupivacaine with fentanyl and 0.75% ropivacaine with fentanyl for spinal saddle block in patients undergoing anorectal day-care surgery. Both techniques provided adequate surgical anaesthesia with satisfactory clinical efficacy. The bupivacaine–fentanyl group demonstrated a faster onset of S2 sensory blockade but was associated with a longer duration of sensory and motor block, resulting in delayed recovery and discharge. In contrast, the ropivacaine–fentanyl group showed a slightly slower onset but offered shorter block duration, earlier ambulation, and faster discharge. The study concluded that ropivacaine with fentanyl may be a more suitable choice for day-care anorectal procedures due to its favourable recovery profile and enhanced suitability for ambulatory anaesthesia.

4. MENTAL HEALTH INITIATIVES IN OUR DEPARTMENT AND INSTITUTION

Presenter: Dr Jay Kumar, Senior Consultant, Department of Anaesthesiology

Highlights: Dr Jay discussed the various initiatives taken by the department focused on promoting psychological wellness, resilience, and a supportive work environment among faculty members, residents, and healthcare professionals.
The Department has been actively promoting mental health and professional wellness through initiatives aimed at fostering resilience, emotional well-being, and a supportive workplace culture. Regular awareness sessions focusing on stress management, burnout prevention, mindfulness, and coping strategies have been encouraged to address the unique challenges associated with anaesthesia practice. Peer support systems, mentorship programmes, and open communication platforms have been strengthened to provide guidance and emotional support, particularly for residents and early-career professionals. Emphasis has also been placed on promoting work–life balance, psychological safety, and healthy team dynamics, reinforcing the department's commitment to the holistic well-being of healthcare professionals and sustainable clinical excellence.

The academic proceedings were complemented by an engaging quiz session conducted by Dr. Ashima Vohra, Senior Consultant, Department of Anaesthesiology. This was followed by an address from Dr. Amit Kohli, Honorary Secretary, who presented the minutes of the previous ISA meeting and shared the forthcoming vision, plans, and initiatives of the Delhi Branch for the upcoming year. The programme concluded with a formal vote of thanks, expressing appreciation for the valuable contributions of the speakers, organizing team, and attendees. The gathering was followed by an informal high tea, fostering meaningful interactions and strengthening professional bonds among colleagues. The ISA Delhi Clinical Meet successfully integrated clinical insights, academic enrichment, innovation, and professional wellness, reflecting the branch's continued dedication towards advancing knowledge, encouraging collaboration, and supporting the overall development of its members.

Introductory Article
Burnout in the Medical Profession: The Silent Epidemic Behind the White Coat

Author: Dr Farah Husain, Editor in Chief ISA Delhi
Senior Specialist Anesthesia, Lok Nayak Hospital and Maulana Azad Medical College, New Delhi

Medicine has always been portrayed as a calling. The white coat, the stethoscope, the late-night saves — it's sold to us as purpose, prestige, and service. But behind that image is a different reality that an entire generation of doctors, nurses, and allied health professionals are now naming out loud: Burnout.

Burnout is not just "being tired." The WHO defines it as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. It has 3 hallmarks:

1. Emotional exhaustion
2. Depersonalization or cynicism
3. Reduced sense of personal accomplishment

In no other profession are these 3 forces colliding so violently as in medicine.

1. Why Medicine? Why Now?
Medicine is uniquely vulnerable to burnout because it combines:
- Moral injury: Having to choose between "best care" and "what the system allows"
- High stakes: One mistake can cost a life
- Chronic sleep deprivation: 24-hr duties, night shifts, on-calls
- Bureaucracy: EMRs, insurance, documentation that takes doctors away from patients
- Public scrutiny + litigation fear
- COVID-19 aftershocks: Trauma, grief, and staffing shortages that never fully recovered

A 2023 Medscape survey found ~53% of physicians reported burnout. Among residents and early-career doctors in India, studies show rates of 60-70%. Nurses are reporting even higher.

2. The Indian Context: In India, the problem is amplified:
- Patient load: 1 doctor for ~1500 people vs WHO norm of 1:1000
- Violence against healthcare workers: 75% have faced it
- Exam pressure: NEET, PG, Super-speciality, FMGE — the "examination" cycle never ends
- Underfunding: Long hours, low pay in many setups, dual practice pressure
- Cultural expectation: "Doctor = always available"

And yet, we are expected to be compassionate, perfect, and never complain.

3. What Burnout Actually Looks Like: It doesn't start with quitting. It starts with:
- Dreading the hospital you once loved
- Snapping at patients or going numb during consults
- Charting at 2am instead of sleeping
- Using Volini for back pain and caffeine to stay awake
- Losing empathy — seeing patients as "cases" not people

Over time: anxiety, depression, substance use, medical errors, and exit from clinical practice. India is already seeing young doctors choose non-clinical paths, telemedicine, or leave the country.

Author: Dr Farah Husain, Editor in Chief ISA Delhi
Senior Specialist Anesthesia, Lok Nayak Hospital and Maulana Azad Medical College, New Delhi

4. The Cost: Burnout isn't just a "doctor problem." It is also a patient safety problem.
Burnt-out clinicians make more errors, have lower patient satisfaction, and cost hospitals more through turnover and sick leave.
It also costs us the next generation. Med students are entering with FOMO, anxiety, and the question: _"Is this worth it?"_

5. What Helps? What Doesn't?

- What doesn't work: Pizza parties, wellness webinars, and yoga **once a year.**
- What does work, based on evidence:
- System changes: Safe staffing ratios, reasonable duty hours, scribe support
- Administrative offload: Less pointless paperwork
- Psychological safety: Ability to say "I'm struggling" without stigma
- Peer support & mentorship
- Financial security + fair pay
- Rest: Real time off, protected sleep

India needs hospital-level policies and a national medical workforce wellbeing strategy.

6. Reclaiming the Calling: The goal isn't to make doctors "resilient" to a broken system. The goal is to build systems that don't break doctors.

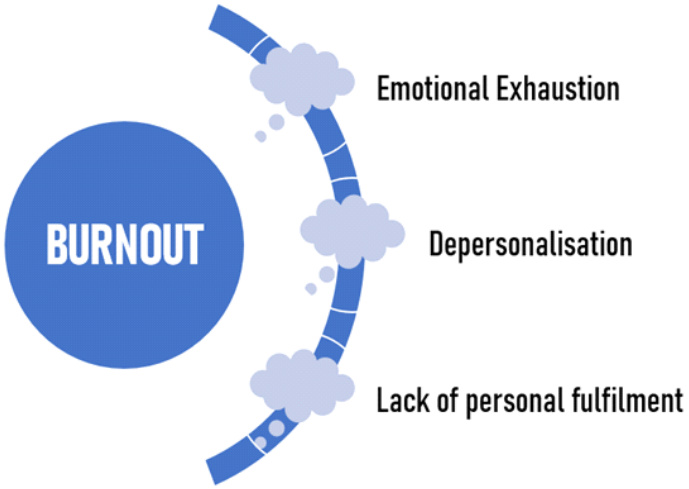
Burnout is a signal. Like fever. It tells us something is infected — in this case, how we deliver healthcare. If we want doctors to care for patients, we first have to care for doctors.
If we want a future of medicine that is ethical, safe, and human, we have to start by protecting the humans in it.

Conclusion: Burnout in medicine is not weakness. It's like new data. It's data that we are asking people to do impossible things, with inadequate resources, for too long. The conversation has started and the next step is action. Because the future of education, examinations, and patient care in India depends on whether we choose to listen.

Featured Research
From "All Is Well!" to "Is All Well?": The Literature has much to tell!

Authors: Dr Rashmi Singh[1], Dr Tanya Mital[2], and Dr Rohan Magoon[3]
1 & 2. Assistant professor, 3. Associate Professor Cardiac Anaesthesia, ABVIMS & Dr RML Hospital

The World Health Organization (WHO) underlines the pivotal role of ensuring the mental well-being of healthcare workers, given the detrimental impact attributable to prolonged stress at work, going on to eventually manifest as the burnout syndrome.1 As a matter of fact, the former happens to feature in the latest version of the International Classification of Diseases (ICD-11), to be hence considered as an occupational phenomenon emanating due to inadequate redressal of continued workplace stress.1,2 Speaking of the characterization of burnout syndrome, the three dimensions outlined by Maslach et al.3, deserve attention:-



Herein, "Emotional exhaustion" represents the inherent feeling of lack of energy, with an attenuated emotional resource-reserve required for coping with work where "Depersonalization", stands for an attitude of detachment; and the "Lack of personal fulfilment" denotes the tendency to increasingly evaluate self's work in a negative manner.[1-3]

While burnout is prevalent across healthcare specialties, there exists literature to suggest that the anesthesiologists are peculiarly predilected in this regard.[1,4-7] Moreover, the predisposition to errors and compromised patient safety in the backdrop of physician burnout, can have particularly deleterious consequences in anesthesia practice which involves long working schedules, frequent night shifts, and handling of critical scenarios inherent to demanding nature of the specialty.[1,4] Ahead of fatigue being a ubiquitous fact of our professional lives, anesthesiology, in specific, classifies as a stressful yet an equally noble medical profession. Anesthesiologists, equipped with their multifaceted knowledge, astutely respond to the perioperative challenges while demonstrating vigilance for prolonged durations in their endeavor to optimize the patient recovery. An effective anesthetic management calls for assemblage and the iteration of data, accounting for the patient condition, the planning and execution of safe strategies, and meticulous monitoring for a favorable outcome.[4] The extension of services in critical care, palliative medicine, radiological suite, catheterization laboratory, pre-anesthetic and pain clinic, also constitute important domains beyond the strict operating room anesthesia practice and can be equally demanding.[1,2,4]

With "eternal vigilance" being an integral part of the practice, comes mental and physical stress resulting in fatigue and sleep-deficit[4-7] Cumulative fatigue leads to performance decrement over the period of time. Burnout may also impair communication within the perioperative teams, reducing collaborative functioning to hence indirectly compromise the patient safety. To that effect, burnout syndrome, indeed does not appear in a short span of time, rather it manifests following a process of development (burnout process).[2] Furthermore, burnout extends beyond the long working hours; speaking of the potential

From "All Is Well!" to "Is All Well?": The Literature has much to tell!

Authors: Dr Rashmi Singh[1], Dr Tanya Mital[2], and Dr Rohan Magoon[3]
1 & 2. Assistant professor, 3. Associate Professor Cardiac Anaesthesia, ABVIMS & Dr RML Hospital

disconnect between healthcare workers and the mission of service which drives them.[1] A recent multi-centric cross-sectional study employing the Maslach Burnout Inventory (MBI) has revealed a considerable prevalence of burnout amongst the anesthesia care providers.[1,8] Amidst every other participant identified to be at high-risk for burnout, actual burnout rates were discovered to the tune of 9% and 18% in the nurses and physicians.[8] The actual rates, however, can peak much higher depending upon the specific work environment.[1,2,8] The workplace factors, especially the perception of inadequate support and the lack of work-life balance correlated strongly with the occurrence of burnout. In this context, the poor working conditions, have an important part to play. An inadequate infrastructure, insufficient staffing, and lack of teaching resources, contribute significantly.[1] The burnout models such as the transactional one, elucidate the role of imbalances at the level of job stressors (work demand in excess of resources), an individual strain (emotional response of exhaustion-anxiety), alongside defensive coping (alteration in attitude and behavior, enhanced cynicism, for instance).[9]

A systematic review by Chong et al.[10] highlights the problem of burnout in anesthesiology residents. Having screened English language articles from the PubMed, Embase, Scopus and PsycInfo, the research group included a total of 12 studies with 7 of them utilizing the 22-item MBI Human Services Survey (MBI-HSS) and the other 5 resorting to the use of abbreviated MBI or aMBI. The prevalence of burnout spanned from 2.7 to 67.0% with a median of 24.7%.10 The distinction in burnout criteria noticeably contributed to the methodological heterogeneity. The predisposing factors including, long working-hours, misplaced workplace relationship, professional assessments and the untoward clinical events. Besides rest-time and restricted working duration, other preventive strategies including curated courses on mindfulness and resilience, and departmental initiatives like exercise, proved to be helpful.[10]

There are additional facets of the burnout syndrome that renders it all the more complicated and challenging to combat. Maslach and Leiter[9], in their special article on burnout experiences, describe that the people experiencing burnout tend to have a negative impact on their colleagues, either by causing personal conflict or disruption of the allied job tasks. Therefore, burnout can be "contagious" and perpetuate through on-the-job interactions. The crucial importance of social relationship in burnout is underlined by research depicting increased burnout in work environments marked by interpersonal aggression. The findings propose that burnout at times, emerges as a workgroup characteristic instead of an individual syndrome, necessitating cohesive measures to ensure "well-being" at work strengthened by the concept of "work-life" balance.[1,9] After all, it is the time when prioritizing the choice of "well-being" takes over testing our limits to incessantly chasing the phenomenon of "all is well!"

Featured Research
From “All Is Well!” to “Is All Well?”: The Literature has much to tell!

Authors: Dr Rashmi Singh[1], Dr Tanya Mital[2], and Dr Rohan Magoon[3]
1 & 2. Assistant professor, 3. Associate Professor Cardiac Anaesthesia, ABVIMS & Dr RML Hospital

Well-being at work

- Engaging work-content
- Improved working environment
- Organized work culture
- Culture of recognition and appreciation
- Transparency of communication
- Fostering teamwork over hierarchal climate

Work-Life Balance

- Practicing mindfulness
- Prioritizing mental health
- Meeting personal goals of growth
- Reducing administrative burden
- Flexibility of work schedules
- Emphasis on social bonding

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Case of the month
Accuracy Under Pressure:
Awake Fibreoptic Intubation of a Giant Epiglottic Cyst

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"In anaesthesia, there are moments when the margin between success and catastrophe is measured not in minutes, but in millimetres. Those moments demand not only knowledge and skill, but calmness in the face of overwhelming pressure."

A 26-year-old woman presented with a gradually progressive history of throat discomfort and difficulty in breathing and swallowing over several months. What initially appeared to be a benign complaint had quietly evolved into a life-threatening airway challenge. She reported worsening breathlessness in the supine position, forcing her to sleep propped up on pillows. Despite her young age and otherwise healthy status, every breath reminded her that her airway was narrowing.

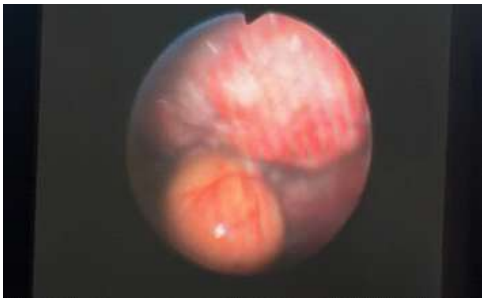
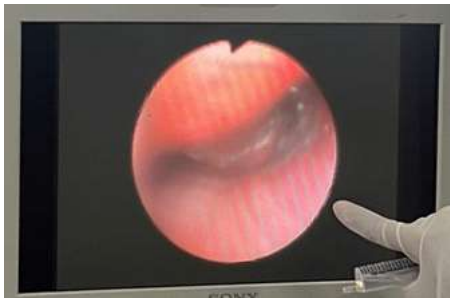
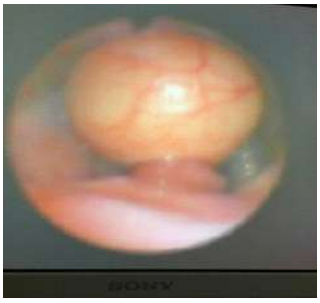
Preoperative evaluation revealed a giant epiglottic cyst measuring **2.5*3.2*2.7 cm**, occupying almost the entire supraglottic space. Flexible naso-endoscopy demonstrated a large cyst arising from the epiglottis, obscuring the view of the glottic opening. Imaging confirmed the massive lesion with significant compromise of the upper airway. Although she remained comfortable while sitting, the possibility of complete airway obstruction following induction of general anaesthesia was a genuine concern.

For the anaesthesia team, this was one of those cases that transforms routine preparation into meticulous planning. Every possible airway strategy was discussed. An awake tracheostomy was considered as a rescue option. The ENT surgeons were scrubbed and ready before induction. Difficult airway equipment was checked repeatedly, and every member of the operating room understood their role should the airway be lost.
The greatest challenge was that conventional induction of anaesthesia could have resulted in loss of muscle tone, collapse of the already compromised airway, and inability to ventilate or intubate. Preserving spontaneous ventilation until the airway was secured became the cornerstone of our plan.

After detailed counselling and reassurance, the patient consented to **awake fibreoptic intubation in the sitting position**. The sitting posture was chosen because she could not tolerate lying flat due to worsening respiratory distress. The airway was carefully prepared using topical local anaesthesia, using xylometazoline nasal drops, nebulisation with 4% lignocaine and SAYGO technique.

Even with meticulous preparation, the procedure proved far more difficult than anticipated.

The enormous cyst occupied nearly the entire field of vision. Instead of familiar anatomical landmarks, the fibreoptic bronchoscope encountered a smooth, rounded mass leaving only a narrow passage around its margins. Every gentle movement demanded extraordinary precision. There was no room for forceful manipulation. At several moments, the airway appeared almost impassable. Small adjustments in patient positioning, gentle scope manipulation, and patient cooperation gradually revealed a fleeting glimpse of the glottic opening.

Case of the month
Accuracy Under Pressure:
Awake Fibreoptic Intubation of a Giant Epiglottic Cyst

Authors: Dr Sonal Yadav[1] and Dr Jyoti Gupta[2]
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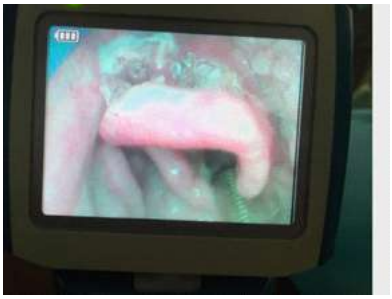
The endotracheal tube was finally railroaded successfully into the trachea while the patient continued breathing spontaneously. Bilateral air entry and capnography confirmed correct placement. Only after the airway was definitively secured, induction agent with fentanyl and muscle relaxant was given to the patient.

The cyst was excised successfully by the ENT team without rupture or significant bleeding. Following surgery, after confirming adequate airway patency and the absence of significant oedema, the patient was extubated uneventfully. Her immediate relief was evident—not only because the surgery was over, but because she could finally lie flat and breathe comfortably for the first time in months.



From a technical perspective, this case reinforces several important anaesthetic principles:

- Giant epiglottic cysts can present with severe positional airway obstruction despite relatively preserved symptoms while awake.
- Loss of spontaneous ventilation following induction may convert a partially obstructed airway into a completely obstructed one.
- Awake fibreoptic intubation remains the preferred technique when difficult mask ventilation and difficult intubation are both anticipated.
- Positioning should be individualised; awake fibreoptic intubation in the sitting position may be safer in patients unable to tolerate the supine position.
- Comprehensive backup plans, including immediate surgical airway capability, are essential before airway instrumentation.

Yet, the most enduring lesson from this case was not purely technical.
High-risk airway management often places anaesthesiologists under immense psychological pressure. Success depends not only on clinical expertise but also on emotional regulation, communication, and teamwork. In situations where every decision carry significant consequence, anxiety can easily overwhelm our clinical call and judgment. Burnout is not always the result of long working hours; it can also stem from repeatedly carrying the emotional weight of such moments.

What prevented that pressure from becoming judgement paralysis was preparation. Rehearsed contingency plans, mutual trust among colleagues, open communication with the surgical team, and confidence built through training transformed a potentially overwhelming situation into a controlled one.
When the patient smiled after surgery and said, "I can finally breathe normally," it reminded us why these moments matter. Behind every difficult airway is not simply an anatomical challenge, but a person placing complete trust in our hands.

In the end, preventing burnout is not merely about reducing workload. It is about building systems, teams, and habits that allow us to perform with confidence, support one another through uncertainty, and leave the operating room knowing that even under immense pressure, we delivered our best.

In the Spotlight

Interview with **Dr. Amit Kohli,** Honorary Secretary, ISA Delhi
Interviewed by Dr. Farah Husain (Editor-in-Chief) and Dr. Devang Bharti (Editorial Board Member), ISA Delhi Newsletter

Q: Hello Dr. Amit! Welcome to ISA Delhi newsletter in the spotlight section for the month of July 2026. ISA Delhi has undoubtedly undergone a remarkable transformation during your tenure as Honorary Secretary. We want to know what motivated you to take up this role? And looking back, were there any initial hesitations or challenges?

A- Thank you, Dr. Farah and Dr. Devang. It's a pleasure to be here.

My journey as Secretary didn't begin in 2023. It actually began almost two decades ago, when I joined Maulana Azad Medical College as a first-year postgraduate student in 2005. That year, MAMC hosted an ISA Delhi clinical meeting, and I had the opportunity to present a case report. For a first-year resident, it was an unforgettable experience. More importantly, it was my first close interaction with ISA as an organisation. Watching the senior office bearers lead the meeting and witnessing the respect they commanded left a lasting impression on me. Somewhere at the back of my mind, a seed had been planted.

The following year, I attended my first ISA National Conference in Mysuru. Coming from a middle-class family, I had never travelled by air before. My monthly stipend was around ₹19,000, and a one-way air ticket cost nearly ₹11,000. I saved for months just to attend that conference and present my paper.

Looking back today, the flight itself isn't what I remember most. What stayed with me was the atmosphere of the conference—the academic discussions, the camaraderie, and the sense that ISA was much more than a professional body. It was a community. I remember thinking to myself, one day, I'd like to contribute to this organisation.

That opportunity came much later, in 2019, when a dear senior colleague, the current national secretary, **Dr. Rajiv Gupta,** who was the governing council member of ISA national at that time, encouraged me to contest for the newly introduced post of Governing Council Member in ISA Delhi. Initially, I hesitated. I saw myself primarily as a teacher and an academician, and organisational responsibilities were completely new to me. But Dr. Gupta, who had seen me volunteer for many conferences and other society work, told me something that has stayed with me ever since: "Everything is new the first time. Everyone has to begin somewhere."

Those words gave me the confidence to take the first step.

And three years later, when I was encouraged to contest for the post of Honorary Secretary, I hesitated once again. It was a position of immense responsibility. Moreover, the Secretary and Treasurer contest together, so finding the right partner was equally important. I was fortunate that my younger one, **Dr. Abhijit Kumar,** gracefully agreed and rather motivated me to contest. Over the next three years, his support became one of the strongest pillars of my journey.

Looking back today, I realise that every stage, from presenting that first case as a postgraduate to serving as Secretary, was simply one step leading to the next.

Q: That's a truly inspiring journey. From a PG student saving every rupee to attend his first conference to leading one of the country's most active state branches.
You also became the youngest Secretary in the history of ISA Delhi. Did your age ever make you apprehensive? Also, having worked with you for past one year, I have experienced the immense motivation and driving force that you bring with you. That is your "Brand Amit Kohli"! How do you manage this?

A- Yes, my age certainly crossed my mind when I was offered the responsibility. Being the youngest Secretary of ISA Delhi naturally came with expectations and a greater sense of accountability, especially while working alongside many senior colleagues whom I deeply admire. However, I never viewed it as a disadvantage. Instead, I saw it as an opportunity to learn, contribute and serve.

Over these three years, I have been fortunate to receive unwavering trust from my seniors. They judged me not by my age, but by my work. That confidence gave me the freedom to take decisions, experiment with new ideas and, most importantly, keep learning.

People sometimes refer to the "Amit Kohli style" of working, or like you said **"Brand Amit Kohli"** but I always insist that if there is any success, it belongs to the entire team. ISA is the real brand here. We are all loyal members working under its banner. The reason behind my success, or as you said, my brand, is the trust of my seniors and the energy of Yuva ISAians.

In fact, I believe the younger generation has been the real driving force behind ISA Delhi's growth over the last three years. Their enthusiasm, creativity and willingness to volunteer have brought fresh energy into every initiative.

Personally, I have always believed in remaining accessible and open to ideas. Experience deserves the highest respect, but good ideas can come from anyone, whether a senior professor or a first-year resident. Whenever someone comes up with a constructive suggestion, I immediately say yes and embrace it.
Leadership, to me, is not about having all the answers. It is about creating an environment where people feel comfortable sharing their ideas and working together towards a common goal.

Q: We all know how demanding the post of Secretary is. Yet you remain personally involved even in the smallest details of the work you delegate. How do you strike that balance between delegation and oversight?

A- One lesson I learnt very early as a Governing Council Member was that every member of a team deserves to feel valued. When I joined ISA Delhi, many responsibilities were concentrated in the hands of just a few office bearers. I felt that talented people were often underutilised. So, when I became Secretary, I consciously tried to change that. I wanted every Governing Council Member to feel that they were an important stakeholder in the organisation.

Delegation, however, does not mean disengagement. I firmly believe that when something goes well, the credit belongs entirely to the team. But if something goes wrong, the responsibility rests with the Secretary. That is why I make it a point to stay involved, even after assigning responsibilities. It is not because I lack trust in my colleagues. Quite the opposite. I review things because I consider myself equally accountable for the final outcome.

A good example is our monthly newsletter. You, **Dr. Farah,** have done an amazing face lift of the newsletter with cover design competitions being held every month. After meticulously proofreading each issue before publication, you had always sent me a copy for proofreading afterwards. Yet, before the final print goes to press, upon my standing instructions for the last three years, my publisher also shares the last proof with me. It is simply one additional layer of quality assurance. I see it not as supervision, but as shared responsibility.

When people know that someone is standing beside them rather than above them, it creates confidence. That, I believe, is what teamwork is all about.

Q: Yes! That's true! I realised it only when the 5th issue of the newsletter was going to the press! It gives us a lot of encouragement and also reassurance that you are standing along, sharing responsibility. It has been a very pleasant journey working with you, as the chief editor of ISA Delhi newsletter. But leading an organisation of this scale surely comes with its share of challenges. Despite the remarkable progress ISA Delhi has made over the last three years, I'm sure there must have been difficult phases. How did you navigate them, and what did they teach you?

A- I won't deny that there were challenges. In any organisation, especially one as large as ISA Delhi, it is impossible to please everyone all the time. I often say that ISA is like a family, and just as in every family, differences of opinion are natural. The important thing is how you respond to them.

The beginning of my tenure was particularly challenging. Being the youngest Secretary, earning the confidence of many senior members naturally took time. There were occasions when decisions were questioned and criticism came my way. This led to quite a turmoil during my first annual general body meeting. That wasn't an easy situation. But I navigated through it by firmly keeping my stand and staying calm. I found this strength inside of me which till that day I didn't even know existed.

Like I said, I am a firm believer that as Secretary, when things go well, the appreciation belongs to the entire team. But when they don't, the responsibility rests with the Secretary. And I welcome criticism. Because I realise that people may have different approaches but they all share the same common goal. Growth of ISA Delhi.

I was fortunate to have exceptional mentors and go-to people throughout this journey. I had the privilege of working with three Presidents, **Dr. Lokesh Kashyap, Dr. Munisha Agarwal** and **Dr. Neerja Banerjee,** and each of them supported me completely. My treasurer brother **Dr. Abhijit Kumar,** was my constant sounding board. Whenever I found myself in a difficult situation, he reminded me that criticism is an inevitable part of leadership and should never distract one from the larger goal. I also received invaluable guidance from senior leaders in ISA National, particularly Dr. Rajiv Gupta, Dr. Naveen Malhotra and Dr. Sukhminder Bajwa. Their experience helped me navigate several difficult situations with greater confidence.

I am very grateful to have wonderful GC members who have come up with amazing initiatives like the ISA Delhi academic series, pain capsule course, public awareness campaigns and monthly public engagement through newsletter cover design competitions.

Above all, my family remained my strongest support system. Parents often understand what you're going through without you saying a word. Their reassurance and encouragement gave me the strength to keep moving forward. Afterall it is they who instilled in me the quality of remaining calm under pressure.

Looking back, every challenge taught me something, patience, better communication and, above all, the importance of remaining composed under pressure. Leadership is rarely tested when everything is going smoothly. It is tested when opinions differ, resources are limited and expectations are high. Those are the moments that truly shape a leader.

Q: One of the defining features of your tenure has been the unprecedented engagement of young anaesthesiologists. Three consecutive YUVACONs have been hugely successful, with enthusiastic participation from across the country. How have you been able to motivate the youngsters?

A- This is probably one of my favourite questions because youth engagement has been one of the most satisfying aspects of my tenure. Yes, YUVACONs organised by ISA Delhi have been really popular and have seen tremendous delegate footfall, not only from Delhi but from pan-India, Jammu and Kashmir to Goa. And that is in spite of all the conferences being organised in their own states. People often ask what made YUVACON different. I believe the answer is very simple. We never organised these conferences for young anaesthesiologists; we organised these with them. When young people are merely delegates, they participate. But when they become stakeholders, they take ownership. This philosophy shaped every YUVACON that we organised. Postgraduate students, senior residents and young consultants weren't just attending the conference, they were actively involved in planning sessions, coordinating scientific activities, inviting speakers, moderating discussions and conducting academic sessions. The conference became their own.

Another conscious effort was to ensure inclusivity. If one session was anchored by residents from MAMC, the next would be conducted by their colleagues from AIIMS, RML, UCMS or another institution. As Secretary, I never looked at them as representatives of different hospitals. They were all members of one fraternity—ISA Delhi.

There was a time when ISA activities were restricted only to the government teaching institutions. I am extremely happy that we were able to involve our colleagues from corporate hospitals and private institutions much more actively than before. In fact, many of the awards in the last Yuvacon went to residents from these hospitals.

Ultimately, I believe young anaesthesiologists are looking for opportunities to contribute. If we trust them with responsibility, they almost always exceed our expectations.

Q: What would be your message to young anaesthesiologists who wish to remain connected with ISA and contribute meaningfully to the profession?

A- My message is very simple—don't wait for a designation before you start contributing.

Many people believe they can make a difference only after becoming an office bearer. I see it differently. Begin by volunteering. Participate in academic activities. Help organise conferences. Support your colleagues. When people consistently see your sincerity and commitment, responsibilities naturally follow.

At the same time, never lose sight of your primary identity. Before becoming an office bearer, become an excellent clinician and a good teacher. Professional credibility is the strongest foundation for leadership.

I would also encourage young colleagues to grow together. Success becomes much more meaningful when you create opportunities not only for yourself but also for those around you. If your peers grow with you, the entire fraternity becomes stronger.

Recognition is never something that should be chased. If you work honestly and consistently, recognition has a way of finding you.

Q: With such demanding responsibilities, both at the hospital and as Honorary Secretary, how have you managed to strike a work-life balance?

A- I firmly believe that achieving a healthy work-life balance is essential for long-term success. If either your professional or your personal life is neglected, the other eventually suffers as well.

Not many people know that my day begins with about fifteen minutes of meditation, and I've followed this routine for nearly fifteen years. Initially, I found it difficult to quiet my mind, so I would meditate with soft music in the background. Gradually, I moved to instrumental music, and eventually learnt to meditate in complete silence. It has become an important source of balance and clarity in my daily life.

Beyond work, my greatest responsibility is my family, particularly my ageing parents. Society work often extends well beyond hospital hours. Most meetings, academic programmes and organisational responsibilities begin after 4 p.m., once the day's clinical duties are over. Being a Secretary is definitely a full-time commitment.

At the same time, family deserves equal attention. I consciously try to make up for the time I lose because of professional commitments. I may not be much of a cook, but I help my mother in the kitchen every morning. Whenever I travel for ISA activities, my sister and brother-in-law step in to look after my parents, and their support has been invaluable.

I remember one particular incident during our annual state conference. The second day of the conference happened to be my father's birthday. After the day's sessions concluded, I rushed home, celebrated with my parents, cut the cake together, and then returned to the conference venue to oversee the remaining work. It may seem like a small gesture, but moments like these matter. Our families rarely complain about the time we devote to professional responsibilities, but they certainly value the little moments we spend with them. Ultimately, no professional success is meaningful if the people who matter most are left behind. I have learnt that balance is not about dividing time equally; it is about being fully present wherever you are.

Q: As your tenure as Honorary Secretary draws to a close, what is your vision for the future of ISA Delhi? What do you hope your legacy will be?

A- Every tenure which has a beginning, certainly has an end as well. But an institution should continue to grow long after individuals move on. That has always been my guiding principle.

From the very beginning, my vision was not merely to organise successful conferences or conduct academic programmes. It was to build a system that would continue to flourish irrespective of who occupies a particular office. Strong institutions are built by nurturing future leaders, creating opportunities and establishing a culture where every member feels that they can contribute.

Over the last three years, we have worked towards strengthening academics, expanding youth engagement and enhancing the visibility of ISA Delhi at the national level. I believe we have laid a strong foundation, but there is always scope to do more.

Leadership is never about holding a designation; it is about remaining committed to the organisation's growth and supporting those who come after you. Positions are temporary; service to the profession is lifelong. My hope is that every new team inherits an ISA Delhi that is stronger than the one before it. If that happens consistently, the organisation will continue to grow year after year.

Personally, I would certainly like to continue serving the Society in whatever capacity I can. At the same time one should not stop striving for even higher posts for serving the society. I wish to be in a position where I should be able to capitalise on what I have achieved in last three years, and take the organisation even higher. I would also like to see all the people who I have nurtured to take more responsibilities and continue working as a team.

At the end of the day, my success will not be measured by what I managed to achieve. It will be measured by whether ISA Delhi emerged stronger, more inclusive and better prepared for the future than when we began this journey. And that is my ultimate goal.

Q: Finally, looking back at these three years, whom would you like to dedicate this journey to?

A- No achievement is ever an individual's alone. If these three years have taught me anything, it is that every success is shared.

First and foremost, I dedicate this journey to my **parents**. They have always been my greatest source of strength. Coming from a middle-class family, they taught me the values of honesty, humility and hard work. Even when society commitments took me away from home, they continued to encourage me. Today, they celebrate my every milestone with even greater enthusiasm than I do.

I would also dedicate it to my 11-year-old niece, **Vedanshhii**. No matter how tiring my day has been, her smiling face instantly takes away all the fatigue. She constantly reminds me that the future belongs to her generation, and I sincerely hope she grows up believing that true leadership is rooted in kindness, integrity and commitment to others.

I also owe a great deal to my Treasurer and younger brother, **Dr. Abhijit Kumar.** Throughout this journey, he has been much more than a fellow office bearer. He has been someone I could rely upon completely—for advice, support and honest feedback. Many of the successes of our tenure have been possible only because of him. I often say that if I am the face, he is the soul of this society.

I am equally grateful to my Presidents, senior mentors, colleagues and every member of the Governing Council who believed in our shared vision.

I also dedicate it to one of the close friends of mine, you, **Dr. Farah.** Then my seniors at MAMC, people from my unit, who have always cooperated when I take time out for my commitments. All the heads of my department, and my colleagues who helped me through the successful conduct of all the conferences. Few names are certainly coming to my mind: **Dr. Lalit, Dr. Rahil, Dr. Sukhyanti, Dr. Devang.** These are the people who have always stood by me. Without them, my journey would certainly have been a lot tougher.

Finally, I would like to thank the entire ISA Delhi fraternity—our senior members for their guidance and encouragement, and our young anaesthesiologists for their energy, enthusiasm and unwavering commitment. They have been the true driving force behind everything we have achieved.

If I were to summarise these three years in one sentence, it would simply be this: leadership is never about one individual; it is about bringing people together, empowering them, and leaving the organisation stronger than you found it.

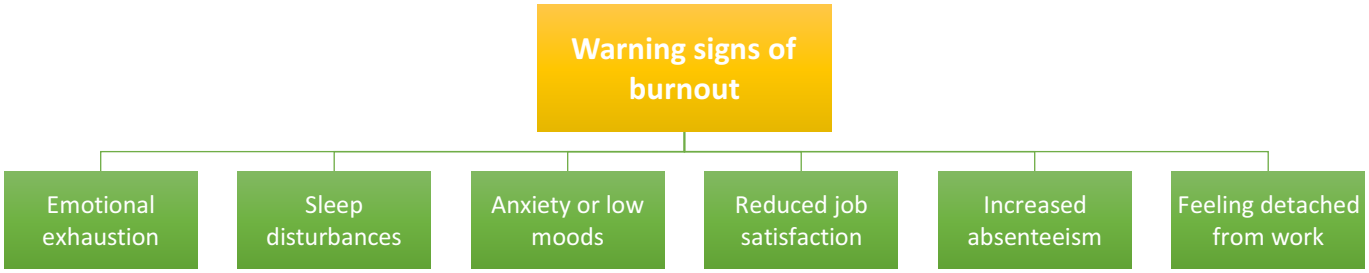
Q: Thank you, Dr. Amit, for sharing your journey, your experiences and your vision with such honesty. It has been a pleasure speaking with you. We wish you all the very best for the future and look forward to seeing you continue to serve the profession in the years ahead.

A- Thank you, Dr. Farah and Dr. Devang. It has been a pleasure interacting with both of you. I sincerely thank the entire editorial team for giving me this opportunity. My best wishes to the ISA Delhi Newsletter, and to every member of our fraternity. Together, let us continue learning, growing and taking our Society to even greater heights.

Beyond the OT
From Heroics to Systems: Building a Culture of High-Pressure Accuracy

Authors: Dr Talia[1], Dr Priyanka Singh[2]
1 Senior Resident, Dept of Anaesthesiology & Critical Care, UCMS & GTB Hospital
2 Specialist, Dept of Anaesthesiology & Critical Care, UCMS & GTB Hospital

The operating theatre (OT) is where precision, teamwork, and quick decision-making sustain life every day. Here, surgeons, anesthesiologists, nurses, and technicians work under tremendous pressure, often for long hours in emotionally demanding situations. While healthcare professionals are trained to manage clinical emergencies, the ongoing stress of continuous working in such a demanding environment can gradually lead to burnout. **Burnout is recognized by the World Health Organization (WHO) as an occupational phenomenon which is more than feeling tired after a busy shift. It is a workplace syndrome caused by chronic, un-managed stress and is characterized by following signs**



While the operating theatre is where clinical pressure is most visible, the roots of burnout often extend far beyond it. Burnout is shaped by organizational culture, staffing levels, leadership practices, work-life balance, and the availability of emotional support. PREVENTING BURNOUT THEREFORE REQUIRES A WHOLE-SYSTEM APPROACH THAT FOLLOWS HEALTH CARE PROFESSIONALS BEFORE, DURING, AND AFTER THEIR TIME IN THE OT.

FACTORS CONTRIBUTING TO BURNOUT-

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STRATEGIES AGAINST BURNOUT BEYOND THE OT INCLUDES:

Recovery- Healthcare professionals often transition directly from demanding surgical cases to administrative responsibilities, ward rounds, emergency calls, documentation, or family commitments. Without adequate opportunities to recover physically and emotionally, stress accumulates over time. Research shows that burnout among operating room professionals is associated with high job stress, work-family conflict, and inadequate workplace support. It leads to influence on patient care as there can be reduced attention to detail, breakdown of communication, increased chances of errors with reduced patient satisfaction and overall team performance.

Sustaining excellence in healthcare requires attention to life outside the hospital. Spending time with family and friends, engaging in hobbies, exercising regularly, practicing mindfulness, and maintaining healthy sleep habits all contribute to emotional resilience. Even brief moments of recovery during a busy day—such as mindful breathing, stretching, or a short walk—can help reduce stress and restore focus. Healthcare organizations should encourage staff to disconnect from work during off-duty hours whenever possible, helping them return refreshed and better prepared for the demands of patient care. Recovery should be viewed as an essential component of safe practice rather than a reward earned after periods of intense work. Positive relationships at work can also help reduce stress.

Supportive leadership is one of the strongest protective factors against burnout. Leaders who are approachable, communicate openly, and recognize the contributions of their teams foster trust and psychological safety. Certain practices such as recognizing staff achievements, encouraging open communication, providing timely and constructive feedback, addressing workload concerns, recognizing signs of stress and emotional exhaustion and promoting psychological safety should be followed. When healthcare professionals feel heard and supported, workplace stress decreases.

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Departments can encourage
- ✓ Post-case debriefings after challenging cases
- ✓ Peer-support initiatives
- ✓ Mentorship programs

After challenging surgeries or unexpected outcomes, even a brief team discussion allows staff to reflect on series of events, acknowledge emotions, identify lessons learned, and reinforce teamwork. These conversations help transform stressful experiences into opportunities for learning and growth. Rather than focusing on blame, organizations should promote learning, reflection, and support after adverse events or near misses.

Positive workplace relationships- Burnout cannot be solved by asking individuals to become more resilient while workplace stressors remain unchanged. Healthcare organizations should cultivate environments where teamwork, respect, and collaboration are everyday practices.

A healthy workplace culture includes
- ✓ Mutual respect among all members of the team
- ✓ Fair and transparent scheduling
- ✓ Zero tolerance for bullying
- ✓ Including staff in decision-making
- ✓ Recognizing achievements, both large and small

Mental Health Support- Seeking psychological support should be viewed as a sign of professionalism rather than weakness. Hospitals can normalize mental health care by offering confidential counseling services, employee assistance programs, stress management workshops, and access to trained mental health professionals. Early recognition and intervention often prevent more serious psychological distress and improve long-term well-being.

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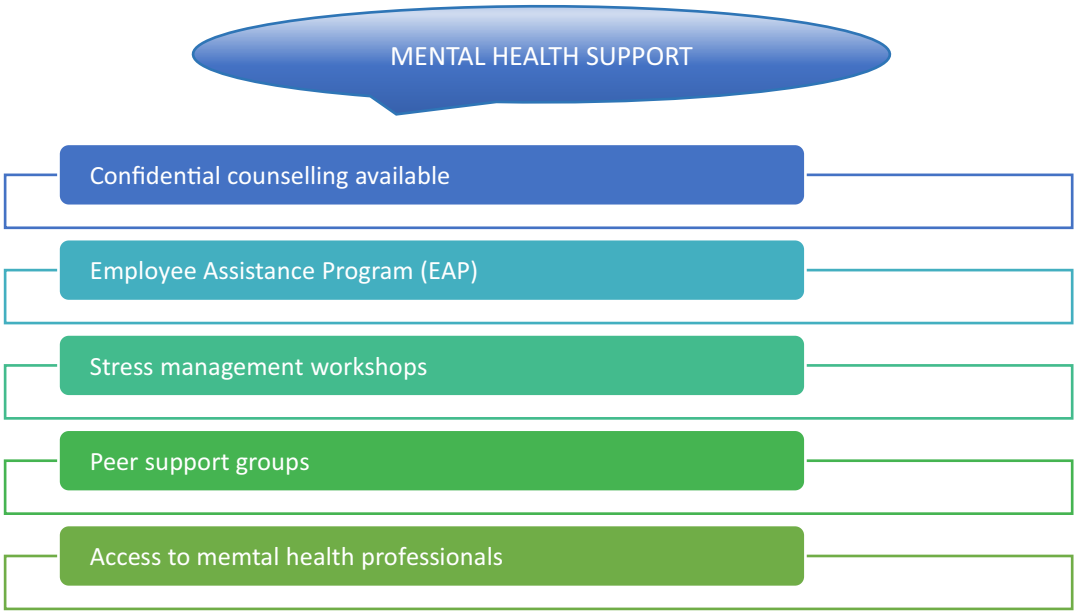
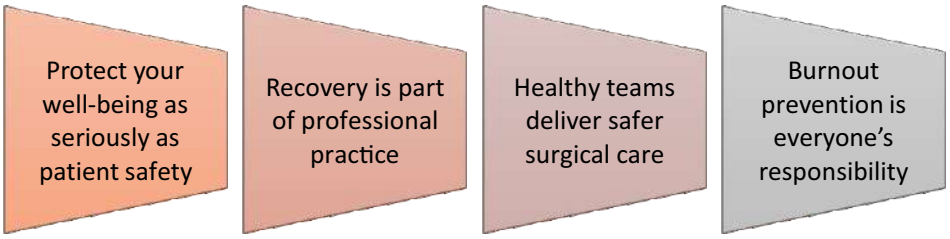


Investing in staff well-being improves patient safety, teamwork, and workforce retention. Delivering accurate care under pressure should never come at the expense of the people providing it. Moving beyond the OT means recognizing that excellence in surgery depends not only on technical skill and clinical expertise but also on the physical, emotional, and psychological well-being of the professionals delivering that care. By creating supportive workplaces where healthcare workers can thrive, organizations strengthen their workforce, improve patient outcomes and sustain excellence in perioperative care.



IT'S TIME TO MAKE SHIFT

- **FROM FRAGILE TO RESILIENT**
- **FROM BURNOUT TO BALANCE**
- **FROM UNSCALABLE TO SCALABLE**

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Beyond the OT

Scrubbed Out, Tuned In: Beating Burnout with Beats and Music Therapy

Author: Dr Farah Husain
Editor in Chief ISA Delhi, Senior Specialist and Certified Music Therapist,
Lok Nayak Hospital and Maulana Azad Medical College, New Delhi

Preventing burnout starts with building resilience and simple tools for everyday challenges. Our Gen Z PGs speak the language of emojis and Instagram, so I meet them there with creative approaches using musical interventions. Since 2023, Maulana Azad Medical College has run Music Therapy classes for First-Year Anesthesia residents. The impact is instantaneous. The moment the music starts, you can see them come alive to the rhythm and words. The feedbacks signifies the role of such initiatives in improving their well-being and building their self confidence in a new department.

Yesterday's session was truly wonderful. Every activity carried a meaningful message and offered valuable life lessons. The session helped us realize our true worth and understand how to manage stress by transforming it into eustress rather than distress. The "Follow the Leader" activity was especially fun and engaging. Thank you, Ma'am for conducting such an inspiring and refreshing session. I look forward to attending many more sessions like this - Dr Ravi

Honestly, I didn't know the impact the music therapy would have on me until I attended it yesterday maam. I felt ready to work , with brisk energy after yesterday's session. The one hour we spent yesterday, at music therapy was refreshing. It was quite a bit 'eye opening' in the sense that we needed to de-stress ourselves at times and it is not that hard, especially when we have music with us. I listened to my favourite medleys last night after that class and those beats took me to another world, since I learnt how to pay attention to the beats yesterday. I really believe this approach that was taught yesterday in class, could improve our focus and our energy levels maam. I am very grateful to be a part of this maam. Thankyou so much for this initiative.
Dr Priyadarshini

Beyond the OT

Scrubbed Out, Tuned In: Beating Burnout with Beats and Music Therapy

Author: Dr Farah Husain
Editor in Chief ISA Delhi, Senior Specialist and Certified Music Therapist,
Lok Nayak Hospital and Maulana Azad Medical College, New Delhi

Yesterday's session was truly amazing and refreshing. I came up with a title idea for the first slide: "Waterless Lily" (the opposite of a water lily—there is no water, yet it is still a lily), symbolizing that our worth does not depend on our circumstances. The storytelling and the journey part were the highlights of the session. They gave me a lot of confidence and helped me realize who we truly are and our true worth. The "Following the Leader" activity was also a lot of fun and very relaxing. I'm looking forward to attending more such sessions from your side, ma'am. Thank you so much for such an inspiring and wonderful session. I would be happy to volunteer and help with future sessions in any way I can. Thank you once again, ma'am
Dr Ramakrishna

Ma'am thank you so-much for interactive class... and I learnt one major thing that we have only one brand for ourselves, and that is our personality and how we nurture it. And I will try to shift my P point also ma'am. Thankyou – Dr Anant

It was a relaxing, surreal experience mam. I'm happy to be a part of the department where such classes are also being conducted. Special Thanks to you ma'am
Dr Jyoti

Creative Corner

Author: Dr Saurabh Gaur, Associate Consultant
CK Birla Hospital, New Delhi

The Burnout Thermometer

How warm is your professional flame?
Burnout rarely appears overnight—it quietly builds up. Take this one-minute self-check.

Tick the statements that applied to you during the past month:
□ I often feel mentally exhausted even before my OT list begins.
□ I find myself becoming emotionally detached from patients or colleagues.
□ I struggle to maintain concentration during long procedures.
□ I skip meals or hydration because of workload.
□ I rarely take short breaks between cases.
□ I feel guilty when I take leave.
□ Small setbacks affect me much more than they used to.
□ I have difficulty switching off after work.
□ I haven't pursued any hobby or exercise recently.
□ I sleep less than 6–7 hours on most days.

Your Score
0–2 ✔
You are balancing pressure well. Continue your healthy habits.
3–5 ⚠
Early signs of stress. This is the ideal stage to reset your routine.
6–8 ◇
Burnout may be developing. Consider discussing workload, seeking peer support and prioritising self-care.
9–10 ●
Your wellbeing deserves immediate attention. Remember—caring for yourself is an essential part of caring for your patients.

BURNOUT BINGO
How many can you tick?

☐	☐	☐	☐	☐
Had coffee before water	Forgot what day it is	Said "Just one more case"	Skipped lunch	Explained NPO 5 times
Smiled while panicking inside	Called surgeon twice	Monitor beepe for no reason	FREE SPACE }	Wore OT cap backwards
Checked pockets fo your phone while talking on it	Forgot your own coff in microwave	Didn't sit down for 6 hours	Someone aske "Are we done?	Stayed late to help a colleague
Heard "Just 5 more minutes"	Cancelled weekend plans	Survived difficult airway	Didn't pee all shift	Dreamt about O
Finally reached home... then got called back	Forgot your own birthday butemembe drug doses	Thanked your OT technician	Laughed despite chaos	Still love Anaesthesia

Score

- 0–5 → Fresh Resident
- 6–15 → Experienced Warrior
- 16–25 → Please book a vacation immediately

Creative Corner

Author: Dr Saurabh Gaur, Associate Consultant
CK Birla Hospital, New Delhi

Burnout Prevention Prescription

Rx for Every Anaesthesiologist

Medication

- Hydration
- 7–8 hours sleep
- Regular exercise
- Healthy nutrition

Dose

Daily

Special Instructions

Take with:

- Gratitude
- Teamwork
- Humour
- Family time
- Music
- Mindfulness

Refills

Unlimited

Contraindications

Ignoring yourself while caring for everyone else.

Thought for the Month

"Perfection saves patients. Balance saves physicians. The best anaesthesiologists strive for both."

Creative Corner

Author: Dr Saurabh Gaur, Associate Consultant
CK Birla Hospital, New Delhi

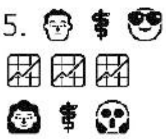
IF ANAESTHESIA HAD EMOJIS 😂: Guess the scenario to create the phrase based on the emoji sequence

1. 

2. 

3. 

4. 

5. 

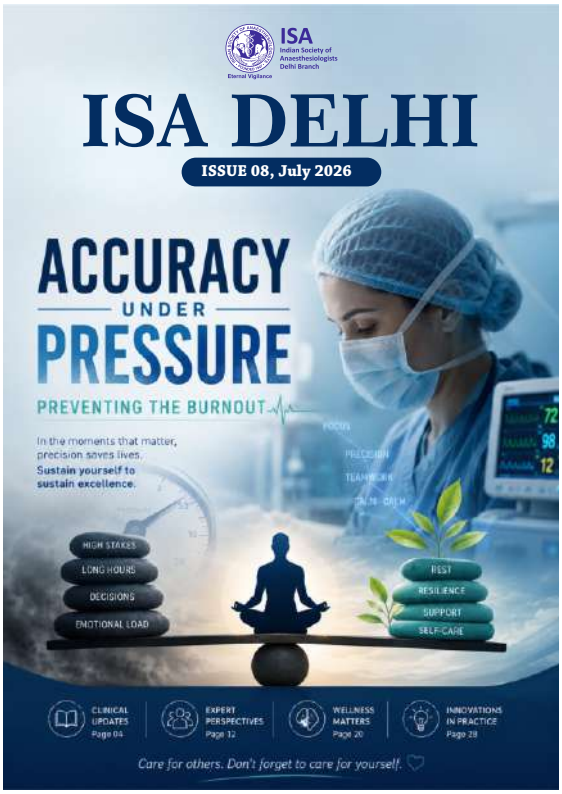
GUESS THE MOVIE:

Convert famous movie names into their OT versions by match the following

Original	OT Version
Mission Impossible	
Fast & Furious	
The Lion King	
Home Alone	
Avengers	

Send your answers to ISA Delhi
email: isadelhisecretariat@gmail.com by 15th August

Creative Corner
Submitted Entries for Cover Design



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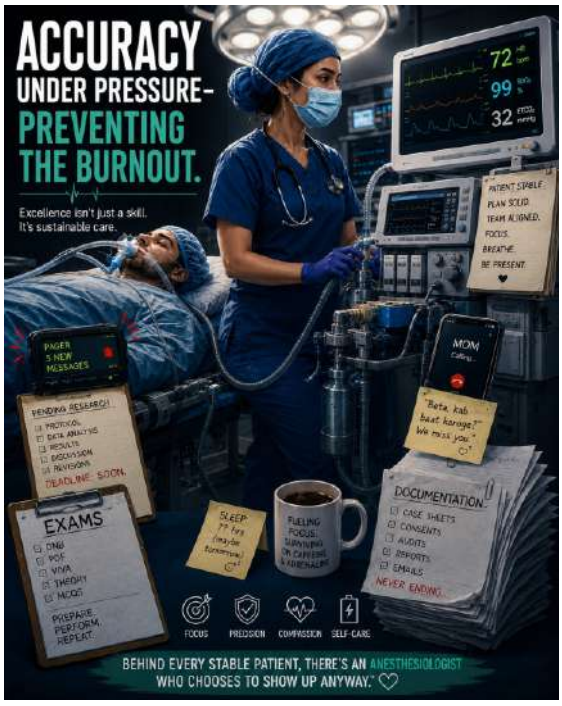

Author: Dr. Sanah Mahajan
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ISA DELHI CME cum clinical meeting Calendar for 2025-2026

S.No	Month	Institution / Venue
1.	December, 2025	CK Birla Hospital
2.	January, 2026	Dr. Baba Saheb Ambedkar Hospital
3.	February, 2026	MAMC
4.	March, 2026	VMMC & Safdarjung Hospital
5.	April, 2026	UCMS and GTB Hospital
6.	May, 2026	ESI group of hospitals
7.	June, 2026	Hindu Rao Hospital
8.	July, 2026	LHMC
9.	August, 2026	AIIMS Delhi

ISA
Indian Society of Anaesthesiologists
Delhi Branch
Eternal Vigilance

65th Annual Conference of Indian Society of Anaesthesiologists Delhi Branch

ISACON DELHI 2026

Beyond Mind and Monitors: Precision, Intelligence and Compassion for patient safety in Anaesthesia

Pre-conference Workshop 18th September 2026 **Conference** 19th-20th September 2026

Venue Hyatt Centric Janakpuri, New Delhi

INVITING ENTRIES

Competitive Paper Submission

&

Competitive E-Poster Presentation

Last Date of Abstract Submission is

7th August 2026

Submit Your Abstract Now

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ISA DELHI

Accuracy Under Pressure:

Preventing the Burnout

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