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Editorial Note OMICS International

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The earliest form of anesthetic medicines is similar to the sedative drugs of now-a-days, which were used to have pain relief and other medical benefits, as mentioned in several ancient scripts. It was Theodoric Borgognoni of 13th century, who employed opiates with many other herbal mixtures for the purpose of inducing unconsciousness during surgery. However, the modern concept of anesthesia has come into act with the expertise of William Thomas Green Morton (1846), who introduced painless surgery successfully. However, anesthesia plays a significant role in cancer pain management, critical care during cardiac and respiratory complications, inhalation therapy and various clinical emergencies. It also aids in stabilizing and preparing the patient for any surgery or operation and sometimes the anesthesiologists use it for non-surgical pain relief. Anesthesiology 2016 annual meeting highlighted the fact of increase in the anesthetical practice by 27% in five years. However, more studies and research is needed for the better and safer anesthesia management. The Journal of Anesthesia & Clinical Research, volume 8, Issue 3 focused on varied topics like: evaluation and comparison of FOB and REI intubation methods, conceptualized transversus abdominis plane block, and provided significant information about the exact role of sCOX-2 inhibitors as inhibitors of inflammatory processes in patients who had brain injury measured by IL-6.

Fiberoptic intubation is considered as safest and most effective method, which permits direct visual control of the intubation procedure without any directional errors. Though, it is safe, apparatus is very expensive and handling requires expertise and at the same time it is not readily available in all health care centres. In case of, retrograde intubation endotracheal tube is advanced into trachea by rail road technique without direct visualization of trachea, but it is associated with many disadvantages. Pokhriyal et al. [1], meticulously studied to compare the hemodynamic response, time taken and success rate of intubation following awake retrograde endotracheal and fiberscope assisted intubation. This study reported that, awake endothracheal intubation using FOB and REI may cause elevation in MAP and HR. The results clearly reported that, success rate of intubation were superior in FOB when compared to REI group.

The transversus abdominis plane block is peripheral nerve block that is designed to anesthetize the nerve supplying the anterior abdominal wall. This single blind prospective randomised control was conducted by Prabhu et al. [2], to evaluate the effectiveness of the TAP block for postoperative pain as part of a multimodal analgesic regimen in patients undergoing TAH. This test results reported that, TAP block is very easy to perform under ultrasound guidance without complication and at the same time provides effective analgesia. In addition, TAP Blocks holds well as part of multimodal regimen for patients undergoing Total Abdominal Hysterectomy.

The subsequent level of consciousness in a person after brain injury is measured by employing GCS. If the measured score is low it indicates higher IL-6 level and high morbidity and mortality. Selective cyclooxygenase (sCOX-2) are the drugs generally prescribed for postoperative pain and in addition it also possess an anti-inflammatory effect. Mbamalu et al. [3], aimed to determine the exact role of sCOX-2 inhibitors as inhibitors of inflammatory processes in patients who had brain injury measured by IL-6. This randomised study concluded that, sCOX-2 inhibitor is capable to reduce the IL-6 level in patients with moderate head injury.

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