

Turkish Journal of Anaesthesiology & Reanimation

Volume 49 · Issue 3 · June 2021

Simulation-Based Learning: Basics for Anaesthetists

Joana Berger-Estilita, Başak Ceyda Meço; Bern, Switzerland; Ankara, Turkey Page 194

Volumetric Monitoring and Extravascular Lung Water in Perioperative Setting and Critically Ill Mikhail Y. Kirov, Vsevolod V. Kuzkov, Konstantin S. Lapin; Arkhangelsk, Russian Federation Page 201

The Effects of Glasgow Coma Scales and Bispectral Index on General Anaesthesia in Neurosurgery Patients

Taygun Çoker, Sevtap Hekimoğlu Şahin, Necdet Süt; Edirne, Turkey Page 230

Official journal of the TURKISH SOCIETY OF ANAESTHESIOLOGY AND REANIMATION





Chief Editor

Yalım Dikmen 📵

Department of Anaesthesiology and Reanimation, İstanbul University-Cerrahpaşa, Cerrahpaşa School of Medicine, İstanbul, Turkey

Associate Editors

Necati Gökmen 🗅

Department of Anaesthesiology and Reanimation, Dokuz Eylül University School of Medicine, İzmir, Turkey

Berrin Günaydın Department of Anaesthesiology and Reanimation, Gazi University School of Medicine, Ankara, Turkey

Hatice Türe 📵

Department of Anaesthesiology and Reanimation, Yeditepe University School of Medicine, İstanbul, Turkey

Consultant in Biostatistics

Necdet Süt Department of Biostatistics and Medical Informatics, Trakya University School of Medicine, Edirne, Turkey

Section Editors

Perioperative Care

Oya Yalçın Çok Department of Anaesthesiology and Reanimation, Başkent University School of Medicine, Dr. Turgut Noyan Research and Practice Center, Adana, Turkey

Geriatric Anaesthesia

Fatiş Altındaş 🕞

Department of Anaesthesiology and Reanimation, İstanbul University-Cerrahpaşa, Cerrahpaşa School of Medicine, İstanbul, Turkey

Pediatric Anaesthesia

Sibel Barış 🕞

Department of Anaesthesiology and Reanimation, Ondokuz Mayıs University School of Medicine, Samsun, Turkey Pain

Nalan Çelebi 🕩

Department of Anaesthesiology and Reanimation, Hacettepe University School of Medicine, Ankara, Turkey

Obstetric Anaesthesia Mukadder Orhan Sungur

Department of Anaesthesiology and Reanimation, İstanbul University, İstanbul School of Medicine, İstanbul,

Regional Anaesthesia Yavuz Gürkan 🕞

Department of Anaesthesiology and Reanimation, Kocaeli University School of Medicine, Kocaeli, Turkey Outpatient Anaesthesia Leyla İyilikçi D

Department of Anaesthesiology and Reanimation, Dokuz Eylül University School of Medicine, İzmir, Turkey

Cardiovascular and Thoracic Anaesthesia

Özge Köner Department of Anaesthesiology and Reanimation, Yeditepe University School of Medicine, İstanbul, Turkey

Airway Management

Kamil Toker 🕞

Department of Anaesthesiology and Reanimation, Bahçeşehir University School of Medicine, İstanbul, Turkey Neuroanaesthesia

Başak Ceyda Meço Department of Anaesthesiology and Reanimation, Ankara University School of Medicine, Ankara, Turkey

Orthopaedic Anaesthesia Aysun Yılmazlar D Private Medicabil Hospital, Bursa, Turkev

Intensive Care

Pinar Zeyneloğlu Department of Anaesthesiology and Reanimation, Başkent University School of Medicine, Ankara, Turkey

Editorial Board

Jan Bakker

Division of Pulmonary, Allengy, and Critical Care, Columbia University College of Physicians and Surgeons; Department of Pulmonary and Critical Care, New York University, Bellevue Hospital, New York, USA; Department of Intensive Care Adults, Erasmus MC University Medical Center, Rotterdam, Netherlands

Zeev Goldik

Department of Anaesthesia and Intensive Care, Post-Anaesthesia Care Unit, Lady Davis Carmel Medical Centre, Haifa, Israel Can Ince

Department of Intensive Care Adults, Erasmus MC University Medical Centre, Rotterdam, The Netherlands

Jan Peter Jantzen

Department Anaesthesiology, Intensive Care and Pain Center, School of Medicine, Johannes Gutenberg University, Mainz, Germany Zsolt Molnar

Department of Anaesthesia and Intensive Therapy, Szeged University, Szeged, Hungary

Paolo Pelosi

Department of Surgical Sciences and Integrated Diagnostics, Genoa University, Genova, Italy Rolf Rossaint

Department of Anaesthesiology, Medical Faculty of University, Aachen, Germany

Philippe Scherpereel

Department of Anaesthesiology and Reanimation, Lille Region University Hospital, Lille, France

Publisher

İbrahim KARA

Publication Director Ali ŞAHİN

Editorial Development Gizem KAYAN TEKAÜT

Deputy Publication Director Gökhan ÇİMEN **Publication Coordinators**

İrem SOYSAL Arzu YILDIRIM Deniz KAYA Bahar ALBAYRAK Emre KARA Gamze BİLGEN Irmak BERBEROĞLU

Finance and Administration Zeynep YAKIŞIRER ÜREN **Project Coordinators** Doğan ORUÇ

Doğan ORUÇ Sinem Fehime KOZ

Graphics Department Ünal ÖZER Deniz Elif DURAN Contact Address:

Büyükdere Cad. 105/9 34394 Mecidiyeköy, Şişli, İstanbul Phone: +90 212 217 17 00 Fax: +90 212 217 22 92 e.mail: info@avesyayincilik.com



Aims and Scope

The Turkish Journal of Anaesthesiology and Reanimation (Turk J Anaesthesiol Reanim) is the open access, online-only, and scientific publication organ of the Turkish Society of Anaesthesiology and Reanimation. The journal is published in accordance with independent, unbiased, and double-blind peer review principles. The journal is published bimonthly, in February, April, June, August, October, and December.

The publication language of the Turkish Journal of Anaesthesiology and Reanimation is English. However, the journal welcomes manuscripts both in Turkish and English for evaluation however authors of articles written in Turkish are required to provide the journal with the English version of their accepted article prior to publication.

The aim of the journal is to contribute to the literature and field of anaesthesiology by publishing clinical and experimental research articles, case reports, letters to the editor, study protocols, and scientific conference proceedings that are prepared in accordance with the ethical guidelines in the fields of anaesthesiology, intensive care, and pain therapy.

The target audience of the journal includes specialists and medical professionals working in the fields of anaesthesiology, intensive care, and pain therapy.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/ bestpractice).

The Turkish Journal of Anaesthesiology and Reanimation is indexed in PubMed Central, Web of Science-Emerging Sources Citation Index, TUBITAK ULAKBIM TR Index, EMBASE, Scopus, EmCare, CINAHL and ProQuest.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at www.turkjanaesthesiolreanim.org. The journal guidelines, technical information, and the required forms are available on the journal's web page.

All expenses of the journal are covered by the Turkish Society of Anaesthesiology and Reanimation. Potential advertisers should contact the Editorial Office. Advertisement images are published only upon the Editor-in-Chief's approval.

Statements or opinions expressed in the manuscripts published in the journal reflect the views of the author(s) and not the opinions of the Turkish Society of Anaesthesiology and Reanimation, editors, editorial board, and/or publisher; the editors, editorial board, and publisher disclaim any responsibility or liability for such materials.

All published content is available online, free of charge at www. turkjanaesthesiolreanim.org.

The Turkish Society of Anaesthesiology and Reanimation holds the international copyright of all the content published in the journal.



Chief Editor: Prof. Yalım DİKMEN

Address: Department of Anaesthesiology and Reanimation, İstanbul University-Cerrahpaşa, Cerrahpaşa School of Medicine,

İstanbul, Turkey

Phone: +90 (212) 414 35 88 E-mail: ydikmen@istanbul.edu.tr Web: www.turkjanaesthesiolreanim.org

Publisher: AVES

Address: Büyükdere Cad. 105/9 34394 Mecidiyeköy, Şişli, İstanbul, Turkey **Phone:** +90 (212) 217 17 00

Fax: +90 (212) 217 22 92 E-mail: info@avesyayincilik.com Web: www.avesyayincilik.com



Instructions to Authors

The Turkish Journal of Anaesthesiology and Reanimation (Turk J Anaesthesiol Reanim) is the open access, online-only, and scientific publication organ of the Turkish Society of Anaesthesiology and Reanimation. The journal is published in accordance with independent, unbiased, and double-blind peer review principles. The journal is published bimonthly, in February, April, June, August, October, and December.

The publication language of the Turkish Journal of Anaesthesiology and Reanimation is English. However, the journal welcomes manuscripts both in Turkish and English for evaluation however authors of articles written in Turkish are required to provide the journal with the English version of their accepted article prior to publication.

The journal publishes clinical and experimental research articles, review articles, case reports, letters to the editor, study protocols, and scientific conference proceedings prepared in accordance with ethical guidelines in the field of anaesthesiology, intensive care, and pain therapy.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

Manuscripts submitted to the Turkish Journal of Anaesthesiology and Reanimation will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in the field in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, releases signed by the patient or their legal representative should be enclosed.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck).

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- 3. Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

The Turkish Journal of Anaesthesiology and Reanimation requires corresponding authors to submit a signed and scanned version of the authorship contribution form (available for download through www. turkjanaesthesiolreanim.org) during the initial submission process in order to act appropriately on authorship rights and to prevent ghost or honorary authorship. If the editorial board suspects a case of "gift authorship," the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

The Turkish Journal of Anaesthesiology and Reanimation requires and encourages the authors and the individuals involved in the evaluation process of submitted manuscripts to disclose any existing or potential conflicts of interests, including financial, consultant, and institutional, that might lead to potential bias or a conflict of interest. Any financial grants or other support received for a submitted study from individuals or institutions should be disclosed to the Editorial Board. To disclose a potential conflict of interest, the ICMJE Potential Conflict of Interest Disclosure Form should be filled in and submitted by all contributing authors. Cases of a potential conflict of interest of the editors, authors, or reviewers are resolved by the journal's Editorial Board within the scope of COPE and ICMJE guidelines.

The Editorial Board of the journal handles all appeal and complaint cases within the scope of COPE guidelines. In such cases, authors should get in direct contact with the editorial office regarding their appeals and complaints. When needed, an ombudsperson may be assigned to resolve cases that cannot be resolved internally. The Editor in Chief is the final authority in the decision-making process for all appeals and complaints.

When submitting a manuscript to the Turkish Journal of Anaesthesiology and Reanimation, authors accept to assign the copyright of their manuscript to the Turkish Society of Anaesthesiology and Reanimation. If rejected for publication, the copyright of the manuscript will be assigned back to the authors. The Turkish Journal of Anaesthesiology and Reanimation requires each submission to be accompanied by a Copyright Transfer and Acknowledgement of Authorship Form (available for download at www.turkjanaesthesiolreanim.org). When using previously published content, including figures,

tables, or any other material in both print and electronic formats, authors must obtain permission from the copyright holder. Legal, financial and criminal liabilities in this regard belong to the author(s).

Statements or opinions expressed in the manuscripts published in the Turkish Journal of Anaesthesiology and Reanimation reflect the views of the author(s) and not the opinions of the editors, the editorial board, or the publisher; the editors, the editorial board, and the publisher disclaim any responsibility or liability for such materials. The final responsibility in regard to the published content rests with the authors.

MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2019 - http://www.icmje.org/icmje-recommendations.pdf). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at www. turkjanaesthesiolreanim.org. Manuscripts submitted via any other medium will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Copyright Transfer and Acknowledgement of Authorship Form and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at www.turkjanaesthesiolreanim.org.

Preparation of the Manuscript

Title page: A separate title page should be submitted with all submissions and this page should include:

Turkish Journal of Anaesthesiology & Reanimation

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/MBrowser.html).

Main Points: All submissions except letters to the editor should be accompanied by 3 to 5 "main points" which should emphasize the most noteworthy results of the study and underline the principle message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since "Main Points" targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Methods, Results, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983: 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI); also, (.), (/), or ($\dot{}$) should be avoided when writing out units (e.g., write mg kg⁻¹, µg kg⁻¹, mL, mL kg⁻¹, mL kg⁻¹ sa⁻¹, mL kg⁻¹ dk⁻¹, L dk⁻¹ m⁻², mmHg, etc.)

Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Case Reports.

Type of manuscript	Word limit (Main text only)	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 image
Case Report	1000	200	15	No tables	10 or total of 20 image
Images in Clinical Practices	N/A	N/A	N/A	N/A	N/A
Letter to the Editor	500	N/A	5	No tables	No media



Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Images in Clinical Practices: The journal accepts original high quality images related to cases that it has come across in clinical practices, that cite the importance or infrequency of the topic, that make the visual quality stand out, and that present important information that should be shared in academic platforms. Titles of the images should not exceed 10 words. Images may be signed by no more than three authors. Figure legends are limited to 200 words. The number of figures are limited to three. Video submissions will not be considered.

Study Protocols: The Turkish Journal of Anaesthesiology and Reanimation welcomes study protocols to improve the transparency of research and inform the scholarly community about the trials that are underway. Publication decision of study protocols will be upon editorial decision. Study protocols for pilot or feasibility studies are not generally taken into consideration.

Study protocol articles should follow SPIRIT guidelines, providing a detailed account of the hypothesis, rationale, and methodology of the study. All study protocols must provide an Ethics Committee Approval. All protocols for clinical trials requires trial registration number and the date of registration.

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100×100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up-to-date publications. Authors should avoid using references that are older than ten years. The limit for the old reference usage is 15% in the journal. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by "et al." In the main text of



the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article: Blasco V, Colavolpe JC, Antonini F, Zieleskiewicz L, Nafati C, Albanèse J, et al. Long-term outcome in kidney recipients from donors treated with hydroxyethylstarch 130/0.4 and hydroxyethylstarch 200/0.6. Br J Anaesth 2015; 115: 797-8.

Book Section: Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. Cardiovascular Medicine. St Louis: Mosby; 1974. pp.273-85.

Books with a Single Author: Cohn PF. Silent myocardial ischemia and infarction. 3rd ed. New York: Marcel Dekker; 1993.

Editor(s) as **Author:** Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Conference Proceedings: Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Smith P. Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE 169200860.

Thesis: Kaplan SI. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Manuscripts Accepted for Publication, Not Published Yet: Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med In press 1997.

Epub Ahead of Print Articles: Ali A, Cangir CC, Ersoy A, Turgut N. A Hospital Employee with Acinetobacter Tonsillitis Linked to Intensive Care Unit. Turk J Anaesthesiol Reanim 2013 Aug 41. doi: 10.5152/TJAR.2013.23. [Epub ahead of print].

Manuscripts Published in Electronic Format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis

(serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: http://www.cdc.gov/ncidodlElD/cid.htm.

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

PERMISSIONS AND REPRINTS

Permission requests for the reproduction of published content and reprint orders should be directed to the Editorial Office.

Chief Editor: Prof. Yalım DİKMEN

Address: Department of Anaesthesiology and Reanimation, İstanbul University-Cerrahpaşa, Cerrahpaşa School of Medicine, İstanbul, Turkey

Phone: +90 (212) 414 35 88 E-mail: ydikmen@istanbul.edu.tr Web: www.turkjanaesthesiolreanim.org

Publisher: AVES

Address: Büyükdere Cad. 105/934394 Mecidiyeköy, Şişli, İstanbul,

Turkey

Phone: +90 (212) 217 17 00 **Fax:** +90 (212) 217 22 92 **E-mail:** info@avesyayincilik.com **Web:** www.avesyayincilik.com



Contents

Reviews	
Other	
Simulation-Based Learning: Basics for Anaesthetists Joana Berger-Estilita, Başak Ceyda Meço; Bern, Switzerland; Ankara, Turkey	194
Volumetric Monitoring and Extravascular Lung Water in Perioperative Setting and Critically Ill Mikhail Y. Kirov, Vsevolod V. Kuzkov, Konstantin S. Lapin; Arkhangelsk, Russian Federation	201
Original Articles	
Regional Anaesthesia	
Rhomboid Intercostal and Serratus Anterior Interfascial Plane Block for the Treatment of Postoperative Pain After Video-Assisted Thoracoscopic Surgery: A retrospective Propensity-Matched study Korgün Ökmen, Mustafa Köprücüoğlu; Bursa, Turkey	211
Perioperative Care	
Administration of Intravenous Amino Acids Attenuates Postoperative Hypothermia in Patients Undergoing Percutaneous Nephrolithotomy Indira Gurajala, Kavitha Jayaram, Priyanka Mudavoth, Padmaja Durga; Hyderabad, India	
Anaesthesia-Related Internet Search: A Survey with Turkish Participants Derya Özden Omaygenç, Oylum Selçuk; İstanbul, Turkey	224
Neuroanaesthesia	
The Effects of Glasgow Coma Scales and Bispectral Index on General Anaesthesia in Neurosurgery Patients Taygun Çoker, Sevtap Hekimoğlu Şahin, Necdet Süt; Edirne, Turkey	230
Airway Management	
Comparison of Laryngeal Ultrasound and Cuff Leak Test to Predict Post-Extubation Stridor in Total Thyroidectomy Tanvi Bhargava, Abhishek Kumar, Aruna Bharti, Sandeep Khuba; New Delhi, New Delhi, Lucknow, India	238
Paediatric Anaesthesia	
Clinical Comparison of I-gel and Laryngeal Mask Airway-Supreme Airway Devices During General Anaesthesia in the the Paediatric Population Manish Aggarwal, Rahul Yadav, Shalendra Singh, Deepali Bansal; Pune, Mumbai, New Delhi, India	244
Case Reports	
General Aesthesia	
Mediastinitis due to Cervical Osteophytes in a Patient after Hemithyroidectomy Ainagul Zholdoshevna Bayalieva, Shamil Damirovich Gardanov, Artem Anatolyevich Surikov; Kazan, Tyumen; Russian Federation	250
Resuscitation	
Automated Chest Compression Allows Sufficient Resuscitation During Computed Tomography to Reveal the Cause of In-hospital Cardiac Arrest—A Case Report Torsten Fick Stephan Mueller-Rotz Catharing Klausenitz Taras Usichenko: Greifswald Germany	254



Pediatric Anaesthesia

Airway Fire during Laser Surgery of the Vocal Cords in Children: A Case Report Alessandro Simonini, Etrusca Brogi, Oscar Mazzei, Irene Paraboschi, Girolamo Mattioli, Giorgio Conti, Roberto D'Agostino; Genoa, Pisa, Rome,			
Airway Management			
Intra-operative Cuff Leak-An Anaesthetist's Dilemma Lovepriya Sharma, Ravinder Singh Chauhan, Shilpa Goyal, Bharat Paliwal, Ankur Sharma; Jodhpur, India	261		
Other			
Hard and Granny Tie, Nasogastric Tube Knotted in Nasopharynx: A Case Report Masoud Nashibi, Farhad Safari, Parisa Sezari, Ahamd Naderi, Kamran Mottaghi; Tehran, Iran	263		
Letters to the Editor			
Pediatric Anaesthesia			
Erector Spinae Plane Block for Peri-operative Analgesia for Spine Instrumentation Surgery in a Paediatric Patient Amit Goyal, Kamath Sriganesh, Pramod Kalgudi, Kumari Pallavi; Karnataka, India	265		
Pain			
Serratus Anterior Plane Block Facilitated Weaning from Mechanical Ventilator in a Case of Thoracic Trauma Swapnil Barasker, Sujeet Gautam, Anil Agarwal, Afzal Azim; Lucknow, India	267		
Airway Management			
Experience with Tritube and Flow-Controlled Ventilation During Airway Surgery Aysun Ankay Yılbaş, Aslı Melek, Özgür Canbey, Meral Kanbak; Ankara, Turkey	269		
Image of Interest			
Cardiovascular and Thoracic Anaesthesia			
Quadrivial Right Upper Lobe on Bronchoscopy for One Lung Ventilation Chanchal Mangla, Akshata Kamath, Joel Yarmush: Brooklyn NY, USA	271		