



Prof. Mihir Prakash Pandia
Professor and HOD

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Prof. Mihir Prakash Pandia
MBBS, MD

Education and Training

- **MBBS**
VSS Medical College, Burla, Odisha
- **M.D. (Anesthesiology & Critical Care)**
Institute of Medical Sciences (IMS), BHU, Varanasi
- **SENIOR RESIDENCY [Neuroanaesthesiology and Critical Care]**
All India Institute of Medical Sciences (AIIMS), New Delhi
- **Pediatric Neuroanaesthesia training**
Boston Children Hospital, Boston, USA
- **Neuroanaesthesia training**
Stanford University Medical Centre, Stanford University, Palo Alto, USA

Important Achievements

1. Worked as a faculty in the department of Anaesthesiology, Perioperative and Pain Medicine, Stanford University School of Medicine, Stanford, Palo Alto, USA for one year in the year 2009-2010.
2. Felicitated by director AIIMS for leading the team for neuroanesthesia and intensive care for the successful completion of first case of craniopagus surgery in India where both the kids survived.
3. Performed awake craniotomy in a 5 years 6 months old female child which is a record and was news in many national newspaper and News TV channels.
4. Interview was published in the personality column of Sunday edition of Odia newspaper "SAMBADA" on 28.01.2024

5. Chaired the NCSI Presidential oration : TBI Evolution of monitoring and management from a neurointensivist perspective delivered by Dr Chiara Robba which was held online on 16.03.2024.
6. Published papers in 77 national and international journals.
7. Invited as a faculty in 41 national conferences.
8. Invited as a faculty in 10 international conferences.
9. Presented research paper in 11 international conferences.
10. Worked as executive body member of ISNACC from January 2014- February 2016.
11. Appointed as Chairman of the research committee of ISNACC in January 2019.
12. Appointed as a member of an Expert Group to prepare syllabus, Teacher Eligibility Qualifications (TEQ), Minimum Standard Requirements (MSR) for DM in Neuroanaesthesia in August 2015.
13. Organized the AIIMS Neuroanesthesia Update 2013 as Organizing Secretary which was held in AIIMS ON 19.10.2013 and 20.10.2013.
14. Organized the AIIMS Neuroanesthesia Update 2014 as Organizing Secretary which was held in AIIMS ON 30.08.2014 and 31.08.2014.
15. Appointed as committee member of the constitution committee of Neurocritical care society of India in October 2022 for 3 years

Publications [10 best papers]

1. Pandia MP, Dash HH, Bithal PK, Chouhan RS, Jain V. Does egress of cerebrospinal fluid during percutaneous retrograde glycerol rhizotomy influence long term pain relief? Reg Anesth Pain Med. 2008 ;33:222-6.
2. Pandia MP, Bithal PK, Dash HH, Chaturvedi A. Comparative incidence of cardiovascular changes during venous air embolism as detected by transesophageal echocardiography alone or in combination with end tidal carbon dioxide tension monitoring. J Clin Neurosci. 2011;18:1206-9.
3. Pandia MP, Bithal P, Bali A, Soudagar A, Aggarwal AK. Tourniquet release and Carbon Dioxide Changes – How Long We Need To be Vigilant? Ind J Anaesth 2003;47:134-36.
4. Dash HH, Pandia MP. Recent advances in neuroprotection. J. Anaesth. Clin. Pharmacol 2002; 18(2): 127-3
5. Pandia MP, Bithal PK, Gupta M. Life-threatening hyperkalemia in the intraoperative period. J Neurosurg Anesthesiol. 2004; 16:263.
6. Dube S K, Pandia MP, C Arvind, P Bithal. Comparison of intraoperative brain condition, hemodynamics and postoperative recovery in patient undergoing supratentorial tumor surgery using Desflurane and Sevoflurane. Saudi J Anaesth. 2015; 9:167-73

7. Bithal PK, Pandia MP, Dash HH, Chouhan RS, Mohanty B, Padhy N. Comparative incidence of venous air embolism and associated hypotension in adults and children operated for neurosurgery in the sitting position. *Eur J Anaesthesiol.* 2004;21:517-22.
8. Prakash PS, Pandia MP. A complication associated with the use of a drug injection catheter through a fiberscope. *Anesthesiology.* 2008 ;108:173.
9. Subramaniam K, Pandia MP, Dash M, Dash HH, Bithal PK, Bhatia A, Subramaniam B. Scheduled prophylactic ondansetron administration did not improve its antiemetic efficacy after intracranial tumour resection surgery in children. *Eur J Anaesthesiol.* 2007 ;24:615-9.
10. Bithal PK, Pandia MP, Chaturvedi A, Radhakrishnan M, Prabhakar H, Sharma D. Lidocaine infiltration of the scalp does not completely abolish increased intraocular pressure due to skull pin insertion. *J Clin Neurosci.* 2006;13:730-2.

Arrea Of Intrest

- Pediatric neuroanaesthesia
- Anaesthesia for neurosurgery in sitting position.
- Anaesthesia for Major Spine Surgeries
- Anesthesia for Intracranial Aneurysm surgeries