



## PRESIDENT'S MESSAGE

### A Full Agenda



It continues to be a busy and productive time for me and the dedicated CAS executive members: Dr Susan O'Leary, Dr Sal Spadafora, Dr Douglas DuVal and Dr Rick Chisholm. Several important initiatives for the Society have moved forward this year and, of course, we are in the final countdown to the 2013 CAS Annual Meeting in Calgary, starting on Friday, June 21.

CAS has entered into a formal partnership with the Canadian Patient Safety Institute (CPSI) and will seek opportunities to engage in research and education activities to improve the safety of anesthesia for our patients and the well-being of our members. The importance of this partnership will be underscored at the inaugural Dr John Wade CPSI Patient Safety Symposium being held at the Annual Meeting in Calgary.

A formal needs assessment of the CAS membership has been undertaken so that we can identify the priorities of the members and better understand their vision as to how the CAS can support their goals. The results will be used to both inform the working groups and to develop a strategic roadmap for CAS over the next several years.

As Dr Donald Miller, Editor-in-Chief of the *Canadian Journal of Anesthesia*, nears the end of his second term, a national search for a new Editor-in-Chief will be in place by the fall of 2013. In recognition of the *Journal's* prestige, the newly created *Canadian Journal of Anesthesia Research Award* will be offered for the first time in 2013 and presented to a deserving recipient in Calgary.

### "New Developments in Anesthesiology"

I would like to extend my personal invitation to all CAS members to join us in Calgary from June 21 – 24 for our Annual Meeting. The Annual Meeting Committee – chaired by Dr Daniel Bainbridge – has pulled out all the stops for this "must attend" event under the theme of "New Developments in Anesthesiology". There's something for everyone on the stimulating scientific program, and the networking opportunities and social programs are guaranteed to make the 2013 Annual Meeting a valuable and memorable experience for all delegates.

**Dr Patricia Houston, FRCPC**



## 2013 CAS ANNUAL MEETING: CALGARY AWAITS YOU!

The CAS Annual Meeting Committee is putting the finishing touches on the arrangements for the upcoming 2103 Annual Meeting. An exceptional educational program – "New Developments in Anesthesiology" – and excellent networking opportunities, as well as fun-filled social activities, await delegates in Calgary.



As a reminder, the educational sessions will be held at the TELUS Convention Centre in downtown Calgary, with easy access to the two Annual Meeting hotels: the Hyatt Regency and the Calgary Marriott. Both properties offer the same attractive conference rate.

### A SAMPLING OF WHAT YOU'LL FIND AT THE ANNUAL MEETING IN CALGARY

**Opening Night and Welcome Reception – Friday, June 21 18:00 – 20:00**

Browse the exhibits and mingle with fellow delegates

*continued on page 2*

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### President's Reception and Dinner – Now on Saturday night: June 22

The reception starts at 18:30, followed by dinner at 19:30... don't forget the theme is “western casual”

### Political Forum – Saturday, June 22 – 14:15

Presenters: Dr Daniel J Cole, Department of Anesthesiology, Mayo Clinic, Scottsdale, AZ; Dr William Harrop-Griffiths, President, Association of Anaesthetists of Great Britain and Ireland, UK; Dr Andrew Mulcahy, Immediate Past President, Australian Society of Anaesthetists, Edgecliff, New South Wales, Australia; and Dr Viren Naik, Clinician/Simulation Educator, Royal College of Physicians and Surgeons of Canada  
Chair: CAS President, Dr Patricia Houston

### Dr Angela Enright Lecture – Monday, June 24 – 15:15

Presenter: Dr Chris Eagle, President & CEO, Alberta Health Services  
“Oil, Natural Gas, Bitumen and Physician Leadership”

### Ross C Terrell Lecture – Sunday, June 23 – 11:15

Presenter: Dr Misha Perouansky, University of Wisconsin  
“Paradigms and Progress: The Sesquicentennial Quest for a Unified Theory of Anesthetic Action in the Brain”

### A Special Welcome

CAS extends a special welcome to all delegates attending from the Common Interest Group (CIG): United States, United Kingdom and Australia, and with observers this year from New Zealand and South Africa. CAS also welcomes visiting presenters from outside of Canada who will add an important and dynamic perspective to our Annual Meeting. Here are but a few of the visiting presenters:

Dr Donal Buggy	Dublin, Ireland
Dr Adrian Gelb	San Francisco, CA
Dr Richard Griffiths	Peterborough, United Kingdom
Dr Alan Merry	Auckland, New Zealand
Dr Timothy Ness	Birmingham, AB
Dr Mark Warner	Rochester, MN

**And there's more.** Fun Run for CARF... CAS IEF Reception and Dinner... A French language education track on Saturday and Sunday (June 22/23)... Poster displays... and a scenic two-hour walking tour of Calgary...

## 2012/2013 Board of Directors

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### Invited Guests

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CAS IEF Chair	Dr Francesco Carli, Montreal
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You may contact members, representatives, and invited guests of the Board of Directors through the CAS central office.

Editor-in-Chief	Dr Salvatore Spadafora
Managing Editor	Andrea Szametz
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## AN INVITATION TO THE CAS AWARDS CEREMONY

**Monday, June 24 14:00 – 15:00**

CAS is pleased to recognize the accomplishments of members at the CAS Awards Ceremony being held in Calgary during the Annual Meeting. This important event features the Best Paper Awards, Residents' and Richard Knill Competitions; Research Program, Operating Grants and Career Scientist Award; and Membership Honour Awards, including the Gold Medal, Clinical Teacher, Clinical Practitioner and the John Bradley Young Educator Awards as well as the CAS Research Recognition Award. <http://cas.ca/English/Winners-Honour-Awards>

Annual meeting delegates are invited to attend the 2013 CAS Awards Ceremony, which is an opportunity to recognize the talents and contributions of our colleagues.

# CARF AWARD WINNERS ANNOUNCED

## RESEARCH PROGRAM, OPERATING GRANTS AND CAREER SCIENTIST AWARD

### CAREER SCIENTIST AWARD

#### CAS Career Scientist Award in Anesthesia \$120,000\*

##### Dr Mrinalini Balki

Mount Sinai Hospital – Anesthesia, Toronto, ON

Optimizing Contractility in Human Myometrium: In-vitro and In-vivo Approaches to Improve Pharmacological Treatment Options for Postpartum Hemorrhage

\*including matching funding from the institution



### NEW INVESTIGATOR AWARDS

#### Canadian Anesthesiologists' Society Research Award \$30,000

##### Dr Jason Maynes

Hospital for Sick Children – Anesthesia and Pain Medicine, Molecular Structure and Function, Toronto, ON

Discovering Pathologic Anesthetic Effects in Autistic Children: The Role of Anesthesia-Induced Mitochondrial Dysfunction



#### Abbott/Abbvie New Investigator Award in Anesthesia \$20,000

##### Dr Sylvain Boet

The Ottawa Hospital - Anesthesiology, Ottawa, ON

Cognitive Aids with Roles Defined (CARD) for Obstetrical Crises: A Multisite Cohort Study



#### Baxter Corporation Canadian Research Award in Anesthesia \$20,000

##### Dr Hance Clarke

University Health Network – Anesthesia & Pain Management, Toronto, ON  
Post Thoracotomy Pain Syndrome: A Randomized, Double Blind, Study Comparing Closure Techniques



## SUBSPECIALTY AWARDS

#### Dr Earl Wynands/Fresenius Kabi Research Award \$30,000

##### Dr Duane Funk

University of Manitoba - Anesthesiology, Winnipeg, MB

Incidence and Magnitude of Cerebral Desaturations in High Risk Patients and their Relation to Outcome



#### CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng \$10,000

##### Dr Stephan Schwarz

The University of British Columbia – Department of Anesthesiology, Pharmacology & Therapeutics, Vancouver, BC

Thalamic Mechanisms of Pregabalin in Fibromyalgia and Chronic Pain: Effects on the Hyperpolarization-activated Mixed Cationic Pacemaker Current



## OPEN AWARDS

#### Dr R A Gordon Research Award \$40,000

##### Dr Mrinalini Balki

Mount Sinai Hospital - Anesthesia, Toronto, ON

In-vitro Myometrial Contractility after Oxytocin Pre-exposure in Women with Advanced Maternal Age and Morbid Obesity



#### NEW AWARD: The Canadian Journal of Anesthesia Research Award \$30,000

##### Dr D Norman Buckley

McMaster University - Anesthesia, Hamilton, ON

A Network Meta-analysis of Treatment for Chronic Neuropathic Pain Syndromes



## RESIDENTS' RESEARCH AWARD

#### CAS/LMA-Teleflex Medical Residents' Research Grant \$10,000

##### Dr Daniel McIsaac

University of Ottawa - Anesthesiology, Ottawa, ON

Risk of Outpatient Colonoscopy, Non-cardiac or Ambulatory Surgery in People with Obstructive Sleep Apnea: A Population-based Study



# THE SELF ASSESSMENT PROGRAM FROM THE **CANADIAN JOURNAL OF ANESTHESIA** — CPD ONLINE

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**CPD MODULE:** Ultrasound-guided regional anesthesia for upper limb surgery (**March 2013**)

## ALSO AVAILABLE

- Massive transfusion in the trauma patient (**December 2012**)
- Competency-based professionalism in anesthesiology (**September 2012**)
- Fluid and vasopressor management for Caesarean delivery under spinal anesthesia (**June 2012**)
- Postoperative delirium: risk factors and management (**March 2012**)
- Airway management in the patient with potential cervical spine instability (**December 2011**)
- Anesthetic management of patients with an anterior mediastinal mass (**September 2011**)

## HOW TO ACCESS THE MODULES

Instructions can be found on the Canadian Anesthesiologists' Society website at: <http://cas.ca/Members/CPD-Online>

Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of these modules is made possible through unrestricted educational grants from the following industry partners:



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# NEWS FROM RESEARCH: FINAL REPORT

## CAS/Vitaid Residents' Research Grant Competition

**Dr Caroline Nadeau**  
**CHUS – Anesthesiology**  
**Sherbrooke, PQ**

*Dr Vincent Lecluyse, Dr Étienne De Medicis,  
Véronique Gagnon and Marie-Hélène Masse  
– Department of Anesthesia, University of  
Sherbrooke Health Centre, Sherbrooke, PQ*

*Dr Catherine Boisvert – Department of Anesthesia, Chaleur  
Regional Hospital, Bathurst, NB*



Impact of Intraoperative Opioids Replacement by Beta-blockers on Postoperative Pain after Breast Cancer Surgery

**SESSION CATEGORY:** Regional anesthesia and acute pain

**BACKGROUND:** A 2007 study demonstrated that substitution of opioid medication by beta-blockers during laparoscopic cholecystectomy resulted in a reduction of fentanyl consumption in the recovery room and reduction in the incidence of postoperative nausea. Increasing evidence supports the association of opioids use with postoperative hyperalgesia and chronic pain. In the particular case of breast cancer, intensity of postoperative acute pain is a major risk factor for the development of post-mastectomy pain syndrome. Breast cancer surgery is also associated with high incidence of postoperative nausea and vomiting. This study was designed to evaluate possible benefits on postoperative fentanyl consumption, nausea, vomiting and time spent in the recovery room after the use of opioids-free general anesthesia.

**METHOD:** A prospective, randomised double-blind protocol was designed to study 64 patients divided in 2 groups, and this abstract represents the interim analysis of 36 patients. All patients received co-analgesia regimens with acetaminophen, gabapentin, toradol and ketamine in addition to nausea prophylaxis with dexamethasone and ondansetron. General anesthesia induction was obtained with propofol in addition to fentanyl 3 µg/kg for the control group (n = 18) or esmolol 1 mg/kg for the beta-blocker group (n = 18). If needed, further hemodynamic control was obtained with up to four doses of fentanyl 50 µg IV for the control group or four doses of metoprolol 2.5 mg for the beta-blocker group. All other dimensions of anesthesia were standardised with the use of desflurane for maintenance and ephedrine for appropriate treatment of hypotension and bradycardia.

**RESULTS:** No significant difference on postoperative fentanyl use was demonstrated between the control group  $43.1 \pm 14.2$  µg and the beta-blocker group  $31.9 \pm 30.7$  µg ( $P = 0.389$ ). Occurrence of nausea was also similar in the control group (27.8%) and the beta-blocker group (16.7%) ( $P = 0.691$ ). Time to achievement of discharge criteria for PACU was not significantly different between the control group  $68.3 \pm 14.2$  min and the beta-blocker group  $79.4 \pm 38.4$  min ( $P = 0.532$ ). Bradycardia was similar in the control group (16.7%) and the beta-blocker group (22.2%) ( $P = 1$ ). Hypotension was not statistically different in the control (44.4%) and beta-blocker group (66.7%) groups ( $P = 0.18$ ). In spite of a non-significant tendency towards use of ephedrine in a higher number of patients in the beta-blocker group (72.2%) compared to (44.4%) in the control group ( $P = 0.091$ ), the quantity used when needed was similar in the beta-blocker 15 mg (5 - 26.25) and the control 20 mg (6.25 - 28.75) groups ( $P = 0.577$ ). In the PACU, bradycardia occurred more frequently in the beta-blocker group (22.2%) than in the control group (0%), although not representing a statistically significant difference ( $P = 0.104$ ). It is worth mentioning none of the PACU bradycardias necessitated pharmacologic treatment, but one case received fluid therapy in order to treat associated hypotension.

**CONCLUSION:** Substitution of fentanyl by a regiment of esmolol and metoprolol for breast cancer surgery did not result in significant postoperative fentanyl sparing effect, did not diminish the occurrence of nausea and did not shorten the time spent in the post-anesthesia care unit (PACU). No significant difference on the occurrence of possible beta-blockers related side effects was elucidated during the immediate postoperative observation period. Therefore, opioid-free anesthesia is an equivalent technique to traditional anesthesia and the second phase analysis of the study on chronic pain will provide interesting supplemental results.

**SUMMARY:** Opioid-free general anesthesia can potentially have a fentanyl sparing effect as demonstrated after laparoscopic cholecystectomy. This study implemented a similar narcotics-free technique for breast cancer surgery. However, intraoperative substitution of fentanyl by esmolol and metoprolol did not produce the intended reduction in postoperative fentanyl use, occurrence of nausea and time until discharge from PACU. No significant side effects were occurred with the use of beta-blockers in our study.

# SURVEY SHOWS IMPACT OF DRUG SHORTAGES ON ANESTHESIA PRACTICE – A FOLLOW-UP OPINION

**Dr Richard Hall, FRCPC**

There has been great concern among the public and the medical profession about the impact of drug shortages. Public reports of deafness related to aminoglycoside substitution and inability to obtain anti-seizure medication leading to recurrence of seizures highlight the difficulties being experienced. Drug shortages of traditional anesthetic drugs such as propofol have been reported but the impact on the practice of anesthesia is poorly characterized as it could range from minor inconvenience to major difficulties. We sought information relating to drug shortages and the impact on anesthesia practice and, most importantly, what impact they might have on patient outcomes, by conducting a survey of Canadian anesthesiologists – now published in the June 2013 *Canadian Journal of Anesthesia* (Hall R, Bryson GL, Flowerdew G, Neilipovitz D, Grabowski-Comeau A, Turgeon AF; for the Canadian Perioperative Anesthesia Critical Trials Group. Drug shortages in Canadian anesthesia: a national survey. *Can J Anesth* 2013; 60: 539-51).

We surveyed 1932 physician members of the CAS over a four-month period from January to April 2012. A 61% response rate was obtained. Physicians reported that drug shortages were common (65.7% reporting a current shortage). Practitioners were of the opinion that drug shortages had affected their practice. They reported having to provide an inferior anesthetic technique (49%), and being required to use drugs with which they were unfamiliar (30%). Many also reported that, in their opinion, drug shortages were having a negative impact on patient outcomes including cancellation of surgery (2.4%), witnessing a drug error (13.9%), prolonging time to recover from anesthesia (10.5%), and an increased incidence of postoperative complications (10.5%) including postoperative nausea and vomiting. We concluded that drug shortages were having an adverse effect on the practice of anesthesia in Canada.

While our survey also showed that the crisis in drug shortages created by the closure of the Sandoz plant in Boucherville, Québec served to exacerbate the problem, this crisis may have the appearance that it has been dealt with. Drug shortages still continue and my fear is that, due to the diligent work of our pharmacy colleagues to find alternate sources, drug shortages will continue to be a hidden problem that only raises its ugly head on a sporadic basis and in local situations thus only intermittently affecting each of us who practice anesthesia. We have returned to the previous "status quo". The problem has not gone away – it is just less visible. Efforts by Federal, Provincial, Local Health Authorities and the Canadian Anesthesiologists' Society (which has been a leader in this matter) to find a lasting solution should continue. This is necessary to prevent further deterioration in the practice of anesthesia and a continuation of the undesirable patient outcomes observed in our study. Given the tenuous supply chain for drugs in Canada, there will be another "crisis". Hopefully we will be better prepared than the last time.

*Dr Hall is Professor of Anesthesiology, Medicine and Pharmacology and Associate Professor of Surgery at Dalhousie University in Halifax, Nova Scotia.*

Two editorials regarding "Drug shortages in Canadian anesthesia: a national survey" can be found in the *Canadian Journal of Anesthesia*:

- *Houston P, Chisholm R. Water, water everywhere, but not a drop in sight: the impact of drug shortages on Canadian anesthesia care. June 2013*
- *Bedard M. Drug shortages: Can we resolve that problem? June 2013*

## CJA APP NOW LIVE IN iTUNES AND GOOGLE PLAY

The *Canadian Journal of Anesthesia* is now mobile. A free App for iOS and Android has been launched and CAS members can download it for their device: <http://bit.ly/CJA-App>

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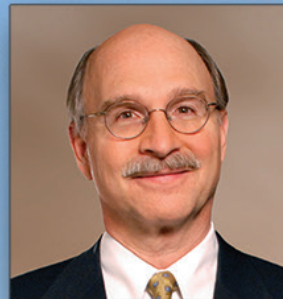
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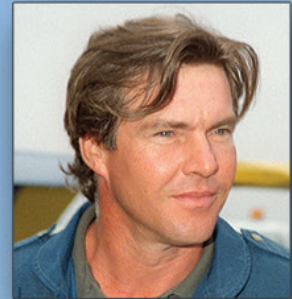
- Opening session speakers, Editor-in-Chief of the Journal of Patient Safety, Charles Denham, M.D., along with actor Dennis Quaid, discuss issues of patient safety and accountability.
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## FEATURING OPENING SESSION SPEAKERS:



Charles Denham, M.D.



Dennis Quaid

**Registration opens June 4!**  
Visit [www.anesthesiology2013.org](http://www.anesthesiology2013.org) for more information.

A special discount is available to CAS Active members who attend the 2013 CAS Annual Meeting in Calgary.

# ALLIED HEALTH RESEARCH PROJECT



During the past few years, there has been an increasing trend toward anesthesiologists and anesthesia assistants working together on patient cases. As the use of anesthesia assistants becomes more common, a number of questions have been raised about the working relationship between the two professions.

At its May meeting, the CAS Allied Health Professions Committee agreed to undertake a survey of anesthesia chiefs and anesthesia assistants to gather opinions

and information from both professions. Some of these questions include the availability and use of anesthesia assistants as well as what training and resources are available to them, the adequacy of their supervision, and what is currently working well or not working well. The intent is to assess how the relationship would work, what resources and support are needed to make the ideal situation work and identify solutions, agreements and gaps.

## 2013 EARL WYNANDS LECTURE GIVEN BY DR JAMES RAMSAY



The Society of Cardiovascular Anesthesiologists (SCA) Foundation held the 2013 Earl Wynands Lecture on Sunday, April 7 at the SCA Annual Meeting in Miami. The Lecture is supported through a gift from the CAS Cardiovascular and Thoracic (CVT) Section's Earl Wynands Fund.

Dr James Ramsay from the Department of Anesthesiology at Emory University in Atlanta, Georgia spoke on the topic of "Cardiac and Critical Care Anesthesiology Moving Forward: Why Dual Training is Beneficial"\* The lecture was well attended and Dr Ramsay provided a good introduction by talking about Dr Earl Wynands and his impact on this field of med-

\*Dr Ramsay's lecture will be available as a link on the SCA website in the near future

icine, as well as the support given to Dr Wynands by his wife in his career and his work.

The Lecture is named after Dr Wynands, Emeritus Professor of Anesthesiology at the University of Ottawa, and who is perhaps best known in the cardiac anesthesiology world for his contributions to the care of patients undergoing revascularization of the heart, beginning with those undergoing the Vineberg procedure in the 1960s. Dr Wynands served as President of the CAS and President of the SCA. He has received the highest level of award from both societies: the Gold Medal from the CAS and the first Distinguished Service Award from the SCA.

Dr Wynands has been "honoured" on a new SCA website called "Honor a Mentor". To view the site or to honour an individual, go to: <http://scahqgive.org/honor-a-mentor/>

## DR VINCENT CHAN RECEIVES ACHIEVEMENT AWARD



Congratulations to Dr Vincent Chan who was recently awarded the Teaching Recognition Award for Achievement in Education at the 2013 International Anesthesia Research Society's Annual Meeting in San Diego, CA.

This award recognizes excellence in research and education in clinical ultrasound application. According to Dr Davy Cheng, Professor and Chair, Department of Anesthesia and Perioperative Medicine at the London Health Sciences Center, Dr Chan "has worked tirelessly to advance research in ultrasound education and to establish curriculum and guidelines for ultrasound education, as well as practical hands-on training worldwide." Dr Chan has also created texts, DVDs and web-based educational materials.



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## “Remembering The Past – History Of Anesthesia And The Role Played By Canadians”

“Remembering the Past – History of Anesthesia and the Role Played by Canadians” is the topic of Symposium 15 being held on Saturday, June 22 at the CAS Annual Meeting in Calgary. Moderated by Dr Brendan Finucane, Chair, CAS Archives and Artifacts Committee, the two featured speakers are Dr Roger Maltby, Professor Emeritus of Anesthesia, University of Calgary, and Dr John Wade, Dean Emeritus, Faculty of Medicine, University of Manitoba.

Dr Maltby’s presentation is “Pre-operative Fasting Guidelines: Common Sense, Dubious Dogma and Modern Evidence” and Dr Wade’s presentation is “The History of Academic Anesthesia in Canada”. A brief Q&A period will follow the two presentations.



Dr John Wade

### The History of Academic Anesthesia in Canada

This presentation looks at the journey of anesthesia from its beginnings as a craft to being a specialty that is evidence-based and rooted in scientific thinking. Along this journey, many influential people have made it come together.

*Dr Wade’s name has been synonymous with health care in Manitoba for nearly 30 years and is a pioneer in the patient safety movement. In addition to chairing the Winnipeg Health Region Board, he has held a number of key leadership positions in health care, including, Manitoba Deputy Minister of Health and Dean of the Faculty of Medicine at the University of Manitoba. He is also credited with having helped to lay the foundation for the Manitoba Patient Safety Institute.*



Dr J Roger Maltby

### Pre-operative Fasting Guidelines: Common Sense, Dubious Dogma and Modern Evidence

This review summarizes the evolution of preoperative fasting guidelines from the introduction of anesthesia in the 1840s, occurrence of pulmonary aspiration of gastric contents, and physiology of digestion and gastric emptying. The blanket order “NPO after midnight” in the 1960s-70s textbooks for healthy patients with no risk factors ignored the difference between immediate, rapid emptying of clear liquids and slower digestion and emptying of solid food. Roberts and Shirley’s 1974 statement that adults have 25 mL gastric contents with pH <2.5 aspirate engendered fear because 40-80 per cent of patients are in that category.

No randomized clinical trials of gastric emptying of clear liquids in the immediate preoperative period had ever been undertaken. Our Calgary studies of ‘NPO versus drink’ began in 1985, and those in many countries demonstrated rapid emptying of clear liquids. Residual gastric fluid volumes in those who drank 150 mL 2-3 h before anesthesia were similar to, or less than in those “NPO from midnight”.

The American Society of Anesthesiologists’ task force, formed in 1996, reviewed all relevant human research 1966–96. Its evidence-based fasting guidelines, with detailed summary of the evidence, were published in 1999. Similar guidelines were subsequently adopted by CAS and other national anesthesia societies.

*Dr Maltby was a staff anesthesiologist at Foothills Medical Centre in Calgary from 1970 until his retirement in 2002. In 1985, he and his colleagues began a series of randomized clinical trials that successfully challenged the dogma of “NPO after midnight” being applied to clear liquids. Fasting guidelines in many countries now encourage clear liquids until two hours before surgery. His other interests are the history of anesthesia, laryngeal mask airway and helping to establish anesthesia training in Nepal.*

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CAS welcomes comments and suggestions from readers.

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#### PUBLISHER:

Canadian Anesthesiologists’ Society  
1 Eglinton Avenue East, Suite 208  
Toronto, ON, M4P 3A1  
CANADA

**Email:** [anesthesia@cas.ca](mailto:anesthesia@cas.ca)

**Fax:** 416-480-0320

**Phone:** 416-480-0602

[www.cas.ca](http://www.cas.ca)

# 2013

## NATIONAL SCIENTIFIC CONGRESS OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS

### *Anaesthesia: Art and Science*

The NSC 2013 organising committee headed by Dr. Mark Skacel and Dr. Paul Burt have developed a programme that will appeal to a wide audience and further explore how our understanding of the basic sciences improves clinical outcomes for our patients.

Special areas of interest will include neuroscience and consciousness, fluid therapy, and outcomes for the high risk surgical patient.

#### **Invited Speakers include**

**Professor Martin Smith**

Queens Square London

**Professor Colin Mackenzie**

University of Maryland, Baltimore

**Professor Mike Grocott**

University of Southampton

**Professor Tony Quail**

Newcastle University, NSW

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