

## **President's Message**

#### **Drug Shortages**

Backorders and shortages of anesthesia drugs continue to be a problem. Recently succinylcholine was backordered due to manufacturing problems. The effect of this backorder was variable because of differing local inventories. The federal Health Minister, in response to a letter from me on drug shortages in anesthesia, has asked her officials to further explore the problem. She has also written to the generic drug manufacturers asking for voluntary reporting of shortages. There were to be hearings on drug shortages before the House of Commons Standing Committee on Health. The CAS was prepared to submit a brief. The recent Federal Election cancelled these hearings and also means we await the appointment of a Federal Health Minister to take action from our previous correspondence. A coalition of concerned health groups, including CAS, formed to advocate for their members and patients about drug shortages and lack of surveillance in Canada. This group has met via teleconference. Recent discussion included the establishment of a surveillance system for the Canadian drug supply.

#### **Physician Resources**

The CAS has collaborated with Dr Dale Engen, from Queen's, to survey all site chiefs of anesthesia in Canadian hospitals on human resources in anesthesia. The survey indicates that anesthesia human resources have improved in Canada since the last survey in 2002. The one exception is British Columbia where the situation has not changed. The results will be presented in abstract form at the Annual Meeting in Toronto in June, 2011.

#### **ACUDA Management Committee**

A newly enhanced relationship now exists between ACUDA and the CAS with the CAS President sitting as a voting member on the Management Committee. One issue of common interest to CAS and ACUDA is the Royal College of Physicians and Surgeons initiative to offer a pathway to certification that does not involve an examination. It is known as Practice Eligibility Route B. ACUDA, CAS and other interested parties have notified RCPSC of our displeasure with this initiative and further discussions are planned.

#### **WHO Oximetry Project**

The last issue of the newsletter included an excellent summary of the WHO Global Oximetry Project by Dr Angela Enright, WFSA President. CAS IEF has taken as a project the supply of these oximeters to Rwanda. Visit the CAS IEF booth at the Annual Meeting in Toronto to learn how you can support this endeavour.

Dr Rick Chisholm, FRCPC



#### UPDATE

Since publication of the March 2011 issue of *Anesthesia News*, CAS has received a response from the Minister of Health's office regarding drug shortages. To read the letter, go to: <u>http://www.cas.ca/English/Other-</u> Physician-Resources



CAS is pleased to announce the impressive roster of 2011 award recipients. The winners will be honoured at the Awards Ceremony on Monday, June 27 (14:15 – 15:30) during the CAS Annual Meeting in Toronto. To read about the award winners and what they have received, see "An Invitation to the CAS Awards Ceremony on page [2].

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#### In This Issue

#### 2010/2011 Board of Directors

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#### **Invited Guests**

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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
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An Invitation To The CAS Awards Ceremony

Annual meeting delegates are cordially invited to attend the awards ceremony on Monday, June 27 at 14:15 at the Metro Toronto Convention Centre. To honour those who have made important contributions to anesthesia, please join us to show our collective support for their significant efforts and accomplishments.

**CAS CAREER SCIENTIST AWARD IN ANESTHESIA** (partial salary support of \$60,000 over two years – with matching funds of \$60,000 from the winner's university or faculty)

**Dr Ron George** Dalhousie University -Department of Women's & Obstetric Anesthesia Halifax, NS

Enhancing analgesia and anesthesia for women and high-risk pregnancies



#### New Investigator Operating Grants (\$20,000)

Abbott Laboratories New Investigator Award in Anesthesia Dr Ki Jinn Chin University of Toronto – Department of Anesthesia Toronto, ON



Can anesthesia trainees effectively use ultrasound imaging to facilitate the performance of spinal anesthesia in patients with poorly-palpable surface landmarks?

**Baxter Corporation Canadian Research Award in Anesthesia** 

**Dr Ahtsham Niazi (\$7,500)** University of Toronto -Department of Anesthesia Toronto, ON

The use of an interactive 3D anatomic model to improve initial performance in ultrasound scanning of the spine



Canadian Anesthesiologists' Society Research Award (\$30,000)

**Dr Dylan Bould (\$28,078.75)** The Children's Hospital of Eastern Ontario – Anesthesiology Ottawa, Ontario

Simulation-based assessment for pediatric anesthesiology: a prospective, multicenter study.



#### Subspecialty Operating Grants

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

**Dr Stuart McCluskey** Toronto General Hospital - Anesthesia and Pain Management Toronto, ON

Intraoperative Fluid Therapy for Patients Undergoing Deceased Donor Renal Transplantation: A modifiable risk factor for delayed graft function.



#### Dr R A Gordon Patient Safety Research Award (\$40,000)

**Dr Francesco Carli (\$20,000)** McGill University Health Center – Anesthesia Montreal, QC

Oral Whey Protein to Improve Protein Metabolism and Attenuate the Inflammatory Response After Colorectal Surgery with Epidural Analgesia.



**Dr Richard Hall (\$20,000)** Dalhousie University – Anesthesiology Halifax, NS

Identification and Quantification of the Effects of a Surgery-induced Peripheral Inflammatory Response on Changes in Drug Efflux Transporter Function in the Brain



CAS/GE Healthcare Canada Research Award in Perioperative Imaging (\$30,000)

**Dr Daniel Bainbridge** London Health Sciences Centre – Anesthesiology London, ON

Virtual reality with ultrasound guidance versus ultrasound guidance alone for central line insertion: A randomized trial.



Watch for more award winners in the September 2011 issue of *Anesthesia News*.

#### **CAS RESEARCH AWARD IN NEUROANESTHESIA** *in memory of Adrienne Cheng* (\$10,000)

#### **Dr** Alexis Turgeon

Université Laval - Anesthesiology, Critical Care Medicine Quebec City, QC

Predictive value of biomarkers for prognosis in patients with moderate and severe traumatic brain injury: A systematic review and meta-analysis



Canadian Research Award in Pain and/or Regional Anesthesia (\$10,000)

#### **Dr Michael Zaugg** University of Alberta - Anesthesiology and Pain Medicine Edmonton, AB

Anti-proliferative Effects of Local Anesthetics on Mesenchymal Stem Cells: The Critical Role of Dipeptidyl Peptidase-2 (DPP-2) Implications for Perioperative Tumor Spreading and Wound Healing



Residents' Research Grant CAS/Vitaid Residents' Research Grant (\$7,500)

**Dr Sinziana Avramescu** University of Toronto – Anesthesiology Toronto, ON

Does inflammation alter sensitivity to anesthetics?



CAS is pleased to recognize the following Honour Award winners.

CAS GOLD MEDAL AWARD (an individual who has made a significant contribution to anesthesia in Canada through teaching, research, professional practice, or related administration and personal leadership)

**Dr Wojciech Dobkowski** (London, ON) In recognition of dedication to clinical practice, teaching, research and mentoring, and outstanding contributions to anesthesiology in Canada.



**CAS RESEARCH RECOGNITION AWARD** (a senior investigator who has sustained major contributions in anesthesia research in Canada)

**Dr Alan Mutch** (Winnipeg, MB) In recognition of outstanding research and contributions to the knowledge base of anesthesiology and perioperative medicine.



## **CAS CLINICAL TEACHER AWARD** (excellence in the teaching of clinical anesthesia)

**Dr David Archer** (Calgary, AB) In recognition of his outstanding commitment and dedication to the teaching of clinical anesthesiology and ability to stimulate interest in residents and students.



## **CAS CLINICAL PRACTITIONER AWARD** (recognizes excellence in clinical anesthesia practice)

**Dr Michael Bautista** (St. John's, NL) In recognition of his ability to provide innovative solutions to clinical problems in the everyday anesthesia environment.



JOHN BRADLEY YOUNG EDUCATOR AWARD (excellence and effectiveness in education in anesthesia)

**Dr Geoff Zbitnew** (St. John's, NL) In recognition of outstanding contributions to anesthesia medical education



## **Global Oximetry Project**

The global oximetry project continues to gather momentum with new partners and people who are donating their expertise and knowledge, and is bringing oximeters to areas of great need. A key component of this initiative is Lifebox, a not-for-profit organization set up to develop a sustainable structure, generate funds and continue to actively promote the organization's mission.

CAS IEF has been working to develop the anesthesia specialty in Rwanda for many years, and now the Foundation is raising funds to support a pulse oximetry educational project in Rwanda. Please donate generously to CAS IEF and qualify for a Canadian charitable tax receipt. Your donations directed to the Global Oximetry Project will be used to purchase a kit with an educational CD-ROM from Lifebox for Rwanda.

This CD-Rom includes an award-winning instructional video about pulse oximetry, "how to" videos about the WHO Safe Surgery Checklist and PowerPoint tutorials on the correct use of a pulse oximeter developed by the World Health Organization. It also contains outline classes, clinical scenarios and tests for a day-long training workshop, a virtual pulse oximeter computer simulator and a logbook to record the users' experience (useful both for teaching and research purposes), developed by experts in the field.

Lifebox's goals are ambitious. Human and financial resources are urgently needed. For more information, go to: www.lifebox.org



Canadian Anesthesiologists' Society International Education Foundation

To make a donation to support the global oximetry educational and research initiatives, please go to the CAS website at

http://www.cas.ca/English/ Oximetry-Project



## Australian Society of Anaesthetists 2011 National Scientific Congress 8-11 September Sydney Convention and Exhibition Centre

- Renowned international and Australian speakers
- Industry-sponsored plenary sessions with international speakers
- Workshops and PBLDs on a wide range of topics
- Exciting social program

Sydney in September offers great weather and a multitude of excellent restaurants, cultural and entertainment opportunities as Australia's premier city and tourist destination.

The theme of the meeting is "*Green and Growing*" to match the increasing environmental awareness among anaesthetists and the wider community.

## www.asa2011.com







#### Submitted by Dr Thomas Coonan, FRCPC



Dr Emerson Moffitt was born in Harvey, NB in 1924. His studies and hockey career at the University of New Brunswick (UNB) were interrupted by service in the Royal Navy as a pilot, based in Great Britain. After the war, he finished UNB and attended Dalhousie Medical School from which he graduated in 1951.

Emerson did general practice/GP anesthesia in North Sydney/Sydney Mines from 1951-54, married Helen (sister of Flora MacDonald) and then began postgraduate training at the Mayo Clinic. He remained at the Mayo Clinic until 1971, rising to the position of Head of Anesthesiology at Saint Mary's Hospital, the largest of the Mayo Hospitals.

In 1971, Helen passed away and Emerson moved back to Dalhousie University as Research Professor of Anesthesia, with a full-time commitment to cardiac anesthesia. Early in 1973, he became Professor and Head of the Dalhousie Department of Anesthesia, which he held until 1980. He served, from 1973 through 1984, as the Consultant to the Defense Medical Board of the Federal Government.

During Emerson's role as chair of an Advisory Committee on Anesthesia for the Nova Scotia Department of Health, the first provincial guidelines for the practice of anesthesia in Canada were developed. Accepted by the Nova Scotia Department of Health, they have been universally implemented in the province since that time and emulated in other provinces.

In 1980, Emerson returned to his research and clinical practice, and was appointed Associate Dean of Clinical Affairs in the Dalhousie Medical School, an appointment that lasted until 1986. In that post, he was the Dean's liaison to the Clinical Departments and to all the administrations of the university hospitals in Halifax and Saint John.

In 1989, Dr Moffitt retired from the Full-Time Faculty at Dalhousie and in 1991 from the Part-Time Faculty in the Faculty of Medicine. In 1993, he was promoted to Professor Emeritus of Anesthesia at Dalhousie University. Dr Moffitt was a pioneer in cardiac anesthesia, first at the Mayo Clinic (studying, for example, the first 100 children anywhere to have heart surgery using a heartlung machine) and later in Halifax, where he (with Heart and Stroke Funding) pioneered the utilization of the coronary sinus catheter to further determine which anesthetic drugs and techniques could best avoid damage to the heart muscle during and after cardiopulmonary bypass. In sum, Dr Moffitt's career publications totaled 203 and his external scholarly presentations 251.

At the CAS annual meeting in 1979, Dr Moffitt was a leader in adding refresher courses to the program. During the first few years of implementation, he assumed responsibility for it and solicited funding for refresher course booklets, which were produced separately from the *Journal*. Dr Moffitt was also devoted to continual improvement of the annual meeting process and stimulating greater attendance.

Dr Moffitt has been recognized by numerous awards in the US and Canada, including the Canadian Anesthesiologists' Society's Gold Medal (its highest award), the Citation of Achievement of the International Anesthesia Research Society (USA), the Citation of Merit of the Academy of Anesthesiology (USA), Certificate of Appreciation of the Nova Scotia Cancer Treatment and Research Foundation, Certificate of Appreciation of Dalhousie University, Canadian Medical Association award for "Significant Contributions to Medicine and Patient Care at both Provincial and National Levels", and the Distinguished Service Award from Doctors Nova Scotia. In addition, in 1974, the Dalhousie Department of Anesthesia endowed the Emerson Moffitt Research Fund, which awards annual prizes for research projects by medical students and trainees in anesthesia.

Most important for us in the Department of Anesthesia was the constant support that Dr Moffitt bestowed on the Department over his many years at Dalhousie, up to his last regular visit (bringing his journals) a couple of weeks before he passed away. We will always remember his enthusiasm, energy, cheerfulness and indefatigability. He was terribly unwell in his last few years and yet he never ceased to pursue every involvement. Those who have followed him will always be inspired by the courage and kindness that was his nature.

## **IN MEMORIAM: Dr Stuart Vandewater – 1924-2011**

#### Submitted by Dr Joel Parlow, FRCPC



Dr Stuart Vandewater graduated from the University of Toronto (U of T) in 1947 with a degree in medicine and completed his internship at Toronto General Hospital (TGH), followed by a residency in the newly-formed postgraduate program of anesthesiology in the Toronto Teaching Hospitals.

After a year in Edinburgh (1950) at the Royal Infirmary and a R.S. McLaughlin Fellowship, in 1953 Stuart was appointed to the anesthesia staff of TGH and U of T and remained on active staff until 1959, specializing in neurological anesthesia and use of induced hypothermia.

Moving to Kingston in 1960, Stuart established the Department of Anesthesia at Queen's University and was appointed Chief at Kingston General Hospital from 1960–1971. Stu was the Associate Dean, Postgraduate Affairs for the Queen's Faculty of Medicine (1973–1989) and Director of Continuing Medical Education (1973–1978).

Stuart was President of the Canadian Anesthetists' Society in 1967–68 and Honourary Secretary from 1972– 77. He received the CAS Gold Medal for Meritorious Service.

Dr Vandewater, Emeritus Professor of Medicine, Queen's University, died on May 2, 2011.

## **CAS IEF UPDATE**

By Dr Franco Carli, FRCPC

PLAN TO ATTEND THE CAS IEF SYMPOSIUM AND DINNER Sunday, June 26, 2011 St. Andrew's Club, 150 King Street West, Toronto Symposium: 17:00 – 18:30 Reception: 18:30 – 19:00 Dinner: 19:00 – 22:00

This year's Symposium, CAS IEF and Humanitarian Missions Around the World, is chaired by Dr Fanco Carli, with presentations from Dr Angela Enright, Dr Patty Livingston and Dr Julie Williams.

The dinner speaker is Dr Alison Froese from Queen's University.

We encourage you to join us for an informative and interesting evening. Please note that admission to the Symposium is free, but you must **pre-register to attend**. Dinner tickets are available for purchase at the Registration Desk.

## Thank you to our donors



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#### From May 2010 to April 2011

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## The Self Assessment Program from the *Canadian Journal of Anesthesia* — CPD Online

## NEW CPD MODULE: JUNE 2011

Assessment and treatment of preoperative anemia

## ALSO AVAILABLE

- Perioperative glucose control: living in uncertain times (March 2011)
- Locating the epidural space in obstetric patients: ultrasound a useful tool (**December 2010**)
- Management of sleep apnea in adults functional algorithms for the perioperative period (**September 2010**)
- Anesthetic management for pediatric strabismus surgery (**June 2010**)
- Ultrasound guidance for internal jugular vein cannulation (May 2010)
- Perioperative pain management in the patient treated with opioids (**December 2009**)
- Management of the anticipated difficult airway A systematic approach (September 2009)

## HOW TO ACCESS THE MODULES

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

Successful completion 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 this Continuing Professional Development Program is made possible through unrestricted educational grants from the following industry partners:







## **News From Research: Progress Reports**

2007 Bristol-Myers Squibb Canada/CAS Career Scientist Award in Anesthesia and Perioperative Medicine

Dr Keyvan Karkouti, FRCPC Toronto General Hospital Toronto, ON

## Improving Hemostastis Management in Cardiac Surgery

A summary of activities included the following:

- Progressed well with the Heart and Stroke Foundation-funded study entitled Advance Targeted Transfusion in Anemic Cardiac surgical patients for Kidney protection (ATTACK): a proof of concept pilot study. Fifty of 60 patients were recruited for the study.
- In preparation for the multicentre study of the above project, another background study was completed and submitted to Blood.
- Completed the Ministry of Health-funded study assessing the risks of transfusion in hip and knee surgery patients across Ontario during the past ten years. It was submitted to JAMA.
- Obtained a U of T Anesthesia Merit award for \$80,000.
- Gave 14 presentations at international or national meetings.
- Publications during 2010:
  - Wasowicz M, McCluskey SA, Wijeysundera DN, Yau TM, Meineri M, Beattie WS, Karkouti K (senior and corresponding author). Incremental value of thrombelastography for prediction of excessive blood loss after cardiac surgery: an observational study. Anesth Analg 2010;111:331-338
  - **Karkouti K**, McCluskey SA, Syed S, et al. The Influence of Perioperative Coagulation Status on Postoperative Blood Loss in Complex Cardiac Surgery: A Prospective Observational Study. Anesth Analg 2010;110:1533-1540
  - **Karkouti K**, Wijeysundera DN, Yau T, McCluskey SA, Tait G, Beattie WS. Risk-benefit profile of aprotinin versus tranexamic acid in cardiac surgery. Anesth Analg 2010;110:21-29
  - Beattie WS, Wijeysundera DN, Karkouti K, et al. Acute surgical anemia influences the cardioprotective effects of beta-blockade. Anesthesiology 2010;112:25-33 (Accompanied by an editorial).

2009 CAS/GE Healthcare Research Award in Perioperative Imaging

Dr Dolores McKeen, FRCPC IWK Health Centre Halifax, NS

Maximizing Cesarean Postoperative Analgesia Ultrasound guided 0.25% ropivacaine transverses abdominis plane block in addition to intrathecal morphine and multimodal analgesia for the management of postoperative pain amoung women undergoing cesarean delivery

The study was completed after a long-term (six month) follow-up data collection. Data analysis has been started and we anticipate manuscript production to follow shortly. A blinded abstract has been submitted for presentation to the June 2011 CAS Annual Meeting and we look forward to presenting these study results during the upcoming Canadian Anesthesia Research Update at the same June 2011 meeting.





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# Report of the Professional Wellbeing Working Party of WFSA

#### By Gastão F Duval Neto

It is time to reflect on, and do something about, the anesthesiologist's occupational health.

Occupational wellbeing is a reflection of job satisfaction, leading to enrichment in our entire life. The Professional Wellbeing Work Party (PWWP) at WFSA aims to promote the wellbeing of anesthesiologists around the world, mainly by encouraging research, recommendations and awareness.

The nature and intensity of the work performed by anesthesiologists has been transformed dramatically over the past few decades. The advent of new technologies has expanded the surgical horizon, but has also allowed the intervention for much more challenging medical conditions. In association with more difficult case loads are the pressures of increased economic competitiveness, and the need to do more with a downsized workforce. All this transformation has impacted the occupational wellbeing of the anesthesiologist.

The Burnout Syndrome is a well-defined medical condition, characterized by emotional exhaustion, depersonalization and diminished personal accomplishment. Emotional exhaustion represents the emotional depletion of an individual, and it is considered the syndrome's initial trait resulting mainly from excessive job demands and conflicts in interpersonal relationships, as well as from carrying out professional duties. Ultimately, the feeling of diminished personal accomplishment (or incompetence) reveals a negative self-evaluation associated with a lack of satisfaction and unhappiness at work.

The emerging risks of acute and chronic fatigue and high levels of occupational stress need to be highlighted during staff anesthesiologists' clinical practice and residency training programs. Prof. Olli Meretoja opines that "There is a growing amount of evidence that doctors' performances are poorer if they work for overprolonged duties or at night. These working patterns decrease the standard of care and increase health care expenses. Effective ways to reduce the overall consequences of fatigue and night work include minimizing the amount of work carried out at nighttime and setting up rules for maximal hours for each work shift".

Another concern is chemical dependency among physicians, especially anesthesiologists who have more accessibility to drugs of abuse. Prof. Francis Bonnet and his colleagues have published a national survey concerning the incidence of addiction among French anesthesiologists. The substances used most frequently were alcohol (59%) and tranquillizers-hypnotics (41%). Addicted subjects reported issues in their work environment that may have contributed to the development of their pathology. Similar studies in Brazil have also shown opioids, benzodiazepines and alcohol to be the most common addictions among physicians, including anesthesiologists. There appears to be a relationship between psychogenic pathologies developed during the practice of anesthesiology (fatigue, depression, burnout, etc.) and the chemical dependency syndrome.

In spring 2010, the PWWP carried out research involving 120 member societies from across the world. It involved a questionnaire to identify the incidence of occupational health problems amongst members of a particular society and approaches used by it to address anesthesiologists' occupational health.

The results show that more than 90% of the national societies considered Burnout Syndrome as a causative problem but only 14% had developed any kind of coping strategy for it. The PWWP has organized a special symposium on this topic during the next World Congress of Anesthesiologists in Buenos Aires in 2012.

Further information on PWWP activities and recommended literature is available on WFSA website:

www.anaesthesiologists.org/committees/working-parties

www.anaesthesiologists.org/guidelines/professionalwellbeing-recommended-reading



Gastão Duval Neto (Brasil) is Chair, Professional Wellbeing Working Party of WFSA

"CARF is one of my causes, please make it one of yours.



Dr. Rob Seal Department of Anesthesia and Pain Medicine University of Alberta

Rob Seal

Canadian Anesthesia Research Foundation www.anesthesia.org/carf

Our profession deserves a firm foundation

#### Dr Hélène Pellerin, FRCPC Chair

The Neuroanesthesia Section has more than 65 members. The current Section's executives are Dr Hélène Pellerin from the Université Laval, Chair, Dr Cynthia Henderson from the University of British Columbia, Vice-Chair, Dr Timothy Turkstra from the University of Western Ontario, Secretary-Treasurer and Dr Robert McTaggart-Cowan from the University of Calgary, Past Chair.

Our last annual luncheon session and business meeting (held as part of the CAS Annual Meeting in Montreal last June) was highlighted by two great speakers: Dr Christian Werner from Mainz, Germany discussed the effectiveness and usefulness of central nervous system monitors, and Dr Hilary Grocott from the University of Manitoba in Winnipeg discussed the concepts of post-operative cognitive dysfunction. This session was attended by more than 60 participants.

Our next program, "Update in the Management of Stroke", will be held on Sunday, June 26 as part of the CAS Annual Meeting in Toronto. It will feature a panel of three Canadian specialists: Dr Andrew Baker, anesthesiologist and intensivist from the University of Toronto, Chief of Critical Care Department and Medical Director of the Trauma and Neurosurgery Program, Dr Melinda Davis, neuro-anesthesiologist from the University of Calgary and Dr Christopher Wallace, neurosurgeon from the University of Toronto and Head of the Division of Neurosurgery. This scientific event will be chaired by Dr David Archer from the University of Calgary. It should be of a great interest to many of you and we hope to see you for lunch on Sunday. In addition, many other sessions planned by the Neuro Section will be of interest to many: a Refresher Course on "Perioperative Sodium Homeostasis" given by Dr Andrew Baker, a case discussion entitled

"Neuroemergencies in the Recovery Room" presented by Dr Timothy Turkstra and a workshop "Transcranial Doppler Overview and Hands on" coordinated by Dr Andrea Rigamonti and Dr Robert Chen. Finally, a new session will be introduced this year: the "Top Neuroanesthesia Articles of the Year" and reviewed by Dr David Archer and Dr Alexis Turgeon.

For the past few years, the Neuroanesthesia Section, in conjunction with CARF, has supported a research grant in neuroanesthesia. Since 2010, the Adrienne Cheng Memorial Fund was designated for neuro/ head injury research and the award is now named the CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng. This research grant will be awarded again this year during the CAS Annual Meeting at the Awards Ceremony on Monday afternoon. The 2011 winner is Dr Alexis Turgeon from the Université Laval for his research project, "Predictive value of biomarkers for prognosis in patients with moderate and severe traumatic brain injury: A systematic review and metaanalysis". The Section is also proud to announce that the Neuroanesthesia Award will be presented again in 2012.

Finally, the Neuroanesthesia Section is still very concerned about the decision taken by Hospira, Inc. earlier this year regarding the permanent withdrawal of thiopental from the Canadian market. We expressed our concerns to the head of the company and to the Minister of Health of Canada. Unfortunately, no action has been taken yet to reintroduce thiopental on the Canadian market. The Section executives will continue to follow all developments regarding this situation. We strongly suggest that all members of the CAS talk and write to their local Hospira representative and to Hospira executives to express their concerns.



Canadian Anesthesiologists' Society

Québec 2012

CAS Annual Meeting, Quebec City



Credit: Yves Tessier, Tessima

### **Abstract Submission Deadline:** Monday, January 16, 2012 at 16:00 EST

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## **Resident Report From Jason McVicar**

## 2010 AUSTRALIAN SOCIETY OF ANAESTHETISTS NATIONAL CONGRESS IN MELBOURNE

I had the good fortune of representing the Residents of the Canadian Anesthesiologists' Society at the Australian Society of Anaesthetists (ASA) National Congress in Melbourne in October 2010.

I arrived in the land "down under" in a fog of jetlag. Unbeknownst to me, the week prior the city of Melbourne had hosted the Aussie Rules Football equivalent of the Super Bowl. For those unfamiliar with the sport, it essentially involves 36 strapping giants tackling each other at full gallop for 80 solid minutes. There is also an oddly shaped ball that comes into play from time to time. The final match had been held the previous week but had resulted in a draw, something that has only occurred twice before in the history of the sport. Instead of the North American approach of overtime, the Aussies opt for a complete rematch the following week. I arrived two days before the big game and had to pick up the rules rather quickly, as the entire city was endemic with footie fever. The experience was the equivalent of learning the basics of hockey the day before a game seven of the Stanley Cup Final.

The conference was well attended by members from around the region and was similar in size and feel to our Canadian meeting. An appreciable difference included a Resident Stream that continued over the course of the event. It was nice to have a series of trainee-focused seminars and workshops throughout the meeting. I certainly enjoyed the opportunity to interact with Residents from across the country, New Zealand and the United Kingdom (UK).

I was invited to attend the business meeting of the Resident Section (titled Group of ASA Clinical Trainees (GASACT)) and participated in the discussion relating to concerns raised by our overseas colleagues. The Australian Resident system is based on the United Kingdom model, which results in a longer process. The training of a Resident can be organized as either a state or rotational-based system which can lead to frustrations on the part of the trainee, especially when mandatory rotations such as pediatrics come in short sup-



ply. The issues ranged from finding accredited clinical rotations to Residents carrying the brunt for organizing and funding mandatory training courses. The ethics of industry sponsorship is also an ongoing discussion in Australia.

The GASACT committee has been in effect for nearly a decade and the UK equivalent has been functioning for much longer. In comparison, Canadian Residents have only recently formed a united voice for trainees. Perhaps a less hierarchical approach to training hasn't necessitated such a need in the true north. It is clear that Residents need to be involved in decisions that affect their training on a national level and our colleagues around the world are leading the way in trainee representation. The support for Canadian Residents to attend meetings in Australia and the United States is certainly appreciated. The experience enables us to learn from our foreign colleagues and sell the virtues of the Canadian way.

At the end of the match, I was told the wrong team won the game but everyone still seemed to be in the mood for celebration and camaraderie. The hospitality demonstrated by my hosts was second to none and I look forward to strengthening the relationships I formed in Australia.

Dr Jason McVicar is a 4<sup>th</sup> year resident at Queen's University.



## **Earl Wynands Lecture Features Doris Taylor**

The Society of Cardiovascular Anesthesiologists (SCA) Foundation, in association with a gift from the CAS Cardiovascular Thoracic Section, held the 2011 Earl Wynands Lecture on Sunday, May 1 as part of the SCA Annual Meeting.

Dr Doris Taylor from the University of Minnesota spoke on the topic "Is it Possible to Create a New Heart?" As the Medtronic-Bakken Chair in Cardiac Repair and the Director of the Centre for Cardiovascular Repair, Dr Taylor blends research using stem cells, genes and devices to develop novel cardiac and vascular technologies to prevent, treat and, hopefully one day, cure heart ailments. After years of patient, painstaking research, Dr Taylor and her team have perfected a method to remove the cellular components of an explanted heart, leaving a fibrous shell complete with valve leaflets and vascular supply. This shell can then be seeded with stem cells from an intended recipient (to date, rats and pigs), resulting in a fully functional, anatomic, beating heart in weeks. Through stem cells, genes and devices, Dr Taylor and her team are developing cardiac technologies to treat heart disease.

Dr John Earl Wynands (Earl) is Emeritus Professor of Anesthesiology at the University of Ottawa and 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 (where the internal mammary artery was "tunneled" into the myocardium). His seminal article entitled "Coronary Artery Disease and Anesthesia" was published in the *Canadian Journal of Anesthesia* in 1967 and was followed by more than 100 publications over



the next 30 years, including a series of papers in the 1980s on opioid "anesthesia". He has served as the President of the Canadian Anesthesiologists' Society and President of 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.

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