

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY



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www.cas.ca

THE CANADIAN ANESTHESIOLOGISTS' SOCIETY PRESIDENT AND CEO



Dr Giuseppe Fuda,
CAS President



Vanessa Foran,
CAS Chief Executive Officer

Message from the CEO and President

As we approach the end of a busy year at CAS, we're pleased to share updates on several developments at the Canadian Anesthesiologists' Society. This past year has been filled with extensive opportunities for **education and continuing medical education (CME)**, and we're thrilled to see such strong engagement from our members.

Looking ahead, we're excited to announce the launch of our 2025 Strategic Plan, a pivotal step in setting a dynamic, forward-thinking direction for CAS. Be sure to read more **about this plan** in this newsletter to understand the ambitious goals we're setting to further strengthen and support the profession.

Throughout 2024, we remained steadfast in our role as a vocal advocate for anesthesiologists and patient care across the country. Our commitment to advocacy will carry forward into 2025 and beyond, tied closely to our new strategic plan. Check out **our recent and ongoing efforts** to represent the interests of our profession. In this update, we are featuring CAS' newly published position statement on Environmental Sustainability.

We'd also like to remind you about two exceptional opportunities: the **CAS Honour Awards and the CAS Research Program**. Both are designed to recognize excellence and innovation in anesthesiology, and we encourage you to apply by the deadline of January 10. These programs provide a wonderful platform to highlight and advance your

contributions in anesthesia.

Our 2025 CAS Annual Meeting will be held in beautiful St. John's, Newfoundland, June 20-22. The Annual Meeting Scientific Program Committee is preparing an outstanding agenda for you, including an expanded pre-conference program on the Friday. We also had our first open call for content, wherein session proposals from independent CAS members were accepted along with proposals from the CAS sections and committees. Don't miss your chance to be part of the conference—**abstract submissions** are open until January 26, so make sure to submit your work. Registration will open in early 2025 – we can't wait to see everyone on the East coast.

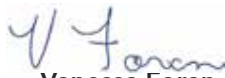
This newsletter features updates from our foundations, sections, committees, and residents, highlighting their inspiring achievements and plans for 2025.

Thank you for being a part of such an exceptional year. We wish you a joyful holiday season and look forward to a bright year ahead for CAS and anesthesiologists across Canada.

Warm regards,



Dr Giuseppe Fuda,
CAS President



Vanessa Foran,
CAS CEO



BOARD OF DIRECTORS

AS OF DECEMBER 2024

EXECUTIVE COMMITTEE

Dr Giuseppe Fuda, President
Dr James Kim, Vice-President
Dr Andrew Nice, Secretary
Dr Hilary Grocott, Treasurer
Dr Lucie Filteau, Past President
Ms. Vanessa Foran, CEO (Non-Voting)

DIVISIONAL REPRESENTATIVES

Dr Jadon Harding (Newfoundland & Labrador)
Dr Dennis Drapeau (Prince Edward Island)
Dr Joseph Desreux (Nova Scotia)
Dr Jennifer Landry (New Brunswick)
Dr Melanie Orvold (Saskatchewan)
Dr Nikola Joly (Quebec)
Dr Jennifer Plester (Manitoba)
Dr Annika Vrana (British Columbia)
Dr Soniya Sharma (Ontario)
Dr Matthew Banasch (Alberta)

EX-OFFICIO MEMBERS

Dr Mateen Raazi, ACUDA President
Dr Melissa Liu, Resident Representative

[CLICK HERE TO VIEW ONLINE](#)

ADVOCACY UPDATE



Greening the OR: CAS Position Statement on Reducing Harmful Emissions, Waste and Costs

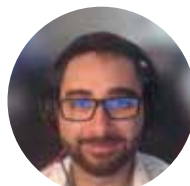
In support of the CAS Environmental Sustainability Section's advocacy efforts and the [CAS Guidelines to the Practice of Anesthesia](#), the Public Affairs Committee drafted a Position Statement outlining specific recommendations to promote sustainable anesthesia practice. The statement, and background paper, which outlines the evidence for these recommendations, was approved by the Board of Directors at the November Board meeting. The [Canadian Pediatric Anesthesia Society](#) has also fully endorsed these recommendations. The statement moves beyond what anesthesiologists and anesthesia departments can do, highlighting strategies that should be implemented by other stakeholders including healthcare facilities, procurement agencies, governments and standards organizations, to reduce the environmental footprint of anesthesia care. CAS will be using these documents in its 2025 advocacy efforts, in accordance with our recently developed strategic plan. Both documents can be accessed using the links below:

[POSITION STATEMENT](#)

[BACKGROUND PAPER](#)

Recent Policy Meetings

To ensure CAS members' voices are heard ahead of the Ontario election expected in the coming months, CAS Board members and staff met with MPP France G  linas, NDP Health Critic, and MPP Dr Adil Shamji, Liberal Health Critic. The discussions focused on HHR issues and CAS-proposed solutions, including increased residency training positions, support for the Anesthesia Care Team model, and increased funding for Anesthesia Assistants. Additional solutions included streamlining the assessment and licensing of foreign-trained physician anesthesia providers and recognizing healthcare worker licensure and credentialing across hospitals, regions, and provinces to enable more agile workforce movement.



Ryon Dalir
CAS' Government
Relations Firm



MPP France G  linas
Ontario's NDP
Health Critic



Dr Soniya Sharma
CAS Board
Member



Dr Giuseppe Fuda
CAS President



Vanessa Foran
CAS CEO

Moving Forward in 2025

CAS will focus our efforts at the federal level to actively find opportunities and respond to issues that are important to our members which will include environmental consultations, perioperative care policy discussions, HCP recruitment, and macro-level health policy discussions. At the provincial level, we will focus on making in-roads with newly formed governments in New Brunswick and Saskatchewan and continue to deepen our relationship with the BC, Alberta and Nova Scotia governments on health policy impacting perioperative care.

[CAS ADVOCACY](#)

RENEW YOUR CAS MEMBERSHIP FOR 2025: STRENGTH IN COMMUNITY, EXCELLENCE IN PRACTICE

CAS takes pride in serving Canada's anesthesiologists and anesthesia care providers and supporting you with the distinct challenges you face. We understand that your CAS membership is an investment that you expect to bring tangible value to your specialty and your own professional development. That's why every choice we make at CAS always comes back to one question: "How will this decision benefit our members?"

In 2024, we dedicated more time than ever to reimagining how CAS will evolve to meet your changing needs. We gathered extensive member feedback through our needs-assessment survey as well as direct phone and email correspondence. Our Board also approved a **five-year strategic plan**—launching next month—which will guide our direction for supporting a unique member value proposition and helping you thrive in your work.

In 2025, we will continue to expand our offering of **continuing medical education (CME)** that fulfills your Royal College requirements (Section 1, 2, and 3) and is highly relevant to your practice. The next **Annual Meeting** included an open call for content to incorporate fresh member perspectives into the scientific program and will create more opportunities for our community to connect.

We encourage our members to apply for **research grants** or nominate peers for an **Honour Award**—which are now open until January 10, 2025. CAS is also accepting Best Abstract submissions until January 26, 2025. Building on our **advocacy work**, we will continue to engage government leaders on strategies to address issues such as the ongoing health human resources shortage. We are also launching a public awareness campaign on your vital role in Canadians' healthcare.

As always, we encourage you to contact us to provide feedback on how we can improve what we do at membership@cas.ca. We look forward to supporting you next year and championing the future of anesthesiology together.



RENEW TODAY

POSITIONING CAS FOR SUCCESS A NEW FIVE-YEAR STRATEGIC PLAN

At the beginning of this year, CAS' Board of Directors embarked on the development of a strategic plan with input from members, stakeholders, and staff, having recognized the need for clear direction for the organization and to ensure ongoing accountability to our members. The plan includes a new vision statement: a unified, vibrant and influential group of anesthesia professionals, delivering the highest quality care. To ensure the strength of CAS now and in the future, the plan is divided into five key priority areas: **members, stakeholders, people, internal systems and finance**. CAS' Strategic Plan 2025-2030 was approved by the CAS Board in June and will come **into effect on January 1, 2025**.

Through this plan, CAS will deliver on its mission through **research, advocacy, education and leadership**. CAS will continue to provide value to members by maintaining high-quality offerings, such as CME credits on a variety of topics throughout the year, the *Canadian Journal of Anesthesia*, clinical practice guidelines, and the Annual Meeting. We will also strengthen relationships with stakeholders to increase our influence on health systems, and develop new partnerships to work more effectively on shared education, public messaging, and policy issues.

Moving forward, CAS will ensure strong governance, champion our phenomenal volunteers, and provide national staff with the tools they need to elevate member experiences and support an inclusive, engaging culture.

We encourage you to **review the strategic plan** and contact us at anesthesia@cas.ca with any questions. On behalf of the Board and CAS staff, we look forward to having you as part of our community as we embark on this exciting new journey.

STRATEGIC PLAN

"As we launch this new 5-year strategic plan, we are embarking on an exciting and transformative journey for CAS. This plan marks a pivotal moment, full of fresh opportunities, research and initiatives that will drive our mission forward. I'm truly excited to work alongside our talented team and dedicated volunteers, whose passion and commitment will be key to turning this vision into reality."

- Dr Giuseppe Fuda, CAS President



Canadian Anesthesiologists' Society 2025-2030 Strategic Plan

OUR VALUES

OUR MISSION

Serving members and advancing the specialty through leadership, advocacy, education, and research.

OUR VISION

A unified, vibrant, and influential community of anesthesiology professionals delivering the highest quality care.



Science: We value the importance of best scientific evidence to guide our practice.



Vigilance: We value the focused and constant attention to safety in all we do.



Compassion: We recognize the importance of humanity and kindness towards our patients and our colleagues.



Collaboration: We recognize that working harmoniously within a team is essential to reaching our shared goals.



Equity: We value equitable access to health-care for our patients, and professional opportunities for our colleagues.

STRATEGIC PRIORITIES

MEMBERS



- Ensure a unique member value proposition. Maintain high-quality offerings that members value. (Education, Journal, Practice Guidelines, Conference, Research Grants and Honour Awards).
- Strengthen our professional practice community. Provide leadership and networking opportunities.
- Amplify our members' voice to advocate for things that matter to them and to advance the specialty. Improved patient care (safety, quality, access); Leadership in perioperative care system decisions. Raise public awareness about the profession.

STAKEHOLDERS



- Engage and strengthen our stakeholder relationships, e.g. ACUDA, CARF, CASIEF & others.
- Coordinate and increase our influence on governments and health systems. Work better together on shared education, public messaging and policy issues.

PEOPLE



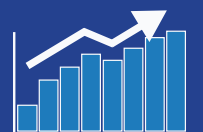
- Ensure strong, confident governance. Recruit and support our volunteers (e.g. Board & Committees).
- Empower staff to enhance our members' experience. Clarify delegation of authority and accountabilities.
- Shape a culture of inclusivity & engagement. More and different people, more involved.

INTERNAL SYSTEMS



- Modernize our governance system. Governance review, bylaw changes, clear board policies. Align Sections' roles and accountability; clarify Committees' terms of reference.
- Leverage technology to enhance the member experience. Streamline and simplify member interaction with National Office.

FINANCES



- Ensure a fair return on high value offerings. Clarify pricing on all member services.
- Develop a long-term member dues strategy. Policy to keep pace with economic conditions.
- Develop a non-dues revenue strategy. Clarify sponsorships and fees.
- Ensure adequate resources to advance strategic priorities. Develop a multi-year financial and investment plan.

CAS LEADERSHIP OPPORTUNITY - SECRETARY, BOARD OF DIRECTORS

We are inviting interested Active CAS Members in good standing to submit their application for the position of Secretary by sending a letter of interest that highlights any relevant roles or responsibilities, curriculum vitae, along with a nomination letter signed by two active members, to the CAS Office at anesthesia@cas.ca, by no later than January 10, 2025.

The Secretary is responsible for ensuring the CAS Board structure is responsive and effective, being familiar with and upholding all aspects of the Society's bylaws and reviewing CAS communications, as required. The individual will ensure the accuracy of the Executive Committee and Board minutes, actively participate in Board and Executive Committee discussions, and maintain a close working relationship with the CEO. The Secretary also reviews and advises on *Anesthesia News*, the quarterly electronic newsletter.

The Secretary will attend bimonthly Executive Committee meetings, and triannual Board meetings, two of which are in-person. As need arises, attendance may also be required at ad-hoc meetings and discussions. As CAS prepares for a governance review, the Secretary will also be closely involved in the process over the next two years.

We look forward to welcoming a new Secretary to the CAS Executive Committee. If you have any questions, or require further information, please contact:

Vanessa Foran, CEO at vforan@cas.ca,
and/or CAS' current Secretary Dr Andrew Nice,
at andrew.nice@horizonnb.ca.



2025 AWARD SEASON OPEN

The 2025 CAS Awards & Grants Program celebrates groundbreaking contributions and innovative research within the field of anesthesia. The Program consists of two integral components: the **CAS Research Program** and the **CAS Honour Awards Program**, both of which are now currently accepting applications and nominations. Details, guidelines, and submission instructions can be found on [our website](#).

CAS Awards and Grants Program - Deadline for Submissions is January 10, 2025

Message from Dr Diem Tran, Chair, Research Program Advisory Committee



Dear Colleagues,

I am excited to share that we are offering \$210,000 in grants this year. I would like to thank Dr Stuart McCluskey (Chair of **CARF** board of Trustees) for working hard this summer to facilitate two new open operating grants: The British Columbia Anesthesiologists' Society Dr Pieter Swart Perioperative Research Award and the Perioperative Blood Management Research Award. These new grants bring additional support for our perioperative innovators in patient care and blood conservation.

In addition we have six section operating grants made possible by: Ambulatory, CVT, Education & Simulation, Environmental Sustainability, Obstetrics and Regional Sections with matched funding from CARF. This covers a broad range of subspecialties that need investigation and knowledge translation. Researchers finalize your ideas, gather your teams and make a plan! We look forward to reading your proposals in the 2025 awards cycle.

We welcome and encourage applications from all academic centres, from both new and experienced investigators, no matter their career path and background.

In 2025, the Research Program will offer several types of operating grants:

- Canadian Anesthesiologists' Society Research Award - up to \$30,000
- Dr James Beckstead Award - up to \$20,000
- Dr R A Gordon Research Award - up to \$30,000
- Ambulatory Section Research Grant - up to \$10,000
- Dr Earl Wynands CVT Section Grant - up to \$30,000
- Section for Education and Simulation in Anesthesia Research Grant - up to \$10,000
- Environmental Sustainability Section Research Grant - up to \$10,000
- Obstetric Anesthesia Section Research Grant - up to \$20,000
- The Su Ganapathy Regional Anesthesia Research Award - up to \$10,000
- **NEW!** BCAS Dr Pieter Swart Perioperative Research Award - up to \$10,000
- **NEW!** Perioperative Blood Management Research Award (PBM) - up to \$20,000
- Ontario's Anesthesiologists - CAS Residents' Research Grant - up to \$10,000

RESEARCH PROGRAM

In 2025, the CAS Honour Award Program awards the following distinctions:

- Gold Medal - Excellence in a career in service to anesthesia.
- Clinical Practitioner Award - Excellence in clinical anesthesia.
- Clinical Teacher Award - Excellence in the teaching of clinical anesthesia.
- Emeritus Membership Award - Recognition of individuals retired from clinical practice who, during their careers, made a significant contribution to anesthesia.
- CAS Humanitarian Award - Recognition of excellence in global anesthesiology.
- John Bradley Young Educator Award - Excellence and effectiveness in anesthesia education.
- CAS Outstanding Volunteer Award - Recognition of an outstanding volunteer contributor to CAS.
- Research Recognition Award - Recognition of a senior investigator who has made major contributions to anesthesia research in Canada.

HONOUR AWARDS

CAS DR PIETER SWART

PERIOPERATIVE RESEARCH AWARD: A Legacy of Compassion and Innovation



The **Canadian Anesthesia Research Foundation (CARF)** and the British Columbia Anesthesiologists' Society (BCAS) are pleased to announce the launch of a new award in the 2025 CAS Research Program – the BCAS Dr Pieter Swart Perioperative Research Award.

Offering up to \$10,000, this new grant is dedicated to research which focuses on innovation in the perioperative environment and honours the memory of Dr Pieter Swart, a Clinical Associate Professor who taught in the Department of Anesthesiology, Pharmacology & Therapeutics at the University of British Columbia.

Dr Swart was not only an exceptional anesthesiologist, educator, and leader, but also a person whose zest for life was as boundless as his compassion for others. Whether he was summiting a mountain top, sharing a laugh with family and friends, or crafting vital clinical guidelines, Dr Swart embodied excellence in everything he did. Tragically, Dr Swart passed away in 2023 during his dream ascent of Mount Everest, a lifelong goal. His courage, warmth, and unwavering determination left a lasting impact on all who knew him—his family, his colleagues, and the patients he so compassionately cared for.



One of Dr Swart's greatest passions was perioperative care, where he championed the latest advancements to improve outcomes for surgical patients. He was a leader in Perioperative Care, an expert in perioperative sleep disordered breathing and served on the Canadian Anesthesiologists' Society (CAS) Standards Committee (now the Clinical Practice Guidelines Committee). He was instrumental in pioneering the concept of intensive Post-Anesthesia Care Units (PACUs) in Vancouver, ensuring that patients in need of short-term critical care received the best possible treatment.



Dr Swart was deeply committed to advancing the quality of care delivered to patients undergoing surgery, believing that perioperative research played a critical role in improving patient outcomes, safety, and recovery. His leadership, advocacy, and contributions to clinical protocols helped lay the foundation for better practices in perioperative care. In tribute to his dedication to advancing the profession and improving patient care, the BC Anesthesiologists' Society established the BCAS Dr Pieter Swart Perioperative Research Award.

You can apply for the award on the **CAS Website** and support the award fund [here](#). By contributing to this fund, you honor the legacy of an exceptional physician and individual while investing in a future where perioperative care continues to advance and improve. Let us carry forward Dr Swart's dream—one rooted in compassion, collaboration, and a vision for better patient outcomes.



2024

A YEAR OF EDUCATIONAL EXCELLENCE AT CAS

CAS has embarked on another dynamic season of educational programming in 2024, building on the record participation and success achieved in 2023. This year's lineup was packed with valuable learning opportunities, supporting our members with the latest knowledge and skills essential to advancing anesthesia practice across Canada.

Below is a breakdown of our offerings. CAS members can view recordings at the provided links.

Stay tuned for our 2025 program!

2024 CAS Annual Meeting – June 7-10, Victoria, BC



The 2024 CAS Annual Meeting took place from June 7-10 in the charming, historic city of Victoria, BC, with the Victoria Convention Centre serving as the main venue. #CASAM2024 was a tremendous success, bringing together anesthesiologists, medical professionals, and researchers from across Canada and beyond. The conference provided a vibrant platform for sharing groundbreaking ideas, innovative research, and best practices in anesthesiology. The combination of in-person and virtual attendance options boosted accessibility and participation.

[Check out the full recap of the meeting in September's Anesthesia News](#)

CAS Pinnacle Rounds – The Inaugural Series

2024 CAS PINNACLE ROUND SERIES
Celebrating National Anesthesia Education

FEATURING

- Canadian Airway Training: Guideline-based Or Choose Your Own Adventure? - January 31, 2024
- Perioperative Mental Health: The Elephant In The (Operating) Room - March 6, 2024
- Perioperative Care For The Transgender Patient - May 1, 2024
- Secondary Trauma in Operating Room Healthcare Providers - September 4, 2024
- Perioperative Frailty - October 2, 2024
- The Perioperative Breastfeeding Patient - December 4, 2024

www.cas.ca/pinnacle-rounds

The Canadian Anesthesiologists' Society was delighted to present a new, member-exclusive education program – CAS Pinnacle Rounds: Celebrating National Anesthesia Education. Throughout 2024, the rounds program featured some of the best anesthesia teaching rounds from across the country, submitted by The Association of Canadian University Departments of Anesthesia (ACUDA). CAS members had access to new ideas and perspectives on a wide range of topics to help enhance their knowledge.

[Click here for the Round Archive](#)

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2024 National Virtual Round Series – Presented by the CAS Neuroanesthesia Section



CAS NEUROANESTHESIA SECTION PRESENTS:

NATIONAL VIRTUAL ROUNDS

2024 Dates:
February, April, November

WWW.CAS.CA/NEURO-EVENTS

The CAS Neuroanesthesia Section hosted regular rounds on a variety of topics in neuroanesthesia, enabling the sharing of experiences across the country and building a more collegial neuroanesthesia community in Canada.

[View Recordings of the Neuro Round Series](#)

OTHER VIRTUAL EVENTS / WEBINARS



1st World Day of Regional Anesthesia and Acute Pain Medicine Webinar

January 27, 2024
12 pm ET

CANADIAN ANESTHESIOLOGISTS' SOCIETY

A webinar commemorating the 1st World Day of Regional Anaesthesia and Pain Medicine, consisting of informative talks on spinal anesthesia drugs and recipes, regional anesthesia techniques, trauma, and pediatric anesthesia.

www.cas.ca/regional-webinar

MODERATOR: DR VISHAL UPPAL
PRESENTER: DR PATRICK WONG
PRESENTER: DR KWESI KWOFIE
PRESENTER: DR VIVIAN IP
PRESENTER: DR USHMA SHAH

1st World Day of Regional Anesthesia and Acute Pain Medicine Webinar

January 27, 2024

This webinar was conducted in celebration of the 1st World Day of Regional Anaesthesia and Pain Medicine in collaboration with the European Society of Regional Anesthesia. The event included four talks relevant to most practicing anesthesiologists, covering topics such as spinal anesthesia drugs and techniques, regional anesthesia for shoulder surgery, trauma, and pediatric anesthesia.

[View Recording](#)



Connecting Edges in Percutaneous Mitral Valve Repairs – The Future is Here

APRIL 11, 2024 - 8 PM ET

CANADIAN ANESTHESIOLOGISTS' SOCIETY

WWW.CAS.CA/CVT-WEBINAR

Dr Diem Tran
Moderator

Dr Kendra Derry
Speaker

Dr Adam Dryden
Speaker

Connecting Edges in Percutaneous Mitral Valve Repairs – The Future is Here

April 11, 2024

This webinar featured two experts discussing anesthesia management for edge-to-edge valve repairs with percutaneous clips using intraoperative TEE guidance.

[View Recording](#)

Earth Day Webinar 2024

A webinar on the invisible plastics in our daily practice in health care, and how we can be the leaders in advocating environmentally sustainable practice



Dr Matthew Walker
Moderator

Dr Carole Lin
Presenter

Dr Anita Rao
Presenter

April 22, 2024
8 pm ET
www.cas.ca/earth-day-2024



View Recording

CPD Modules

CAS offered 2 new CPD Self-assessment Modules co-developed with the *Canadian Journal of Anesthesia*, along with several educational courses, accessible to both members and non-members. CAS members access these resources for free or at a discounted price.




Ambulatory total hip and knee arthroplasty: a literature review and perioperative considerations




About this module:

Total joint arthroplasty (TJA), particularly for the hip and knee, is one of the most commonly performed surgical procedures. The advancement/ evolution of surgical and anesthesia techniques have allowed TJA to be performed on an ambulatory/ same-day discharge basis. In this Continuing Professional Development module, we synthesize the perioperative evidence that may aid the development of successful ambulatory TJA pathways.



An updated approach to ambulatory pediatric adenotonsillectomy



About this module:

This Continuing Professional Development module aims to help the general anesthesiologist recognize common pitfalls in ambulatory pediatric adenotonsillectomy and perform appropriate risk stratification, analgesic management, and disposition planning.

[Click here for a full list of CPD modules.](#)



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

CAS 2025 ANNUAL MEETING

JUNE 20-22, 2025

St. John's Newfoundland Call for Abstracts

Submission Deadline: Sunday, January 26, 2025

Share your research with colleagues and enhance the profession of anaesthesia AND your resume.

CAS offers multiple ways for you to get involved in the Annual Meeting.

One way that you can ramp up your experience at the AM is to submit an abstract. Doing this allows you to share your research in a variety of ways and might also place you in friendly competition with your colleagues.

Three reasons to submit an abstract:

- 1 Enhance your resume—accepted abstracts are published online in the *Canadian Journal of Anesthesia*
- 2 Share your research
- 3 Network with colleagues to boost your knowledge, make new connections, and strengthen existing ones



Or Visit
www.cas.ca/CFA
#CASAM2025

Meeting Highlights

- Anesthesia Focused Educational Sessions
- Richard Knill & Residents' Competition
- Problem-Based Learning Discussions (PBLDs)
- Interactive Workshops, including POCUS
- Test-Enhanced Learning Sessions
- Poster Presentations
- Networking Events to Connect with Colleagues
- Exhibit Hall



A WEEK IN THE LIFE OF A CANADIAN ANESTHESIOLOGIST

By: Dr Jennifer Landry, MD, FRCPC
Anesthesiologist, Saint John Regional Hospital

Monday

It's just after midnight, and this night is not going as expected. I am on call and have done two cases since the beginning of my shift: a fractured hip, and a fractured ankle. I was feeling a bit unwell earlier today, but I thought I would be able to make it through this call shift and get some rest later on. In actuality, the symptoms have been worsening as the night has progressed, and I have been feeling miserable. I have two cases left to do before I can even think about sleep. As I am called to be informed that my next patient is ready, I consider whether I should call someone in for relief. Thankfully, I have a group of very supportive colleagues who would help in an instant if I needed them. I am careful, however, to use this lifeline sparingly, as these colleagues are scheduled to work later today, and the pressure to keep rooms running and to not have exhausted anaesthetists working is real. I decide to press on, and do my best to stay focused.

Miraculously, I make it through the next two cases – a hip washout and an appendectomy – and drop my patient off in the PACU. It is now 4am, and this is the worst I've been feeling all night. Like a runner who is physically spent after a race, I sit on the recovery room floor. I pray to the Anesthesia Gods that no more cases materialize, and that the labour and delivery ward remains quiet! The general surgeon is dressed in street clothes and appears to be heading out: a moment of relief and joy. The lingering threat of a laparotomy seems to be dissipating. The nurses are clearly concerned about me and offer an IV. I take them up on their offer. A stretcher is pulled around, I hop on, and the kind nurses resuscitate my sickly body with IV fluids, ketorolac, acetaminophen, and ondansetron. I settle in the call room bed and get some much-needed sleep until the daytime crew arrives a few hours later.

I spend the rest of the day sleeping and resting. A potential new member of the department is coming for a site visit today, and I was very much looking forward to meeting him at our departmental dinner later tonight. I am disappointed that I will have to miss this. In addition to meeting the applicant, I was very much looking forward to a social evening with my colleagues. They are a quirky and funny group of people, and I have fun hanging out with them. I decide to rest up and hopefully I can make it in to work tomorrow.

Tuesday

I wake up at 6am and assess my situation: I feel better than yesterday, but not quite back to normal. I have asked for an easier day at work, and I think I can manage. I have been assigned a gynaecology list with only two cases, to be done at a smaller hospital in the city – St. Joseph's Hospital. When I first started working here, we only did day surgery cases at this hospital. When a majority of the arthroplasty program was moved to this hospital a few years ago, some healthier inpatient surgeries were added to the roster. I very much enjoy working at this hospital occasionally, and as every member of our department rotates through, I end up there about once a week on average. The added bonus is that I can walk there from my house!

Once I am ready, I set out on foot. The first order of priority is coffee. I walk to the coffee shop, and then detour back to the hospital. It's an extra 15 minutes of walking, but well worth the effort! I arrive at the hospital and am pleased to see the mood is lighthearted, and the playful banter has already begun. I enjoy teasing the respiratory therapists and nurses, and they like to tease me back. The atmosphere at this hospital is typically more relaxed, and many patients have commented on how much they appreciate it. My first patient for a laparoscopic hysterectomy is young and healthy – a rare treat these days. The case proceeds uneventfully. I am feeling relatively well, apart from a lack of interest in food. My second case is a laparoscopic salpingectomy and endometrial ablation in a second, young and healthy patient. The Anesthesia Gods are being kind to me today! We finish a bit early, and I am happy to head home after having checked to make sure all is well with my patients. I have finally worked up a small appetite, so I stop by the City Market for a soup, and continue my walk home.

After a short rest, I head to the Aquatic Centre for a swim. I'm hoping a little water immersion and a soak in the hot tub will do me some good! Tuesday nights are my tap-dancing nights, so after my time at the pool, I head to the dance studio for a fun class. So far, I have walked everywhere today, a benefit of living in the centre of a small city. And as is common in small cities, you can't go anywhere without running into someone you know. Almost half of the tap class also works at the hospital. Two of my tapdancing buddies work with me in the OR, my teacher is a dialysis pharmacist, and there is also a dialysis nurse in the class!

...continued on page 15

Wednesday

I am feeling back to normal today. The morning starts with our weekly departmental rounds. The topic today is Morbidity and Mortality. One is a thoracic patient with a very difficult airway that ran into respiratory difficulties a few days postop, the other is an obstetrics case. A good discussion ensues between department members regarding flagging difficult airways for the postoperative period.

Today's list has two cases: one is a re-resection of a recurrent rectal cancer which will involve my general surgery and urology colleagues, and the other is a sigmoid colectomy. The general surgeon gave me a courtesy call on my way to the hospital to inform me that this case would be more complex and potentially involve more blood loss than usual. I had already anticipated this; however, I very much appreciated the heads up from the surgeon, and the ability to discuss a plan for the day. The patient had had a previous abdominoperineal resection, and a long course of neoadjuvant chemoradiation therapy. I start the case uneventfully, and ensure I have excellent IV access. The surgeons struggle as the case is complex, but they never seem frustrated. There is no significant rapid bleeding, but a prolonged slow ooze throughout, which requires the transfusion of six units of blood and a dose of platelets, and keeps me busy all day. We finish the first case at 4:15pm, so the second case is cancelled.

Starving, I head home for a bite to eat. I have not had anything to eat all day, and had my first bathroom break at 3pm! Tonight is Jazz night, and I do not want to miss it. Joel Miller is playing. I am conflicted though, as I have a lot of reading material to get through before my upcoming Board meeting this weekend and my Section meeting tomorrow. I decide to compromise and get a bit of work done at home first. I then head to jazz night to enjoy the music and read about governance (a riveting topic for an anaesthetist!).

Thursday

Today is a big day. On the roster are two scoliosis cases. I arrive at the hospital earlier than usual. My set up is a little lengthier with the planned neurophysiological monitoring. I am already familiar with the second patient as I had previously met them in the preadmission clinic, but I have not met the first patient who is 12, and has idiopathic scoliosis.

The first patient is very anxious, but the team successfully reassures and distracts her, and she is surprised at how painless the IV insertion turns out to be. The induction of anesthesia, line insertion, and intravenous maintenance proceed uneventfully. Baseline signals are good, and the surgery begins. We are fortunate to now have a person dedicated to our centre who performs intraoperative spinal cord monitoring. One used to occasionally travel from a centre four hours away, and it would make scheduling scoliosis cases much more difficult. Where I trained previously, the anaesthetists would do the monitoring in addition to the anesthetic. I am happy that is not the case here!

The invasion of my personal space begins with the mass of equipment for the image-guided surgery converging on my side of the blood brain barrier. The various stealths and O-arm imaging units take up a lot of space, but they are a necessity. We complete the image acquisition, and the process of inserting screws starts. The surgery takes longer than expected, as the patient's curve is quite pronounced and rotated. There is some blood loss, but it is only significant enough to generate a small amount of replacement product via the cell saver. We are a cardiac centre, and thus have perfusionists to run the cell salvage. They really are a fun bunch of people, and I am happy that I can work with them even though I don't give cardiac anesthetics. We finish the first surgery around 1:30pm. The final images show a very successfully straightened spine! The patient is somewhat slow to wake up, but is neurologically intact. On to the next!

The second patient is 18, and much more relaxed than the first. We are running late already, but everyone on the team agrees to stay. I'm hoping we will be done by 6pm at the latest, as I have a Zoom meeting to run tonight, but what will be, will be! The second case proceeds in a similar fashion to the first, but the curve is not as challenging. I am hopeful that I will make the meeting. As the final sets of images are acquired and examined, a curve ball is thrown: one screw is not in the right place. We need to redo that part. There is no way I can host a meeting now, as we will not be done on time. I quickly write an e-mail to my provincial colleagues to notify them of the last minute cancellation of the provincial section meeting. The screw is reinserted and we finish the case at 7:45pm. The patient wakes up and does very well. This may seem like a late finish, but compared to my last assigned a scoliosis list, this is early! Several months ago, we did the first neuromuscular scoliosis cases at our hospital – two siblings with spinal muscular atrophy who had travelled from another city – and the whole team stayed until 2am to finish the cases. That is the longest elective list I have ever done!

I head home for some much-needed decompression, and an early bed time!



Friday

I am leaving later today for the Canadian Anesthesiologists' Society (CAS) Board meeting in Montreal. I am looking forward to seeing my colleagues from across the country once again. But before that, I have a lot to do! I pack my bags, clean up around the house, and take the opportunity to review the last few Board meeting documents. I'm also behind on getting my business taxes to my accountant; I absolutely need to tackle that today. I force myself to focus, diligently review my spreadsheet and documents, and, though it's a bit of a painful process, I'm relieved to finally have it done. Time to drop off the documents on the way to the airport!

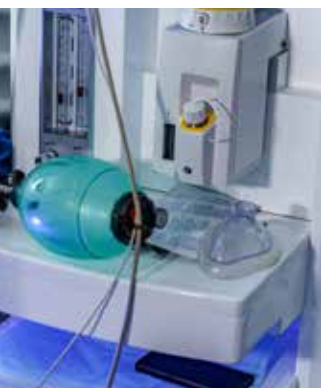
I arrive to find my colleague already there. It is rare, I think, to have two people from a small hospital simultaneously on the Board of Directors of a national organization. This speaks to our hospital staff's desire to get involved and try to influence positive change. Our little department of less than 20 has had a past CAS president, an executive member, multiple board members, and a few different committee members.

The one-hour flight to Montreal seems to take no time at all. I take the bus into the city and initially think I might be able to make it in time to attend the social event. But alas, the road is suddenly blocked off by police, and we are forced to take a lengthy detour. I doubt that the social event is still in the cards for me tonight. After a long delay, the bus drops me off in the middle of the road, and I walk the rest of the way to the hotel. I used to live in this city, so I know my way around. It does seem quite a bit more chaotic tonight than I remember though. As I walk to the hotel, I encounter riot police, who suddenly start tapping their shields and marching military-style down the road. I am confused as to what's going on! I follow the military-style unit as they turn onto the hotel street, and march along with them until I find my hotel. I am on a mission and do not seem to be disturbed by the goings-on! (I would later discover the news of a large protest happening in this area just before I arrived). I think I will get some rest tonight so I am ready for a full day of meetings tomorrow. What a start to the meeting weekend! And what an end to an interesting week.



Dr Landry is an anesthesiologist at Saint John Regional and St. Joseph's Hospitals in Saint John, NB, and an assistant professor at Dalhousie University. Born and raised in Saint John, she completed her undergraduate studies at McGill University, medical school at the University of Ottawa, and Anesthesiology residency at Western University. Dr Landry serves a diverse patient population in both official languages and has been active with the NB Section of Anesthesiology since 2018. A former competitive judo athlete who represented Canada internationally until 2019, she enjoys diving, kayaking, gardening, and exploring Saint John's natural beauty.

Dr Landry is the New Brunswick representative on the CAS Board of Directors.



REPORT FROM THE ASA

The Canadian Anesthesiologists' Society was proud to attend **ANESTHESIOLOGY 2024**, hosted by the **American Society of Anesthesiologists** in Philadelphia, October 18-22, 2024. CAS President **Dr Giuseppe Fuda** and CAS CEO **Vanessa Foran** were on-site to engage with the anesthesia community, explore new ideas and innovations, and strengthen professional connections. This unparalleled event provided an excellent opportunity to refresh clinical knowledge and advance shared goals.



Meeting with CAS members at the ASA



CAS/WFSA Staff and Board meet to discuss WCA2028, to be held in Vancouver, BC.



CAS meeting with Springer team to discuss the Canadian Journal of Anesthesia.



We're already looking forward to welcoming our ASA colleagues to the **2025 CAS Annual Meeting** in **St. John's, Newfoundland**, June 20–22

SEE YOU THERE!

RESEARCH REVIEW – DR GREGORY HARE

The **Canadian Anesthesia Research Foundation (CARF)** plays a pivotal role in advancing the field of anesthesia by providing crucial grants and funds that support innovative research. As the research arm of the Canadian Anesthesiologists' Society (CAS), CARF is dedicated to fostering the development of new knowledge and techniques that enhance patient care, improve outcomes, and contribute to the global body of anesthesia science. By investing in groundbreaking research, CARF ensures that Canadian anesthesiologists remain at the forefront of medical advancements, continually pushing the boundaries of what is possible in this critical medical specialty.

[DONATE HERE](#)



Dr Gregory Hare, MD, PhD, FRCPC

Research supported by CAS and CARF over the past 25 years has been the central core of my translational science research program. The listed accomplishments could not have been achieved without an initiating grant from the CAS 1999-2000; and the profound support from the Leadership and all members of the Department of Anesthesiology at St. Michael's Hospital; and the University of Toronto.

While sustained tri-level support from The University of Toronto, St. Michael's Hospital, The Li Ka Shing Research Institute has been invaluable; I would like to specifically acknowledge the initiating and sustained support of my Anesthesiology Colleagues at St. Michael's Hospital. This would include previous Department heads: Drs. Keith Rose, Robert Byrick (CAS Gold Medalist) and Patricia Houston (CAS Gold Medalist and Past-President), each of whom provided profound support of our research programs. Without their sustained support and vision for achieving both clinical and academic excellence, our accomplishments would not have been possible.

In addition, my research would not have started or have been sustained without the amazing support and ongoing collaboration of Drs. Andrew J. Baker (CAS Research Recognition Award) and C. David Mazer (CAS Gold Medal, CAS Research Recognition Award). Each of our individual research programs has received invaluable support from the CAS.

Our research has been acknowledged by CAS members by receiving the Richard Knill Research Oral Competition award on eight occasions for research which has:

- 1) Examined the risk of perioperative anemia and associated anemia-induced tissue hypoxia;
- 2) Defined molecular mechanisms which support survival during acute anemia in animal and human studies;
- 3) Assessed the impact of beta-blockade and anemia on cerebral perfusion and potential mechanism of perioperative stroke;
- 4) Identified the enhanced risk of anemia-induced cerebral hypoxia on cerebral injury following neurotrauma; and
- 5) Defined the integrated role of the kidney as a biosensor of anemic hypoxia and cardiovascular regulation to maintain cardiovascular responses and brain perfusion under clinically relevant conditions.

With profound appreciation for CAS-CARF support.

Sincerely,

A handwritten signature in black ink, appearing to read 'G.H.', written over a light blue background.

Gregory M.T. Hare, MD, PhD, FRCPC

Staff Anesthesiologist, Department of Anesthesia,
St. Michael's Hospital, Unity Health Toronto
Professor, Department of Anesthesia and Physiology,
University of Toronto
Adjunct Scientist, Keenan Research Centre,
Li Ka Shing Knowledge Institute



GRANT SUMMARY

1 Principal Investigator. 2000

CAS Research Award. Canadian Anesthesiologists' Society. Anemia induced cerebral injury \$20,000 CAD.

2 Principal Investigator. 2005-2008

Bristol-Myers Squibb-CAS Career Scientist Award in Anesthesia and Peri-operative Medicine.. Mechanisms of cerebral protection and injury during acute hemodilutional anemia. \$270,000 CAD.

3 Principal Investigator. 2007

Canadian Anesthesiologists' Society Dr. Earl Wynands Research Award. Does β 1-adrenergic antagonism increase tissue hypoxia following acute hemodilution? Wynands Research Award. Canadian Anesthesiologists' Society. \$30,000 CAD.

4 Principal Investigator. 2011

Canadian Anesthesiologists' Society. Dr. Earl Wynands Research Award. A prospective analysis of methemoglobin as a biomarker of tissue hypoxia during acute hemodilutional anemia in patients undergoing heart surgery. \$30,000.

5 Principal Investigator. 2020

Canadian Anesthesiologists' Society Dr R A Gordon Research Award. Adaptive Changes in Cardiac Myocyte Metabolism Contribute to Enhanced Myocardial Performance in Translational Rodent Models of Acute Anemia. \$20,000 CAD

AWARDS SUMMARY

2022

CAS- CVT Raymond Martineau Prize, Best CVT Poster: *Nephrectomy Negatively Impacts Physiological Mechanisms That Maintain Rat Brain Oxygenation Following Acute Hemodilutional Anemia.* Kyle Chin (MSc Candidate, Presenter, Halifax, Nova Scotia).

2020

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting (ONLINE), Virtual. *Renal Tissue PO2 Measurements Reflect the Degree of Acute Hemodilution and Demonstrate a Negative Impact of Starch Colloid on Renal Oxygenation* (Student Presenter: Kyle Chin MSc Candidate).

2017

Research Recognition Award, Canadian Anesthesiologists' Society.

2017

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Niagara Falls, ON. *Moderate anemia is associated with renal tissue hypoxia and increased cerebrovascular reactivity in mice* (Student Presenter: Nikhil Mistry, MSc)

2011

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Toronto, ON. *Highly specific β 1-antagonism preserved brain perfusion in anemic rats* (Student Presenter: Hu T, MSc)

2010

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Montreal, PC. *Methemoglobin as a Potential Biomarker for Anemic Stress.* (Presenter: Albert KY Tsui, PhD)

2008

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Halifax, NS. *β 1-adrenergic antagonism inhibits cerebral tissue oxygen delivery following hemodilution in rats.* (Presenter: Tenille, Ragoonanan, MSc)

2007

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Calgary, AB, Canada. *Acute hemodilutional anemia accentuates cerebral injury following neurotrauma in rats.* (Presenter: GMT Hare)

2005

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society, Annual Meeting, Vancouver BC, Canada. *β 2-adrenergic blockade impairs cerebral cortical oxygen delivery in anemic rats.* (Presenter: GMT Hare)

2003

CAS-Richard Knill Research Award, Best Scientific Presentation, Canadian Anesthesiologists' Society. Ottawa, ON. *Anemia causes increased cortical neuronal nitric oxide mRNA levels in rat.* (Presenter: GMT Hare)

ANESTHESIA HISTORY CORNER

ORIGINS OF THE CANADIAN JOURNAL OF ANESTHESIA

By Dr Michael Wong

In 1943, the Memorandum of Agreement establishing the Canadian Anaesthetists' Society set an ambitious goal "to edit and publish a Journal of Anaesthesia." At the time, there were very few specialty journals for anesthesiology globally and only two in the United States – *Current Researches in Anesthesia and Analgesia* (1922) and *Anesthesiology* (1940). In Canada, general publications such as the *Canadian Medical Association Journal* and regional journals such as the *Nova Scotia Medical Bulletin* had been considered broadly relevant to doctors in across different areas of practice. However, as the practice of anesthesiology in Canada grew and matured, this founding objective toward a dedicated journal would soon be realized.

Following the Annual Meeting in June 1952 at the Banff Springs Hotel (now, Fairmont Banff Springs), CAS Secretary-Treasurer Dr Roderick Gordon decided to compile the papers presented at the conference for further dissemination and to preserve them for posterity. After a few months' preparation this compilation, *Proceedings of the Canadian Anaesthetists' Society 1952*, was ready for distribution. Topics covered included the use of hexamethonium for controlled hypotension, anesthetic management for cleft repair, and a theoretical discussion of automated feedback controls during anesthesia. The *Proceedings* were well-received and papers from the subsequent annual meeting in Quebec were also collected. Sponsored by pharmaceutical manufacturer E.R. Squibb & Sons and other advertisers, the second volume of *Proceedings* additionally included selected papers from CAS Division meetings and abstracts were also translated into French. It would also prove to be the last volume of the *Proceedings*.

When the CAS Council (now, Board of Directors) met on March 2, 1954, it was resolved that the Society would build on the momentum generated by the *Proceedings* and formally establish a new specialty journal. Thus, the quarterly *Canadian Anaesthetists' Society Journal* (CASJ); now, *Canadian Journal of Anesthesia* [CJA] debuted in July. Prior to the launch of CASJ, the only other specialty medical journal in Canada was the *Journal of the Canadian Association of Radiologists* (1950).

Dr Gordon was appointed as the founding Editor of the fledgling CASJ, a position he would hold until 1982, after which Dr Douglas Craig succeeded him. In the inaugural issue of the CASJ, Dr Gordon articulated his hope that the journal would serve as "a suitable Canadian medium for the presentation of original work by Canadian anaesthetists and a means of communicating our news and views to our Canadian colleagues and to others who may take some interest in them." The early CASJ issues were mainly populated with reviews and papers presented at the CAS' national and regional meetings. However, from these humble beginnings, the journal quickly grew in prominence. As it matured, the CASJ became a respected journal garnering impactful original manuscripts from authors worldwide.

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- Gordon RA. Editorial. *Canadian Anaesthetists' Society Journal*. 1954; 1:iii.
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Announcements

The two volumes of the *Proceedings of the Canadian Anaesthetists' Society* are available for your perusal on the CAS website, under Archival Resources. Be sure to check them out!

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) WINTER UPDATE



VOLUNTEER TEACHERS NEEDED FOR OUR OVERSEAS PROGRAMS!

Many dozens of Canadian anesthesiologists have travelled to our programs in Rwanda, Ethiopia and Guyana, finding these trips exciting, rewarding and fun! Our partners need the experience of our anesthesiology educators to move their medical systems forward. Travel costs and accommodations are reimbursed, so this is also a great opportunity to see the world! Please contact us at info@casief.ca if you'd like to get involved- you will never regret it!

Please visit our [website](#), and if you haven't yet seen the fantastic [videos](#) about CASIEF's partnerships, please visit our YouTube channel [HERE](#).

Through CASIEF and its partners, Canadian anesthesiologists are known around the world for their charity and dedication to promote safe anesthesia for all. Please consider providing your expertise and [donations](#) to support our very worthy cause.

CASIEF GUYANA PROGRAM

CASIEF has proudly supported the anesthesiology residency program at Georgetown Public Hospital since 2013, helping it grow and thrive. This year marks an exciting transition as Dr Youlanda Hendricks, one of the program's first graduates, steps into the role of program director, taking over from the visionary founding director, Dr Alexandra Harvey. The program has recognized the challenge of burnout among residents and CASIEF has been providing support alongside the ASA Committee on Global Health (formerly ASA-GHO).

We also recently began a collaboration with the Stanford Anesthesia Division of Global Health Equity, led by Dr Cynthia Khoo, to bolster education in clinical research methodology via online lectures and individual mentorship.

In 2023, our support expanded with the launch of a new Fellowship in Regional Anesthesia and Acute Pain Medicine, co-founded by CASIEF volunteer Dr Alan Chu. The program's first graduate, the unstoppable Dr Hendricks, has emerged as a talented regional anesthesiologist. She has been working diligently to assist in training our second fellow, Dr Tiffany Fiedtkou. We continue to actively recruit regional anesthesia educators as visiting professors and remote block area teaching.

The momentum is growing, and we're excited for what's to come!

Anesthesiologists interested in volunteering for either the residency program or the RAAPM fellowship, please contact Alan Chu at aycchu@ucalgary.ca.



Dr Youlanda Hendricks working in the block area at Georgetown Public Hospital



Surgical slates at Georgetown Public Hospital



Follow CASIEF online

...continued on page 22



Dr Youlanda Hendricks, Dr Tiffany Fiedtkou, and their families share a meal with Dr Alan Chu



Ultrasound image being used for live remote teaching, with Dr Hendricks doing the block while supervised from afar
Photos owned by Alan Chu.

NAVIGATING BORDERS: FROM NAVY OFFICER TO ANESTHESIA RESIDENT ADVOCATING FOR GLOBAL ANESTHESIA EDUCATION



Dr Sebastien Hebert
– CASIEF Resident
Representative Jr
position

As I reflect on my journey from Navy officer to anesthesia resident, one theme consistently stands out: the pressing need for equitable healthcare in underserved regions. Growing up in Guinea, West Africa, and being fluent in French, English, and Spanish, I have always been aware of the healthcare disparities that exist across borders. Yet it was my time in the military that truly opened my eyes to the scope of these challenges, particularly in areas with limited resources and complex geopolitical environments.

Now, as I look toward my future in anesthesia, my commitment to global health has never been stronger. This is why I am particularly drawn to the mission of CASIEF and the role it plays in developing sustainable educational programs in countries like Ethiopia, Guyana, Rwanda, and Burkina Faso. I believe that my unique background in both the military and healthcare equips me to contribute meaningfully to CASIEF's initiatives and foster positive change.

One of the reasons I am drawn to CASIEF is its focus on developing future leaders in anesthesia through resident engagement. I am eager to contribute to CASIEF's efforts to empower local anesthesia providers by creating self-sustaining educational programs. These programs not only help bridge knowledge gaps but also ensure that the local medical community is equipped with the tools and resources they need to deliver high-quality care long after the training programs have concluded.

As I continue my residency in anesthesia, my long-term goal remains clear: to integrate global health into my practice. Organizations like CASIEF provide an ideal platform for residents like myself to not only develop clinical skills but also contribute to the broader goal of improving healthcare access worldwide. Ultimately, I aim to work with international humanitarian organizations such as Médecins Sans Frontières, where I can continue to advocate for equitable care in underserved regions.

In the meantime, I look forward to contributing to CASIEF's initiatives, where I hope to play a part in shaping the future of anesthesia education and global health. I believe that by fostering collaboration, prioritizing sustainability, and advocating for equitable care, we can bridge the gap in healthcare access and ensure that quality anesthesia services are available to all, regardless of geographic location.

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MARBURG OUTBREAK IN RWANDA

I first met Dr Claudine Uzamukunda in Rwanda when she was still a resident quite a few years ago and was immediately drawn to her dedication and enthusiasm for anesthesia and teaching. Subsequently I had the privilege of working with Dr Claudine in the operating room as a CASIEF volunteer, co-teaching a Vital Anesthesia Simulation Training (VAST) course on resuscitation and ACLS, and most recently as a co-collaborator on the Transfusion Camp Rwanda project. Each time the experience left me with deep admiration for the commitment someone can have to teaching others and making anesthesia safer. Sadly Dr Claudine passed away on September 23rd after contracting Marburg virus and many of her colleagues and critical care providers also succumbed to the illness or were infected and required to isolate.

This year the **World Federation of Societies of Anaesthesiologists** has designated Workforce Well-being as the theme for World Anaesthesia Day and the year to come. In light of this CASIEF wished to honour this day and our Rwandan colleagues and friends by directing donations to "Marburg Relief in Rwanda", which occurred throughout the month of October. Funds raised will go towards specific well-being and mental health initiatives for healthcare providers in Rwanda who have been affected by the Marburg outbreak and will be distributed in collaboration with the Rwanda Society of Anesthesia and Critical Care (RSACC).

As Marburg virus is brought under control through the high level of commitment to public health and contact tracing in Rwanda it is important to remember that those affected will continue to be impacted long after the resolution of the outbreak. We must continue to support our colleagues and friends and our anesthesia education partnership in Rwanda.

Terri Skelton, MD, FRCPC, MPH
Chair, CASIEF

terriskelton@casief.ca

2024 CAS OUTSTANDING VOLUNTEER AWARD WINNER

THIS DISTINCTION IS AWARDED TO CAS MEMBERS THAT HAVE MADE A SIGNIFICANT AND SUSTAINED CONTRIBUTION TO THE SOCIETY AND HAVE HELPED IMPROVE ITS IMAGE AS VOLUNTEERS.



Dr Vivian Ip

Dr Vivian Ip is a Clinical Professor at the University of Calgary, Alberta. She is a practicing anesthesiologist with fellowship training in Regional Anesthesia and Pain Medicine, and Ambulatory anesthesia. At the South Health Campus Hospital in Calgary, she is the Director of Regional Anesthesia and Acute Pain Medicine Fellowship Program.

At CAS she is the Vice Chair of the Regional Anesthesia Section and the Chair of the Environmental Sustainability Section. She is also the CAS representative on the Sustainability Committee at the World Federation of Societies of Anesthesiologists. At the American Society of Regional Anesthesia (ASRA) Pain Medicine, she is the Chair of the Newsletter Committee and the Chair of the Green Anesthesia Special Interest Group. She also serves as a member of the Editorial Board at the Canadian Journal of Anesthesia (CJA), and she is an Editor for the journal, Regional Anesthesia and Pain Medicine (RAPM).

WWW.CAS.CA/HONOUR-AWARDS

REPORT FROM THE CAS AMBULATORY SECTION

The Ambulatory Section is pleased to announce an upcoming collaboration between the CAS Ambulatory Section and the [Society for Ambulatory Anesthesia \(SAMBA\)](#). Look out for the following moderated collaborative learning and sharing sessions that will be hosted in 2025:

- **SAMBA Pediatric Tonsillectomy and Adenoidectomy (T&A) Guidelines**
with Dr Marjorie Brennan (Assistant Professor of Anesthesiology and Pain Medicine, George Washington University)
- **Diabetic Management in Ambulatory Surgical Patients**
with Dr Elizabeth Duggan (Associate Professor of Anesthesiology and Perioperative Medicine, University of Alabama at Birmingham)
- **Preoperative Evaluation and Criteria for Ambulatory Surgery**
with Dr Niraja Rajan (Associate Professor, Department of Anesthesiology and Perioperative Medicine, Penn State Health)
- **Sleep-Disordered Breathing and Ambulatory Surgery:**
A collaborative roundtable with CAS, SAMBA, and the Society for Anesthesia and Sleep Medicine (SASM), featuring Dr Jaime Hyman (Associate Professor of Anesthesiology, Yale School of Medicine)

In addition, the [CAS Ambulatory Research Grant](#) is now entering its second year, and we look forward to announcing this year's winners.

We are also developing a web-based journal club and continuing medical education activities to share high-impact, peer-reviewed articles and best practice guidelines in Ambulatory Anesthesia. Updates will be shared on the Ambulatory Section webpage.

We look forward to seeing everyone in Newfoundland for the [Annual Meeting](#), where we will focus on "The Future of Ambulatory Anesthesia."

Sincerely,

Dr Mandeep Singh, Chair
Dr Natalie Clavel, Vice Chair
Dr Mohamed Eissa, Secretary-Treasurer
CAS Ambulatory Section Executive

MD FINANCIAL

Setting up your finances for early retirement?

While most physicians still plan to practice medicine until at least age 65, a growing number are looking to retire early. But what are the financial implications of early retirement? What about the emotional and psychological impacts? Learn more.

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REPORT FROM THE CAS NEUROANESTHESIA SECTION

The Neuroanesthesia Section welcomed a new Chair, Dr Melinda Davis, from the University of Calgary. The Section would like to thank Dr Tumul Chowdhury for his work as Chair, and we look forward to benefitting from his expertise as he moves into the Past Chair role. The Executive Committee of the Section is now rounded out by Vice Chair, Dr Bryan Glezerson, Secretary Treasurer, Dr Adele Budiansky, Member at Large. and Dr Christian Lehmann, Member at Large.

In addition to sessions at the **CAS Annual Meeting**, the Neuroanesthesia Section once again hosted a **National Rounds series** over the course the last academic year. These zoom events were well attended by anesthesiologists across the country and very well received. Topics included postoperative delirium, neurological monitoring in spine surgery, precision medicine in acute brain injury, and the physiology of emergence. In addition to their role in continuing medical education for practicing anesthesiologists, these sessions are also a valuable opportunity for our neuroanesthesia fellows to present at a national level. The Section looks forward to continuing these events in the upcoming year and welcomes **input from CAS members** about topics of interest.

Sincerely,



Dr Melinda Davis
Chair



Dr Bryan Glezerson
Vice Chair



Dr Adele S. Budiansky
Secretary / Treasurer



Dr Tumul Chowdhury
Past Chair



Dr Christian Lehmann
Member at Large

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REPORT FROM THE CAS CVT SECTION

It is my pleasure to introduce the 2024-2025 CVT Section Executive Committee of the Canadian Anesthesiologists' Society. We are excited to begin this new chapter, and I'd like to take a moment to introduce our dedicated team who will guide the section this year.

On behalf of the CVT section and its members I would like to thank Dr Diem Tran, our Past Chair, for her outstanding leadership and hard work in steering the section forward over the past years. Dr Tran's mentorship has been instrumental as I transition into this role, and her ongoing support continues to be invaluable. Thank you, Diem.

This year promises exciting opportunities to advance the field of cardiovascular and thoracic anesthesia through collaboration, innovation, and education. We encourage all members to stay engaged with our upcoming events, educational programs, and networking opportunities. Be sure to watch for updates on the [CAS Annual Meeting](#) and additional section events happening throughout the year.

We value your involvement and contributions as we work together to foster growth and excellence in our specialty.

Warm regards,

Dr Tarit Saha, Chair, CVT Section, CAS

Meet the 2024-2025 CVT Executive Team • Meet the 2024-2025



Dr Tarit Saha
Chair

- **Titles:** President, Clinical Teachers Association of Queen's University; Associate Professor and Research Director, Anesthesiology & Perioperative Medicine, Queen's University; Director of Cardiac Anesthesiology, Queen's University.
- **Education & Training:** Fellowship in Cardiac Anesthesiology, Queen's University; Anesthesiology, Albany Medical School, NY.
- **Research Interests:** Blood conservation, chronic pain in cardiac surgery.
- **Personal Interests:** Enjoys global travel, following high-performance motorsports like Formula 1, and has a keen appreciation for luxury automobiles, particularly Porsches.



Dr El mari Neethling
Vice Chair

- **Titles:** Staff Cardiovascular Anesthesiologist & Critical Care Physician, Kelowna General Hospital; Assistant Professor, University of Toronto.
- **Education & Training:** Fellowships in Cardiac Anesthesia and Critical Care, Toronto General Hospital; Anesthesiology, University of Cape Town.
- **Research Interests:** Transesophageal echocardiography, critical care, perioperative outcomes, POCUS.
- **Personal Interests:** Enthusiastic about exploring new cultures through travel, staying active with skiing, and maintaining a commitment to fitness through running.



Dr Diem Tran
Past Chair

- **Titles:** Research Director, Division of Cardiac Anesthesiology, University of Ottawa Heart Institute; Assistant Professor, School of Epidemiology and Public Health.
- **Education & Training:** MSc in Clinical Epidemiology, University of Ottawa; Fellowship in Cardiac Anesthesiology, University of Ottawa Heart Institute.
- **Research Interests:** Postoperative atrial fibrillation, blood transfusion practices.
- **Personal Interests:** Passionate about culinary arts, cultivating a vibrant garden, and enjoying intellectually challenging activities like escape rooms.



Dr Jacobo Moreno Garijo
Secretary-Treasurer

- **Titles:** Clinician-Investigator, Department of Anesthesia, University of Toronto; Staff Cardiovascular Anesthesiologist, Sunnybrook Health Sciences Centre.
- **Education & Training:** PhD, Autonomous University of Barcelona; Master of Science in Emergency Medicine, Autonomous University of Barcelona; Fellowships in Critical Care Medicine, Cardiovascular and Thoracic Anesthesia, UHN, University of Toronto.
- **Research Interests:** Perioperative echocardiography, POCUS.
- **Personal Interests:** Enjoys staying active through hiking, has a deep appreciation for music, and is an avid dog lover.



CANADIAN ANESTHESIOLOGISTS' SOCIETY

CVT Executive Team • Meet the 2024-2025 CVT Executive Team



Dr. Yannis Amador
POCUS Co-Lead

- **Titles:** Staff Cardiovascular Anesthesiologist, Kingston Health Sciences Centre; Assistant Professor, Queen's University.
- **Education & Training:** Fellowship in Cardiovascular Anesthesia, UHN, University of Toronto; Research Fellowship, Harvard Medical School.
- **Research Interests:** TEE, 3D TEE, POCUS.
- **Personal Interests:** Dedicated to advancing knowledge through teaching and capturing the beauty of natural landscapes through photography.



Dr Pablo Perez D'Empaire
POCUS Co-Lead

- **Titles:** Staff Cardiovascular Anesthesiologist, Sunnybrook Health Sciences Centre; Lecturer, University of Toronto.
- **Education & Training:** Fellowships in Critical Care Medicine and Cardiovascular Anesthesiology, University of Toronto.
- **Research Interests:** POCUS and resuscitative TEE.
- **Personal Interests:** Passionate about music composition and performance, with a particular interest in rock music and the electric guitar, as well as exploring marine environments through scuba diving.



Dr Camila Machado de Souza
Member at Large

- **Titles:** Staff Anesthesiologist, University of Manitoba; Assistant Professor, University of Manitoba.
- **Education & Training:** Fellowships in Perioperative Echocardiography and Thoracic Anesthesia, University of Ottawa; PhD in Knowledge Translation
- **Research Interests:** Thoracic Anesthesia, perioperative echocardiography, transplant medicine and medical education.
- **Personal Interests:** Thoracic Anesthesia, perioperative echocardiography, transplant medicine and medical education.



Dr Meggie Raymond
Member at Large

- **Titles:** Anesthesiologist, Montreal Heart Institute.
- **Education & Training:** Fellowships in Chronic Pain, Université de Montréal; Cardiac Anesthesia, University of Ottawa.
- **Research Interests:** Perioperative transesophageal echocardiography and RV function, perioperative acute and chronic pain management, cardiac palliative care.
- **Personal Interests:** Passionate about outdoor activities and enjoys the arts, particularly as a cellist performing with a classical orchestra.

RESIDENTS CORNER

A MESSAGE FROM RESIDENT EXECUTIVE CO-CHAIRS: DR KYRA MOURA AND DR ALEX BAK

We are truly thrilled to be leading the 2024-2025 CAS Resident Section Executive team. Our team includes 12 new and returning members studying in different years of residency programs from coast to coast. We are also fortunate to work with Past Chair Dr April Liu and Board Representative Dr Melissa Liu, who have made many contributions to re-energizing the Resident Section post-pandemic and continue to support us this year.

With the success of the revamped Resident Simulation (SIM) Olympics at the 2024 Annual Meeting, we've appointed a subcommittee to plan next year's event. Dr Claire Moura, Dr Mark Acreman, and Dr Allen Meldrum will lead the 2025 competition, which will take place at the 2025 CAS Annual Meeting in St. John's, Newfoundland, from June 20–22. We hope that you'll join in on all the opportunities to learn, have fun, and connect with your colleagues.

Implementing more resident-driven activities at the Annual Meeting is one of our top priorities. We've been investigating various ideas for resident-specific sessions to propose and encourage you to share yours with us—or consider independently submitting a proposal as part of this year's open call for content. We are also exploring the opportunity to host a Certification Exam Preparation course during the conference, as well as a year-round program to

connect residents to professional development resources provided by CAS more effectively. Our Members at Large, Dr Dar'ya (Dasha) Semenova, Dr Matthew McGarr, Dr Alanna Janz, Dr Kristin Ko, and Dr Shane Leyen, and our Past Chair, Dr April Liu and CAS Board Representative, Dr Melissa Liu are spearheading these efforts.

A reminder that applications for the Resident's Research grant—which provides \$10,000 to support anesthesia-related research performed by a PGY1-PGY4 Canadian resident—**closes on January 10, 2025.**

CAS is also accepting submissions for the Annual Meeting's **call for abstracts until January 26, 2025.** Successful applicants will be invited to present their abstracts at the conference. The top-scoring abstracts submitted by residents will proceed to the Resident's Oral Competition, and a winner will be crowned at the end of the conference. Abstract submissions also have the opportunity to win a Best Abstract Award in their category.

As always, we encourage you to contact us to provide feedback on how we can better support you during your residency at membership@cas.ca. On behalf of the Resident Section Executive team, we wish you a wonderful holiday season and best wishes in the new year.





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- Tranexamic acid: current use in obstetrics, major orthopedic, and trauma surgery - **May 2021**
- The incidence, risk, presentation, pathophysiology, treatment, and effects of perioperative acute kidney injury - **March 2021**

How to Access the Modules:

Instructions can be found on the Canadian Anesthesiologists' Society website at: www.cas.ca/cpd-online

All modules are an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Anesthesiologists' Society.

Successful completion of a module entitles readers to claim up to four hours (credits are automatically calculated), for a total of 12 maintenance of certification credits.



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We're thrilled to announce this year's CAS Annual Meeting in the stunning and historic city of St. John's, Newfoundland! Our dedicated planning team has curated an outstanding lineup of speakers and engaging, interactive sessions. Join us for enjoyable social events to reconnect with old friends and build new connections. We can't wait to welcome you in June 2025!

—Dr. Giuseppe Fuda, President of CAS

*Wishing You
Happy
Holidays*





**CANADIAN
ANESTHESIOLOGISTS'
SOCIETY**

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Publisher:

Canadian Anesthesiologists' Society
455 Danforth Avenue, Unit 469
Toronto ON M4K 1P1
Canada

Editor-in-Chief:

Dr Andrew Nice

Email: anesthesia@cas.ca

Phone: 416 480 0602

