



## President's Message



Dear colleagues,

It is with great excitement that I step into this new role of President of the CAS. My thanks to Dr Shane Sheppard for extending such a warm welcome, and providing his guidance and advice. I look forward to continuing our collaboration as he serves as Past President. A huge welcome also to Dr Richard Chisholm, new CAS Vice President and Dr Patricia Houston, who joins the Board as Secretary, replacing Dr David McKnight. I warmly thank David for his dedication as Secretary of the CAS for the past 4 years.

In the coming year, I will be focusing on two major issues. The first one will be advocacy. This is the first goal under the CAS strategic plan and it is now more important than ever that the public, decision makers, the medical field and society at large are fully aware of the role of anesthesiologists.

The facts are that we are not as visible as surgeons or family practitioners; often the only time the public thinks of an anesthesiologist is when they are facing surgery or when, in chronic pain, they need relief. Too often, out of sight is out of mind. By not being visible, the public has had to rely on their limited knowledge of what anesthesiology is and how we do it. Often this leads to assumptions and misinformation. One of our tasks will be to develop a public message, thereby helping us to be proactive in letting the public and decision makers know what issues we face and our recommendations for solution. The CAS leadership needs to communicate our perspectives and views to members of the government, public and other medical and healthcare organizations. We would like to influence new trends in public policy by providing accurate information that can lead to effective policies.

CAS has a unique position having represented anesthesiologists for over 65 years. We also work in conjunction with other medical specialties. In

the process, we have come to know the challenges and successes of the different specialties. As advocates, we can form partnerships, thereby gaining support to influence government policy. Patients, and the public, who can become patients at any time, have more influence than they know and we need to inform them. Over the next year, this will take several forms: lobbying the government, working with a PR firm to develop our key message, approaching media, as well as forming partnerships not only with medical organizations, but also non-medical groups.

The second and equally important topic on which I will concentrate is the development of the role and curriculum of anesthesia assistants in Canada. The Board has taken important steps in that direction by adopting, three years ago, a position paper on the subject (see CAS Guidelines document), and by recently striking a committee on which representatives of the Executive, ACUDA, Canadian Society of Respiratory Therapists, and representatives from Nursing associations will sit together to define a uniform curriculum among the six schools outside of Quebec providing advanced post-diploma training for anesthesia assistants, as well as the CoARTE (Council on Accreditation for Respiratory Therapy Education) accredited schools in Quebec. Further steps will be taken subsequently for accreditation and credentialing of that new field of expertise.

In other news, we have been working hard over the summer to provide new membership benefits. You can now view several Annual Meeting presentations on the CAS website and use them for accreditation. Our Awards program is continuing. And our partnership with the Canadian Patient Safety Institute to promote the Patient Safety Symposium continues this year.

I look forward to serving the CAS during my presidency and to working with you, our members.

Pierre Fiset, MD FRCPC  
CAS President

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### Editor-in-Chief

Dr Patricia Houston

### Design and Production

Ms Temi Adewumi

### Contributors

Dr Richard Brull, Dr Thomas Coonan, Dr Neal Badner,  
Dr Peter Slinger, Dr Jennifer Szerb

# Welcome to the new CAS Secretary

## Dr Patricia Houston

*Dr Patricia Houston graduated in medicine from the University of Toronto in 1978 and completed her anesthesiology residency in Toronto in 1983. She is the Anesthetist-in-Chief and Medical Director of Perioperative Services at St Michael's Hospital, Toronto.*

Dr Houston joined St Michael's in 1997 after having been a part of faculty at University Health Network in Toronto. She has been in her current position since 2000.

Dr Houston is Professor and Vice-Chair Education in the Department of Anesthesia at the University of Toronto. She oversees the undergraduate, post-graduate and fellowship educational programs within the department and provides support to an ongoing faculty development program for the departmental membership. She holds a medical degree and Masters in Education from the University of Toronto and is a Fellow of the Royal College of Physicians and Surgeons of Canada (RCPSC).

She is past chair of the written exam committee for anesthesia at the RCPSC. She is the current chair of the CAS Continuing Education and Professional Development Committee and is helping to organize a new Continuing Education Committee for ACUDA.

Her personal time is spent with her husband, an orthopedic surgeon, and their three children. She also loves to run, ski, golf and cook and has been trying to become proficient at Pilates.

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# Canadian Journal of Anesthesia signs contract with Springer Science and Business Media

We are pleased to announce that Springer Science and Business Media will be the publishers of the *Canadian Journal of Anesthesia* as of January 2009.

Springer is a global publisher serving research and academic communities around the globe. They are publishers of journals, major reference works, books and digital media and we look forward to a seamless transition for our members. Springer is well qualified to work with online submissions, publications and distribution, while at the same time, remaining flexible to tailor journal features to the specific needs of the Society.

## 2008 - Winners

### Research Grants, Career Scientist and Residents' Award

**CAS-Abbott Laboratories Ltd Career Scientist Award in Anesthesia, \$120,000**

*Dr Ban Tsui*

**University of Alberta, Edmonton, AB**

Electrical impedance: a novel approach for detecting intraneural needle placement in regional anesthesia

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

*Dr Mrinalini Balki*

**Mount Sinai Hospital, Toronto, ON**

Optimizing contractility in human myometrium previously exposed to oxytocin: An in-vitro approach to improving treatment options for primary post-partum hemorrhage in laboring women

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

*Dr Ralph Lattermann*

**McGill University Health Centre, Montreal, QC**

Metabolic preconditioning using intravenous dextrose: a novel strategy to improve hepatic function after liver resection

**David S Sheridan Canadian Research Award, \$10,000**

*Dr Peter MacDougall*

**Dalhousie University, Halifax, NS**

Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN): A Pilot Project

**Dr R A Gordon Patient Safety Research Award, \$40,000**

*Dr Mark Ansermino*

**British Columbia Children's Hospital, Vancouver, BC**

Safe administration of propofol for sedation in children

**Novo Nordisk Canada - CAS Research Award in Perioperative Hemorrhage, Hemostasis and/or Transfusion, \$40,000**

*Dr Kevyan Karkouti*

**Toronto General Hospital, Toronto, ON**

Efficacy Of Autologous Predonation Of Blood: A Double-Blinded, Randomized, Controlled Clinical Trial

**Organon Canada Ltd Canadian Research Award in Anesthesia, \$20,000**

*Dr James Paul*

**McMaster University, Hamilton, ON**

Using root cause analysis with notification to decision makers to reduce adverse events on an acute pain service

**Dr Earl Wynands Research Award in Cardiovascular Anesthesia and/or Perioperative Blood Conservation, \$30,000**

*Dr André Denault*

**Montreal Heart Institute, Montreal, QC**

Inhaled milrinone in cardiac surgery

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

*Dr Ruth Graham*

**University of Manitoba, Winnipeg, MB**

A CT Imaging Study of Biologically Variable Ventilation and Alveolar Fluid Clearance in a Porcine Model of Acute Respiratory Distress Syndrome

**CAS Research Grant in Neuroanesthesia, \$20,000**

*Dr Uwe Schwarz*

**Children's Hospital of Eastern Ontario, Ottawa, ON**

The Effect of Isoflurane, Sevoflurane and Desflurane on Programmed Cell Death of Neurons during Synaptogenesis in Mice

**Smiths Medical Canada Ltd Canadian Research Award in Pain Research and/or Regional Anesthesia, \$10,000**

*Dr Ban Tsui*

**University of Alberta, Edmonton, AB**

Electrical impedance: a novel approach for detecting intraneural needle placement in regional anesthesia

**CAS / Vitaid-LMA Residents' Research Award, \$5,000**

*Dr Collin Clarke*

**University of Western Ontario, London, ON**

Neuroimaging of lidocaine-induced analgesia in complex regional pain syndrome

# Call for Honour Award Nominations

Nominations must be received by **October 31, 2008\***

These awards will be presented at the 2009 Annual Meeting in Vancouver.

## Gold Medal

*The Gold Medal is the highest award of the Canadian Anesthesiologists' Society. It is a personal award consisting of an inscribed gold medal given in recognition of excellence in matters related to anesthesia.*

### Eligibility

The medal may be awarded to any individual, ordinarily a Canadian:

- who has made a significant contribution to anesthesia in Canada through teaching, research, professional practice, or related administration and personal leadership;
- who is not a member of the current Board of Directors or its committees;
- who may be active or retired from his/her field of interest.

## Clinical Teacher Award

*To recognize excellence in the teaching of clinical anesthesia.*

### Eligibility

The award shall be made to a member of the CAS who has made a significant contribution to the teaching of anesthesia in Canada. The recipient shall not be a member of the Board of the Society.

## Clinical Practitioner Award

*To recognize excellence in clinical anesthesia practice.*

### Eligibility

The award shall be given to a member of the CAS who has made a significant contribution to the practice of clinical anesthesia in Canada. The recipient shall not be a member of the Board of the Society.

## John Bradley Young Educator Award

*To recognize excellence and effectiveness in education in anesthesia.*

### Eligibility

The award shall be given to an Active member of the CAS within his/her first 10 years of practice who has made significant contributions to the education of students and residents in anesthesia in Canada. The recipient shall not be a member of the Board of the Society.

## Emeritus Membership

*To recognize retired individuals who during their long-standing practice made a significant contribution to anesthesia.*

### Eligibility

The recipient will have been an Active member of the Society in practice for 30 years or more.

## Research Recognition Award

*The Research Recognition Award will be presented by the Canadian Anesthesiologists' Society to honour a senior investigator who has sustained major contributions in anesthesia research in Canada.*

The award will consist of a framed certificate and will be presented at the Annual Meeting of the Canadian Anesthesiologists' Society.

## Other award: Medical Student Prize

*To increase awareness among undergraduate medical students of the specialty of anesthesia and the role of anesthesiologists in healthcare.*

### Eligibility

Full-time medical students in any Canadian medical school.

**\*Note:** Deadline is February 9, 2009

Please visit [http://www.cas.ca/research/research\\_award/](http://www.cas.ca/research/research_award/) for more on nomination/selection as well as nominations instructions.

# Invitation to Submit 2009 Research Grant Applications

## Career Scientist Award

- CAS/Abbott Laboratories Ltd Career Scientist Award in Anesthesia

## New Investigator Awards

- Canadian Anesthesiologists' Society Research Award
- Baxter Corporation Canadian Research Award in Anesthesia
- David S Sheridan Canadian Research Award

## Open Award

- Dr R A Gordon Patient Safety Research Award

## Subspecialty Awards

- Dr Earl Wynands Research Award in Cardiovascular Anesthesia
- CAS/GE Healthcare Canada Research Award in Perioperative Imaging
- CAS Research Grant in Neuroanesthesia
- Smiths Canada Ltd Research Award in Pain Research and/or Regional Anesthesia

## Residents' Award

- CAS/Vitaid Residents' Research Grant Competition

**Application Deadline  
January 9, 2009**

For more information, please contact:  
**Research Grants, Career Scientist,  
Fellowship and Residents' Program**

Canadian Anesthesiologists' Society  
1 Eglinton Avenue East, Suite 208  
Toronto, Ontario M4P 3A1  
Phone: 416-480-0602, ext 11  
Fax: 416-480-0320  
Email: meetings@cas.ca  
Online: [www.cas.ca/research/grants\\_awards](http://www.cas.ca/research/grants_awards)

## Global Outreach Review

*Dr Christine Manning, MD*

Mbingo Baptist Hospital, Mbingo, Cameroon

While anesthesiologists at the 2008 CAS meeting considered the future of anesthesia in North America, most were probably unaware of the issues occupying the minds of anesthesia providers (mostly nurses rather than physicians) in the 80% of the world that is yet developing. "How can we learn to maintain our only source of oxygen, a concentrator that is dying from the effects of humidity, dust, and totally erratic electricity? Where can we obtain suxamethonium fresher than our current stock – which outdated in 2005? How should we clean an endotracheal tube that must be reused dozens of times, in an area with a 10% HIV infection rate? How can we intubate a difficult airway with just a laryngoscope and a bougie? How can we provide reasonable analgesia with acetaminophen, ibuprofen and a minimal morphine supply, on a ward of 60 post-op patients, cared for by two nurses and two aides?"



**Dr Sarah Hodges, Global Outreach Program speaker**

Canadian anesthesiologists contemplating offering their services in a developing country rightly feel intimidated at the thought of encountering these and similar problems, along with limited and unfamiliar equipment, a different disease spectrum, and a variety of cultural issues.

But this year, for the first time in North America, "Global Outreach: Anesthesia in challenging environments" was held in Halifax in conjunction with the CAS Annual meeting. Organized and directed by Dr Tom Coonan with help from his Dalhousie colleagues, this threeday course was offered to 30 fortunate participants, allowing for a

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# Message from the Research Advisory Chair

*Dr Neal Badner, MD FRCPC*  
Chair, CAS Research Advisory Committee

In announcing the 2009 Research Grants, Career Scientist and Residents' Awards Program, the CAS and the Canadian Anesthesia Research Foundation (CARF) reaffirm their commitment to supporting investigators who build the scientific foundation of anesthesiology and facilitate its translation into clinical practice. Clinical advances, patient safety, and the future of our specialty are vitally dependent upon support for top-quality anesthesia research in Canada.

The CAS Research Advisory Committee wishes to thank those individuals and groups whose generous donations to CARF have made the Canadian Anesthesiologists' Society 2009 Research Grants, Career Scientist and Residents' Awards Program possible. In particular, we would like to gratefully acknowledge our corporate sponsors, for their support: Abbott Laboratories Ltd, Baxter Corporation, Canadian Patient Safety Institute, CAS Neuroanesthesia Section, CAS Cardiovascular and Thoracic Section, GE Healthcare Canada, Smiths Medical Canada Ltd, and Vitaid Ltd.

In partnership with the Canadian Patient Safety Institute

we will again present an award focused on patient safety research, defined as research on mitigation of unsafe practices, and/or development of best practices for achieving optimal patient outcomes in the practice of clinical anesthesia. Co-sponsored by the Canadian Patient Safety Institute and CARF, the Dr R A Gordon Patient Safety Research Award emphasizes the long-standing commitment of anesthesiologists to improvements in patient safety. In addition, with the 2009 CAS/Vitaid Resident research award, we are pleased to be able to offer support for individuals committed to doing research during their training as well.

Once again we will be utilizing an online submission process which was successfully used in 2008. Grant information and submissions can be accessed via links from the CAS home page or directly at: [http://www.cas.ca/research/grants\\_awards/](http://www.cas.ca/research/grants_awards/). The deadline for submissions is **Friday, January 9, 2009**.

We thank all those who donated to the CARF and who share in the commitment to sustain and advance Anesthesia research in Canada.

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## Global Outreach Review (cont'd)

high faculty-student ratio, and lots of interaction. The aim was to give some preparation to Canadians interested in working overseas in environments that are both medically and personally challenging, and every item on the program was relevant for doing just that. (When I read the program on the Internet while I was working in Cameroon last spring, and saw that every topic was a part of my daily work life, I knew the course was a "must.")

The course is modeled on the one given for over 25 years in Oxford by Dr Michael Dobson, and a similar course run in Hobart, Australia, by Dr Haydn Perndt. Both these men came as faculty, to help initiate the Canadian course, and to share their knowledge and vast experience. Other faculty came from Uganda, the U.S., India, South Africa, as well as Canada — a wonderful gathering of expertise, experience, and personalities. As well, about half the participants, who ranged from residents to retired, had

already worked overseas and had experiences to share.

We heard about the realities of anesthesia provision in a global perspective. We learned how a lot can be done with little if you stick to basic principles: using the simple drawover system rather than our complex machines, giving an anesthetic with just ketamine and halothane (or maybe just ketamine), coping without electronic monitors, giving analgesia with minimal drug supplies. Obstetrics and pediatrics, which make up the bulk of an anesthetic practice overseas, were emphasized, along with the important issue of blood availability (or not).

We also heard and talked about staying healthy and safe ourselves, understanding our motives in wanting to go, being psychologically prepared for the mission, and adapting in a different culture. Since one invariably ends up teaching, there was a helpful session on doing that

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# 2007 Winner of the Baxter Corporation Canadian Research Award in Anesthesia

## Can ultrasound-detected intraneural injection predict nerve injury?

*Dr Richard Brill*, MD FRCPC

Toronto Western Hospital, Toronto ON



Dr Brill is a staff anesthesiologist at the Toronto Western Hospital and the Director of the Regional Anesthesia Fellowship training program at the University Health Network. He is an Assistant Professor of Anesthesia at the University of Toronto. His academic interests lie in ultrasound guidance for regional anesthesia and neurological complications of regional anesthesia.

### **Project Summary:**

As a reliable method to detect intraneural injection during peripheral nerve blockade, ultrasound (US) may be a useful aid to avoid nerve injury. If US-detected intraneural injection translates into nerve damage, then US may be a useful modality to decrease the risk of nerve injury associated with regional anesthesia. Alternatively, if US-detected intraneural injection does not translate into nerve damage, then US may not be a sensitive enough tool to reduce the risk of neuropathy related to intraneural injection.

In the final phase of this prospective, randomized, controlled single-blind animal study, we aimed to evaluate the association between US-detected intraneural injection and consequent nerve damage. To date, we have completed five intraneural injection pig experiments. For each animal, the right and left superior nerves of the axil-

lary brachial plexus were randomly assigned to the Local Anesthetic (LA) side or the Control side. For the LA side, an intentional intraneural injection of up to 20 mL (depending on tissue leakage) lidocaine 2% with 1:200,000 epinephrine was made under US guidance at a speed of 15 mL/min into the superior nerve. For the Control side, no needle puncture or injectate was administered. For seven days thereafter, the animals underwent neurological examination by blinded veterinary staff for evidence of upper extremity neuropathy. On the seventh postoperative day, the superior nerves bilaterally were excised to be examined by a blinded pathologist for histological evidence of nerve damage.

While at the present time we are still in the process of examining tissue samples for our primary outcome measure, histological nerve damage, we do wish to share preliminary data regarding our secondary outcome measures, including intraneural injection pressure, degree of nerve expansion as visualized by US, and clinical evidence of nerve damage. Our preliminary results suggest that a clinically relevant volume of local anaesthetic can be injected intraneurally without resultant clinical neurological deficit under the present study conditions in a pig model. There was no association between the degree of nerve expansion observed on US, the volume injected, and clinical nerve injury. Finally, under the present study conditions, all five cases of intraneural injection generated relatively low pressures, possibly indicating that the needle tip was extr fascicular, which may at least partially explain the lack of clinical neurological deficit.

### **Call for Abstracts 2009 CAS Annual Meeting June 26 to 30, 2009**

Deadline for submission  
**Friday, January 16, 2009**  
23:00 EST

Submission forms and requirements, as well as details about competitions and awards, will be available on the CAS web site ([www.cas.ca](http://www.cas.ca)) early October 2008.

Online submission will once again be available.



# News from the Acute Pain and Regional Section

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*Dr Jennifer Szerb, MD FRCPC Anesthesia  
Chair, Acute Pain and Regional Section  
szerbj@ns.sympatico.ca*

The Acute Pain and Regional Section ran a busy and well-attended program at the CAS Annual Meeting this year. Lectures were given on the rationale for use of multimodal analgesia, how ultrasound technology can modify and reduce the risk of regional anesthesia, and developments in basic science pain research. We organized a lively debate on optimal pain management for thoracic surgery, with Dr Drew Bethune, a Halifax thoracic surgeon, arguing the pro side for paravertebral blocks, and Dr Peter Slinger giving the opposing case for epidural anesthesia. I am not sure how Dr Slinger managed it, but he even included pictures of the Halifax Explosion in his rebuttal, so there was some local history as well!

The Acute Pain and Regional Section gave 12 of the 18 workshops offered at the CAS Annual Meeting this year. The feedback from the CAS membership has been a need to learn the use of ultrasound for regional anesthesia, and thus eight of the workshops were at the basic level, two were advanced cadaveric workshops, and two were devoted to residents. The ratio of participants to demonstrators was no more than four to one, so that everyone got plenty of hands-on experience.

The exciting aspect of the workshops for the organizers was that we were able to draw on expertise from across the country. After contacting department chairs, and asking them to identify the regional anesthesia leaders in their programs, we invited demonstrators from British Columbia to Newfoundland. It is thrilling to see the depth of knowledge and proficiency in regional anesthesia across the country and we hope to draw on these skills again in 2009. However we do need feedback from the CAS membership with regard to the need for basic versus advanced ultrasound workshops, and what issues prevent translating skills learned at workshops into use in daily anesthesia practice. Please feel free to contact

me – I would like to hear your comments.

There have been some changes in the structure of the executive of the Acute Pain and Regional Anesthesia Section. In the past, the chair held the position for three years before handing on the reigns to the next incumbent. We have modified this to make the chair elect, chair and past-chair all one-year terms, so the incoming chair elect has an opportunity to learn from the chair and the past-chair. The whole term of chair elect, chair and past-chair will be three years. In the last year, as chair elect I have been learning the ropes under the tutelage of Dr Colin McCartney. Being based in Halifax made the logistics of planning the workshops much easier. At this point we are still in search of a chair elect in the Vancouver region. Anyone interested please contact me.

As a section we would like to have enough funds at our disposal to assist in education opportunities for graduated anesthesiologists to improve their regional anesthesia skills. “Mini-fellowships” might make the transition from attending workshops to implementing skills in practice much easier. The importance of seeing a block performed in practice, or even better performing the block yourself under direct supervision, cannot be underestimated. For that reason over the next few years we will attempt to build a section fund that will allow some of these educational plans to become a reality.

Finally we have put together what we think is an exciting program for the annual meeting next year in Vancouver. Themes will include the use of regional anesthesia in trauma, a debate on whether we should intentionally inject inside nerves as the optimal method to achieve a good block, some basic science updates, and esoteric uses of ultrasound technology.

Stay tuned.





# Cardiovascular and Thoracic (CVT) Section News

*Dr Peter Slinger, MD FRCPC*  
CVT Section Chair

The CVT section had a very full and well-received program at the CAS annual meeting in Halifax in June. Highlights included the refresher course lecture on "Diastolic Dysfunction" by Dr Stan Shernan from the Brigham and Women's in Boston, a spirited lunch debate on "Tight Perioperative Glucose Control in Cardiac Surgery" by Drs Thomas Schricker (McGill) and Claude Laflamme (Sunnybrook, Toronto).

The CVT Symposium topic this year was "Future Trends in Cardiac Anesthesia" and included presentations on "Percutaneous Valve Replacement" by Dr Ron Ree (St Paul's, Vancouver), "Ventricular Assist Devices" by Dr Annette Vegas

(TGH, Toronto), "3D Echo" by Dr Stan Shernan and "Future Developments in Electrophysiology" by Dr John Sapp (cardiologist, Halifax).

Other portions of the CVT program included poster-discussion sessions, a very enjoyable "TEE in Hemodynamic-Instability" case-presentation session led by Dr Andre Denault (University of Montreal) during which anesthesiologists from across the country stumped the audience with their most interesting cases, and an excellent "Lung Isolation Workshop" organized by Dr Ian Morris and the Thoracic Anesthesia group from Halifax.

Plans have already begun for the CVT segments of the CAS annual

meeting in Vancouver in June 2009. The lunch debate topic will be the "Ethics of the Anesthesiologist's Involvement in Organ Donation after Cardiac Death" and the symposium topic will be the "Impact of New advances in Imaging on Anesthesia Practice."

The CVT Section was deeply saddened by the tragic loss to Dr Davy Cheng's family of their daughter Adrienne in June. Davy has been a pillar of the CVT section, serving as section president from 1998-2001 and he has continued to contribute tirelessly to the section since then. We are actually a fairly small and close community in anesthesia in Canada and this touched us all.



At this year's Canadian Medical Association's (CMA) Leaders' Forum series (October 25-27, 2008, Ottawa ON), physicians, medical students and residents will acquire the leadership tools and techniques needed to succeed. This year's theme is "Learn to Lead." Keynote speakers include Michele Landsberg, Michael Decker, Dr Brian Goldman, Dr Scott McLeod and Irshad Manji.

Visit [http://www.cma.ca/index.cfm/ci\\_id/39347/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/39347/la_id/1.htm). Contact the CMA directly should you have any questions.

E-mail: [leadership@cma.ca](mailto:leadership@cma.ca)

Phone: Carol Rochefort, (800) 663-7336, ext. 2253

Register online: [http://www.cma.ca/index.cfm/ci\\_id/39347/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/39347/la_id/1.htm) or download a printable registration form

## Global Outreach Review (cont'd)



Global Outreach Program participants

better. And the faculty shared from the good and the bad of their personal experience in far-flung places, both formally in talks, and informally in the continuous interaction at coffee breaks and meals. A good deal was exchanged about the philosophy of aid, and how we can best be helpful in a sustainable way. It was an invaluable exchange of ideas.

Two engineers from the UK company Diamedica also attended, bringing equipment designed specifically for the problems that beset developing countries. As long as their display room was open, participants were there going over the equipment and asking questions. Lack of maintenance ability is a huge problem in the developing world, so their demonstrations on caring for equipment were most helpful—as was their willingness to provide their e-mail support for future questions.

And so, in three very full and intense days, a wealth of practical information was exchanged, friendships formed in the milieu of shared interests, great contacts were made for getting advice when overseas, and we were encouraged by the opportunities for ordinary anesthesiologists to “give back” a little to others with less in our world. It was a challenging and valuable time — intellectually, philosophically, and personally — and a lot of fun too.

Many thanks are due to all those who were involved in the careful planning, and the teaching. This is a great course which we hope will be offered yearly now in Canada. I would strongly recommend it for anyone thinking of working in a “challenging environment.”

**Note:** more photos available on the web version of the newsletter.

### CAS Resident representation to the 2008 American and Australian Anesthesia Meetings



ASA  
Australian Society of Anaesthetists



Every year CAS sponsors two residents to attend the annual meetings of the American as well as the Australian Societies of Anesthesiologists. Residents are invited to apply by submitting a paragraph on why they would like to attend. To qualify, they must also be senior residents, from different universities, and must submit a report of their experiences at the meeting.

We congratulate the following 2008 winners:

*Dr Sarah Nickolet* of Dalhousie University, Halifax, Nova Scotia will attend the Australian Society of Anaesthetists & New Zealand Society of Anaesthetists Combined Scientific Meeting. It will be held in Wellington, New Zealand from October 11-14, 2008.

*Dr Trevor Hennessey* of McGill University, Montreal, Quebec will attend the American Society of Anesthesiologists meeting. This will occur from October 18 to 22, 2008 in Orlando, Florida.



Please send contributions to:

*Anesthesia News*

Canadian Anesthesiologists' Society

1 Eglinton Avenue East, Suite 208

Toronto, Ontario M4P 3A1

Or email: [communications@cas.ca](mailto:communications@cas.ca)

*Anesthesia News* serves to inform CAS members about current CAS activities and topics of general interest to Canadian anesthesiologists.

## CAS Staff

### Executive Director

Stanley Mandarich ([director@cas.ca](mailto:director@cas.ca))

### Administrative Assistant (maternity leave)

Pamela Santa Ana ([membership@cas.ca](mailto:membership@cas.ca))

### Administrative Assistant (temporary)

Rochelle Carnegie ([adminassistant@cas.ca](mailto:adminassistant@cas.ca))

### Communications Manager

Temi Adewumi ([communications@cas.ca](mailto:communications@cas.ca))

### Editorial Assistant (Montreal)

Carolyn Gillis ([cja\\_office@cas.ca](mailto:cja_office@cas.ca))

### Events Coordinator

Anne Aleixo ([meetings@cas.ca](mailto:meetings@cas.ca))

### Executive Assistant

Joy Brickell ([adminservices@cas.ca](mailto:adminservices@cas.ca))

### Journal Coordinator

Yolanda Vitale ([cja@cas.ca](mailto:cja@cas.ca))

### Manager of Finance and Administration

Susan (Sue) Witts ([accountant@cas.ca](mailto:accountant@cas.ca))

### Sales/Marketing Consultant

Neil Hutton ([marketing@cas.ca](mailto:marketing@cas.ca))

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Please note that the newsletter is only available online. If you do not currently receive e-mail notification, but would like to, please send your full name and e-mail address to [membership@cas.ca](mailto:membership@cas.ca)

# New on the CAS website!

## Patient Safety on the CAS website

### Symposium now on Canadian Patient Safety Institute website

On June 14, 2008, the Canadian Anesthesiologists' Society held a Patient Safety Symposium in conjunction with its Annual Meeting in Halifax, Nova Scotia. The Symposium discussed simulation in improving patient safety.

To highlight and support the efforts of CAS in advancing patient safety in anesthesia, the Canadian Patient Safety Institute (CPSI) is providing the entire Symposium on the web. The files can be found at: [http://www.cas.ca/members/patient\\_safety/](http://www.cas.ca/members/patient_safety/). Click on "CAS Patient Safety Symposium - June 2008, Halifax, Nova Scotia."

Also, don't forget to visit frequently to read the latest issue of the Anesthesia Patient Safety Foundation newsletter. Click here to access the latest issue. ([http://www.cas.ca/members/patient\\_safety/](http://www.cas.ca/members/patient_safety/). Click APSF newsletter.)

## New Member Benefit

For the first time, CAS is providing selected presentations from the Annual Meeting. Take advantage of these free sessions, which can be downloaded as pdf files.

Available on the website to members only, they can also be used towards Section 2 or 4 CME accreditation.

Go to [www.cas.ca/members/sign\\_in/slides](http://www.cas.ca/members/sign_in/slides) to explore the sessions from various symposia and refresher courses.

## ACUDA mini site now up



The Association of Canadian University Departments of Anesthesia now has a presence on the CAS website. Click the link below to explore this new resource.

[http://www.cas.ca/members/sign\\_in/related\\_organizations/ACUDA/en/en\\_main.html](http://www.cas.ca/members/sign_in/related_organizations/ACUDA/en/en_main.html)

## 2008 Annual Meeting Abstracts

The Annual Meeting Abstracts can now be accessed on the Canadian Journal of Anesthesia website. Click on the "Click here for 2008 Annual Meeting Abstracts" link on the homepage (<http://www.cja-jca.org>).