Something New For Edmonton Zone Anesthesiologist Community

Welcome to the inaugural edition of the Edmonton Zone Anesthesia Newsletter. Our goal is to provide a collegial forum for the provision of news items, announcements, information and opinion relating to the Edmonton Zone Anesthesiologist community.

Over the past two decades, we have seen dramatic growth in the number of individuals practicing anesthesia in the area, growth in the number of sites requiring anesthesia services and an increased demand for specialized anesthesia services. This newsletter will serve to keep the local community of anesthesia providers informed as to what their counterparts are doing across the Zone and create a conduit for site, divisional, academic and research leaders to share important information. As well, any member at large can send content to be included in the newsletter. We hope to have regular participation from staff, residents and fellows so get creative and tell us about what interests you!

If you wish to submit a feature article detailing a medical interest, an event or even an epic travel experience (see Hypoxic and Happy Page 3), send via email to:

anesthesiamailbag@me.com

Please include text, diagrams and pictures in any format.

Regards,
John

“Name Our Newsletter” Contest
We need a catchy title for our newsletter. Send in a submission and you could win a brand new iPod Nano!
Submit via email to:
anesthesiamailbag@me.com

Make sure to include your name and contact information.
Outgoing Residents 2009

Drs. Jason Fuger, Doug Chan, Kate Doyle, Monica Olsen, Liza Noonan, Wadieah Bahaziq, Sabrina Sandhu, Mark Knezevich

Arrivals

Ciaran Twomey, (UAH) just had a little girl with a typical Irish name (Meabh) born November 17.

Igor Sobolev, (UAH) just had a little boy born on December 3 with a typical Russian name (Matvey).

Calendar 2010

Journal Club
CARMS Interviews
Resident Retreat
Anesthesia retreat in Banff
CARMS Match Announcement
Making a Mark

Journal Club
Royal College Written Exam
Departmental Research Day

Journal Club
City -wide videoconference  
(Dr.Els : Smoking Cessation.)
Royal College Oral Exam
CAS meeting in Montreal

January 19  (At Misericordia hospital: 5 pm)
January 26-27
January 29-31 in Banff
March 5, 6,7
March 8
March 11 – 14 in Toronto
March - Date TBA at the GNH
April 7 – 8 in Edmonton
May 7 (Mayfair Golf & Country Club)
May - Date TBA UAH, possibly with Surgery
April 9

June 15-18 in Ottawa
June 25, to June 29
In October to celebrate Dan Gray’s coming of great age and to shorten his forever growing “Bucket-List” I took Dan on a bit of a walk. Bob gave us a few weeks off and we headed East to tackle the Laya Gasa Trek in Bhutan, a 14 day journey on foot that would take us through the high Himalaya in search of Shangri La – a place that had eluded us on level 3. Kathmandu in Nepal was our first port of call where, in need of inspiration, we repeatedly circumnavigated the awe-inspiring Stupa of Boudnath, the spiritual home of many would-be Buddhists and received a blessing from the local Lama who was concerned about the state of Dan’s Karma. Boudnath proved to be a peaceful prelude to the madness of Kathmandu; a contrast to the cremations at Pashupatinath which left us with an indelible visual, auditory and olfactory memory of the reality of life and death in Nepal. Our wanderings took us through the mediaeval city of Bhaktapur and the boisterous backstreets Patan Durbar Square where we captured the ending of the Hindu festival of Dashain, fervently celebrated with public animal sacrifices.

From Kathmandu we flew past the Himalayan giants of Makalu, Everest and Kanchenjunga before a stomach-churning landing in Paro, Bhutan. There are only a few pilots trained to make this flight but no shortage of passengers wanting to take the ride into this mysterious land-locked kingdom.

An acclimatization walk took us to the Tigers Nest Monastery, the place to which the Guru Rimpoche flew in the 7th century AD on the back of a Tigress to establish Buddhism in Bhutan; or of more concern to us where an Austrian hiker had dropped dead the week

Hypoxic and Happy
before. We started off as a party of five trekkers, one guide, two helpers, two horsemen and sixteen mules, self sufficient for the entire journey. The tail end of a cyclone made the first two days of the trek difficult and uncertain; the Paro River was high, bridges were damaged, mudslides blocked paths and a number of groups were in miserable retreat. The body of a cook from a returning group was carried down the trail unceremoniously by a small troop of soldiers; he died in the night of drunkenness and hypothermia. Julie, the liveliest member of our group developed a debilitating mix of gastroenteritis and acute mountain sickness with cyanosis that couldn’t be missed even by torchlight. She made a hasty overnight retreat from Jomalhari Base Camp. And then there were three. But the Thunder-Dragon rested, the weather cleared and we made our way over Nyile La, the point of no return. Jomalhari, Jichu Drake and “Great Tiger” mountain all watched over us as we went our way through this magical land. We didn’t find Shangri-La but the Bhutanese people did appear genuinely content and we do not think this has a hypoxic delusion. As for the academic part of our trip; we learned several things: do not mess with Yaks, do not eat meat, always wear a head-torch when visiting the latrine at night and fibromyalgia is unheard of in Laya!

We pay tribute to our Bhutanese trekking crew who selflessly served us.

Respectfully submitted by Mark Simmonds (UAH)
Greetings from the anesthesia residents! With the new year upon us, there is much to look forward to in the months ahead. First, with our program having regained full accreditation status, we would like to thank Dr. Kearney for her hard work in helping the program evolve towards excellence, and Marilyn and Darci for their administrative support. Thank you also to the anesthesia staff at hospitals around the city, your dedication and enthusiasm for teaching us is greatly appreciated.

Even with full accreditation, there is always room for ongoing improvement; enhancing the preadmission clinic experience, developing an electronic database of anesthesia reference articles, and establishing a mentoring program are some of the goals we hope to achieve this year.

Coming up most shortly are the CaRMS applicant interviews, where we will be welcoming the future residents of our specialty, both at their interviews and more informally at an evening social. We are also looking forward to our resident retreat in Banff at the end of January, where the focus will be on well-being as an intermission from the busy world of clinical medicine; the talks from Dr. Hanlon and Lifeworks should be enlightening, with time for team-building activities in the afternoon. And finally, a more philosophical thought to leave you with… “Nothing is worth more than this day.” ~ Goethe

Dr. Amanda Roze des Ordons

Please congratulate our senior residents:

• Graham Steel and Sunita Broemling will do Pediatric anesthesia fellowships at Stollery Children’s Hospital.
• Barry Ellis will do a Cardiac fellowship at UAH.
• Osamah Al-Shankiti will do Regional anesthesia fellowship at UAH.
• Sukh Brar will do cardiac fellowship at Duke University in North Carolina.
• Ferrante Gragasin has been accepted into the highly competitive Clinical Investigator Program at U of A to pursue a PhD.

Ramona
Ramona A. Kearney MD, MMEd, FRCPG
Professor and Program Director
Dept. of Anesthesiology and Pain Medicine
Dear Colleagues:

The following is a brief update of some issues that may be of interest to you.

**Our Anesthesia Community:**

Over the past few updates, I have tried to give you some information on what is happening in the organizations that have an important influence on us as anesthesiologists. For most that would be Alberta Health Services and the Faculty of Medicine and Dentistry of the University of Alberta. For some, Covenant Health would also be one. However, I am not sure that information on those organizations is the information you are looking for. In fact, some of the feedback I have received would suggest otherwise. Is this information relevant to us as an Anesthesia Community? What does Anesthesia Community mean? Perhaps it can be better defined in its absence. It probably means something a bit different to each of us. Whether we see ourselves primarily as part of the University of Alberta, as part of AHS or Covenant, or as independent clinicians with little in common with any of these organizations, we might define community differently. As our Program Council becomes more organized as a combined Department of Anesthesiology and Pain Medicine / Zone Clinical Department, it will be important to find out if our organization supports anesthesiologists in providing safe, high quality patient care. The only way to know this is to ask you. I would appreciate the opportunity over the next few months to come and discuss our Anesthesia Community with you at your site based Anesthesia Department. We can talk about anything you are interested in, but some common themes that people ask me about are:

- Communication
- Effectiveness of our group
- Academic vs. Clinical Priorities

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**Needle Safety and Medical Sharps Legislation:**

Anesthesiologists often tell me of challenges in dealing with a big organization like AHS. Adapting to the Occupational Health and Safety legislation that comes from the Ministry of Employment and Immigration, outside of the Ministry of Health, has been even more challenging. To help us do this, each site should have an anesthesiologist representative on a working group of anesthesiologists set up to work with purchasing/OH&S people on our approach to the legislation on Medical Sharps which was enacted July 2009 and is meant to come into effect July 2010. Most anesthesiologists express concerns about the following:

- What is a legitimate exemption to the legislation if we need needles other than “safety engineered sharps” to care for patients and what is the process for defining this?
- Are the IV catheters available to us as “safety engineered sharps” the best we can get? Is there a list of other products we could try?
- How do we ensure that other recommended safety measures such as an appropriate work surface for IV starts and proximity of sharps containers are available to us?
- Are there other approaches to preventing or reducing needle stick injuries?

As anesthesiologists, we often want to know what is the evidence for things we do in caring for patients. Of interest, here is a reference on an article in Anesthesia and Analgesia on safety engineered intravenous catheters:

*A Prospective Randomized Trial of Two Safety Peripheral Intravenous Catheters.* pg 155-158
DOI: 10.1213/ane.0b013e318174df5f
Prunet, Bertrand MD; Meaudre, Eric MD; Montcriol, Ambroise MD; Asencio, Yves MD; Bordes, Julien MD; Lacroix, Guillaume MD; Kaiser, Eric MD

**Miscellaneous**

If your Department does not yet have a representative on the working group, your Site Chief is the representative. If you have questions or feedback about Medical Sharps Legislation, please speak with your Site Chief or your representative on the working group.
Christmas Party

Once again, the UAH social committee (Tim Yeh, Cheryl Mack, Blaine Achen) did a great job organizing a fun Christmas party. Thanks to Gail Commandant (Tim Yeh’s wife) and Morley Cattell (husband of Cheryl Mack), we danced to some great music, and had good food.

Next big event:

The Anesthesia Retreat in Banff (Rimrock hotel), March 5 to 7, 2010. All anesthesiologists from the city welcome. It is a lot of fun. For info, contact Rebecca at: rharke@ualberta.ca

Sleeping beauties!

(Female anesthesiologist staff and fellows) are going to meet again for a dinner after the New Year…We have always lots to chat about but these are well kept secrets! Why don’t you guy’s also come up with some special gathering and a stunning name!!! It is fun to meet across the river!
The practice of regional anesthesia is advancing at a rapid pace.

The use of ultrasound to guide needle and catheter placement has become increasingly popular. Our Acute Pain Service group has been at the academic and clinical nucleus of this exciting development since its inception.

Our team, consisting of eight physicians, two dedicated clinical nurse specialists, a nurse practitioner and an anesthesia technician provide specialized acute pain management advice and intervention for a wide variety of surgical patients throughout the peri-operative period. The Acute Pain Service has undergone a successful transition over the past three years. From the Regional Anesthesia Block Area, our operational hub, we now perform both single-shot and continuous catheter techniques for surgical anesthesia and post-operative analgesia.

The nascent service began five years ago with the rejuvenation of the supraclavicular brachial plexus block for upper limb plastic and orthopedic surgery. Subsequently we developed consistent and reliable ultrasound techniques for femoral and sciatic nerve blockade. Over the past year we have refined continuous perineural techniques for total knee and shoulder arthroplasty as well as reconstructive foot and ankle surgery.

Education is a key factor in the provision of a safe and effective acute pain service. Anesthesia residents spend two months on their regional anesthesia rotation and we are proud of the expertise in regional anesthesia that they have developed over the course of their training.

In July, we welcomed our talented new fellows, Dr. James Green and Dr. Owen Bourne. A specialist in regional anesthesia requires much more than procedure skills alone. Our fellows learn vital administrative skills that will help them set up their own practices and teach others. In addition, we encourage them to investigate new techniques and participate in clinical research. The importance of research in fellowship training cannot be overemphasized. Only through research can we answer important clinical questions and advance the science of acute pain management.

Dr. Ban Tsui, Director of Regional Anesthesia and the Acute Pain Service, has long been part of the vanguard of ultrasound-guided regional anesthesia. An internationally renowned researcher and clinician, Dr. Tsui continues to promote and maintain the high profile our department enjoys. Over the past two years, together with Dr. Dillane and Dr. Ozelsel, he has led numerous workshops in Excellence in Ultrasound-Guided Regional Anesthesia for The American Society of Regional Anesthesia throughout the continent. Of course, we stand on the shoulders of a giant. Dr. Brendan Finucane, past president of the aforementioned American Society of Regional Anesthesia continues to be a source of mentorship and encouragement to us in all matters, clinical and academic.

Finally, we are proud to announce the new regional anesthesia website: http://www.edmara.ca. We welcome you to visit this site and avail of the expanding body of educational material available there.
Report from MIS
Dr. Dorothy Hardy (MIS)

Yes, indeed, Dr. Gregg is looking forward to retirement!--the date is a little flexible due to staffing, but for all purposes it is the end of March. He says it has been getting progressively hard to come back after time off, and since he keeps busy outside the OR I expect he will have a good time skiing, fishing, golfing, visiting the kids, etc.

We are so happy to have Doug Chan and Jason Fuger as new staff here at the Mis--they are fitting in well and bring new life to us all. As well I should add that Will Flexor has joined us too--also another happy guy to have around.
As for other news I am a bit stumped. We are being well behaved!!--no injuries, no illness (thank goodness). I still miss Dr. Fitzmaurice terribly--hard to grasp that it is already a year that she has been gone. Her children are doing well--I was delighted that her second child, Roisin, was accepted to med school in Calgary--her mom would have been so proud.
All the best.

Mediterranean Musings
Dr. Shanno Rabuka (UAH)

If opportunity knocks, open the door.
That's what we did last year; we swung wide a big sturdy medieval gateway to the sights sounds and smells of Bergamo, Italy.

Why should one peek into the entrance of an imposing Italian school? Or cheerfully wave "buongiorno" to the "portiera" of a small, unfamiliar apartment? Or cross the threshold of a hierarchical research institute?

For a crash course in culture and language - a broadening of mind and spirit ... but also for the joys of new friendships that cross culture, language and social status.

In short, for an adventure. What unexpected undertaking lurks outside your comfort-zone and raps quietly at your door?

How do you spell ice cream? G - E - L - A - T - O)