



***Dear BSOA Members,***

As I am penning this message, we are all busy in our hospitals gearing up for the unfolding COVID-19 outbreak. Needless to say, as a Society, we prioritise the welfare and safety of our members as well as maintaining our education and morale. To that effect BSOA will closely follow the government guidelines as they are updated on a daily basis. At this time, the Spring meeting is still set to go ahead, and we fervently hope that the wave of infections will subside by late April. Please stay alert for any update

AAGBI and RCOA have published the following disaster planning and surge planning guidance.

<https://www.rcoa.ac.uk/news/covid-19-rcoas-preparations>

<https://anaesthetists.org/Home/Resources-publications/COVID-19-guidance>

Now, hoping for business as usual, and back to my message:

This is in fact my last message after four years as President of the BSOA, the most rewarding role of my career. It has been such an honour and a privilege to be to serve the Society for the last four years. The journey has been incredibly educational and at times challenging, but mostly enjoyable! I would like to pass on my heartfelt congratulations to EJ Da Silva (President Elect) who will take on the mantle from April.

EJ has been incredibly supportive through my four years as President, not least as Honorary Treasurer, and I am certain that he will be a fantastic successor. I would also like to thank Jan and Anwar, the Honorary Secretaries during my time, and all of the Executive Committee Members, and wish all the best with future progression of the BSOA.

During the last four years we have held successful national and international scientific meetings and have forged many friendships and built many bridges.

We have awarded President's medals to Drs Mike Hetreed and Tom Neal, and Professors Richard Griffiths and Mike Grocott for their outstanding contributions to Orthopaedic anaesthesia.

As a funding partner of the National Institute of Academic Anaesthesia, the BSOA has offered research grants for the advancement of orthopaedic anaesthesia. As NIAA approaches two decades, I have collated a [“testimonial”](#) on behalf of the funding partner societies to encompass the contributions and role within the NIAA and reflections of our journey to date, the visions and future opportunities for our scientific societies within NIAA.

Over the past four years, we have continued to attract significant industry support, for which we are most grateful, enabling us to maintain first class meeting programmes and very acceptable membership and registration fees.

In 2019, the BSOA took the important stride of becoming a Charitable Incorporated Organisation, and we welcome and thank the Board of Trustees: Dr Ramesh Vijayaraghavan ( Chair), Dr Zehrin Nassa ( Co-Chair), Dr Rita Gadelrab, Dr Geraldine Edge and Dr Mike Hetreed and wish you well for the future. I have no doubt you will help steer the BSOA ship through any choppy waters ahead.

As part of our charitable ethos, BSOA are proud to announce that we have pledged £2,500 towards equipment and a further £1,000 annually for ongoing medical supplies for The Holy Spirit Hospital in Sierra Leone. We will endeavour to offer financial and educational support to other middle and lower-income countries.

All being well, I would like to invite you to our Spring Scientific Meeting, which promises an exciting programme to include all aspects of anaesthesia and perioperative Medicine. Don't forget to register at [bsoa.org.uk](http://bsoa.org.uk), and I look forward to meeting you all there!

Exciting advance notice also, that our 2020 ASM will be the third 'International Meeting' on 5th-6th November in Budapest!

Finally, as I sign off, a huge thank you again to all officers and members who have contributed so much to the life of the Society over the past four years.

Stay safe and well,

Bernadette Ratnayake



**The BSOA President**  
Bernadette Ratnayake



**B.S.O.A**

*British Society of Orthopaedic Anaesthetists*



**Oxford University Hospitals**

**NHS Foundation Trust**

**British Society of Orthopaedic Anaesthetists Annual Scientific Meeting**  
**Oxford Town Hall, OX1 1BX | Monday 9<sup>th</sup> November 2020**



**Programme to include:**

Major Trauma and the ED

Fast Track Orthopaedic Surgery

Beyond Theatre: Caring for High Risk Orthopaedic Patients

Beyond Theatres: Caring for the Carers

Discounted Rates available for delegates from Lower Income and Lower Middle Income Countries

Clinical Cases Poster Competition | Trade Exhibition | 6 CPD Points

Please visit: [bsoa.org.uk/conference/2020-annual-scientific-meeting](https://bsoa.org.uk/conference/2020-annual-scientific-meeting)

**For more information contact:** Lucy Parkinson **Telephone:** 0114 299 5922

**Email:** [lucyparkinson@eventmanagementdirect.co.uk](mailto:lucyparkinson@eventmanagementdirect.co.uk)

## Summary Article

### **Restoration of Function: The Holy Grail of Peri-operative Care**

N. Levy, M. P. W. Grocott, D. N. Lobo



The Royal College of Anaesthetists' vision of Perioperative Medicine aims to encompass the principles of enhanced recovery with a view to deliver better patient experience as well as a more efficient elective care pathway leading to the delivery of the best possible quality of care for our patients. Assessment of recovery have has often focused on morbidity, length of hospital stays, readmission rates and mortality. However, in this special issue of Anaesthesia, one of the editorial articles highlights promotion of restoration of function as an outcome that is important to a full recovery and to patients themselves. Patients have described the return to independence as being more important than longevity or avoidance of an overt complication.

In order to assess recovery outcomes, Myles et al suggest the use of continuous quality improvement. In the UK, the National Institute of Academic Anaesthesia's (NIAA) Health Services Research Centre, working on behalf of the Royal College of Anaesthetists and the Royal College of Surgeons of England in collaboration with a number of other societies and professional bodies, established the Peri-operative Quality Improvement Programme (PQIP). By utilising perioperative data for patients undergoing major non-cardiac surgery its aim is to improve patient outcomes by reducing variation in processes of care and supporting implementation of best practice. One of the five priorities of PQUIP is the promotion of the return of drinking, eating and mobilising (DREAMing). Some have seen this as a surrogate marker to return to function, although this is yet to be validated. PQUIP encourages the active collaboration of anaesthetists and surgeons to promote restoration of function.

The editorial goes on to summarise the goal of perioperative medicine as being: "The evolution of practice to enable the individualisation of care to facilitate restoration of function and full recovery through shared decision making, prehabilitation, peri-operative comorbidity management and rehabilitation to achieve the best outcomes for our patients."

The full special issue alongside corresponding articles can be reviewed here:

<https://onlinelibrary.wiley.com/toc/13652044/2020/75/S1>

With the aim of improving patient outcomes and quality of care, the BSOA encourage any members to share their stories of anaesthetic and surgical quality improvement collaboration projects with our readership. Please email: [info@bsoa.org.uk](mailto:info@bsoa.org.uk)

### **SALG Patient Safety Update**

The safe anaesthesia Liaison group have published their quarterly Safety Update, which contains important learning in relation to reported anaesthesia incidents. The update contains anonymous case studies in relation to misadministration of drugs, wrong sided blocks and timely communication.

The report can be found at: <https://www.salg.ac.uk/system/files/PSU-January-2020.pdf>



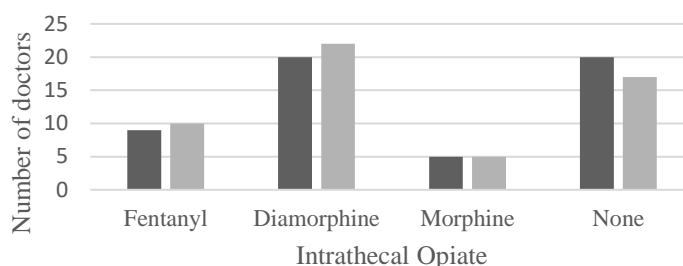
The BSOA ran a survey looking at the national variation in intrathecal opiate choice for elective hip and knee replacement surgeries.

Forty-eight doctors were surveyed: 41(85.4%) consultants, 6(12.5%) staff grades, 1(2.0%) ST5-7. When choosing which additive should be used 34(70.8%) use heavy marcaine, 21(43.7%) use plain bupivacaine, 1(2.1%) uses heavy prilocaine, 1(2.1%) uses L-bupivacaine and 2(4.2%) don't use additives. When deciding which intrathecal opiate to use 26(54.2%) considered age, 29(60.4%) co-morbidities, 27(56.3%) chronic pain, 18(37.5%) discharge destination and 13(27.1%) hospital policy. Only 26 doctors (54.2%) responded that they had a hospital policy guiding their choice of opiate.

Our survey reflects a wide-ranging variation in practice amongst UK clinicians. The advent of enhanced recovery and development of clinical pathways aims to improve quality of care, reduce variation in practice and reduce cost by streamlining procedures and protocols. With a wide variation in practice demonstrated there appears to be no "one size fits all" neuraxial blockade regime. Clinician choice centres around patient co-morbidities as well as ensuring rapid mobilisation and discharge. While there appears to be no consensus on what constitutes best practice, engagement of clinicians, guidance from national bodies, patient input and provider support to change clinical behaviour and management may be the first step in introducing best practice guidance and reducing variation.

We are keen to run another national survey or undertake a QI project amongst our BSOA members. If you have any suggestions for a topic or have a question that you'd like answered please email [info@bsoa.org.uk](mailto:info@bsoa.org.uk)

Choice of intrathecal opiate for elective TKR and THR  
TKR (black), THR (grey)



## MEMBER BENEFITS

- ✓ Reduced registration fees for BSOA meetings
- ✓ BSOA e-newsletters and the opportunity to publish articles in future issues
- ✓ Participation and voting rights at upcoming Executive Committee elections as well as eligibility to nominate and be nominated to the Executive Committee
- ✓ Participation and voting rights at the Annual General Meeting
- ✓ Access to the members-only area on our website including: Documents Library to search documents and Member Forum to join discussions and/or search topics

Questions? Comments? Suggestions? Email us anytime: [info@bsoa.org.uk](mailto:info@bsoa.org.uk)

Dr Vanisha Patel and Dr Emma Pack  
Co- Editors, BSOA Executive Committee

The BSOA gives many thanks to our Congress sponsors!

