

*British Society of Orthopaedic
Anaesthetists*

Spring Scientific Meeting

*Abstracts and Biographies for
Chester Meeting*

29th April 2019

*Crowne Plaza Chester
Trinity Street
Chester
CH1 2BD*

BRITISH SOCIETY OF ORTHOPAEDIC ANAESTHETISTS

Monday 29th April 2019

Session 1: Perspectives on Spines

- 09.00 - 09.30 **"Intraoperative Neuromonitoring"**
Dr Sumeeta Conry, Oswestry
- 09.30 - 10.00 **"Spinal Anaesthesia for Spinal Surgery"**
Dr John John, Oswestry
- 10.00 - 10.30 **"Neuroaxial Blockade in Spinal Stenosis: A Surgeons Perspective"**
Mr Birender Balain, Oswestry

Session 2: Being Effective

- 11.00 - 11.30 **"Patient Reported Outcome Measures in Anaesthesia"**
Dr James Maybin, Oswestry
- 11.30 - 12.00 **"Human factors in Anaesthesia"**
Cpt Phil Higton, Surrey
- 12.00 - 12.30 **"Medicine has become a Battlefield"**
Dr Mark Stacey, Cardiff

Session 3: Preoptimisation

- 13.45 - 14.15 **"Preoperative Anaemia and QIST"**
Dr Alwyn Kotze, Leeds
- 14.15 - 14.45 **"PQIP"**
Dr Ramani Moonesinghe, London
- 14.45 - 15.15 **"Prehabilitation"**
Dr John Moore, Manchester

Session 4: Anaesthesia in Challenging Circumstances

- 15.45 - 16.15 **"Anaesthesia at the Roadside"**
Dr Matt OMeara, North Midlands
- 16.15 - 16.45 **Opioid Light Anaesthesia**
Dr Alan Fayaz, London
- 16.45 - 17.15 **"An OOPE that Changes"**
Dr Tal Heymann, London

Dr Sumeeta Conry



*Consultant Anaesthetist
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry*

Dr Sumeeta Conry is a consultant Anaesthetist at the Robert Jones and Agnes Hunt Orthopaedic hospital, NHS Foundation Trust, Oswestry. Dr Conry has 24 years of experience in anaesthesia for spinal surgery and has developed a keen interest in neuromonitoring for spinal surgery. To help develop an enthusiasm and a greater understanding of this subject amongst anaesthetists she has hosted a series of highly successful multidisciplinary masterclasses on Intraoperative Neuromonitoring for Spinal Surgery at RJAH, which is now in its 5th year of hosting a masterclass on this topic. Recently she has convened and has been a speaker at AAGBI conducted seminar on 'Anaesthesia and Intraoperative Neuromonitoring of the Spinal Cord' in London 2019.

“Anaesthesia and Intraoperative Neuromonitoring for Spinal Surgery”

Intraoperative neuromonitoring, (IONM), poses numerous challenges for anaesthetists. Where IONM of the spinal cord is used, the role of the anaesthetist is not only to provide optimal anaesthesia but also to facilitate IONM and to conduct a continuous interaction with members of the neuromonitoring team. For this to be so, anaesthetists should have a good understanding of the rationale and utility behind monitoring and understand the physics and electrophysiology of monitoring that will lead to not only better patient care but also a gratifying and a satisfying experience. A close working relationship with the monitoring team and the surgeon is key to a successful and improved outcome and helps prevent surgical complications.

References

1) Anesthesia for Intraoperative Neurophysiologic Monitoring of the Spinal Cord

Tod B. Sloan and †Eric J. Heyer, Journal of Clinical Neurophysiology, 19(5):430–443, Lippincott Williams & Wilkins, Inc., Philadelphia © 2002 American Clinical Neurophysiology Society

2) Review - Anaesthetic considerations for evoked potentials monitoring

Parmod Kumar Bithal, Journal of Neuroanaesthesiology and Critical Care, September-December 2017/ Vol 4/ Issue 3

3) Intraoperative neurophysiological monitoring for the anaesthetist

Van Der Walt JJN, MBChB, DA(SA), Registrar, South Afr J Anaesth Analg 2013;19(4):197-202

Dr John Chathuparambil John MBBS FRCA



*Consultant Anaesthetist
Robert Jones and Agnes Hunt Orthopaedic Foundation Trust*

Education:

1994 M.B.B.S., St. John's Medical College, Bangalore, India
2000 FRCA London UK
2004 CCST UK

Appointments:

2004-Present Consultant Anaesthetist
Department of Anaesthesiology
Robert Jones and Agnes Hunt Orthopaedic Foundation Trust

Current Roles:

Ex College Tutor
Ex Lead Clinician for enhanced
recovery
Ex Lead Clinician for acute pain
services

Recent awards:

Robert Jones medal 2012 from British
Orthopaedic Assoc
2012 Presidents medal British society of
Orthopaedic Anaesthetists
Finalist in the leadership category BMJ awards
2013

Dr James Maybin MBChB, FRCA, Dip ESRA



*Consultant Anaesthetist and Clinical Lead
The Robert Jones and Agnes Hunt Orthopaedic Hospital*

My main professional Interests are regional anaesthesia and Paediatric anaesthesia. I trained in anaesthetics in Glasgow with a regional fellowship in Nottingham. I joined RJAH in 2012 as a consultant and became clinical lead 2018.

"Patient Reported Outcomes Measures in Anaesthesia: Is there a simple, quick and effective method for day to day work?"

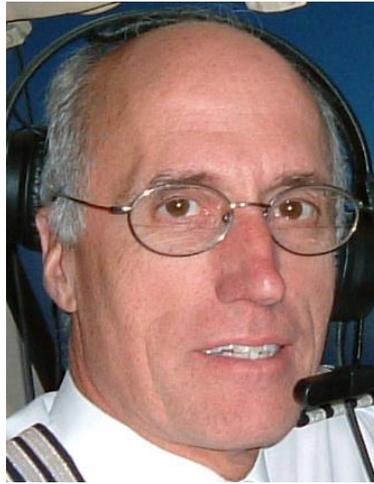
Modern anaesthesia for elective orthopaedic surgery has low risk of serious morbidity and mortality. Using these endpoints solely as a measure of quality is not sensitive enough to identify good or poor practise and thus opportunities to drive improvement may be lost.

There are a however a number of immediate outcomes in the recovery period such as pain, post-operative nausea and vomiting, temperature, time to waken, appropriate prescribing and handover that many clinicians would consider useful day to day markers of good quality practice. Measuring these objectively, presenting the data back to the clinicians with department averages to compare with as well as their own historical scores, gives clinicians a tool with which to demonstrate good care. It can be used to show their individual improvements across a range of quality markers.

We have a used a cheap subscription data collection and presentation tool- Survey Monkey, hand held tablets to enter the data, and consultant supporting professional activity time to collect our Patient Reported Outcome Measures for the recovery period; in a large predominately elective orthopaedic centre.

The data takes on average two minutes for a nurse to enter. There are 15-18 questions depending on adult or paediatric patient. Over the last 18 months 5000+ patients have been part of the survey, reflecting 150-250 patients per clinician. The data has been presented to departmental audit meeting, and has become part of the mandatory dataset for yearly appraisal. It is hoped that given a tool to demonstrate day to day good practice, clinicians will be encouraged to make continual small improvements and also that their individual efforts will be recognised.

Captain Philip Higton MBA, FRAeS



*Director of Training
Terema Limited*

Phil was a commercial pilot for 34 years with British Airways and as part of Terema for the last eighteen years has extensive experience in transferring learning between his former and current worlds.

During his flying career he accumulated about 18000 hours flying time on a large variety of aircraft and an additional several thousand hours of experience as a flight simulator instructor. He was instrumental in introducing Lean techniques into the process of pilot conversion training within British Airways on both the 737 and 777 fleets. Phil has spent the majority of his career involved with training and examining fellow pilots under delegated authority from the Civil Aviation Authority (CAA).

In addition to a raft of professional qualifications in aviation he was awarded an MBA from Lancaster University in 1991 and is a Fellow of the Royal Aeronautical Society

He is Director of Training for Terema and has been responsible for the preparation and delivery of programmes for more than 30,000 Health care professionals. Current projects include the challenge of maintaining patient safety while incorporating the latest advances in systems improvement and WHO checklist and NATSIPPS application.

He has worked with the National Clinical Assessment Service (NCAS) in the field of behavioural markers in clinical assessment with particular reference to team-working and contributes to several international studies where safety is the focus. In the training role he is actively engaged in projects with both primary and acute healthcare all over the United Kingdom and works with the whole range of employees within these organisations.

“Human Factors in Anaesthesia”

‘Human Factors’ have become the buzzwords to describe all the intangible contributions to adverse outcomes in every corner of the NHS.

The breadth of the topic and ubiquity of contributory factors has led to as many interpretations of human factors and their management as there are staff involved.

I will attempt to describe the human factors (ergonomics) landscape and the reasons that managing them is so challenging.

I will describe a vision for incorporating HF best practice into healthcare provision and offer tips and insight into a few high impact ideas which have direct relevance to the WHO Checklist process.



*Consultant Obstetric Anaesthetist and Welsh Associate Dean (HEIW)
Cardiff*

I have extensive clinical and teaching experience on the practical management of the ‘difficult airway’ - a very time critical skill. For the last ten years I have investigated skills, training and performance under pressure, attempting to enhance both our day to day performance and learn and teach better methods of training to manage situations such as the ‘can’t intubate, can’t ventilate’ scenario. I explore much of the research on the performance of elite athletes, military, business and human factors. I am lucky enough to work with Andy McCann, a Professor of Sports Psychology and Steve Eaton a retired special forces captain, developing a system encompassing information delivery, learning, practical skills training, resilience and cognitive workload management to improve both the training and performance of skills, in particular the ability to maximise performing skills under pressure.

Andy and I have spent the last 5 years looking at a strategy to improve wellbeing and human performance. We have designed and delivered a high-quality resilience skills workshop called Medtrim (evaluated for 5 years) that can and does deliver an enhanced toolbox of skills that improve wellbeing.

"Medicine has become a Battlefield"

A recent report from the King’s Fund (Nov 2014) commented on the concerns regarding motivation for those of us who work in the NHS. There is no doubt that there are many causes for this lack of motivation; including increased intensity of work, the lack of a pay rise for over five years and continued pressure to do more with less. This could potentially make us unhappy and resentful. There is an alternative, and potentially more useful, approach to improving the way that we perform, and this is by viewing such issues, not so much as a threat, but preferably as a challenge.

If one views such pressures as a challenge, that means that there are potential skills that one can learn that will improve one’s resilience and enable one to deal with such pressures that occur in a more positive fashion. What I would like to do is to introduce a variety of skills that once learnt can become your habits and as you practise, eventually part of your behaviour. I call these my “Bakers Dozen Skills of Resilience

Dr Alwyn Kotzé



*Consultant in Anaesthesia
Leeds Teaching Hospitals*

Alwyn qualified MBChB from Stellenbosch University, South Africa, in 1997. He completed his internship and a period as Community Service Medical Officer at Edendale Hospital, a large peri-urban hospital in KwaZulu-Natal that provides referral services to a large population with high levels of deprivation. Alwyn then travelled to the UK to gain further experience, initially planning to stay for 2 years, which eventually became 18 years and counting.

Alwyn is now Consultant in Anaesthesia at Leeds Teaching Hospitals. As Clinical Lead for Planned Care, he oversees complex pathways for referral, work-up and scheduling of patients for planned interventions across Leeds. The pre-operative service manages around 50 000 patients per annum across five hospital sites. Alwyn developed one of the first Patient Blood Management (PBM) programmes in the UK and is a member of the NBTC PBM working party.

"Preoperative Anaemia and QIST"

Large associative datasets suggest that pre-operative anaemia is an independent risk factor for poor surgical outcomes including mortality. Iron deficiency (even without anaemia) is also associated with poor functional capacity, which in turn influences surgical risk, though there are no data linking iron depletion directly with surgical outcome. Randomised trials show that reliance on donated blood is reduced when pre-operative anaemia is treated. Consequently, NHSBT and NICE both set quality standards that the use of donated blood should be minimised by appropriate use of alternative strategies.

There is also a growing body of associative data showing that surgical outcomes are improved and costs reduced through the use of PBM pathways. The QIST programme (Quality Improvement for Surgical Teams) aims to evaluate the efficacy of PBM implementation using a cluster-randomised design. 40 NHS Trusts were randomised to either a PBM programme, or a programme of MSSA decolonisation. The groups act as controls for each other. To date over 12000 patients have been logged.

Dr Ramani Moonesinghe



*Professor of Perioperative Medicine
University College London Hospitals*

Ramani is Professor of Perioperative Medicine, Head of the Centre of Perioperative Medicine and Head of the Department of Targeted Intervention within the Division of Surgery and Interventional Science at UCL. She is an honorary Consultant Anaesthetist at UCL Hospitals, where she was previously also a consultant in critical care medicine (2009-2018). She is Director of the NIHR funded UCL/UCLH Surgical Outcomes Research Centre and was previously a Faculty Tutor in Intensive Care Medicine and a Trust Clinical Lead for Organ Donation at UCLH. She has been a Board Member of the National Institute for Academic Anaesthesia (NIAA) since 2009 and was the NIAA's academic training advisor between 2012 and 2016; she was also the academic Training Programme Director for the London Academy of Anaesthesia for 5 years. Ramani was a Council Member of the Royal College of Anaesthetists between 2008 and 2012. She was the local NIHR clinical research network lead for Anaesthesia, Perioperative Medicine and Pain in North Thames (2015-2017) and remains on the NIHR's national specialty group representing the HSRC. In 2016, she was appointed as Associate National Clinical Director for Elective Care at NHS England; she is also a member of the RCoA's Perioperative Medicine Leadership team.

Ramani's academic interest is Health Services and Improvement Research in perioperative medicine, in particular, risk stratification and outcome measurement with a view to improving the quality of care for patients undergoing major surgery. In 2015, she was awarded a senior postdoctoral fellowship in Improvement Science by the Health Foundation and through that established the RCoA / HSRC national Perioperative Quality Improvement Programme which measures and improves morbidity and patient reported outcome after major non-cardiac surgery in adults. For the HSRC she also leads SNAPs 1 and 2, the Children's Acute Surgical Abdomen Programme, the Perioperative Improvement Research Laboratory and the Global Health Strategy. She is also a member of the NELA project team.

Ramani is married to (the very patient) Ed, an inventor, and has two (very active) adopted sons, Zack and James. She lives in the Sussex countryside surrounded by sheep.

"PQIP"

The national Perioperative Quality Improvement Programme (www.pqip.org.uk) is now in its 3rd year, recruiting patients in over 100 hospitals at a rate of around 250 new patients per week. Complex orthopaedics is a relatively new addition to the PQIP list of included specialties and now is a great time to get involved if you are not already. This presentation will cover the aims and objectives of PQIP, early results, current plans for orthopaedic research within it, and potential opportunities for additional research questions to address.

Dr John Moore



*Consultant in Anaesthetics and Critical Care Medicine
Manchester, UK*

John is a consultant in anaesthetics and critical care medicine from Manchester, UK. He is the Clinical Head of the Division of Anaesthetics, Peri-operative medicine and Critical Care at Manchester University Hospital NHS Trust. He has recently been appointed as the Greater Manchester Cancer Clinical Lead for Prehabilitation Prehab4Cancer.

He led the development of the ERAS+ programme at MRI, which successfully reduced pulmonary complications and length of stay in patients undergoing major surgery. In October 2016, John was appointed as a National Innovation Accelerator fellowship from NHS England to support the further development and implementation of ERAS+ across the NHS.

He now co-leads the introduction of ERAS+ across Greater Manchester and is working with colleagues in other hospitals around the UK, to assess the utility of aspects of ERAS+, particularly the very successful Surgery School. The GM ERAS+ project has recently been awarded a Spread and Scale innovation grant from the Health Foundation to support ERAS+ GM implementation and learning.

John is interested in all aspects of preparation and recovery from major cancer treatments, including patients continuing to live with a diagnosis of cancer. He is working with colleagues locally and nationally to understand how we may continue to improve our healthcare preparation and recovery pathways for cancer.

We are very happy to host teams in Manchester who may want to visit MFT and see Surgery School in action and show colleagues what are we aiming to achieve with GM Cancer Prehab. Please contact John below.

ERAS+ website: erasplus.co.uk

NIA website: <https://nhsaccelerator.com/>

Please contact John via email John.moore@mft.nhs.uk or john.moore@erasplus.co.uk

Twitter: @mysurgeryandme

Dr Matt OMeara



*Consultant in Trauma Anaesthesia
University Hospitals North Midland*

Dr Matt OMeara is a consultant in Trauma Anaesthesia at University Hospitals North Midland. As part of this role he splits his time between in-hospital trauma resuscitation anaesthesia and pre-hospital emergency medicine, working within the air ambulance sector.

"Anaesthesia at the Roadside"

This talk will describe the challenges and tribulations of modern pre-hospital emergency Medicine, in the context of air ambulance medicine. In particular, it will focus on the issues surrounding the provision of safe pre-hospital emergency anaesthetic care to the variety of patients encountered in this setting. This includes patients suffering from Major trauma, Orthopaedic trauma and also complex medical emergencies requiring critical care. Areas of the revalidation cycle covered include those relating to emergency care and also to transport and retrieval medicine.

Dr Alan Fayaz



*Consultant in Chronic Pain Medicine, Anaesthesia and Perioperative Care
University College London Hospital NHS Trust*

Dr Alan Fayaz is a Consultant in Chronic Pain Medicine, Anaesthesia and Perioperative Care at the University College London Hospital NHS Trust. He studied Medicine at the University of Cambridge and subsequently at Imperial College London. In 2017 he successfully submitted his Thesis in order to obtain a Doctorate in Medical Research MD(Res) from Imperial College London. Research interests include: Chronic Pain Epidemiology, Chronic Pain and Cardiovascular Diseases, Patient safety and Learning from Near Misses. In 2012 the Faculty of Pain Medicine awarded Dr Fayaz with the Examination Prize for achieving the top score at the FFPMRCA examination. He has also been awarded the Nuffield Gold Medal, from the Royal College of Anaesthetists, for his performance in the primary FRCA examination.

"Opioid Light Anaesthesia"

Opioids have endured a #timesup movement in chronic pain medicine, rightly so, but the momentum is starting to extend to acute preoperative pain management too.

In this lecture Dr Fayaz discusses the rationale and evidence base supporting opioid light anaesthesia.

Dr Tal Heymann



Anaesthetic SpR London

Dr Tal Heymann graduated from Imperial College London in 2006 and began her anaesthetic rotation in London. With an interest in quality improvement and clinical leadership she completed a 2-year OOPE as a Management, leadership and quality improvement Fellow. During this time, she helped found an NHS Hospital@Home service and went on to become its clinical lead. The service was shortlisted for a HSJ award. She has now returned to training and is looking forward to gaining her CCT in July 2019.

"An OOPE that Changes"

The 5 year forward view, new understandings of the impact of a single inpatient admission on the frail and the NHS bed crisis provided a need to move work that traditionally occurred in a secondary care setting to the community. The Patient@Home Service was founded on the 06/08/2016 by an A&E consultant, an ST7 anaesthetic trainee and a band 5 nurse. Tal Heymann will describe the journey the service and herself experienced to change the way in which we deliver safe and effective healthcare to our patients.