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Anaesthetics – Jun/Jul 2019

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News – June/July 2019

Help develop anaesthetic apprenticeships

[Employers are invited to contribute](#) to the development of an apprenticeship standard for one of the medical associate professionals (MAPs) roles, the anaesthesia associate.

Source: NHS Employers

Medical Device Alerts issued in May 2019

[Alerts were issued](#) about paclitaxel drug coated balloons (DCBs) and implantable drug-eluting stents (DESS) in the treatment of patients with peripheral artery disease, and Aisys and Aisys CS2 anaesthesia devices.

Source: Medicines and Healthcare products Regulatory Agency

New name for medical associate professions role

From 1 July, one of the four medical associate professions roles [will change its name from physician's assistant \(anaesthesia\) to anaesthesia associate](#).

Source: NHS Employers

Anaesthetic curriculum review

The College Chair of the Anaesthetic Curriculum Review Group, Dr Nigel Penfold, updated delegates in attendance at the College Tutors meeting in Chester, about the [latest developments in the review of the Anaesthetic Curriculum](#).

Source: Royal College of Anaesthetists



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The effect of fresh gas flow during induction of anaesthesia on sevoflurane usage: a quality improvement study.

Author(s): Kennedy RR, French RA, Vesto G, Hanrahan J, Page J.

Source: [Anaesthesia](#). 2019 Jul;74 (7):875-882

Reducing fresh gas flow during inhalational anaesthesia results in cost savings and decreases environmental impact. We are interested in the influence of fresh gas flow on the early (induction) phase of overall fresh gas flow and vapour consumption. This stage is often excluded in studies of fresh gas flow. Data were collected from 3199 sevoflurane anaesthetics over an 11-month period in four operating theatres. Available full text at <https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14669>

Decreasing Pain Ratings in Chronic Arm Pain Through Changing a Virtual Body: Different Strategies for Different Pain Types

Author(s): Marta Matamala-Gomezlow asterisk, Ana M. Diaz Gonzalez, Mel Slater, Maria V. Sanchez-Vives

Source: [Journal of Pain](#). June 2019; Volume 20, Issue 6, Pages 685–697

Catastrophic drug errors involving tranexamic acid administered during spinal anaesthesia

Author(s): S. Patel, B. Robertson, I. McConachie

Source: [Anaesthesia](#) ; Volume74, Issue7; July 2019; Pages 904-914

We have reviewed accidental spinal administration of tranexamic acid. We performed a MEDLINE search of cases of administration of tranexamic acid during epidural or spinal anaesthesia between 1960 and 2018. No reports of epidural administration were identified. We identified 21 cases of spinal tranexamic acid administration. Life-threatening neurological and/or cardiac complications, requiring resuscitation and/or intensive care, occurred in 20 patients; 10 patients died. We used a Human Factors Analysis Classification System model to analyse any contributing factors, and the reports were also assessed using four published recommendations for the reduction in neuraxial drug error. In 20 cases, ampoule error was the cause; in the last case a spinal catheter was mistaken for an intravenous catheter. All were classified as skill-based errors. Several human factors related to organisational policy; dispensing and storage of drugs and preparation for spinal anaesthesia tasks were present. All errors could have been prevented by implementing the four published recommendations.

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Targeted intracluster supraclavicular brachial plexus block: too close for comfort

Author(s): Jeff Gadsden, Steven Orebaugh

Source: [British Journal of Anaesthesia](#); June 2019; Volume 122; Issue 6; Pages 713–715

With the widespread adoption of ultrasound guidance for peripheral nerve blocks, anaesthesiologists have generally agreed that it is prudent to place the needle in the same interfascial plane as, *but not actually touching*, the nerves. Paraesthesias as a result of needle-nerve contact are known to be associated with an increased risk for neurologic complications.³ This, together with the recognition that needle-nerve contact leads to trauma, inflammation, and histologic injury in animal models, has led anaesthesiologists to strive to avoid contact with the nerves in most peripheral block techniques.

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Chronotropic incompetence and myocardial injury after noncardiac surgery: planned secondary analysis of a prospective observational international cohort study

Author(s): Tom E. F. Abbott , Rupert M. Pearse , W. Scott Beattie , Mandeep Phull et al.

Source: British Journal of Anaesthesia, 123 (1): 17e26 (2019)

Full text available [https://bjanaesthesia.org/article/S0007-0912\(19\)30226-0/pdf](https://bjanaesthesia.org/article/S0007-0912(19)30226-0/pdf)

Effect of opioid-free anaesthesia on post-operative period in cardiac surgery: a retrospective matched case-control study.

Author(s): Guinot, Pierre-Grégoire; Spitz, Alexandra; Berthoud, Vivien; Ellouze, Omar; Missaoui, Anis et al.

Source: BMC anesthesiology; Jul 2019; vol. 19 (no. 1); p. 136

[Available in full text at BMC anesthesiology from BioMed Central](#)

Analgesic efficacy of ultrasound-guided interscalene block vs. supraclavicular block for ambulatory arthroscopic rotator cuff repair: A randomised noninferiority study.

Author(s): Cabaton, Julien; Nové-Josserand, Laurent; Mercadal, Luc; Vaudelin, Thierry

Source: European journal of anaesthesiology; Jul 2019

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Impact of general anaesthesia in overall and disease-free survival compared to other types of anaesthesia in patients undergoing surgery for cutaneous melanoma: a systematic review and meta-analysis protocol.

Author(s) Araujo, Bruno Luís de Castro; de Oliveira, Jadvan Leite; Corrêa, Flavia de Miranda; Fontes, Luis Eduardo Santos; de Melo, Andreia Cristina et al.

Source: BMJ open; Jul 2019; vol. 9 (no. 7); p. e027993

[Available in full text at BMJ open from Europe PubMed Central - Open Access](#)

Anaesthetic care of patients undergoing primary hip and knee arthroplasty: consensus recommendations from the International Consensus on Anaesthesia-Related Outcomes after Surgery group (ICAROS) based on a systematic review and meta-analysis.

Author(s): Memtsoudis, Stavros G; Cozowicz, Crispiana; Bekeris, Janis; Bekere, Dace; Liu, Jiabin et al.

Source: British journal of anaesthesia; Jul 2019

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A balancing act: The Supervisor of Training role in anaesthesia education.

Author(s) Castanelli, Damian J; Weller, Jennifer M; Chander, Anusha R; Molloy, Elizabeth K; Bearman, Margaret L

Source: Anaesthesia and intensive care; Jul 2019 ; p. 310057X19853593

[Available in full text at Anaesthesia and intensive care from Unpaywall](#)

Regional anaesthesia is associated with less patient satisfaction compared to general anaesthesia following distal upper extremity surgery: a prospective double centred observational study.

Author(s): Droog, Wouter; Hoeks, Sanne E; van Aggelen, G Peter; Lin, D-Yin; Coert, J Henk et al.

Source: BMC anaesthesiology; Jul 2019; vol. 19 (no. 1); p. 115

[Available in full text at BMC anaesthesiology from BioMed Central](#)

The effects of an aviation-style computerised pre-induction anaesthesia checklist on pre-anaesthetic set-up and non-routine events.

Author(s): Jelacic, S; Bowdle, A; Nair, B G; Togashi, K; Wu, C et al.

Source: Anaesthesia; Jun 2019

[Available in full text at Anaesthesia from Wiley Online Library Medicine and Nursing Collection 2019 - NHS](#)

Central neurological complications following obstetric neuraxial blockade.

Author(s): von Peltz, Claudia; Bennett, Alex; Patil, Vinod

Source: Current opinion in anaesthesiology; Jun 2019; vol. 32 (no. 3); p. 315-324

Abstract - Central neuraxial blockade is increasingly the anaesthetic management of choice for parturients, including in higher risk pregnancies. Although they are usually effective and safe, there are potentially devastating neurological complications that may present either overtly or insidiously. A thorough understanding of the variety of potential neurological complications is essential to adequately consent patients in addition to diagnosing and managing complications following neuraxial anaesthesia. This review aims to describe a number of potential neurological injuries that may occur and suggested management based on available evidence.

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Training novice anaesthesiology trainees to speak up for patient safety.

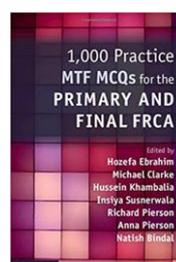
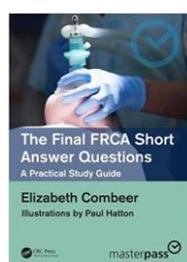
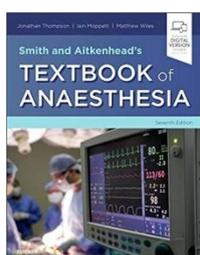
Author(s): Daly Guris, Rodrigo J; Duarte, Shirley S; Miller, Christina R; Schiavi, Adam; Toy, Serkan

Source: British journal of anaesthesia; Jun 2019; vol. 122 (no. 6); p. 767-775

Background - Effectively communicating patient safety concerns in the operating theatre is crucial, but novice trainees often struggle to develop effective speaking up behaviour. Our primary objective was to test whether repeated simulation-based practice helps trainees speak up about patient management concerns. We also tested the effect of an additional didactic intervention over standard simulation education.

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RCOA

News from the Royal College
Royal College of Anaesthetists

Response to the government's green paper 'Advancing our health: prevention in the 2020s'
[Professor Ravi Mahajan](#), President of the Royal College of Anaesthetists, said: "The Royal College of Anaesthetists welcomes the government's green paper '[Advancing our health: prevention in the 2020s](#)'. In recent years, the NHS has moved away from a system built around prevention to instead focus its efforts on immediate, acute demand – this green paper is a chance to rebalance this and return the NHS from an illness to a wellness service.



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