



## Vascular Anaesthesia Society Newsletter 2011

Welcome to the sixth edition of the society's newsletter.

### Message From the Chairman

I wish all VASGBI members a very happy and prosperous New Year. I am excited about taking over as Chair and would like to thank the outgoing Chairman, Dr Jonathan Thompson for his sterling service over the past three years and indeed over the previous 6 years as a committee member. I wish him all the best in future ventures.

We are facing uncertain times in our sub-specialty....

Major changes may be happening in vascular surgery and anaesthesia over the next few years. Data is accumulating that suggests outcome following vascular surgery may be improved in larger centres operating on more patients per year. It now seems very likely that vascular services will 'centralise' in one form or another over the next few years. Some smaller hospitals may stop vascular surgery altogether, other centres may enlarge. Some regions are already putting such plans in place: others have gone out or are going out to public consultation. These changes may have far-reaching consequences to our society and its' members. But we have little direct influence on this process, which is being driven by the surgeons and Department of Health. What we can do is to develop closer links with the vascular surgeons and try to get vascular anaesthesia better recognised by the Royal College as a sub-specialty in its own right. We are working on both these things currently. We will also be populating the VASGBI website with more CPD-type information.

Our society has had a period of several years where the numbers attending the Annual

Scientific Meeting have declined from a peak in 2005. We are not certain why this should be so and it attracts considerable 'column inches' at each of our 3 annual committee meetings. Whether it is the current financial climate; Trusts resisting consultants taking study leave; a decline in interest in vascular anaesthesia; perhaps even the standards of the meetings are falling; or maybe a combination of all these things. We were encouraged, however, with the attendance last year in London and we are looking forward to an interesting and entertaining meeting in Nottingham this coming September.

So interesting and challenging times lie ahead. We will keep you informed as and when developments happen. If you have any suggestions or comments do not hesitate to get in contact via the VASGBI website

Best wishes to all

Mark Stoneham  
Chairman, VASGBI

### Report of the VASGBI Annual Scientific Meeting

**London Zoo, Regent's Park. 9<sup>th</sup>-10<sup>th</sup>  
September 2010**

In a departure from the normal type of venue, the Annual Scientific Meeting for 2010 ventured to London Zoo where all 220+ delegates were treated to unlimited visiting rights to the park and animals.

Thankfully the local organiser, Dr Sue Mallet from the Royal Free Hospital, had provided an excellent programme preventing the potential mass exodus of delegates, which had concerned the committee, with most people sprinting around the grounds in between sessions. Many delegates took advantage of the competitive rate for accommodation at the very comfortable 4 star Crown Moran Hotel but a great number found out later to their cost where Cricklewood actually is. There were some sore feet after the walk between conference and hotel!

The programme started at 9 o'clock on the Thursday morning with two workshops (CPX Testing and Point of Care Coagulation Monitoring) being run at venues within the Zoo complex. Helpfully, guides were provided to direct the unwary past various exotic animals that were also emerging from their sleep. Our past Chairman Jonathan particularly liked the Aussie enclosure.



*JT and some of the residents*

Once again the workshops were very popular and well attended.

After last year's successful timing of the poster judging, this, once again, took place during the first morning at the same time as the workshops. Sixteen posters of a high standard were judged by Dr Simon Howell who was followed by a significant audience in crowded conditions, with the authors being given time to present their work and to answer questions. The prize was awarded to Dr Tim Wood (Swansea).

The meeting was officially opened by Dr Tracey Wall, who chaired the first session entitled 'Abdominal Aortic Aneurysms: current trends.' The first speaker was Professor Robert Sayers – one of the three Professors of Vascular Surgery in Leicester, who talked about the impact of screening for AAAs. Six pilot sites started screening in 2009 and the plan is to increase this to 60 centres by 2012/13. In order to become a screening centre, hospitals must have a minimum catchment population of 800,000, submit data to the National Vascular Database, adopt the Vascular Society Quality Improvement Framework and be able to offer open or EVAR options. He informed us that the MASS study showed that by screening the male population, aneurysm related mortality could be reduced by 42%.

Next, Dr David Laws an anaesthetist from Sunderland gave a clear account of the need for targeted communication between surgeons, anaesthetists, patients and relatives when deciding whether or not to operate for ruptured AAA. He maintained that scoring systems may give some guidance but that the decision needs to be multidisciplinary and on a case-by-case basis.

Dr Alistair Nimmo (Edinburgh) finished the session with an update of his talk on the management of ruptured AAAs, this time endorsing depth of anaesthesia, minimally invasive cardiac output monitoring and point of care coagulation testing with thromboelastography as additional tools to aid decision making.

Dr Martin Price (Plymouth) was given a five-minute slot before lunch to update everyone on the National Vascular Database and to this end, he introduced Roxanne Potgieter (Project Manager Quality Improvement Programme) who spoke about the Quality Improvement Frameworks being instigated by the Vascular Society. She encouraged anaesthetic involvement in these frameworks and the Database for mutual information gathering and outcome analysing.

Lunch was followed by a fascinating session on 'Insights into Oxygen Delivery' given by Dr Daniel Martin, the research registrar involved in the Caudwell Xtreme Everest Expedition of 2007 and Dr Mike Grocutt the Director of UCL Centre for Altitude Space and Extreme Environment Medicine. Dr Martin presented an overview of the aims and objectives of the expedition together with an explanation of how they overcame some very tricky logistical problems. The photographs were spectacular and the hypoxic blood gases drew some gasps from the audience, especially when it was revealed that the lowest pO<sub>2</sub> belonged to Dr Martin himself. Dr Grocutt tied the talks together by explaining some of the hypotheses that were being investigated to try to understand the variations in patient responses to hypoxia.

The Annual General Meeting was moved to the end of the second session this year as part of the increasingly ingenious tactics to ensure audience participation in the Society's business.

In the final session, we were entertained by Professor Hans Priebe (Freiburg, Germany) as he informed the audience of his take on the latest thoughts and studies regarding the perioperative management of vascular surgical patients.



*Professor Hans Priebe*

Dr Barrie Higgs finished off the first days programme with an apt and fascinating talk on some comparative anatomy and physiology of birds, fish and giraffes. The audience was surprised to learn that one of the zoo's residents (the Griffon Vulture) is able to cope with flying at altitudes of 37,900 feet and that some species of fish are able to survive in an oxygen free environment for months.

This year's pre-dinner drinks were served up in the Reptile house (the Gorilla house was off limits, as the newly introduced male was too sensitive to put up with any other alpha males). A few slippery characters could be seen both inside and outside of the tanks but only those outside were drinking beer. The Prince Albert Suite within the grounds was the venue for the Conference Dinner with the entertainment being provided by a jazz band and the rearranging of the wooden Gorilla ornaments, which were on the tables.



*Usual VASGBI Dinner shot*

Day 2 kicked off with the usual stoical presentation of Free Papers to a bleary eyed audience. This year, five presentations were judged by Professor Hans Priebe and Dr Tracey Wall, with Dr G Morrisson (Edinburgh) securing the prize.

The popular debate saw Dr Richard Struthers (Plymouth) being pitted against Dr Darrell Francis (London) determining whether CPX testing will replace cardiology assessment preoperatively.

After refreshments, a visit to the trade stands and a quick scoot around the Zoo for some, session five began with Professor George Hamilton (London) talking about the centralisation of vascular surgery, a very topical subject, which will cause many logistical problems for vascular anaesthetists. Dr Andrew Platts (London) informed us about the developments in vascular radiology, accompanied by some very fancy pictures, and the audience wondered, not for the first time, whether vascular surgeons might become redundant.

After another generous lunch, the final session of the meeting was an old favourite 'Clinical Scenarios – how I do it'. Society members, Mark Stoneham, Simon Baker, Jonathan Thompson and Jeremy Langton ran through some top tips on anaesthesia for carotid surgery, minimising renal impairment and pain relief after amputation.

The meeting was closed by the new chairman Dr Mark Stoneham who paid particular thanks to the local organiser Dr Sue Mallet and the staff of London Zoo for putting on one of our more novel annual scientific meetings.

## **Research Committee**

Following our last newsletter, which introduced the concept of VASGBI research being incorporated into the National Institute for Academic Anaesthesia (NIAA) research programme, based at the RCoA, we are now one of the five specialist societies recognised as an NIAA partner. We have participated in two rounds of the NIAA grant giving process. From the committee's point of view, being part of the NIAA means that we have complete control of our research spending, whilst being able to support vascular related research through a well-structured programme, with an improved and open peer review process. We also get an idea of what other specialist societies are doing with regards to research, which may allow us to foster future collaborative projects. There are also advantages, from the point of view of the trainee looking to undertake some vascular research, in being part of the NIAA setup. It allows the applicant undertaking vascular

research to apply, for instance, for a RCoA or AAGBI project grant with all the research support this entails, whilst having the support (both monetary and academically) of the VASGBI. If, for example, there were two grants that were of vascular interest submitted to the NIAA, then for the same amount of funding that the VASGBI would have to give for just one grant (usually up to £10K), we are now able to divide between two grants and gain supplementation by the larger fund givers. Therefore, there is no better time for vascular trainees to apply to the NIAA for grants for vascular projects. We can't promise you will be successful but at least the opportunity for funding at an appropriate level has been increased.

The research committee continues to play an important adjudication role in the abstract/poster presentations in conjunction with the Audit committee. The standard of the applications are always high and it is good to see so much research being performed in this area. Keep up the good work

The Research Committee welcomes a new member – Dr David Laws - Sunderland General Hospital. We are now seven and always looking for more interested people to help. Furthermore, my time as Research Chairman will soon be coming to an end. We are looking for interested parties for the role not only within the existing committee but also from other members of the society. Please let me know if you have any interest in taking on this role. My continued thanks to all the members of the committee that have helped me during my tenure.

## **Education Committee Report**

Submitting abstracts for the ASM remains a popular pastime and we received a record breaking 25 submissions in 2010. As usual, the limited time for verbal presentations and space constraints for posters meant that we were unable to accept all the submissions. Members of the education and research committees reviewed all the abstracts, and 21 authors invited to the meeting to present their work in either poster or verbal format. The resulting poster exhibition generated much interest from delegates and was judged by a team of VASGBI experts. The number and standard of abstracts remains excellent and I am grateful to the trainees and their supervisors for their

continued interest in this aspect of VASGBI activity. The abstracts from the verbal presentations will be published in *Anaesthesia* in the next few months.

The winners of the abstract prizes were:

Verbal presentation:

Dr G Morrison. "Continuous infusion of fibrinogen concentrate during thoraco-abdominal aortic aneurysm surgery to avoid fresh frozen plasma transfusion - a case series"

Poster presentations:

First prize: Dr T Wood. "Retrospective review of mortality following major lower limb amputations and infra-inguinal bypass surgery in a vascular centre"

Second prize: Dr L Fenner. "Analgesia following lower limb amputation"

We continue to receive almost no applications for VASGBI travel grants. Applicants must be members of the VASGBI and travelling to visit or work in a centre of excellence for vascular anaesthesia. The only thing we ask for in return is a short presentation at the ASM to recount the educational benefit of the visit for the individual or their hospital. Details of the travel grant requirements and how to apply may be found on the website.

In May 2010 the Education Committee organised a Seminar at Portland Place on "Reducing the risks in vascular surgery". This one-day meeting, which we first ran in 2007, was again fully booked and consisted of an informative review of current strategies to reduce cardiovascular, respiratory and renal complications in patients having vascular surgery. The seminar will be run again on Wednesday 11th May 2011 - see the AAGBI website for details.

Andy Lumb, Chair, VASGBI Education Committee

## **VASGBI in Hong Kong**

This year, VASGBI was invited to contribute to the Annual Scientific Meeting in Anaesthesiology 2010, arranged jointly by the Hong Kong College of Anaesthesiologists and the Society of Anaesthetists of Hong Kong. In November, a team comprising Drs Howell,

Lumb, Stoneham and Swart attended the meeting and between them provided a plenary lecture on ruptured AAA, two joint HKCA-VASGBI sessions ('Perioperative care of vascular patients' and 'From practice to outcomes') and a CPX workshop.



*Drs Howell and Swart fielding questions from the audience on the contribution to pre-operative care of feng shui in the pre-assessment clinic.*

The conference was attended by approximately 300 delegates, mostly from Hong Kong, with the remainder from China, Japan and Australasia, and took place over three days with 2-3 parallel sessions and numerous workshops and refresher courses. The setting for the conference was the spectacular HK Convention and Exhibition Centre, which is an impressive building sitting on the north side of Hong Kong Island facing across the harbour towards Kowloon



*HK convention centre seen from the harbour – the building is famous for hosting the formal ceremony that returned control of Hong Kong to China by Chris Patten in 1997.*

The theme of the conference was 'surviving catastrophes', so many of the sessions centred around patient safety and crisis management, mostly led by Australian experts in this field, including an excellent 'dramatisation' of an accidental local anaesthetic overdose. Vascular anaesthesia in HK is a less well-developed

speciality than in Europe, with most anaesthetists doing vascular cases as and when required, particularly in the private sector, where around 20% of anaesthetists work full time. Endovascular procedures are carried out routinely, though there have been technical problems caused by the fact that most stents are designed to fit Caucasians and are often too large for use in Chinese patients. Turf wars between specialities have been worse than in the UK, particularly in the private sector, and anecdotal stories were heard of cardiologists inserting EVARs on the basis that they were 'just big coronary stents'. Centralisation of vascular services is also on the agenda in HK.

Career structures for trainees are similar to the UK, but on completion of training the only post open to doctors in a state hospital is 'associate consultant'. Subsequent progression to consultant is very competitive, and takes around 8-10 years to attain; watching hundreds of well-trained and bright associate consultants desperately trying to impress their seniors was a powerful lesson to me about why a sub-consultant grade is a bad idea. Opportunities for overseas doctors to work in HK are now very limited, except from China, from where many trainees come to HK for speciality training before being obliged to return home to help relieve a severe shortage of anaesthetists. As part of the visit we had the opportunity to visit the Prince of Wales Hospital in the Sha Tin district of Kowloon.



*Visiting the operating theatres of Prince of Wales Hospital with associate consultant Dr Desmond Lam. The incompatibility of theatre clothing sizes between continents is clearly demonstrated.*

The operating theatres and intensive care were in a recently opened new block of the hospital, the design of which had clearly been influenced by SARS and avian influenza. For example, the staff rest room desks had perspex screens around them to reduce airborne transmission between staff.



*Theatre staff room, showing the screened off areas for the use of staff who have respiratory infections minor enough to allow them to come to work, but major enough to not allow them to sneeze on their colleagues.*

An 'isolation theatre' was provided specifically for surgical procedures in patients with respiratory infections. There was no sign of a PFI deal in the new wing, with all funding coming directly from the HK administration; this despite a top rate of income tax of 15%, thanks to the tax revenues generated from the spectacular business interests in HK.

The social events were of course, of a high standard, with two impressive Chinese banquets and an excellent wine-tasting event. The VASGBI delegation would like to sincerely thank the local organising committee, particularly Prof Mike Irwin and Dr Desmond Lam, for inviting the VASGBI to their meeting and for extending such a warm welcome to us during our stay.



*VASGBI delegation and Professor Mike Irwin*

We hope to be able to return the honour in future by inviting some of the HK vascular anaesthetists to attend our ASM.



*The Kowloon-Central Star ferry.*

Dr Andy Lumb

### **ACCEA Committee**

The sieving committee has reviewed the VASGBI applications for the 2011 round and the citations have been submitted. There has been some success for applicants supported by VASGBI in the past, but members are reminded of the cut in the number of higher awards being granted this year. Never the less, at this point in time the process will be repeated in the autumn of 2011 for the 2012 round, so have your application form ready to submit to the Hon Secretary if you wish to be considered for support from VASGBI.

Dr Tracey Wall

### **Website**

Our continued thanks go to Dr David Nunn for maintaining the VASGBI website ([www.vasgbi.com](http://www.vasgbi.com)). Members are encouraged to visit the website for all the up to date information from the society, including details of all grant applications, the annual scientific meeting and the vascular anaesthetic forum.

### **Future Meetings**

Next year's Annual Scientific Meeting is to be held at the Albert Hall, Nottingham on September 12<sup>th</sup> and 13<sup>th</sup>. The designated conference accommodation will be at the Holiday Inn Express and the conference dinner will be held in the Osborne suite at the Hall. Please see the website for further details.

There are plans to hold the 2012 ASM in Portsmouth and to visit Manchester in 2013.

Any member who is interested in organizing the yearly meeting should contact one of the committee or Jane Heppenstall – see website for contact details

As mentioned above, there will be another seminar (Reducing the risks of vascular surgery) at the Association of Anaesthetists on May 11<sup>th</sup> 2011. Please see AAGBI website for booking details.

## **Other News**

Your attention is drawn to the ‘Joint Working Group to produce guidance on delivering an Endovascular Aneurysm Repair (EVAR) Service’ document which has been produced by MHRA with input from VASGBI. The document can be viewed at

[www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON105763](http://www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON105763)

Best Wishes for the New Year to all our members

Tracey Wall Hon Sec