



## Vascular Anaesthesia Society Newsletter 2012

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

### Message From the Chairman



My Chairman's message last year was all about how major changes are happening in vascular surgery and anaesthesia. Well they obviously still are happening although perhaps more slowly than we thought they might have. We do not yet know the time scale for the implementation of the centralisation process. Some regions and hospitals are clearly more advanced than others but it does seem to be a rumbling unstoppable behemoth which will, ultimately, reach whatever the final destination is! At the same time as this 'expansion' of vascular services, every Trust in the land is being squeezed like never before. SPA time is being eroded and

greater controls placed on them. Looking on the bright side, the VASGBI appears to have emerged from a period of financial instability after 2 years of losses following Annual Meetings in Kinsale and London - to this year's meeting in Nottingham, which recorded a modest but healthy profit. The numbers of attendees were back up over 200 for the first time in 4 years and we are therefore in a much better position as a result. In addition, the feedback scores that Nottingham attracted were as good as they have ever been. The VASGBI Committee intends to use the Nottingham meeting as a model for meetings in the future. Next year is already booked in Portsmouth for September 10th and 11th and we already have the outlines of an outstanding scientific program as well as a fabulous dinner on the Monday night aboard HMS Warrior. On a related note, I would like to use this opportunity to invite anyone who has a long-term interest in vascular anaesthesia to consider applying for VASGBI Committee Membership. There are going to be some considerable changes over the next couple of years in the Committee. We need some enthusiastic new blood to take us forward - to cope with centralisation, with CPD and revalidation, into greater collaboration with the Vascular Society and the Royal Society of Interventional Radiologists and for any of the other challenges, which may be just over the horizon.

Some of you may have noticed the new CPD section on the VASGBI website (accessible from the Royal College of Anaesthetists website). At present this consists of the 'bare bones' of vascular CPD. It is our intention to flesh out this in more detail over the coming months / years. In addition, we intend to make 50% or greater of the Annual Scientific Meeting content relevant to CPD with the identifiable labels denoting what sort of CPD it is. At the Annual General Meeting of the Society held surreptitiously during one

of the sessions in Nottingham in September, we had approval to change the constitution of the Society. In particular: we clarified some discrepancies in the duration of time the committee officers can stand; we had approval to appoint a Trainee Committee Member for a single 3 year term; and, importantly, we got approval to raise the cost of membership of the VASGBI from £10 to £25 annually (the first increase for over 10 years). We have decided for various reasons to keep this as a Standing Order rather than Direct Debit but it does mean that each and every one of us will have to amend personally their standing order for the new amount. This needs to be done by everyone before the Annual Scientific Meeting otherwise you will not qualify for the Membership discount.

I wish you all the best for 2012

Mark Stoneham  
Chairman, VASGBI

## **Report of the VASGBI Annual Scientific Meeting**

**The Albert Hall, Nottingham. 12<sup>th</sup>-13<sup>th</sup> September 2011**



In an attempt to become a more eco friendly society and in the interests of finance, this year's meeting was a paper free event with the abstract booklet and other information being available by e-mail prior to the meeting as well as on an e-badge given out at registration. There were some teething problems - at least half the

delegates were unable to insert their e-badges into their Macs (but were thankfully able to access their email & download copies) and some of us missed having anything to doodle on! A few delegates seemed thoroughly bemused but overall, the experiment was a success especially in terms of the decreased workload for Jane.

By popular demand, this year's annual scientific meeting once again kicked off with workshops on the Monday morning. This time around, three different sessions were on offer – Simulation (run by Bryn Baxendale & colleagues), Ultrasound – upper limb, lower limb and carotid blocks (run by John Ward & Nigel Bedforth) and CPX testing (run yet again by Mike Swart & Chris Snowden). All were very well attended and received very positively.

The posters were judged during the workshops by 2 teams (Tracey Wall & Andy Lumb and Adam Pichel & Simon Howell) as there were 31 submitted this year all of which were displayed.

The first session of the main meeting was introduced by local organiser, Dr John Ward who welcomed delegates to Nottingham and to the Albert Hall whose claim to fame had been hosting a Black Sabbath gig in 1971. John encouraged the delegates to visit the oldest pub in the UK – The Old Trip To Jerusalem (1189) – thankfully he had already taken the committee the previous evening! He introduced the session on Emergency EVAR and CEA. Speakers included Dr Mark Brown and Dr Andy Lumb who spoke about anaesthesia for emergency EVAR and CEA respectively, and Mr Bruce Braithwaite who gave a surgical perspective to the emergency EVAR. A common theme was teamwork and in the case of EVAR – the importance of time from diagnosis to treatment was emphasised. We were asked to remind our surgeons that 'there is nothing worse for our patients than a

badly performed EVAR when an open repair would do’.

Dr Pippa Tyrrell spoke next on the management of acute stroke. Outcomes can be improved by aspirin, admission to a stroke unit and timely thrombolysis with alteplase (although beware intracranial haemorrhage and emergency airway calls for angio-oedema).

After a fortifying lunch combined with poster browsing and visits to trade, came a session on vascular science. Dr Mark Stoneham introduced Dr Irene Tracey who is the sixth holder of the Nuffield Chair of anaesthesia in Oxford. A clinical scientist with a special interest in chronic pain, Dr Tracey spoke eloquently for her 45 minutes (no doubt she could have carried on) about her work in understanding the mechanisms behind the development of chronic pain and her research into how to prevent acute pain becoming chronic.

Dr Julian Barth followed with an update on the evolution of cardiac biomarkers and their usefulness (or otherwise) and Mr Donald Adam ran through some very clever advances in endovascular stenting.

Dr Simon Howell introduced the final session of the day – ‘Research and ethics’. Professor Alan Aitkinhead was first up with a talk on consent for new procedures and research in emergency care. The audience were concerned by his opinion of the extent of explanation required when trainees are involved in the care of patients. There were also questions from the floor regarding the ability to obtain proper informed consent when many of our patients are admitted on the morning of surgery. The Professor was adamant that the consent procedure is far more important than the prompt start of a list – I think we’d like him to speak to our managers.

Next, Professor Monty Mythen gave a fascinating insight into the ethics of research using two (in)famous cases –

those of Dr Andrew Wakefield and Professor Joachim Boldt. He proposed a solution that would help to avoid similar cases but that in the end ‘you will never catch all the rogues’.

After a thoroughly enjoyable and thought provoking day, the members retired to the bar in preparation for the annual dinner which was held in the Osborne suite of the Albert Hall. A good time was had by all.

Tuesday morning began with the traditional early free paper session, which was surprisingly well attended. There were five excellent presentations of which Professor Pierre Foex judged that by Dr R Hartley (Cardiopulmonary exercise testing can identify patients at increased risk of mortality in elective AAA repair) to be the best.

The free papers were swiftly followed by the ever-popular debate. This year saw Dr William Harrop-Griffiths trying to persuade Dr Gerry Danjoux that there is no value in preoperative assessment. Using 88-year-old Doris, he successfully charmed the audience with his wit and won the argument despite Gerry’s attempts to compare him to James Bond.



After a quick break for refreshments and vote counting, the 5<sup>th</sup> session – changes in vascular services – was introduced by Dr Bryn Baxendale. Mr David Mitchell gave us an update on the centralisation of services from the perspective of the Vascular Society – very variable progress around the country. The regional workshops on QIP for AAA surgery have been running well – with many anaesthetists getting involved. Dr Mark Stoneham followed with the anaesthetic perspective and what centralisation might mean for our society. Dr David Nunn talked about his paper that showed decreased early and medium term mortality in abdominal aortic aneurysm patients who were anaesthetised by specialist vascular anaesthetists in his unit. This may well support a future call for vascular anaesthetic on call rotas.

The committee successfully used session six to sneak in the AGM, in the hope that not many people would notice (or leave) and this was followed by ‘how to do it’ –spinal cord protection (William Harrop-Griffiths), risk assessment for AAA (Mike Swart) and vascular patients with cardiac stents (Pierre Foex).

The Chairman closed a very successful meeting with thanks to the local organisers; lead by Dr John Ward, and to the VASGBI secretary Jane Heppenstall who makes it all possible.

### **Education Committee Report**

Submitting abstracts for the ASM remains a popular pastime and we received an impressive 31 submissions for the 2011 meeting. The limited time in the ASM programme meant that we could not accept more than five abstracts for verbal presentation, but the large space available at the ASM venue made it possible for us to have an unlimited number of posters. All the abstracts were reviewed by members of the education and research committees, and all 31 were considered to be of high enough

standard and relevance to be presented to the meeting. The resulting poster exhibition generated much interest from delegates and was judged by a team of VASGBI experts. The number and standard of abstracts continues to rise every year 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:

*Cardio-pulmonary exercise testing can identify patients at increased risk of mortality in elective abdominal aortic aneurysm repair.* JC Roberts, R. Hartley (presenter), AC Pichel, N Wisely, P Lancaster, S Grant and D Atkinson from the Central Manchester University Hospitals and the University Hospital of South Manchester.

Poster presentation:

*Implementing the AAA Quality Improvement Project: An anaesthesia trainee’s experience.* H Findley and A Strachan from Doncaster Royal Infirmary



and

*Perioperative thermoregulation in endovascular aneurysm surgery.* P Saishwar, S Davies, S Somanath, A Prasad and G Danjoux from James Cook University Hospital, Middlesbrough.

Once again this year we have received 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 2011 the Education Committee again ran an AAGBI 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. Videos of the lectures can all be watched on the AAGBI website. The popularity of this seminar means it has become an annual event, and the seminar will be run again on Wednesday 5th July 2012 - see the AAGBI website for details.

Andy Lumb, Chair, VASGBI  
Education Committee

### **Audit Committee**

Congratulations must go to our surgical colleagues at the Vascular Society who have been successful in their bid for funding from HQIP with regard to the National Vascular Database (NVD). The funding will help to make substantial improvements within the management of the NVD, which next year will become the National Vascular Registry (NVR). There are expected to be big changes to the dataset and this is an opportunity for anaesthetists to engage more with this project. With regard to the anaesthetic dataset on the AAA section of the NVR, the audit committee are working hard at refining the current dataset to something more “user friendly”. This section will largely concentrate on peri-operative care by

anaesthetists. I will be meeting with our counterparts in the VSGBI and BSIR to work together on this project. Once this is up and running, vascular anaesthetists will need to register with the NVR if they wish to submit their data. Summaries per unit and possibly per consultant anaesthetist will hopefully support future appraisal and revalidation. The detail of how this will be done is up for discussion. I would be interested to hear views from the members on this topic. What do you personally want from the NVR?

We are keen to engage with the amputation QIP, which is likely to get started in 2012. This Quality Improvement Programme is (similar in nature to the AAAQIP) very supportive of greater engagement with anaesthetists in the areas of preoperative assessment, optimization and pain management. This initiative is likely to get started next year and I wonder if we should look at UK anaesthetic practice early in 2012 to help inform the QIP process. The Audit committee is considering ideas for a national survey and /or audit topic and would be delighted to hear member’s views for audit topics. The Society may be able to assist in designing, supporting and funding projects. Please contact me if you have any ideas. I am also looking for at least one more sub-committee member so again please get in contact if you are interested.

Best wishes  
Adam Pichel

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### **Research Committee**

Fiscal constraints have meant the Research committee have had restricted means to foster research efforts this year. Economic constraints are causing similar concerns throughout the smaller sub-speciality groups. However, it is at this time we are grateful for our collaboration with

the NIAA. This collaboration allows members of the vascular anaesthetic fraternity to continue to apply for financial support even when times are tough. We would encourage all potential researchers to apply for the grants being offered through the NIAA. We are also negotiating possible joint collaborations with the Cardiothoracic Anaesthesia Society to allow us to pool grant contributions if there are suitable research applications that may bear fruit for both societies – watch this space.

As always, we are continuing with helping the education committee regarding shortlisting and adjudication for the posters/presentations, which are always a success at the AGM (thanks to Andy Lumb).

Lastly, a plea for new members on the research sub-committee. Being a member on the committee is not an arduous task and I would welcome any interested parties to contact me directly.

Here's to less frugal times!

Chris Snowden

### **Treasurer's information**

As you probably know, the annual subscription for the VASGBI has not changed from £10, since the society was formed more than 14 years ago. A while ago now it was agreed to raise the annual subscription for members to £25. We are therefore requesting that members change their standing orders to the new amount for their 2012 subscription, which is usually paid in September.

It will be important to enable members to receive the membership discounted rate for the 2013 meeting, that their subscription is increased in 2012.

Thank you

Dr Jeremy Langton

VASGBI Hon. Treasurer

### **ACCEA Committee**

The sieving committee is still awaiting news from ACCEA about the 2012 round but will support VASGBI members if the round goes ahead. If you have not done so, please consider submitting your application to the committee if you wish to be considered for VASGBI support. There has been success for applicants supported by VASGBI in the past, but members are reminded of the cut in the number of higher awards being granted.

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 (Monday 10<sup>th</sup> and Tuesday 11<sup>th</sup> September 2012) is to be held at 'Action Stations' – the Naval dockyards in Portsmouth with the annual dinner being on HMS Warrior.

We look forward to what promises to be a very grand affair. Please see the website for further details.

There are plans 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 July 5<sup>th</sup> 2012. Please see AAGBI website for booking details.

## OTHER NEWS

### **Elections**

This year we will be seeking to elect two new committee members to replace Dr Mike Swart and Dr Andy Lumb who have both served two terms of office. Our thanks go to both for all their hard work and contributions for the Vascular Anaesthetic Society over many years.

We are also going to introduce a trainee committee member this year. So if you are in your final year or two of training and have a special interest in Vascular anaesthesia and wish to join our band of merry men (& women) put your name forward.

### **CPD**

The vascular section for level 3 of the RCA CPD matrix is now live and can be accessed via the VASGBI website (<http://www.vasgbi.com/CPD.php>) as well as via the college (<http://www.rcoa.ac.uk/docs/CPD-matrix.pdf>).

This will be an evolving process and if anyone has any further suggestions or additions to the matrix please contact the society through Jane Heppenstall.

### **Survey**

We would like to bring to your attention the following survey on behalf of one of our members.

### **Peri-operative antiplatelet therapy and CEA**

There are no clear guidelines on the management of anti-platelet therapy in the peri-operative period for patients undergoing carotid endarterectomy. The aim of this survey is to find out how anti-platelet therapy is being managed in different regions. Many thanks in advance for completing this survey.

<https://www.surveymonkey.com/s/9KJ7JZV>

*Dr Roy Kukreja  
Dr Richard Heames  
University Hospital Southampton NHS  
Foundation Trust*

Best Wishes for the New Year to all our members

Tracey Wall Hon Sec