



Vascular Anaesthesia Society Newsletter 2013

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

Message From the Chairman

In the three years since I took over as Chair, the centralisation of vascular services has started in earnest, but is not yet complete - and indeed is perhaps not as advanced as might have been expected. However, vascular 'hubs' are certainly taking shape. In Oxford, centralisation of some of the work from the 'spoke hospitals' is complete; vascular surgeons from some peripheral Trusts now have regular lists here; consultant vascular anaesthetists have been appointed and started work; building work has happened; another vascular ward has opened; and I have even seen plans for a proper hybrid theatre!

From the point of view of the Society, following a period of several years when attendance at the annual meeting had declined, in the last two years, numbers have increased once again back towards and over the 200 mark. Given the parlous state of some Trust Study Leave budgets and the financial pressures on all of us, this is an excellent trend, which I certainly hope continues at this year's meeting in Manchester and the 2014 meeting,

which will be in Glasgow. We have also tried to tailor the annual meeting towards vascular CPD as we believe that the meeting should be a good source of CPD for appraisal and revalidation purposes for vascular anaesthetists.

We also have a new CPD meeting this year. This is similar to the AAGBI 'Reducing Risks in Vascular Surgery' seminar which Richard Telford and I have organised over the past few years. We felt it might now be better to run this ourselves so the VASGBI retains the profits of the day. The inaugural meeting is in Oxford at a nice hotel near the railway station on May 22nd. Details can be found on the VASGBI website.

We are well aware that the VASGBI website was dated and not full of up-to-date helpful information as perhaps it should have been. Dr David Wilson-Nunn from Norfolk & Norwich is now the official VASGBI IT expert and he has been revamping the website which has recently launched. If you have any suggestions or comments about the website or any other aspect of the VASGBI, please do not hesitate to get in contact via the VASGBI website.

This is my last newsletter as Chair and I 'retire' from the VASGBI after many interesting years. I am delighted to leave the Society in the 'safe hands' of Dr Adam Pichel who takes over as Chair in September and I wish him and all of you the best for 2013.

Mark Stoneham
Chair, VASGBI
Consultant Anaesthetist,
John Radcliffe Hospital

Report of the VASGBI Annual Scientific Meeting

**‘Action Stations’, Historical Dockyard, Portsmouth.
10th-11th September 2012**



The 2012 Annual Scientific Meeting saw the society travelling south and was hosted by Dr John Knighton in the splendid setting of ‘Action Stations’ – the historical dockyard in Portsmouth.

Delegates had the opportunity to explore the exhibits during the day and, in keeping with the venue, the programme included a military themed session. We were also given an opportunity to view a short film ‘Battle stations’, which was a short film about

the work of the Marines, at the end of day 1.



This year’s meeting saw the on-going development of the ‘paper free’ event with electronic registration via two iPads, in addition to the abstract booklet and other information being available on e-badges. Most delegates seemed to manage (see below),



and the committee soon got the hang of it. The ‘modernisation’ has been a great success and our thanks must go once again to David Wilson-Nunn and Jane Heppenstall for dragging the society into the 21st century.



This year's annual scientific meeting once again kicked off with workshops on the Monday morning. Three different sessions were on offer – Cardiac Output workshop, Ultrasound workshop and Shared Decision Making for High Risk Vascular Surgery. All were very well attended and received very positively.

There were 21 abstracts submitted this year, six of which were selected for the verbal presentation and the rest displayed as posters. Drs Simon Logan and Simon Howell judged the posters during the workshops.

The main meeting was introduced by local organiser, Dr John Knighton, who welcomed delegates to Portsmouth and introduced the Cardiology Update session. This was provided by Professor Nick Curzen – an interventional cardiologist who described the more terrifying aspects of the cardiac cath lab, with the increasing stenting of patients who have had out of hospital cardiac arrests combined with patient cooling in what he described as 'less than ideal conditions'. Dr Dominic Kelly, a cardiologist from Portsmouth followed with an update on Heart failure.

Dr Knighton then introduced Professor Mike Irwin from Hong Kong who was invited to speak to the society after a delegation from the VASGBI spoke at the ASM in Anaesthesiology (2010) – arranged jointly between the Hong Kong College of Anaesthesiologists and the Society of Anaesthesiologists of Hong Kong. Professor Irwin spoke about his work on ischaemic and opioid preconditioning.

Lunch passed very quickly as it was combined with poster browsing, visiting the trade, pottering around the Action Stations exhibits and of course catching up with old friends.

Session 2, chaired by Dr Simon Howell, was titled 'Cardiovascular Optimisation' and after an update on cardiac output monitoring by Dr Ian Moppett from Nottingham, the society listened to an interesting take on risk and surgical complications from Dr Rupert Pearse – Reader in ICM from Barts & The London. He reminded us that surgical complications lead to decreased long-term survival and that there is a need to consistently identify high-risk patients and then change treatment plans to provide individual care packages.

The 5-minute AGM took place before delegates could escape for coffee, whilst the audience were still captive.

Dr Mark Stoneham introduced the final session of Day 1, which included two speakers from the Military. Lt Col Tom Woolley spoke about coagulopathy and shock with particular emphasis on lessons learned on the 'battlefield' for example, rehearsal & simulation, use of tranexamic acid and protocols for transfusion of FFP, Platelets and Cryoprecipitate with packed cells.

Next, Mark introduced a family friend, Major General Gordon Messenger DSO & Bar, OBE, ADC who kindly agreed to speak to the society about Leadership.



The Major General (a Royal Marine) has recently finished his appointment

as Chief of Staff (Operations) at Permanent Joint Headquarters, Northwood and served as British Commander of Task Force Helmand as well as commanding Marine Forces in Iraq but was a little nervous as he waited for his turn to speak to an audience of 200 doctors. He soon grabbed attention, however, as he spoke, without notes, about the UK's military involvement around the world and the difficulty of the withdrawal from Afghanistan. He explained leadership in terms of the team ethos and that good leaders demonstrate a shared experience. It was easy to see how the Major General gained such respect.

At the end of the day, Dr Gordon Craig from Portsmouth gave the audience his take on Nelson's final hour and the cause of his death.

This year, the annual dinner was a very grand affair, taking place aboard HMS Warrior.



The food and wine were excellent as were the staff who were on hand to explain anything about the ship's history and who were happy to guide delegates through the different parts of the ship. Very handy as the facilities were several decks below the dining room down some very steep steps. More than one or two delegates were gone for some time during dinner!

As is tradition, Day 2 started with the free paper session. Six presentations were judged by Professor Irwin and the winner was Dr Jan Koch from Edinburgh who presented results from work looking at fibrinogen concentrate vs. FFP administration during thoracic aneurysm repair.

As usual the free papers were swiftly followed by the debate – 'This house believes that open AAA repair is now obsolete' with the argument for being put by Mr Peter Taylor (surgeon - London) and against by Lt Col Ben Banerjee (surgeon – Sunderland).

Although the majority of the audience did not agree with Mr Taylor, his persuasive arguments did gain him some votes in the final count.

Dr Mike Swart chaired session 5, which was entitled 'Risk and Human Factors' and included a talk on Risk Stratification by Professor Mike Grocutt who re-emphasised that the implications of short term harm are much greater than previously thought and that surgical complications are an independent predictor for mortality at 8 years. Dr Tom Woodcock spoke about Disclosure of Information to Patients, giving the audience a run through of developing US and UK case law and Lt Col Paul Moor spoke on the theory of situational awareness

The final session of the 2012 Annual Scientific meeting was the ever-popular vascular CPD session. Topics covered this year included Patient Blood management (Dafydd Thomas), the running of a vascular MDT (Simon Howells), QIP for Amputation surgery (Mike Swart) and a fluid update (Peter McQuillan).

It was then left to the Chair, Dr Mark Stoneham to close the meeting by thanking the local organisers and of

course Jane Heppenstall who makes everyone's job much easier.

Education Committee Report

At the Portsmouth Meeting there were less abstracts submitted than usual. A total of 21 were received by the closing date, all were of a suitable standard.

The top 6 on review were offered an oral presentation and the remainder a poster presentation. The winner of the oral presentation was Dr Jan Koch working in Edinburgh with a presentation on early results of an ongoing study looking at fibrinogen concentrate administration versus FFP in thoracic aneurysm repairs. The poster prize was won by Dr Peter Featherstone (Addenbrookes) for an audit of the effectiveness of N acetyl cysteine in endovascular aneurysm repairs in patients with pre-existing stage III renal impairment. Dr Jamie Gross won second prize for an audit of a new service at the Royal Free Hospital offering thoracic EVAR and fenestrated Aortic grafts.

All oral presentations and the poster prizewinners were submitted to *Anaesthesia* for publication.

The Vascular Anaesthesia Committee is concerned that the vascular anaesthesia content of the 2010 curriculum is insufficient to allow specialist training in vascular anaesthesia. Vascular is now omitted from ST3/4 training and is only regarded as an optional module of general duties at ST 5/6/7.

A subgroup of the committee, to which the education committee contributed, have been working on a suggested minimum training document with suggestions for changes to the curriculum which has been submitted

to the Training Committee of the Royal College of Anaesthetists. The changes suggested are hoped will allow trainees to gain adequate vascular training to make them competitive applicants for a consultant post with a vascular interest.

Simon Logan
Chair, Education Subcommittee

Audit Committee

The NVD will later this year morph into the National Vascular Registry (NVR). The HQIP contract was awarded in September 2012 and the work has started (again!) on building new datasets. The new NVR will probably go live in the tail end of the summer this year. The processing and storage of data will be at the Clinical Effectiveness Unit, based within the Royal College of Surgeons.

With regard to the "anaesthetic AAA" dataset of the NVR; we have continued to refine the dataset and the latest version is outlined below. Discussions (with the VS, CEU, BSIR, and HQIP) are still on going as to how and where the anaesthetic data sits within the NVR. My aspiration has always been to have a separate "tab" for vascular anaesthetists to populate over the next decade but the final decision on this will be made over the next few months and it's not a "done deal". As soon as we decide on the direction this is going I will email the membership. Much of the data we wish to collect is based upon national standards of anaesthetic practice or from opinion of the VASGBI committee. Summaries per vascular unit and individual consultant will help support future appraisal and revalidation. If we can agree to have a separate dataset for vascular

anaesthetists you will be required to register with the NVR and will be able to submit data only via a secure NHS server. Note that the “core” dataset is considerably larger and collects data that would be of interest to us too (co-morbid disease, blood results, blood loss, LOS in critical care, 30 day mortality etc).

Anaesthesia AAA provisional dataset for NVR

Reviewed by consultant vascular anaesthetist prior to admission for surgery? Yes 1 no 0

Outcome of preop assessment

- a. No further investigation/intervention (MC) 1
- b. Referral to another specialty (MC) 2
- c. Further investigations required (MC) 3
- d. Optimization in drug therapy (MC) 4

13. Functional capacity assessed by

- CPET yes 1 no 0
- 6 minute walk test yes 1 no 0
- Incremental shuttle walk test yes 1 no 0
- History alone yes 1 no 0

If yes to CPET; drop down box;

- VO2 at AT <10.2ml/kg/min yes 1 no 0
- VE/VCO2 at AT>42 yes 1 no 0
- Peak VO2<15ml/kg/min yes 1 no 0
- Evidence of cardiac ischaemia yes 1 no 0

General anaesthesia

- yes 1 no 0
- Loco-regional anaesthetic (if no go to Q 24) yes 1 no 0

Intra-operative data and monitoring

- Direct arterial yes 1 no 0
- Cardiac output monitor yes 1 no 0

Platelet count > 100 x 10⁹/L at the end of the procedure?

- yes 2 no 1 not done 0

Core temperature ≥ 36.0 Celsius at end of procedure

- yes 1 no 0

Additional analgesia required in recovery

- yes 1 no 0

Cardiac output monitoring used in immediate postoperative period

- yes 1 no 0

As I stated in the last newsletter we need to engage with the amputation QIP which is likely to gather pace later in 2013. This is another opportunity for us to continue working closely with our surgical colleagues.

Best wishes
Adam Pichel

adam.pichel@cmft.nhs.uk

Research Committee

The Research Committee of the Society oversees research grants awarded by the Society, collaborates with the Education Committee in judging of abstracts submitted for presentation at the Annual Conference of the Society, supports the development of multicentre research collaborations and offers peer review of projects to support research ethics applications.

The VASGBI is affiliated to the National Institute of Academic Anaesthesia (NIAA) and represented on the NIAA Research Council. The Society’s research grants are administered through the NIAA. The support provided by the NIAA includes infrastructure for the grant application process and a high quality externally regulated peer review process. Our partnership with the NIAA means that VASGBI funded research projects are eligible for adoption on to the National Institute of Health Research Portfolio.

The Society is pleased to invite applications for its 2013 research project grant. Up to £10,000 in research funding may be awarded. Details of the funding call can be found on the NIAA website (www.niaa.org.uk). The closing date is noon on Friday 19th April.

The Society contributed to the identification of clinical research priorities relevant to anaesthetic sub-specialities, which was conducted as a follow-on to the NIAA’s National Research Priority Setting Exercise. These can be viewed on the VASGBI website (<http://www.vasgbi.com/research>). The VASGBI website also provides the opportunity for members to identify other topics or areas in which they feel

clinical research should be conducted in our specialty. Information from the priority setting exercises will be used to inform NIAA policy and discussions with major funders regarding potential topics for funding in anaesthetic research.

The Research Committee is keen to foster multi-centre collaborations to take forward both portfolio and non-portfolio studies. Investigators are invited to contact the Research Committee for assistance with both identifying centres with appropriate resource for particular projects and with a view to including specific research meetings within the Annual General Meeting. Committee members are happy to provide peer review research projects to support applications for Research Ethics approval and National Institute of Health Research Portfolio adoption.

Dr Chris Snowden is standing down as chair of the research subcommittee and the Society extends our thanks to him for many years of service. Dr Simon Howell will take over this role this year.

Applications for membership of the Research Committee are always welcome. Interested colleagues are invited to contact Dr Simon Howell (S.Howell@leeds.ac.uk).

Treasurer's Report

As conveyed to the audience during the AGM in Portsmouth, the society accounts continue to improve after several financially successful scientific meetings.

Jeremy Langton will end his role as treasurer in September 2013 and his position will be taken up by Dr Karen Kerr.

We would like to remind members to send new standing orders for the increased subscription of £25. Please remember to cancel old one. Those who have increased their subscription are entitled to a discounted rate at the ASM.

ACCEA Committee

The sieving committee met via teleconference at the end of the summer following the late announcement that the 2012 round was proceeding. Candidates had submitted applications in preparation and these were duly considered, with four people being supported by VASGBI.

The advice from the ACCEA committee indicates that if the go-ahead is given for a 2013 round, this will not be until March 2013. If this does happen they could open the round immediately with the closing date being at the end of June. In order for VASGBI to consider supporting members we would encourage them to submit applications before the announcement is made. This can be done via Tracey Wall or Jane Heppenstall. 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). 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 16th and Tuesday 17th September 2013) is to be held at Manchester Town Hall and will be organized locally by Drs Helen Alexander and Paul Lancaster.

Please see the website for further details.

There are plans to take the meeting to Glasgow in 2014.

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, the VASGBI will be hosting a new CPD meeting at the Malmaison Hotel, in Oxford on Wednesday May 22nd 2013. Please see flier or VASGBI website for details.

Other News

Elections

2012 saw the election of Dr Karen Kerr, Dr Judith Gudgeon and Dr Indran Raju to the committee. For the first time we also invited candidates to apply to be a trainee representative on the committee. Dr Kristy Wagstaff was the successful applicant. We would like to extend a warm welcome to them all and look forward to working with them.

This year we will be seeking to elect three new committee members to replace Dr Mark Stoneham, Dr Jeremy Langton and Dr Tracey Wall who have

all served more than two terms of office. Our thanks go to them for all their hard work and contributions for the Vascular Anaesthetic Society over many years.

Best Wishes for the New Year to all our members

Tracey Wall Hon Sec