



ANNUAL REPORT

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE | 2009-2010

VISION AND MISSION STATEMENT

»» THE VISION AND MISSION OF THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE, LONDON HEALTH SCIENCES CENTRE AND ST. JOSEPHS HEALTH CARE, LONDON, THE UNIVERSITY OF WESTERN ONTARIO IS TO BE AN INTERNATIONALLY ACCLAIMED ACADEMIC DEPARTMENT IN ANESTHESIA, PAIN MANAGEMENT AND CRITICAL CARE. WE STRIVE TO PROVIDE EXEMPLARY PATIENT CARE AND FOSTER EXCELLENCE IN ANESTHESIA DELIVERY, RESEARCH AND EDUCATION AT THE UNDERGRADUATE AND POSTGRADUATE LEVELS, AND IN CONTINUING MEDICAL EDUCATION AT REGIONAL, NATIONAL AND INTERNATIONAL LEVELS.



Dr. Mohamad Ahmad

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Dr. Davy Cheng
Department Chair
and Chief

MESSAGE FROM THE DEPARTMENT CHAIR AND CHIEF



DAVY CHENG, MD, MSC, FRCPC, FCAHS

THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE (DEPARTMENT) OF THE SCHULICH SCHOOL OF MEDICINE AND DENTISTRY, THE UNIVERSITY OF WESTERN ONTARIO (UWO) PROVIDES CLINICAL SUPPORT TO 40 OPERATING ROOMS/DAY AT LONDON TEACHING HOSPITALS. We also provide the full spectrum of medical care from conducting preoperative anesthesia assessment to performing the most advanced life-supporting techniques in all perioperative settings such as ambulatory surgery, subspecialty surgery, obstetrics, pediatric care, out-of-OR interventional procedures, acute and chronic pain management, blood conservation management, post-anesthetic care unit, cardiac surgery recovery unit and intensive care units. In particular, the CSTAR (Canadian Surgical Technologies & Advanced Robotics) research and training centre at the London Health Sciences Centre, UWO, is a national centre of excellence for advanced surgical training and research in minimally invasive surgical procedures such as cardiac, thoracic, urological, general and neonatal surgery.

In March 2010, leaders within the Department, senior hospital and Schulich officials met together for a departmental leadership retreat. The primary purpose of this retreat was to develop program priorities for the Department and set the action plan for the coming years. Four key

strategic foci of the Department were discussed and planned: (1) Clinical Service Model Post Milestone 2 (consolidation of obstetric and neonatology care from SJHC to LHSC-VH), (2) Patient Safety/Quality Improvement, (3) Education, and (4) Research.

In June 2010, the Department underwent an external review by Dr. Michael Murphy (Halifax) and Dr. Brian Kavanagh (Toronto). They noted that the last nine years have brought substantial changes to the structure and culture of the Department of Anesthesia and Perioperative Medicine at UWO. It is important to note the significance of these changes as they relate to the camaraderie, academic success, and improvement in the national/international reputation of the Department. The Department has been attracting clinical/research fellows and visiting scholars from around the world (Australia, New Zealand, UK, USA, Germany, Singapore, Korea, China, Thailand, Columbia, Egypt and Saudi Arabia) for training in anesthesia and perioperative medicine, as well as critical care medicine.

FACULTY RECRUITMENT AND ACHIEVEMENTS

Dr. Geoff Bellingham completed his medical education and residency at The University of Western Ontario. After completing a one year clinical fellowship in chronic pain management at the University of Toronto, he joined the Department in August 2009 working in the area of chronic interventional pain management.

Dr. Peter Mack joined the Department in July 2010, upon completion of a regional anesthesia clinical fellowship in our Department. His area of focus is education research.

Dr. Neal Badner and Dr. John Fuller were promoted to the rank of Full Professor in the Provost stream in the Schulich School of Medicine; Drs. Miguel Arango, Paidrig Armstrong, and Ian McConachie were promoted to the rank of Associate Professor with continuing appointment in the Provost stream.

Dr. Lois Champion and Dr. Ivan Iglesias were acknowledged by the Schulich Admissions and the Student Affairs for their outstanding service in the Schulich Medicine Mentorship Program for Undergraduates. Dr. Jeff Granton was awarded the 2009 John Bradley Young Educator Award at the Canadian Anesthesiologists’ Society. Dr. John Fuller was appointed as Acting Associate Dean of Postgraduate Education at Schulich School of Medicine as Dr. Sal Spadafora has taken an appointment as Vice-Dean, Postgraduate Education at the University of Toronto. Dr. Richard Cherry was appointed as Chair of the Simulation Education/Research Group in CSTAR. Dr. Jim Watson was elected as the Chair of the OMA Anesthesia Section.

Dr. Davy Cheng was awarded The Distinguished University Professorship at The University of Western Ontario; the 2010 CAS Research Recognition Award, Canadian Anesthesiologists’ Society; and the Inaugural Rotman-Longwoods Scholar in the Rotman Advanced

Health Leadership Program, Rotman School of Management, University of Toronto.

Dr. Mary Lampe, an academic leader in the Department with national accomplishments as both a clinician-educator and clinician-administrator, retired from the Department after 26 years of service.

STRATEGIC GOALS AND SUCCESS TO DATE

Our Department is in alignment to advance the six key strategic directions at UWO Schulich School of Medicine and Dentistry.

1. Expand and enrich our education programs

- The Department offers the Annual Airway Workshop and Regional Anesthesia Workshop for CME not only to our local anesthesia and allied health professionals (respiratory therapy, paramedics, nurse practitioners, family medicine, etc.), but also for Southwest Ontario communities.
- End-of-life teaching in critical care setting for the palliative medicine has been established by the Department.
- Training centre for Canadian Military Physician Assistants, paramedics, allied health.

- Provide training support at Fanshawe College and at operating rooms for the anesthesia assistant program which is a newly established anesthesia care team model by MOHLTC.
- Simulator Program: The Department has led in collaboration with Critical Care Program, Department of Surgery and Department of Medicine developed a Simulator Program at the CSTAR Kelman Centre for Advance Learning.

2. Enhance our research capacity, productivity and impact

Our Department has been increasing our interdisciplinary collaborative research at national and international levels (peer-reviewed grants over \$1.4M last year). We are now a major academic anesthesia department sought after for fellowship training internationally. We have built our Department and University as a primary academic research centre in:

- Evidence-based Perioperative Clinical Outcomes Research and Health Technology Assessment (EPiCOR-HTA): collaborative research in systematic review and meta-analysis in perioperative pharmacology, anesthesia medications and techniques, advanced surgical procedures, and postoperative outcomes. This knowledge translation

research applies to and effects changes in clinical practice in anesthesia, medicine, surgery, nursing care, and critical care.

- Cardiovascular Anesthesia Research Program: multidisciplinary (cardiac anesthesia, surgery, cardiology) research in perioperative monitoring, treatment and outcome research (brain, heart, and blood). Our cardiac centre is a major cardiac anesthesia fellowship training centre in North America, including perioperative transesophageal echocardiography and postoperative cardiac surgery recovery care.
- Chronic Pain Program: multidisciplinary (anesthesia and perioperative medicine, neurology, physical medicine and rehabilitation, rheumatology, psychiatry). This is a provincial and national academic program with peer-review funding.
- Regional Anesthesia and Acute Pain Program: This is a developing multidisciplinary academic program in the Department (sport medicine, orthopedics surgery, ambulatory surgery, general surgery). The fast track arthroplasty program at SJHC is a provincial program that aims to improve patient analgesia and early discharge from hospital with continuous epidural catheter by home nursing care.

- Perioperative Blood Conservation Program: This multidisciplinary program (anesthesia and perioperative medicine, hematology, transfusion medicine, surgery) lead to significant improvements in the streamlining of patient care pathways. This has mostly been the result of the enormous contribution made by the nurses in the pre-admit clinic in providing patients with the necessary information and education.

3. Provide the best student experience

- One-to-one teaching in the operating rooms and didactic teaching in small discussion groups.
- Simulator program to allow hands on experience.

4. Strengthen and support our faculty and staff

- Department invests in faculty and staff development in term of leadership and administrative courses.
- Site chiefs and program directors are all provided with opportunity to advance their administrative and leadership skills, and participate in CME activities.

5. Foster collaboration and integration locally, regional and globally

- Regional: fast track arthroplasty program with CCAC; establishment of simulator program and Southwestern Ontario Airway workshop.
- Global: our Department led coordination of International Cardiovascular Anesthesia Society meeting in Europe and China.

6. Build our infrastructure and funding base

- Our Department continues to invest in infrastructure citywide to faculty and supporting staff.
- Our researchers are securing national grants.

While I look back on the continuing successes of our Department in exemplary clinical deliverables and quality of care, expanded depth and breadth of our education in undergraduate and postgraduate, the multidisciplinary research with high impact, and the significant administrative contributions at hospitals, University, OMA and MOHLTC; I whole-heartedly want to congratulate all those whose contributions made this possible. We continue to strive to be good physicians in treating the disease well, but also to be great physicians in treating the patient with the disease as well.



Ahmad, Mohamad
Al-Areibi, Arif
Anderson, Ian
Arango, Miguel
Armstrong, Kevin
Armstrong, Paidrig
Badner, Neal

Bainbridge, Daniel
Banner, Robert
Batohi, Pravin
Batorowicz, Maria
Bellingham, Geoff
Bernadska, Ewa
Bhandari, Rakesh

Block, Gary
Butler, Ron
Champion, Lois
Cheng, Davy
Cherry, Richard
Church, Brian
Coveney, Lynn

Craen, Rosemary
Cuillierier, Daniel
Currin, Michael
Dain, Steven
Dhir, Achal
Dhir, Shalini
Dobkowski, Wojciech

Fuller, John
Ganapathy, Sugantha
Gordon, Neil
Granton, Jeff
Gros, Michelle
Gverzdys, Rooney
Harle, Christopher

Herrick, Ian
Hoogstra, Jason
Iglesias, Ivan
Imasogie, Ngozi
Jones, Phil
Katsiris, Sandra
Kutt, Judith

Lavi, Ronit
Lindsay, Peter
Lobb, Trevor
Mack, Peter
McCabe, Greg
McConachie, Ian
McKishnie, Jamie

McNamara, Jeffery
Mezon, Bernie
Millman, Logan
Morley-Forster, Pat
Morrell, Bobbi Jo
Murkin, John
Newton, Peter

Nicolaou, George
Ower, Katherine
Parkin, John
Rachinsky, Maxim
Railton, Craig
Ralley, Fiona
Schulz, Valerie

Sharpe, Michael
Simon, Gary
Singh, Indu
Sischeck, William
Smith, David
St-Amand, Marc
Taneja, Ravi

Teague, Kevin
Turkstra, Tim
Vannelli, Tony
Warnock, Thomas
Watson, Jim
Wexler, Ron

ORGANIZATIONAL CHART



CHAIR / CHIEF
Davy Cheng



ADMINISTRATIVE OFFICER
Lois Hayter



SITE CHIEF (SJHC)
Ian McConachie



SUPPORT STAFF
J Allaer, J Anderson, K Bilton, J Butler,
L Gibson, L Hinchliffe, K Hunter, C Pollard,
M Portokalis-Valeriotte, V Rapson, L Szabo,
M Twiddy, C White

DEPARTMENT COUNCIL
Davy Cheng [Chair], Kevin Armstrong,
Ron Butler, Michael Currin, Jeff Granton,
Chris Harle, Sandra Katsiris, Ian McConachie,
George Nicolau, Phil Jones,
William Sischek, Tony Vannelli

ACADEMIC AFFAIRS
Kevin Armstrong [Chair], Neal Badner,
Daniel Bainbridge, Davy Cheng, Richard Cherry,
Jeff Granton, Jim Watson



EDUCATION PROGRAMS
Undergraduate
Tony Vannelli [Director]
Ivan Iglesias [Director as of April 1/10]
Pravin Batohi (SJHC)
Jason Hoogstra (LHSC-VH)

Postgraduate
Jeff Granton [Director]
Sandra Katsiris [Associate Director]
Paidrig Armstrong (SJHC)
Rosemary Craen (LHSC-UH)
Rooney Gverdys (LHSC-VH)
Indu Singh (PGE Research Coordinator)

Fellowship
Rosemary Craen [Director]
Miguel Arango [Director as of Mar 1/10]

Continuing Medical Education
Ian Herrick [Director]
Critical Events Simulation [CSTAR]
Richard Cherry [Director]
Ron Butler
Lois Champion
Brian Church
Jeff Granton



CLINICAL ACADEMIC PROGRAMS
Acute and Regional Anesthesia/Analgesia
Kevin Armstrong [Director]
Sugantha Ganapathy [Research Director]

Ambulatory Anesthesia
Ian McConachie [Director]

Anesthesia Assistants'
Jim Watson [Director]

Cardiac Anesthesia
Daniel Bainbridge [Director]
John Murkin [Research Director]

Chronic Pain
Pat Morley-Forster [Director]

Critical Care
Ron Butler [CSRU]
Ron Butler (LHSC-UH, ICU)
John Fuller (LHSC-VH, CCTC)

*Evidence Based Perioperative
Clinical Outcomes Research (EPiCOR)*
Davy Cheng [Director]
Janet Martin [Associate Director]
Daniel Bainbridge [Associate Director]

Liver Transplant
Wojciech Dobkowski [Director]

Medical Informatics
Steven Dain [Director]

Neuroanesthesia
Rosemary Craen [Director]

Obstetrical Anesthesia
Sandra Katsiris [Director]

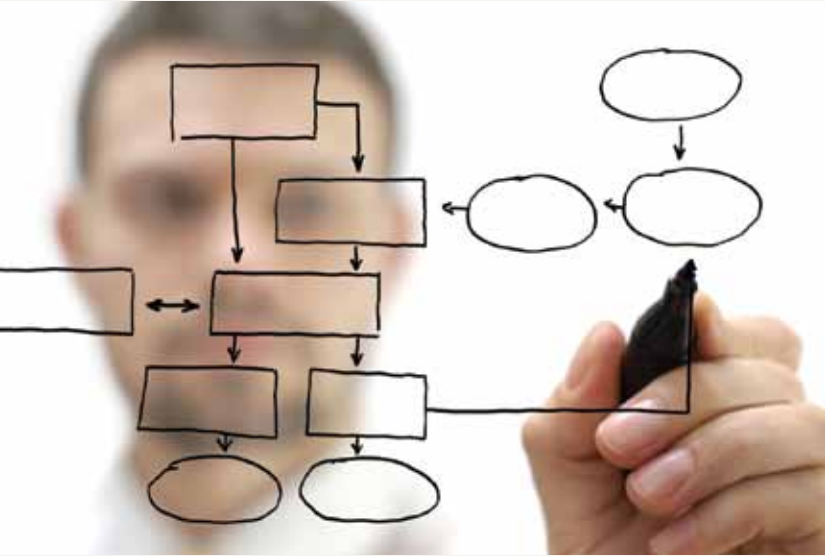
Palliative Care
Valerie Schulz [Director]

Pediatric Anesthesia
Mohamad Ahmad [Director]

Perioperative Blood Conservation
Fiona Ralley [Director]

Pre-Admit Clinic
Neal Badner (LHSC-VH)
Rakesh Bhandari (LHSC-UH)
John Parkin (SJHC)

Thoracic and Vascular Anesthesia
George Nicolau [Director]



ANESTHESIA CLINICAL FELLOWS AND ANESTHESIA RESIDENTS >>

ANESTHESIA CLINICAL FELLOWS

Al-Ghazaly, Samer
Antoninou, Andreas
Bin, Wern Hsien
Brookes, Jon

Bruni, Ida
Manikandan, Raj
Marmai, Kristine
Okamoto, Yasuhisa
Pappu, Unnikrishnan
Stothart, Danielle
Yanbawi, Anwar

Youssef, Hesham
Zhang, Rujin

ANESTHESIA RESIDENTS

Ashcroft, Rebecca
Borger, Jon

Constantinescu, Corina
Cusaro, Fiorenzo
Delbridge, Cathy
Dion, Joanne
Gauthier, Andre
Goure, Camille
Hegazy, Ahmed

Kentner, Taryn
Khodaei, Minoo
Kolesnichenko, Patricia
Kruger, Phil
Kuszewski, Peter
Landry, Jennifer
Lee, Susan

Lougheed, Sean
Manji, Farah
Maxwell, Tim
McFarling, Matthew
McKeown, Kevin
Miron, Cristiana
Morrison, Steve

Pariser, Michael
Patel, Sanjay
Quach, Tom
Racine, Jennifer
Riddell, James
Ryan, Kenneth
Schindel, Mark

Schwartz, Amanda
Smallwood, Jennifer
Smith, Ryan
Smitheram, Amanda
Sommerfreund, David
Stalder, Marc
Taam, Lindsay

Tam, Dorothy
Thornton, Alistair
Vergel De Dios, Jennifer
Vethanayagam, Adrian
Wakely, Laura
Walia, Gautum
Zhou, Ray



IAN MCCONACHIE – ST. JOSEPH’S HEALTH CARE, LONDON

THE ANESTHESIA CARE TEAM PROJECT HAS BEEN A MAJOR SUCCESS AT ST. JOSEPH’S THEIR WORK ENHANCES THE EFFICIENCY OF THE DEPARTMENT, ESPECIALLY IN THE PROVISION OF CARE IN THE CATARACT SUITE

APPROXIMATELY 20 000 SURGICAL CASES ARE PERFORMED EACH YEAR IN OUR MODERN, FULLY EQUIPPED OPERATING ROOMS. The surgical focus is on the hand and upper limb centre, endourology, ophthalmology, ENT, general surgery, gynecology, plastic surgery and care of dental patients. St Joseph’s is one of only a few sites in Canada offering robotic assisted laparoscopic surgery for both urology and gynecology patients. The Department also offers an acute pain service. The majority of patients are ambulatory, though some inpatient beds have been retained. St. Joseph’s Health Care currently acts as the Tertiary Care Obstetrical Level III Centre performing about 3 500 deliveries per year. In addition, the Department at St Joseph’s is responsible for provision of anesthesia for ECT services at the Regional Mental Health Centre. The actual service is provided by practitioners from all three sites within the city.

The major areas of subspecialty training are regional anesthesia, obstetrics and ambulatory anesthesia with chronic pain management offered through the Earl Russell Multidisciplinary Pain Centre. Fellowships are available in regional anesthesia, obstetric anesthesia and

analgesia and chronic pain. The volumes of high-risk obstetrical patients and surgical patients receiving regional anesthesia provide a very fertile learning and research ground in these areas of subspecialty care.

The anesthesia care team project has been a major success at St Joseph’s. Their work enhances the efficiency of the Department, especially in the provision of care in the cataract suite. Further developments of this program are targeted to the main operating room and enhancement of perioperative care.

An integrated surgical facility comprising modern operating rooms, pre-admit clinic, surgical day care and PACU provides an excellent daily working environment. In addition, extensive Department renovations are nearing final completion which will offer expanded accommodation for our growing Department.

Internal reconstruction and modernizing of a substantial portion of the older building is underway, to improve facilities for the majority of clinical services at St. Joseph’s Health Care. The new ambulatory surgical centre is a major portion of the restructuring effort and will provide a firm foundation for future study and care of ambulatory patients.



»» **CHRIS HARLE – UNIVERSITY HOSPITAL**

THE UNIVERSITY HOSPITAL SITE REMAINS A CHALLENGING AND EXCITING ANESTHESIA LOCATION WITH STRONG TRADITIONS OF CLINICAL EXCELLENCE AND ACADEMIC ACHIEVEMENTS IN ANESTHESIA. Annually, we provide anesthesia for approximately 10 000 adult patients from Southwestern Ontario as well as several from further afield who require the quaternary clinical and surgical services we are able to support. Notwithstanding some significant cuts to elective surgery

due to budgetary constraints in the hospital we have remained busy in the clinical arena. We have a core of highly accomplished clinical academic anesthesiologists with a wide range of skills based at this site.

Our clinical practice includes anesthesia for cardiac surgery, arrhythmia and electrophysiology services, neurosurgery, plastics and reconstructive surgery, oral and maxillofacial surgery, orthopedic surgery (including arthroplasty and sports medicine), otolaryngology, general surgery, urology, renal and liver transplantation.

We also have an active acute pain service, transesophageal echo service and we support a busy pre-admit clinic. We have a strong presence in the Critical Care areas of the site, with excellent representation from the Department of Anesthesia and Perioperative Medicine in the medical/surgical ICU and the cardiac surgery recovery unit. We are fortunate to be in a position of strength with regards to human resources, and it is now almost unheard of to have surgery cancelled or postponed due to a shortage of anesthesiologists.

We are fortunate to have been a pilot site for the provincial anesthesia care team project, and have now incorporated two full time anesthesia assistant positions into our practice. Our patients and we benefit greatly from the skills and support provided through this program.

Our site provides an excellent milieu for teaching, learning and research. The scope of our clinical practice affords tremendous opportunity, and medical students, residents and fellows alike benefit enormously from the combination of clinical opportunity and excellent clinical and didactic teaching programs. Every year we attract several observers and elective students from all over the world who enjoy the learning opportunities and experience that we are able to provide. We have a full academic program with many regular didactic teaching sessions including ‘trouble rounds’ for residents, echo rounds, problem based learning discussion and teaching rounds for the neuroanesthesia, cardiac anesthesia and liver transplant anesthesia fellows.



»» **GEORGE NICOLAOU – VICTORIA HOSPITAL**

THE VICTORIA HOSPITAL, DEPARTMENT OF ANESTHESIA, PROVIDES CLINICAL SERVICE FOR VASCULAR, THORACIC, ORTHOPEDIC (TRAUMA AND SPINE), PLASTIC (INCLUDING CRANIOFACIAL), ENT, UROLOGIC, ONCOLOGIC, GENERAL SURGICAL AND PEDIATRIC (ENT, GENERAL, UROLOGIC, NEUROSURGICAL AND PLASTIC) SURGERY. In addition, we provide anesthetic services for ‘out-of-OR’ procedures such as endoscopy/ colonoscopy, MRIs, CT scans, interventional radiology, diagnostic/therapeutic lumbar punctures, bone marrow aspirates, kidney biopsies, bronchoscopies and any other ‘out-of-OR’ procedure that might require sedation. Victoria Hospital also provides anesthesia services to the secondary level obstetric unit in the city. The site’s emphasis is the clinical teaching of residents, medical students, fellows and allied health professionals. This includes the use of a well-established anesthesia simulator program.

THORACIC AND VASCULAR ANESTHESIA – Both subspecialties have flourished and remain popular as resident rotations and as fellowship training programs. Vascular surgery has become a world leader in the endovascular management of thoracic aortic disease. Also, thoracic surgery has become a world leader and boasts one of the largest series in video assisted thoracic surgical procedures. Several recent clinical research projects in these subspecialties have been completed, and others involving video assisted thoracic surgery (VATS), and pressure limited one lung ventilation are underway. A previous project led to a change in the postoperative epidural analgesia solution utilized.

PEDIATRIC ANESTHESIA – This division is under the guidance of program director, Dr. Mohamed Ahmad, with input from members of the pediatric anesthesia subspecialty group. We currently support three dedicated pediatric surgery operating rooms, on a daily basis. In addition, we are increasing our involvement in ‘out-of-OR’ settings which include endoscopy/colonoscopy, MRIs, CT scans, interventional radiology, diagnostic/therapeutic lumbar punctures and bone marrow aspirates. We have also implemented a ‘parental presence at induction’ program in conjunction with the hospital’s ‘child life program’, and have expanded pediatric preoperative assessment and postoperative pain management services. Pain management for pediatric patients with epidurals on the ward is both offered and supported. Residents and interested staff continue to participate in the nationwide telemedicine conferences hosted by the Hospital for Sick Children, Toronto.

OBSTETRICAL ANESTHESIA – Dr. Sandra Katsiris, the citywide obstetrical anesthesia director, has successfully introduced a citywide standardized obstetrical anesthesia care approach including standardized epidural solutions, PCA and PCEA. The volume of births in this level two unit continues to increase, approaching 2 700 deliveries as final planning for the consolidation of all obstetrical anesthesia services in London to Victoria Hospital is underway. Construction at the location has begun and we expect completion in the spring of 2011.

SIMULATION – The simulation program continues to thrive under the guidance of Dr. Richard Cherry. The program continues to deliver simulation based crisis management training to anesthesia and critical care residents, as well as expanding the program to include more undergraduate medical students. Research collaboration is gaining momentum along with the general awareness and interest in health care simulation.

Finally, ongoing support of our anesthesia assistant program is at the heart of how we are able to increase our ‘out-of-OR’ commitments. We believe this initiative has been beneficial for all and should continue well into the future.

CLINICAL ACADEMIC PROGRAMS>>

ACUTE AND REGIONAL ANESTHESIA/ANALGESIA

by Kevin Armstrong and Sugantha Ganapathy

THE ACUTE PAIN SERVICE

THE DIVISIONAL ANNUAL REPORT FOR THE ACUTE PAIN SERVICE (APS) IS COMPRISED OF TWO SECTIONS. THE ACADEMIC SECTION PREPARED BY DR. SUGANTHA GANAPATHY AND THE ADMINISTRATIVE/CLINICAL SECTION PREPARED BY KEVIN ARMSTRONG. THE ADMINISTRATIVE/CLINICAL SECTION WILL REVIEW THE STRUCTURE OF THE APS AND THE VARIOUS CLINICAL ASPECTS OF THE YEAR 2009 TO 2010 AND THE PLANS FOR THE COMING YEAR.

For the academic year 2009-2010 the APS has continued to provide a large number of service days to patients in the immediate postoperative period. There are approximately 30 000 - 40 000 patient visits yearly. These are provided by the APS or anesthesia team to address issues around acute pain management. The incidence of chronic pain, and those with chronic pain presenting for surgery appears to be increasing. This means that acute pain management challenges abound at all three sites.

APS STRUCTURE

The APS provided clinical service at all three hospital sites within London. At each site there is a site coordinator. At LHSC, Dr. Kate Ower (VH) and Dr. Rakesh Bandari (UH) fulfill this role, while Dr. John Parkin is the SJHC coordinator. Dr. Kevin Armstrong is the citywide director. Acute pain management is provided by approximately 40 anesthesia providers within the city. Dr. Peter Mack, a past regional anesthesia fellow (2009-2010), is the newest member of the group.

NURSING RESOURCES

At SJHC there is nursing support to the APS physicians for clinical rounds during the first part of the day (when available), and telephone support during the rest of the day. At LHSC there is an advanced practice nurse at each site. Cindy Carnegie and Heather Fisher fulfill these rolls at UH and VH respectively. It has long been recognized that due to the clinical volume, these are full time jobs. However, in addition to clinical care Fisher and Carnegie support the educational activities of nurses and physicians. This is performed after clinical duties are completed. Additional resources would foster the ability to perform QA and research. Though recognized by administration as important aspects of teaching hospitals, financial restraints have prevented additional resources being made available.

QUALITY ASSURANCE

A goal of the APS is to improve quality assurance across the city as it pertains to patients requiring advanced pain management as part of their care. Patient issues in this area are becoming more complex (ie chronic pain patients presenting for surgery). QA will provide us with better perspectives on the effectiveness, pain management strategies and the side effect profile of our interventions. Electronic charting gives us the best opportunity to do so.



RESIDENT AND FELLOW EDUCATION

Residents gain their formal experience during a four week rotation at Victoria Hospital. There is some introduction for newer residents that occurs at UH. This usually is less than one week in duration. During any call, at any site, residents are involved in troubleshooting issues related to acute pain management. All residents have access to charts, review APS assessment and plans within PowerChart. Regional anesthesia fellows are involved in the APS at UH, and as such gain experience and potentially participate in research in this area.

ELECTRONIC CHARTING

As indicated in last year's review, we are moving ahead with the conversion from paper based charting to electronic charting. University Hospital rounds are, with very few exceptions, performed in the electronic environment of PowerChart. Within the last six months Victoria Hospital has been moving ahead and expects to be completely electronic by early 2011. Once that is established, the intention is to establish this practice at St. Joseph's Health Care. One gap identified in the electronic charting process is after-hours interventions by residents. All residents and fellows have the capability to chart within PowerChart. Over the next few months education sessions will be held to bring residents up to speed.

2009-2010 THE APS HAS CONTINUED TO PROVIDE A LARGE NUMBER OF SERVICE DAYS TO PATIENTS IN THE IMMEDIATE POSTOPERATIVE PERIOD THERE ARE APPROXIMATELY 30 000 - 40 000 PATIENT VISITS YEARLY

Electronic charting has some advantages to paper based documentation. These include legibility of entries, permanency of entries, the ability to have lab values at hand, and the ability to view this data from any terminal with Cerner access by anyone on the health care teams, to enable quality assurance, to foster research and to perform clinical billing.

ELECTRONIC ORDERS FOR APS

Over the past year there has been an initiative to develop electronic orders for the APS. This has been supported by the AMOSO Innovation Fund, which Dr. Ian Herrick has secured. We are in the process of developing electronic "order sets" for the APS. Completion and acceptance of the order sets by all stake holders is currently in review. The development of these orders will potentially allow complete rounds (charting and ordering) electronically. This is expected to be introduced over the next year.

QUALITY ASSURANCE AND RESEARCH
UTILIZING ELECTRONIC ENTRIES

A GREAT VALUE TO THE SERVICE IS THE ABILITY TO QUERY DATA WITHIN THESE DATABASES. FROM THE PERSPECTIVE OF QUALITY ASSURANCE, WE ARE CURRENTLY ESTABLISHING SUCH A PROCESS FOR THE APS. Our first attempt will be to look at data entered within the last 12 months at UH. Eventually QA data will be available for all APS patients. In collaboration with obstetrics, we are developing the capability of performing electronic charting on post cesarean section patients. This will likewise give us the opportunity to review QA in this area. Once our processes and practices are established, we can then turn our attention to research in the effectiveness and practice of postoperative pain management in the surgical and obstetrical patient groups.

BILLING

The advantage of the electronic environment includes using hospital databases to generate the information suitable for billing purposes. We are currently making a request to the hospital to allow the use of this data. This will potentially improve the work flow and capture of patient care provision.

NEGATIVE ASPECTS OF ELECTRONIC CHARTING

Time, system failure, equipment, work flow, coexisting electronic, paper medium, and inadequate resources are items identified as inhibiting the advancement of electronic charting. The complete electronic patient record is still some way away. There are some elements that have been established for some time ie lab work and dictated notes. However, many items are completed both on paper and electronically. This, for the most part, creates frustration on the part of providers as the physical chart is still required to write patient orders.

TIME

A general complaint is that charting takes longer in the electronic form. This is true initially as one learns to navigate the screen(s). With some practice this becomes easier as one becomes familiar with the layout and work flow. Individuals also have different sequences and thought processes to their interactions with patients. The difference can be overcome to an extent with customization of the screen, but this is not perfect. Having said that, most people learn to adapt quickly.

SYSTEM FAILURE

Code greys do and have occurred, but the occurrences are few. In fact they may be less common than lost charts or missing parts of a chart. Of course, not all charts are lost at once. When there is a system failure the resources to correct the issue are intensive as the electronic record is a vital part of the health care system.

EQUIPMENT

Having the appropriate computer hardware is essential for the success of this endeavour. There will be appropriate resources committed to acquire the necessary hardware to perform patient care in an unhindered environment.

LAG TIME

The hospital systems and networks were updated in 2010. While there were problems initially during the upgrade, these have settled. The upgrade has reduced lag time, but there is still an appreciable lag.



REGIONAL ANESTHESIA

THE DIVISIONAL ANNUAL REPORT FOR REGIONAL ANESTHESIA IS COMPRISED OF TWO SECTIONS: THE ACADEMIC SECTION PREPARED BY DR SUGANTHA GANAPATHY AND THE ADMINISTRATIVE/CLINICAL SECTION PREPARED BY KEVIN ARMSTRONG. THE ADMINISTRATIVE/CLINICAL SECTION WILL REVIEW THE STRUCTURE OF REGIONAL ANESTHESIA AND THE VARIOUS CLINICAL ASPECTS OF THE YEAR 2009 TO 2010 AND THE PLANS FOR THE COMING YEAR.

For the academic year 2009-2010 the regional anesthesia program continued to be very active at SJHC. There were approximately 1500 procedures over this time, the majority of which were upper limb. Approximately twenty percent of these were catheter procedures. Together with the acute pain service, in-patients are managed and potentially discharged home. The volume of peripheral nerve and truncal blocks (other than epidurals) performed at UH continues to be modest, relative to the number of suitable patients. However, the greatest number of cases suitable for these types of techniques occurs at UH. To increase the ability to provide this opportunity and improve the consistency with which regional anesthesia can be provided to suitable patients, discussions are underway to separate APS from regional anesthesia. Currently the same individual is responsible for both APS coverage and regional analgesia as required. Utilizing fellows, anesthesia assistants, residents, and staff with suitable skills we will introduce a separate provider stream. This will help with the consistency of availability of regional anesthesia, resident and fellow training and research. The incidence of chronic pain, and those with chronic pain presenting for surgery appears to be increasing. This means that regional anesthesia and pain management challenges abound at all three sites.

REGIONAL STRUCTURE

At each site there is a coordinator. At LHSC, Dr. Gary Simon (VH) and Dr. Tony Vannelli (UH) fulfill this role, while Dr. Shalini Dhir is the SJHC coordinator. Dr. Kevin Armstrong is the citywide director. Dr. Peter Mack is the newest departmental member into this division. After completing his fellowship at UWO in regional anesthesia (2009-2010) he has joined as a member, based at the UH site. His interest is education and he is currently developing learning models around epidural analgesia directed at medical students.

NURSING AND ANESTHESIA RESOURCES

At SJHC there is nursing support for regional anesthesia physicians five days a week within the block room. At UH, PACU nurses and Cindy Carnegie provide support to physicians performing a regional anesthesia technique on an adhoc basis. There is potential for anesthesia assistants to provide this support as in other academic science networks. It is anticipated that in the proposed model AAs will fulfill this role in a separated regional anesthesia provided stream.

ANATOMY TEACHING SESSIONS

Dr. Ganapathy, in conjunction with the anatomy department, has established a day long education session related to regional anesthesia. These sessions are directed primarily at residents as they start their regional anesthesia block. They occur on the first Tuesday of every new four week rotation. Fellows and consultants are free to attend. To keep the numbers manageable, registration is required for individuals wishing to attend. There is both a pre and post-test to determine if learning occurs. The sessions include the study/review of anatomy on skeletons, prosections, cross section and ultrasound scanning of a live model. To date, these have been received well.



Dr. Kevin Armstrong

A GOAL OF THE REGIONAL ANESTHESIA PROGRAM IS TO IMPROVE QUALITY ASSURANCE AS IT PERTAINS TO PATIENTS HAVING A PERIPHERAL NERVE BLOCK

RESIDENT EDUCATION

Residents gain their formal experience during a block rotation at St. Joseph’s Health Care. This is a four week experience. During this period, residents gain clinical skills in regional anesthesia under direct supervision of one of the block room physicians. They also perform a telephone follow-up postoperative day one, for those patients who have received a regional technique. Most of the techniques performed at SJHC are on the upper limb. There will be an opportunity for senior residents to do a rotation aimed at lower limb and truncal blocks at UH in the coming year. During this rotation they will also be exposed to the APS.

FELLOW EDUCATION

As in 2008-2009 there are two regional anesthesia fellows in the program. The division of surgical services within the city means that the provision of peripheral regional anesthesia services is required at two hospital sites. Fellows gain clinical experience at either SJHC (upper limb) or UH (lower limb and truncal). Peripheral nerve regional anesthesia as a system is best established at SJHC. One of the regional consultants is assigned daily to the block room. There are approximately 1 500 blocks per year. The vast majority of these are upper limb techniques. Of these, 15% are catheter techniques.

At UH, fellows gain clinical experience in both lower limb and truncal regional anesthesia. From a systematic point of the view, APS consultants are assigned to cover both the APS and regional. Due to sheer numbers on the APS service, this is difficult. Fellows, when available, improve the ability to provide regional anesthesia to suitable patients and improve their exposure to regional anesthesia.

QUALITY ASSURANCE

A goal of the regional anesthesia program is to improve quality assurance as it pertains to patients having a peripheral nerve block. QA will provide us with better perspectives on the techniques utilized, the effectiveness of postoperative pain management and the side effect profile of our interventions. This will initially be directed at outpatients receiving a regional technique. Electronic charting gives us the best opportunity to do so.

ELECTRONIC CHARTING

Electronic charting is available for recording regional anesthesia procedures. Expansion of this charting to postop assessment, will allow for more robust quality assurance parameters. Current follow-up calls are made to patients on postop day one for out-patients. Electronic charting will allow for easier evaluation of the patient experience. This will also allow for research into recovery post regional anesthesia.



AMBULATORY ANESTHESIA

by Ian McConachie

IN NORTH AMERICA APPROXIMATELY 70% OF ALL PATIENTS HAVE THEIR SURGERY ON AN AMBULATORY BASIS. St Joseph’s Health Care is the main site for ambulatory anesthesia within the city, though surgical cases are performed on an ambulatory basis at all sites. A wealth of learning opportunities is offered in ambulatory anesthesia at St Joseph’s Health Care – the largest in numbers of cases of all the anesthetic subspecialties. The emphasis is on maximizing quality of care for these patients. Dr. McConachie is also the chair of the ambulatory anesthesia section of the Canadian Anesthesiologists’ Society and actively involved in the Canadian Ambulatory Anesthesia Research and Education group (CAARE). As such, Dr. McConachie is the organiser for the ambulatory section events and lectures for the annual scientific meeting of the CAS.

Dr. McConachie also contributes specific lectures in ambulatory anesthesia to the formal residents’ lecture program. Teaching is otherwise informal. There are two main research focuses within the group. Members of the group, led by Dr. Fuller are involved in research on postoperative monitoring of obstructive sleep apnea patients. Members of the group led by Dr. Morley-Forster are involved in research on smoking cessation for ambulatory surgical patients.



ANESTHESIA ASSISTANTS’

by Jim Watson

THE PAST YEAR HAS CONTINUED TO BUILD ON THE SUCCESS OF THE ANESTHESIA CARE TEAM. WE HAVE CONTINUED WITH THE DEVELOPMENT OF THIS PROGRAM. Anesthesia assistants have been integrated into the work routines of the Department with the cooperation of the entire Department. This has allowed us to reliably provide service for some of the key wait time initiatives such as cataract surgery. In the cataract suite we use a model of care where one consultant supervises two anesthesia assistants. Other AAs assist in the block room or monitor patients after major regional blockade or provide special assistance in the operating room for more complex cases. Care of patients outside the OR such as pediatric imaging and procedures, neuroradiology or electrophysiology labs have all benefited from having consistent, reliable assistance in these challenging environments.



A WEALTH OF LEARNING OPPORTUNITIES ARE OFFERED IN AMBULATORY ANESTHESIA AT ST. JOSEPH’S HEALTH CARE... THE EMPHASIS IS ON MAXIMIZING QUALITY OF CARE FOR THESE PATIENTS

In September 2008, Fanshawe College in London initiated a training program for anesthesia assistants. The third class began in September. The Department of Anesthesia and Perioperative Medicine has been involved in the design of this program and has provided a significant amount of classroom and operating room instruction. During the basic program, run from September to December, most teaching is provided by Fanshawe College instructors affiliated with the long-established Respiratory Therapy Department. For the advanced program, or second semester, which runs from January to April most of the lectures and workshops are physician directed. Many of the senior anesthesia residents participate in teaching these courses and workshops. Residents and the participating faculty members found this to be a rewarding training experience. Enrolment has begun for next year's class.

The role of anesthesia assistants is generally becoming universal and has been recently adopted by the Canadian Anesthesiologists' Society. Currently, we are developing new models of care in areas where the Department has not had the human resources to provide coverage. This includes endoscopy and obstetrics with expanded invasive radiology. We have participated in provincial teams in association with the MOHLTC to further develop and define the roles within the Anesthesia Care Team. Review of the application of the ACT model have demonstrated a cost effective, safe and accepted model of care. We have received funding from the Ministry of Health that extends the ACT program for two more years. We will continue to explore ways to improve patient safety, efficiency and the working conditions for anesthesiologists.

CARDIAC ANESTHESIA

by Daniel Bainbridge

THE CARDIAC ANESTHESIA PROGRAM HAS REMAINED UNCHANGED FOR THE YEAR 2009-2010 WITH APPROXIMATELY 1 300 CASES DURING THE YEAR. The division again hosted three cardiac anesthesia fellows over the year. The cardiac team meeting held at Mont-Tremblant was a big success, despite constraints from sponsors, with one of the largest attendance figures for the meeting. Plans are being finalized for the 2011 meeting. Clinically, the LVAD program was started this year, although we await the first implantation. We also anticipate the resumption of the percutaneous aortic valve program in 2011. The minimally invasive and robotic programs continue with a slight increase in volume. We currently have 19 consultants providing cardiac anesthesia, and 11 consultants providing echocardiography support.

CARDIAC SURGERY RECOVERY UNIT [CSRU]

by Ron Butler

SINCE THE ESTABLISHMENT OF THIS 14 BED CARDIAC SURGERY RECOVERY UNIT AT LONDON HEALTH SCIENCES CENTRE, UNIVERSITY HOSPITAL IN MARCH 2005, THE CARDIAC SURGERY DIVISION WAS CONSOLIDATED TO THE LONDON HEALTH SCIENCES CENTRE, UNIVERSITY HOSPITAL, PERFORMING ABOUT 1 400 CARDIAC SURGERIES PER ANNUM. The CSRU specializes in the postoperative care of patients who have had cardiovascular surgery such as bypass, valve replacements, heart transplantation and robotic cardiac surgery. This unit



has state of the art equipment to meet the complex needs and fast track recovery of our cardiac surgical patients. The CSRU is medically staffed by cardiac anesthesiologists, critical care medicine, and cardiac surgery. The trainees consist mainly of anesthesia and cardiac surgery residents, critical care fellows, and cardiac anesthesia fellows. A nurse practitioner is also linking the long-term care patients in CSRU and the cardiac surgery ward. The CSRU provides excellent experience in postoperative cardiac surgery care both clinically and academically.

CHRONIC PAIN

by Pat Morley-Forster

CLINICAL CARE
IN 2009, THERE WERE APPROXIMATELY 5 500 PATIENT VISITS IN TOTAL, WITH OVER 1 100 NEW PATIENTS ASSESSED. In 2009, an M-Turbo ultrasound machine was donated to the pain clinic via the St. Joseph's Health Care Foundation. This will enable more accurate placement of a number of blocks and avoid the need for fluoroscopic guidance of some procedures. Dr. Geoff Bellingham joined the anesthesia staff in July 2009 with a focus on chronic pain management. He spent a year in a chronic pain fellowship at the Wasser Clinic, affiliated with the University of Toronto. He is well-trained in ultrasound guided nerve and facet blocks. Dr. Bellingham also has an interest in peripheral neuropathic pain including pelvic pain. In 2009, we welcomed Dr. Ramin Safakish, a staff anesthesiologist at Chatham-Kent Memorial Hospital as an adjunct professor in the Department of Anesthesia and Perioperative Medicine. He has set up a primarily interventional chronic pain practice in the Imaging Department focusing on radio frequency treatment of facet-related pain two days per week. He also assesses patients in clinic one day per week and provides a pharmacotherapy treatment with the assistance of a dedicated family doctor. We are pleased to see this develop under his leadership and plan to send fellows to him for interventional training.

EDUCATION
OUR ANNUAL WORKSHOP ON NEUROPATHIC PAIN DIAGNOSIS AND MANAGEMENT WAS HELD IN OCTOBER, 2009 WITH 20 REGISTRANTS. Speakers were Drs. Pat Morley-Forster, Dwight Moulin (Neurology) and Bill McKeough (Family Medicine/Palliative Care).

In 2009-2010, anesthesia residents, two physical medicine residents and three psychiatry residents rotated through the pain clinic for one-month rotations. Family medicine preceptorships for family doctors already in practice are offered in the pain clinic for approximately four to six physicians each year. Interdisciplinary pain rounds continue to be held on the fourth Wednesday of each month. A schedule of past and future speakers is available on our website www.londonpain.ca. Breakfast and learn sessions are held on the fourth Friday of every month with various topics. These are interdisciplinary sessions involving physicians, residents and fellows, nursing, physiotherapy, psychology and, social work. CLINICAL RESEARCH
THE SJHC PAIN CLINIC PARTICIPATED IN MANY PHARMACEUTICAL TRIALS IN 2008-2009. 430 PATIENTS HAVE BEEN REGISTERED IN THE NEUROPATHIC PAIN REGISTRY, WHICH BEGAN IN MAY 2007. This multicentre project supported by Pfizer Canada will provide long range data on outcomes of pharmacotherapy and interventional treatments for neuropathic pain. Patients who meet diagnostic criteria for central or peripheral neuropathic pain are enrolled and followed for 24 months using validated and comprehensive outcome measures. SJHC is the lead site collaborating with McGill, Mt. Sinai (Toronto), Calgary, and Ottawa. Enrolment commenced in May 2007. Another ongoing research project is a study of MRI changes with intravenous lidocaine treatment in patients with chronic pain. Dr. Collin Clarke was awarded an Earl Russell research grant to conduct this study in patients with complex regional pain syndrome.

FACULTY DIDACTIC TEACHING AND EDUCATION

Invited Presentations: Dr. Geoff Bellingham

Nov 2009 >> **Interventional Approaches to Spinal Pain** 2nd year medical student school lecture Schulich School of Medicine & Dentistry

Jan 2010 >> **Epidural Steroids for Chronic Pain An Evidence-based Approach to Management** Interdisciplinary Pain Rounds Schulich School of Medicine & Dentistry

Mar 2010 >> **Ultrasound and Musculoskeletal Pain Syndromes of the Upper Limb** Hand and Upper Limb Centre and Rehabilitation Rounds Schulich School of Medicine & Dentistry

Mar 2010 >> **Interventional Approaches to Chronic Spinal Pain** Physical Medicine and Rehabilitation resident lecture Schulich School of Medicine & Dentistry

Jun 2010 >> **Chronic Pain Blocks – Stellate Ganglion and Suprascapular Nerve Blocks** Regional Anesthesia Rounds Department of Anesthesia and Perioperative Medicine Schulich School of Medicine & Dentistry

Dr. Patricia Morley-Forster

Oct 2009 >> **Perioperative Considerations in Fibromyalgia Syndrome** OMA/CAS Section of Anesthesia Meeting

Oct 2009 >> **Diagnosis and Treatment of Chronic Pelvic Pain** Hugh Allen Education Day Dept. of Obstetrics and Gynecology

Nov 2009 >> **Second Annual Kuwaiti Anesthesia Conference** Invited Guest Professor Delivered four lectures

Apr 2010 >> **Pain and its Interface with the Biopsychosocial Realm** Invited guest speaker 7th Annual Medicine Update in Psychiatry

2009 >> **Faculty Supervisor for Dr. Sahar El-Karadawy** Anesthesiologist from Egypt University of Alexandria Faculty doing three month preceptorship in Chronic Pain



Dr. Lynn Coveney

WORKSHOPS

Dr. Geoff Bellingham

Sep 2009 >> **Southwestern Ontario Anesthesia Meeting** Airway Workshop. Department of Anesthesia and Perioperative Medicine Schulich School of Medicine & Dentistry

Sep 2009 >> **Ultrasound and Pain Medicine** Workshop facilitator Toronto Western Hospital

Jan 2010 >> **Ultrasound and Pain Medicine** Workshop facilitator Toronto Western Hospital

Jun 2010 >> **Ultrasound-Guided Interventions for Chronic Pain Medicine** facilitator, Canadian Anesthesiologist's Society Conference Montreal QC

Aug 2010 >> **Ultrasound for Pain Medicine** Symposium 13th World Congress on Pain Montreal QC



CRITICAL CARE – STEP-UP UNIT
ST. JOSEPH'S HEALTH CARE

by John Fuller

THE STEP-UP CAPABILITY AT SJHC WAS INITIATED AT MILESTONE 1, IN APRIL 2005. Step-Up has served successfully since then, providing support to higher acuity and acutely critically ill patients. Step-Up is staffed by members of the division of critical care, PACU nurses and RRTs, and clinical assistant physicians from a variety of backgrounds. At Milestone 2, a variety of higher acuity services will transfer from SJHC to LHSC. These include obstetrics, lower limb orthopedics, and major gynecology. This will result in a reduction of the number of patients likely to require critical care Step-Up support. Planning is underway to revise the format of support for such patients. There will continue to be a physician-lead medical emergency response team. Several models to replace Step-Up are under consideration. The challenge is to achieve optimal balance between reduced cost and excellent care for high acuity patients who require surgical treatment at SJHC.



EVIDENCE BASED PERIOPERATIVE
CLINICAL OUTCOMES RESEARCH GROUP

by Janet Martin, Davy Cheng, and Daniel Bainbridge

The Evidence Based Perioperative Clinical Outcomes Research (EPICOR) group is a multidisciplinary collaboration between the Department of Anesthesia and Perioperative Medicine, surgery, pharmacy, medicine, and pharmacology whose mandate is to provide comprehensive systematic reviews, meta-analyses, and health technology assessments of new and existing technologies including medical devices and equipment, surgical and other interventional procedures, drugs and diagnostic techniques in order to inform important perioperative clinical and economic questions with best available evidence. Our goal is to identify, synthesize, and translate best evidence into policy and practice, and to collaborate with others in this mission locally, nationally, and internationally.

The EPICOR group has completed research in the following areas:

PERIOPERATIVE SUPPORTIVE CARE

- Patient Controlled versus Nurse Controlled Analgesia
- NSAIDs versus Non-NSAID Multimodal Analgesia
- Amiodarone Perioperatively
- Postoperative Nausea and Vomiting
- Perioperative Gastric Acid Suppression
- Levosimendan for Prevention of Arrhythmia and Death
- Dexmedetomidine for Prolonged ICU Sedation

BLOOD CONSERVATION

- Antifibrinolytics
- Synthetic Colloids versus Albumin
- IV Irons
- Cell Saver

MINIMALLY INVASIVE SURGICAL METHODS

- Off-Pump versus On-Pump Coronary Artery Bypass Surgery
- Endovascular versus Open Vein Harvest for CABG (EVH)
- Video-Assisted Thoracic Surgery (VATS)
- Thoracic Endovascular Aortic Repair versus Conventional Open Repair (TEVAR)
- Minimally Invasive vs Conventional Mitral Valve Surgery (MI-MVS)

INNOVATIVE SURGICAL & IMAGING TECHNIQUES

- Stentless Valves versus Conventional Valves for Aortic Valve Replacement
- Multislice CT, MRI, TEE/TTE Ultrasound, versus Angiography for Aortic Dissection
- Surgical AF Ablation (MAZE and related procedures)

INTERNATIONAL COLLABORATION

In addition, EPiCOR has collaborated with other international groups to perform evidence-based systematic reviews and consensus statements. These forums provide a unique opportunity to teach surgeons, anesthesiologists, and related health care personnel about evidence-based decision-making, meta-analysis and systematic review. The following areas have been addressed by EPiCOR-led consensus conferences:

- Off-Pump Coronary Artery Bypass Surgery (OPCAB)
- Endovascular Vein Harvest (EVH)
- Transmyocardial Revascularization (TMR)
- Stentless Aortic Valves (SAV)
- Thoracic Endovascular Aortic Repair (TEVAR)
- Perioperative Colloids
- Minimally Invasive Mitral Valve Repair (MI-MVS)
- Transcatheter Aortic Valve Intervention (TAVI)

PRESENTATIONS

EPiCOR research has been presented at conferences, research centres and universities locally and internationally. The EPiCOR group also contributed to teaching opportunities and publications for the purpose of raising awareness of the need for evidence-based decision-making:

A Randomized Trial of Patient involvement in Evidence-Based Decision Making versus Usual Care: The Goal-Oriented Medication Assessment Program (GoMAP) 5th International Symposium of Teachers & Developers of Evidence-Based Health Care Italy November 2009

Making Difficult Decisions using Evidence, Ethics and Economics: Know4Go Workshop 5th International Symposium of Teachers & Developers of Evidence-Based Health Care Italy November 2009

Evidence-Based Practice, Lecture Series at the Faculty of Pharmacy University of Waterloo Winter 2009

Inhaled Nitric Oxide: Effective & Worth it? Or, unnecessary cost pressure? European Workgroup of Cardiothoracic Intensivists Budapest Hungary November 2009

Thoracic Endovascular Aortic Repair (TEVAR) European Workgroup of Cardiothoracic Intensivists Budapest Hungary November 2009

Rapid Reversal of Anticoagulation: Octaplex and FVIIa Update European Workgroup of Cardiothoracic Intensivists Budapest Hungary November 2009

Know4Go: Incorporating Evidence, Ethics, Economics for Health Care Decision Making; Honorary Lecturer Masters Program in Evidence-Based Health Care Oxford University January 2010

Know4Go: A Decision Making Approach to Systematically Incorporate Evidence, Ethics, and Economics into Decision Making Canadian Association for Population Therapeutics (CAPT) Annual Symposium Toronto March 2010

Medical Economics & Difficult Decision Making National HTA Symposium Canadian Agency for Drugs and Technologies in Health (CADTH) April 2010

Health Policy & Medical Economics Lectures for Ulysses Master of Science in Health Technology Assessment (MSchTA) Program May 2010

Minimally Invasive versus Conventional Mitral Valve Surgery: A Systematic Review International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) Annual Consensus Conference Zurich Switzerland May 2010

Consensus Conference Lecture – Minimally Invasive versus Conventional Mitral Valve Surgery: A Systematic Review, International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) Annual Meeting Berlin Germany

Drug Therapy Decision-Making & Hospitals: Advancing the Patient Safety Agenda 3rd International Patient Safety Congress Istanbul Turkey June 2009

FEATURE

Cheng D, Martin J, Dunning J, Shennib H, Muneretto C, Schueler S, von Segesser L, Sergeant P, Turina M, on behalf of the adhoc EACTS/ESCVS committee Endovascular versus Open Surgical Repair of Thoracic Aortic Disease: A Systematic Review and Meta-Analysis of Comparative Studies J Am Coll Cardiol 2010;55(10):986-995

(This paper was selected for Late-Breaking Clinical Trials Spotlight presentation, ACC 2009. It was highlighted in TCTMD – The Premier Educational Resource for Interventional Cardiology and Endovascular Medicine Community. It was also featured in Cardiosource, theheart.org, and www.thedoctorschannel.com/video/2908.html.)

For more publications from EPiCOR see p. 60



THE AIM OF THE NEUROANESTHESIA FELLOWSHIP PROGRAM IS TO PROVIDE ADVANCED TRAINING TO THOSE INDIVIDUALS WHO EITHER PLAN TO ENTER ACADEMIC ANESTHESIOLOGY WITH AN EMPHASIS IN NEUROSURGICAL ANESTHESIA OR THOSE WHO WISH TO PRACTICE IN A SETTING THAT HAS A LARGE NUMBER OF NEUROSURGICAL PROCEDURES. Trainees gain knowledge not just through case experience, but also through an organized teaching program. The fellowship is designed to improve expertise in the following areas

CLINICAL NEUROANESTHESIA

CEREBROVASCULAR SURGERY AND ENDOVASCULAR TREATMENT

We are a national referral centre for the management of patients with cerebral aneurysms and arteriovenous malformations.

SURGERY FOR INTRACTABLE EPILEPSY

While we have been doing this type of surgery for more than two decades, it is only recently that neurologists and neurosurgeons worldwide have come to realize the therapeutic potential of such surgery and this has resulted in epilepsy surgery becoming one of the “fastest growth areas” in neurosurgery. Patients are done awake but sedated so that their speech and motor areas of the brain can be mapped prior to surgical excision.

STEREOTACTIC SURGERY

This is used for diagnostic biopsies, management of chronic pain and movement disorders, and the management of intractable epilepsy. Each of these requires different anesthetic approaches.

In addition to the above “special areas”, fellows will be exposed to a wide variety of the more usual neurosurgical procedures, including endoscopic neurosurgery, craniotomies for tumors and hemifascial spasm, carotid endarterectomy, and spinal instrumentation.

MONITORING/DIAGNOSTIC SKILLS

Fellows have the opportunity to learn how to use transcranial doppler, cerebral oximetry, evoked potential and EEG monitoring during surgery.

NON-ANESTHESIA EXPERIENCE

Fellows spend a brief period on the epilepsy service to have a better understanding of the total management of patients with epilepsy and to learn (much) more about the reading, use and potential of EEG monitoring.

As well, a similar brief period is offered in the neuroradiology department to learn more about the indications and uses of diagnostic and interventional neuroradiology and to become much more facile with the interpretation of CT scans, MRI, etc.

RESEARCH/ACADEMIC ACTIVITIES

The Department offers a variety of clinical research opportunities. It is our expectation that each fellow will complete at least one research project taking it from conception through to completion. In addition, each fellow is expected to write at least one review article/book chapter. Further participation in research and writing activities is always welcomed and encouraged.

Under supervision, fellows will also review manuscripts submitted to a variety of anesthesia journals, abstracts submitted to anesthesia scientific meetings, and grant applications. These activities together with the research activities outlined above will provide fellows with an excellent insider’s view of the entire research process.

For fellows interested in medical education, we encourage them to take the two day or the five day course “Teaching at the University Level” offered by The University of Western Ontario. For those who anticipate that teaching will be a major component of their career, we advise our 30 week teaching course for medical educators.

CONSOLIDATION OF OBSTETRICAL ANESTHESIA CARE IN ONE INSTITUTION WILL VASTLY IMPROVE THE ABILITY TO STANDARDIZE PROCESSES AND PROCEDURES, AS WELL AS FORM THE BASE FOR A LARGE PATIENT RECRUITMENT POOL FOR RESEARCH ENDEAVOURS

OBSTETRICAL ANESTHESIA
by Sandra Katsiris

THE VOLUME OF DELIVERIES IN THE CITY FOR THE 2009-2010 FISCAL YEAR WAS APPROXIMATELY 6 000, WHICH IS SLIGHTLY LOWER THAN IT HAS BEEN IN THE PREVIOUS FEW YEARS. Although St. Joseph’s Health Care (SJHC) remains the tertiary obstetrical referral centre in the city, London Health Sciences Centre-Victoria Hospital (LHSC-VH) continues to see an increasing number of complex patients. The percentage of high-risk patients was 64% and 50% at each of the respective institutions. The number of deliveries at LHSC-VH was only about 500 below the number at SJHC this past year. The epidural rate was approximately 73% at both institutions. The cesarean section rate was 25%, with approximately 90% of these cases being done under regional anesthesia. Internal work on The Grace Donnelly Women’s and Children’s Health Pavilion at LHSC-VH is well underway. The current estimated occupancy date for consolidation of obstetrical anesthesia services at this site is June 2011. Takeover of the building by the institution is expected to occur in March 2011, leaving two months’ time for space tours and functional space planning. Dr. Richard Cherry is heading up a simulation education team to plan and execute simulated scenarios in the new space

before patient occupancy. This is a multidisciplinary initiative, and it is hoped that this effort will smooth the transition for all staff (physician, midwifery, nursing, ancillary care personnel) into the new space. Ongoing discussions regarding clinical care coverage for both consultants and residents will be finalized in the coming year as the lengthy planning process comes to conclusion. Consolidation of obstetrical anesthesia care in one institution will vastly improve the ability to standardize processes and procedures, as well as form the base for a large patient recruitment pool for research endeavours. The core resident rotations through the high-risk obstetrical unit at SJHC were fully subscribed. In addition to core UWO trainees, there were several residents from other institutions who chose to come to London for elective experience in obstetrical anesthesia. Dr. Indu Singh has been coordinating these rotations. As in past years, obstetrical anesthesia was a common theme in trainee presentations at regional, national and international meetings. The obstetrical anesthesia fellowship program had Dr. Carol Bradbury (from the UK) as a clinical fellow this year, and will welcome Dr. Kristine Marmai next year.

PALLIATIVE CARE
by Valerie Schulz

PALLIATIVE CARE IN CRITICAL CARE
AT LONDON HEALTH SCIENCES CENTRE

Palliative medicine expertise benefits selected critical care and ventilated chronic care and out-patients. Local, provincial, national and international initiatives support the integration of palliative care in these locations. London Health Sciences Centre has expanded palliative care to the critical care trauma centre; medical surgical-intensive care unit; cardiac surgery recovery unit; and trauma observation unit. As the dedicated palliative medicine consultant in the LHSC critical care program, I have fulfilled roles based on clinical, educational, administrative and research objectives. Clinically, consultations are provided in critical care settings for end of life care support and symptom management. Palliative symptom management applies to critical/acute/chronic care patients, in particular those requiring ventilatory support whose quality of life is significantly affected. Special attention is paid to symptoms such as pain, shortness of breath, anxiety, delirium, thirst and so on. Palliative care consultations in critical care link directly to the general palliative care service LHSC, for their ward consultations and assisting in transfers to a palliative care unit. Palliative care principles and practices include participation in patient care decision making. Palliative care, critical care education is provided; on each junior resident rotation, within the senior resident half day education, and directly through bedside education during consultations. In addition, the palliative medicine consultant has one on one resident teaching to advance the skills of individual physicians. The palliative medicine consultant administratively collaborates with critical care personnel during end of life policy decision making, policy development and implementation. The palliative medicine consultant is involved in initiatives that are designed to improve the quality of patient care, and the comfort in staff providing end of life care in critical care

settings for example with board rounds to discuss complex patients and secondly with delirium education, assessment and management. As well, from a research perspective, the palliative physician supports national projects, local research with residents and medical students. One initiative is studying the organization and process of board rounds for this to occur in a meaningful, productive manner. Secondly, delirium education, assessment and management has been integrated as a quality improvement project and studied as a research project. The integration of palliative medicine into LHSC critical care program was made possible through the vision and support of Dr. Davy Cheng, Chair/Chief of the Department of Anesthesia and Perioperative Medicine.



Dr. Valerie Schulz



PEDIATRIC ANESTHESIA

by Mohamad Ahmad

THE PAST YEAR HAS BEEN A BUSY AND CHALLENGING ONE FOR THE PEDIATRIC ANESTHESIA PROGRAM.

An external review of the program was conducted by Dr. Robin Cox of the Alberta Children’s Hospital. He was aided by our own Dr. Kevin Armstrong. The external review was generally positive. Some recommendations were made to help bring us in line with the rest of the country. These include directing anesthetic care of very young children to our subspecialty group, reduction of mixed adult-pediatric lists and increased formal teaching of pediatric anesthesia. We have developed guidelines as a result. Despite the departure from traditional LHSC practice these initiatives may represent, we have had overwhelming support from staff anesthesiologists and surgeons.

On the manpower front, Dr. Tom Howlett joined our Department with the intention of doing pediatric anesthesia and intensive care. Unfortunately for us, Dr. Howlett has had to return to the United Kingdom. Dr. Vanessa Fantillo, a 2010 graduate of our residency program is currently in a year of combined pediatric intensive care and anesthesia training at LHSC and the Hospital for Sick Children. We hope to welcome Dr. Fantillo back as a staff anesthesiologist in 2011. Dr. Phil Kruger, currently a PGY5 in our residency program, has been accepted into a pediatric anesthesia fellowship at the Hospital for Sick Children and has expressed an interest in returning to London. Dr. Jeffrey McNamara and Dr. Arif Al-Areibi have joined the pediatric anesthesia subspecialty group.

The anesthesia assistants have become an integral part of the provision of pediatric anesthesia especially out of the operating room. They have improved efficiency and patient safety. The anesthesia assistant program has faced funding challenges over the past year however and this created a great deal of anxiety. Potential loss of the program stimulated many supportive letters of support from surgeons, pediatricians and nursing staff. Fortunately, the Government of Ontario has extended the funding for another two years while a permanent funding model is established.

The operating room anesthesia workload has remained stable. Demand for out-of-OR anesthesia services continues to increase. The addition of a second MRI scanner at Victoria Hospital has stimulated discussion about a second day of pediatric MRI a week in order to reduce the year-long waiting list. Interventional radiology increasingly needs our services and often on short notice. Pediatric endoscopy is working towards doubling their time to a full day a week. Pediatric cardiology plans to resume their interventional program. Other programs and services have also requested anesthesia time.

Another challenge for the upcoming year is the transfer of the neonatal intensive care unit from SJHC to VH. The equipment, nursing and respiratory therapy support differs significantly between the two sites. We plan to address this challenge by the end of the year. The new NICU will have a procedure room which should reduce the need to transfer these sometimes very unstable children to the OR. The opportunity to integrate neonatal cases into the pediatric anesthesia residency rotation is also most welcome. Residents on this rotation have usually missed these cases because they were performed at another hospital.

Academically, our residents have uniformly reported positive experiences during their pediatric anesthesia rotations. This was corroborated by the external review. Our Department presented a case at the Hospital for Sick Children Canadian Pediatric Anesthesia Telemedicine Rounds for the second time in almost as many years and thus raising our national profile. We have also joined a newly formed national interest group in pediatric anesthesia research.

We are promoting increased use of ultrasound for vascular access and regional blocks into pediatric anesthesia practice. Simulation and a series of rotating lectures are academic initiatives we are pursuing as well. Lastly, I would like to thank my predecessor Dr. Lynn Coveney for all the hard work she put into building the pediatric anesthesia program and the insight she continues to provide.



QUALITY ASSURANCE

by Ian Herrick

THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE HAS AN ESTABLISHED TRADITION OF HIGH QUALITY CARE.

Over that past two years, the Department has refined its quality framework and established a formal program with the following mandate:

- Assist Chair/Chief and Site Chiefs with monitoring and promoting high quality anesthesia care
 - Selectively monitor and/or respond to opportunities to enhance the quality and safety of care
 - Provide a forum for the post hoc systematic review of critical incidents and events impacting anesthesia care
 - Support education by encouraging the engagement of Department members and trainees in projects to assess and enhance quality care
 - Support research activities aligned with the objectives of the departmental QA framework and ‘learnings’ derived from local research initiatives with relevance to the quality or safety of anesthesia care
- Centred on the citywide quality committee with departmental representation from each of the London hospitals (SJHC, VH and UH) the program provides:
- 1) ongoing clinical audit activity for a panel of perioperative indicators and events related to anesthetic care,
 - 2) formal clinical care screening using established ‘trigger tool’ methodology,
 - 3) structured review process for screening activity and perioperative critical events involving anesthetic care.

HIGHLIGHTS OF ACTIVITY FOR 2009-2010

The committee was pleased to note a very favourable trend in the monitored perioperative care indicators over the past 12 months. In view of these observations, the committee has undertaken to review several indicators for selected periods in 2009 and 2010 to better understand the factors driving these changes. The review will be conducted over the next year.

- With the support of the postgraduate education committee the quality committee enthusiastically added two postgraduate trainees to the committee membership
- The committee developed and approved a process to incorporate surveillance screening of anesthesia record quality in the audit process
- Review and promotion of anesthesia guidelines for reporting adverse events using the Adverse Event Management System (AEMS)
- Endorsement and promotion of hospital initiative to expand SurgiNet documentation modules within the perioperative care setting
- Ongoing review and refinement of the LHSC perioperative indicator panel in collaboration with perioperative care leadership
- Departmental reporting at citywide quality rounds
- IHI trigger tool and perioperative anesthesia audit process
- Perioperative audit results for 2009
- Obstetric anesthesia – dural puncture and patch rates at SJHC
- Review of corporate ‘Surviving Sepsis’ project
- Overview of Excellent Care for All Act – implications for anesthesia
- Adverse event reporting (AEMS) guidelines for anesthesia



SIMULATION/CSTAR

by Richard Cherry

IN THIS ACADEMIC YEAR, OUR DEPARTMENT GRADUATED THE FIRST COHORT OF WESTERN ANESTHESIA RESIDENTS TO EXPERIENCE SIMULATION TRAINING THROUGHOUT THE ENTIRETY OF THEIR RESIDENCY. This is a significant milestone, in that simulation based training has established itself as an integral part of our postgraduate training program. The program has become stronger through increasing diversity of faculty interest, the introduction of formalized research projects, and ongoing collaborative simulation endeavours locally, nationally and internationally. We consistently deliver high quality simulation based crisis management training to anesthesia and critical care residents and continue to expand our instruction of undergraduate medical students. The Department of Anesthesia and Perioperative Medicine simulation program is now being recognized as a leader and valuable resource in the simulation community. As other departments such as pediatrics, internal medicine and obstetrics are starting to pursue the benefits of simulation, we are providing support and guidance to assist their program development.

Similar to last year, the simulation program has delivered and debriefed close to 300 simulation scenarios to more than 350 participants. Participants continue to be drawn from multiple areas of health care. Anesthesia residents and critical care junior residents make up the majority of simulation participants with the latter being composed of residents from almost every postgraduate program in the Schulich School of Medicine & Dentistry. The program also continues to deliver critical event simulation training to surgical junior residents, critical care fellows and other specialized training groups such as CCOT. At the undergraduate level, several courses now integrate simulation-based activities into their course curriculum through our group's effort. First year medical students are provided a voluntary simulation experience during consolidation week to put their clinical assessment, decision-making and management skills into practice in the simulation environment. In CME, simulation was again a popular component of the local Southwestern Ontario Anesthesia Meeting. All of these programs continue to receive very high evaluations by the participants.

Research relationships continue to flourish with the Department of Surgery, the Ivey School of Business and recently the Centre for Educational Research and Innovation (CERI). The group presently has one active grant through the American College of Surgeons and four ongoing research projects.

This year also marked the start of several exciting projects. In keeping with the LHSC strategic plan to embrace simulation training and education, and in anticipation of LHSC program transfers at Milestone 2, the simulation group has been meeting with program transfer committees to introduce "in situ" simulation exercises in newly constructed clinical spaces such as the Grace Donnelly Women's Health Pavilion. These exercises will utilize simulation training to integrate and orientate clinical teams as well as identify unexpected system errors within the environment. It is anticipated that this initial project will mark the beginning of additional simulation-based hospital programs related to patient safety and staff training.

In July 2010, we will also inaugurate the simulation fellowship program at Western. The arrival of two simulation fellows will provide us great opportunities to expand our current teaching role, our research activity and the profile of the program. The sustainability of the fellowship program is also encouraging with several applications already received for the 2011 academic year.

As the demand for simulation training continues to grow, we anticipate program expansion and a need to disseminate our knowledge and experience in this field. To that end, several 'train the trainer' courses will be organized in the next academic year to facilitate quality faculty development.

Lastly, we are looking forward to the opening of the Kelman Centre for Advanced Learning in October 2010. The Kelman Centre will provide two dedicated, fully equipped simulation rooms and debriefing facilities with the capability to handle large group simulations for team processes. This will mark a significant improvement compared to our current facility arrangement and provide the environment to make our simulations all the better.



TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

by Ivan Iglesias

2009-2010 WAS ANOTHER STRONG YEAR FOR OUR SERVICE. ONCE MORE, ALL OF OUR FELLOWS PASSED THE NBE/PTE EXAM, AND WE HAVE TO THANK OUR FACULTY MEMBERS FOR THEIR DEDICATION TO KEEP OUR PROGRAM CONTINUING ITS SUCCESS IN TEACHING TRANSESOPHAGEAL ECHOCARDIOGRAPHY.

The program for renewal of our three old remaining units is supported by the administration and will take place during the next three years, bringing our resources to a more updated condition. The Department also owns a Sonosite unit that is being used for vascular access. Another unit will be acquired by the end of 2010 for better support to these procedures. We are pleased to state that most central catheters inserted at University Hospital are guided by ultrasound which keeps pace with the current recommendations to increase patient safety during these procedures.

The diagnostic support provided by the Intraoperative Echocardiography Service has a well established reputation among the different surgical groups and intensive care units and we have been able to help in many different scenarios in the OR in cardiac and non-cardiac surgical procedures and also in postoperative

situations in intensive care. We will continue increasing our participation in the perioperative setting as the advantage of the information for diagnosis, monitoring and management of patients gained through the application of ultrasound becomes more widely applied in current medical practice.

Our Department led the organization of the first Latin American course on TEE and ultrasound on May 23-25 in Bogota Colombia. 150 attendees from all over Central and South America including Mexico, Dominican Republic, Costa Rica, Panama, Venezuela, Colombia, Ecuador, Peru, Chile, Uruguay and Argentina registered for the meeting. The sessions were interactive and included seven video review exams. The meeting was a huge success and a second one is in the works for 2011 including an advanced component and the use of simulators.

Our group keeps enjoying a great collaboration with both Toronto (UHN) and Montreal (Montreal Heart Institute) exchanging information and increasing opportunities for academic activities.



THORACIC AND VASCULAR ANESTHESIA

by George Nicolau

THE ACADEMIC THORACIC AND VASCULAR ANESTHESIA PROGRAM CONTINUES TO THRIVE AND GROW AT AN EXPONENTIAL RATE IN THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE AT THE UNIVERSITY OF WESTERN ONTARIO. Located at Victoria Hospital, it is an extremely busy program covering all types of complex elective and emergency cases, with the exception of lung transplantation.

Vascular surgery operates five times a week and thoracic surgery four times a week. We have monthly morbidity, mortality and multidisciplinary rounds with our surgical colleagues to assure quality control and to keep up on current events.

The majority of vascular and thoracic patients coming through our institution have multiple coexisting diseases including severe cardiorespiratory compromise. These patients have an extensive preoperative evaluation by anesthesia and/or internal medicine, cardiology and respirology. We have developed a multidisciplinary perioperative high-risk clinic for optimization and follow up of these patients. The thoracic and vascular surgical programs have their own postoperative step-down monitored units with invasive monitoring capabilities.

THORACIC SURGERY
The robotic and video-assisted thoracic surgical programs (VATS) are well developed at our institution and currently account for 80% of cases, the remainder being open thoracotomies or investigative procedures. On average, per year, we perform 300 major pulmonary resections and 80 esophagectomies. We have the largest experience with esophagectomies and VATS procedures in Canada. To enhance our clinical experience and improve our teaching program we have developed an advanced VATS surgery and anesthesia workshop using a pig model. Here, consultants can enhance their skills in fiberoptic bronchoscopy and management of ventilation. The pediatric thoracic anesthesia program is evolving with the recruitment of a pediatric thoracic surgeon. Pediatric thoracic procedures include investigative, video-assisted and open procedures. Alongside this, is the adult and pediatric regional anesthesia and acute pain program, allowing for excellent perioperative pain management.

VASCULAR SURGERY

The Vascular Division of Surgery at Victoria Hospital has and continues to be a pioneer in endovascular stenting of abdominal and thoracic aneurysms and claims one of the largest series in North America. Ruptured abdominal and thoracic aneurysms that have favourable anatomy are repaired by the endovascular route at our institution. The thoraco-abdominal aneurysm program is well developed and these aneurysms are now generally repaired using endovascular branched stents. The thoraco-abdominal aneurysms that cannot be repaired by using endovascular stents are repaired utilizing partial left heart bypass. Recently, we have started repairing aortic arch aneurysms via the endovascular route. We use rapid ventricular pacing to optimize surgical conditions before stent deployment. On average per year, we perform 150 open abdominal aneurysm repairs, 35 endovascular thoracic, 150 endovascular abdominal and ten endovascular thoraco-abdominal aneurysm repairs.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

Our transesophageal program is well developed with formal teaching and multidisciplinary weekly rounds. TEE is specifically available for management of thoracic aneurysm stenting and for adjunctive management of the vascular patient with associated cardiac disease. While not every anesthetist involved in vascular anesthesia is experienced in TEE, there is usually one anesthetist experienced in TEE, available for guidance.

RESEARCH PROJECTS IN PROGRESS

- Role of continuous positive airway pressure and positive end-expiratory pressure on PaO₂ during one-lung ventilation utilizing lung protective ventilation strategies
- Atelectasis after pulmonary lobectomy: the effect of air during one-lung ventilation (OLV) on postoperative atelectasis
- Use of near-infrared spectroscopy for monitoring spinal cord perfusion in endovascular repair of thoracic aortic aneurysms
- Biochemical markers of spinal cord ischemia in patients undergoing thoracic aortic endovascular repair

RESIDENTS TRAINING

Our residency program includes two four-week blocks of subspecialty training in vascular and thoracic anesthesia. Educational objectives are clearly outlined and monitored through daily assessments. Reading material is provided and residents are encouraged to partake in clinical research. At the beginning and the end of their rotations, the residents have an MCQ examination to assess improvement during their rotation. An oral examination is also administered at the end of the rotation.

FELLOWSHIP PROGRAM

Our fellowship program is well established with ongoing clinical research opportunities, in collaboration with our surgical colleagues. The program is one year in duration. Each week, the fellow works two days independently in the

operating room, one day in vascular and one day in thoracic with a consultant. The fifth day is for academic and research projects. The fellows are encouraged to attend x-ray rounds, thoracic and vascular rounds, fiberoptic bronchoscopy clinics and transesophageal rounds. Reading material is provided and fellows are encouraged to go to another centre for two weeks to broaden their experience. The fellowship program is extremely flexible, and is designed to accommodate the individual fellow's needs.

SIMULATION

We have begun integrating our subspecialty training (fellows and residents) with simulation modules. This has met with great success with trainees and instructors alike. This environment allows for better preparation in this clinically diverse population. We anticipate the continued development in this frontier of enhanced learning.

SUMMARY

Overall, the thoracic and vascular program at Victoria Hospital is a very busy program with an incredible variety of interesting and complex cases. It is constantly evolving to keep up with medical and technological advances, to ensure that patients receive the most optimal perioperative care currently available. The program offers excellent opportunities for fellows to become proficient in adult and pediatric thoracic and vascular anesthesia and transesophageal echocardiography, both in a clinical and research setting. It is designed to meet the individual's needs, along with the best exposure to the available clinical caseload.



Dr. Geoff Bellingham

WE BECOME STRONGER THROUGH INCREASING DIVERSITY OF FACULTY INTEREST





Dr. Richard Cherry

EDUCATION

CITYWIDE CME EVENTS FOR CONSULTANTS,
FELLOWS, RESIDENTS AND SOUTHWESTERN
ONTARIO ANESTHESIOLOGISTS WERE

Multidisciplinary Evening Rounds

For: Cardiac Anesthesia, Cardiac Surgery,
Perfusion, Respiratory Therapy, CSRU Staff
Presentation By: Dr. Michael Poullis BSc (Hons) MBBS
(Hons) MD FRCS (CTh) Consultant
Cardiothoracic Surgeon Cardiothoracic Centre (CTC)
Liverpool United Kingdom
»» September 2009

**2009 Southwestern Ontario Anesthesia Meeting
Airway Workshop**

The London Health Sciences Centre UH CSTAR
Jointly Organized By: Drs. I Iglesias, C Harle, J Granton,
D Bainbridge, T Turkstra
Department of Anesthesia and Perioeprative Medicine
The University of Western Ontario
»» September 2009

PROGRAM»»

CONTINUING MEDICAL EDUCATION

by Ian Herrick

Multidisciplinary Department of Anesthesia and
Perioperative Medicine & Division of Orthopaedic Surgery
**World Anesthesia Day Lecture: Anesthesia – From Art to
Science & Beyond**

Presentation By: Dr. Jack Kitts MD MBA FRCPC President
& CEO The Ottawa Hospital Associate Professor of
Anesthesiology The University of Ottawa
»» October 2009

Perioperative Multidisciplinary Grand Rounds

Presentation By: Jeannie Callum, BA, MD, FRCPC, CTBS
Director of Transfusion Medicine & Tissue Banks
Sunnybrook Health Sciences Centre Associate Professor
Department of Laboratory Medicine and Pathobiology
University of Toronto
»» October 2009

CSTAR's Varkey Regional Anesthesia Update 2009

London Health Sciences Centre UH CSTAR
Course Director: Dr. Sugantha Ganapathy
Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
»» November 2009

**Departmental Citywide Grand Rounds: Quality Assurance
Committee Update – A Six-Month Overview of the
Anesthesia Quality Assurance Program**

Presentation By: Drs. I Herrick, M Lampe, I Singh
»» November 2009

Departmental Citywide Grand Rounds

Presentation By: Dr. Steven L. Shafer MD Editor-in-Chief
of Anesthesia & Analgesia Professor Department of
Anesthesiology Columbia University
»» December 2009

Multidisciplinary Dinner Lecture

Presentations By: Dr. Wojciech Dobkowski & Dr. Christopher
Harle Department of Anesthesia and Perioperative
Medicine; Dr. Bob Kiaii Department of Surgery Division
of Cardiac Surgery; Mr. Jim MacDonald Clinical
Perfusion Services
The University of Western Ontario
»» December 2009

Perioperative Multidisciplinary Grand Rounds

Presentation By: Dr. Bryce Taylor MD FRCSC FACS;
James Wallace McCutcheon Chair in Surgery Surgeon-
in-Chief & Director of Surgical Services University Health
Network Professor and Associate Chair Department of
Surgery University of Toronto
»» January 2010

The Winter Cardiac Team Meeting 2010

Jointly Sponsored By: The Department of Anesthesia and
Perioperative Medicine The University of Western Ontario
Schulich School of Medicine & Dentistry and
The Montreal Heart Institute University of Montreal.
Course Directors: Dr. John M Murkin Department of
Anesthesia and Perioperative Medicine; Dr. Bob Kiaii
Department of Surgery Division of Cardiac Surgery
Scientific Committee: Drs. D Bainbridge, D Cheng, S Dain,
A Denault, W Dobkowski, I Iglesias, B Kiaii, Mr. A Cleland
Organizing Committee: S Adams, M Portokalis-Valeriote
Mont-Tremblant QC
»» February 2010

Departmental Citywide Grand Rounds

Presentation By: Dr. Miguel Arango
Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
February 2010

Multidisciplinary

Department of Anesthesia and Perioperative Medicine
Division of Orthopaedic Surgery
March 2010

Departmental Citywide Grand Rounds

Presentation By: Dr. I Singh
Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
London Health Sciences Centre and St. Joseph’s
Health Care, London
April 2010

Perioperative Multidisciplinary Grand Rounds

Preoperative K+ - How Much is Too Much?
Presenters: Dr. A Sugimoto Associate Professor
Gynecologic Oncology Department of Obstetrics &
Gynecology; Dr. A Garg Director Kidney Clinical Research
Unit; Dr. N Badner Associate Professor Department of
Anesthesia and Perioperative Medicine
The University of Western Ontario
May 2010

**Departmental Citywide Grand Rounds: Quality Assurance
Committee Update – Recent Developments That You
Should Know About**

- Subtopics:*
- Excellent Care for All Act – Overview for Anesthesia (Dr. D Cheng)
 - Adverse Event Reporting – Guidelines (Dr. C Railton)
 - A Review of Charting Practices – CPSO Practice Assessment Tool (Dr. I Herrick)
 - The Surviving Sepsis Project – Sepsis Plan (Dr. C Fernandes – Chair, LHSC MAC)
 - Presentations By: Drs. D Cheng; I Herrick; C Railton

Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
London Health Sciences Centre and St. Joseph’s
Health Care, London
Dr. C Fernandes Chair Medical Affairs London Health
Sciences Centre
June 2010



Dr. Sal Spadafora and Dr. Davy Cheng at UWO booth, CAS Montreal.

FELLOWSHIP PROGRAM
by Rosemary Craen

FELLOWSHIPS IN CARDIAC, NEUROSURGICAL,
TRANSPLANTATION, REGIONAL, OBSTETRICS,
PAIN MANAGEMENT, AND VASCULAR & THORACIC
ANESTHESIA ARE OFFERED EACH YEAR AT
THE LONDON HEALTH SCIENCES CENTRE AND
ST. JOSEPH’S HEALTH CARE, LONDON.
FELLOWSHIPS ARE 12 MONTHS IN DURATION.

Programs are individualized to meet the goals of
successful applicants. Generally, clinical experience is
the focus along with improvement in clinical research.
Fellows spend approximately four days per week in clinical
activities with one day per week protected for non-clinical
activities, and participation in night call schedule (from
home). Fellows are also encouraged to be actively involved
in resident, medical student and nursing education, didactic
lectures and to participate in anesthesia rounds and
specialty conferences. Applications are usually
considered 12-18 months prior to the start date.

POSTGRADUATE EDUCATION
by Jeff Granton

POST GRADUATE EDUCATION (PGE) IN THE DEPARTMENT OF
ANESTHESIA AND PERIOPERTIVE MEDICINE ENJOYED ANOTHER
SUCCESSFUL ACADEMIC YEAR IN 2009-2010. Dr. Jeff Granton
continues as the program director for the residency training program.
During the past academic year. The University of Western Ontario had
42 anesthesia residents and over 40 off-service residents hosted from other
residency training programs. In addition, we are pleased to be assisting with
the training of physician assistants from the Canadian Forces.

The program continued to provide excellent teaching, clinical exposure,
research opportunities and a comprehensive approach that involved
virtually every member of the Department, citywide, in some capacity. The
overall program continues to strive for excellence in training that prepares
our candidates for a career of both clinical and scholarly activity.

EDUCATIONAL ACTIVITIES

The program continues to offer high quality general and subspecialty
rotations including:

- Acute Pain Airway Management
- Ambulatory Anesthesia
- Cardiac Anesthesia
- Chronic Pain
- Neuroanesthesia
- Obstetrical Anesthesia
- Palliative Medicine
- Pediatric Anesthesia
- Perioperative Medicine
- Pre-admission Clinic
- Regional Anesthesia
- Thoracic Anesthesia
- Vascular Anesthesia

RESIDENT RESEARCH DAY

Our resident research day took place at University Hospital on June 4th,
2010. This full day event, held jointly with the Anesthesia Program at
McMaster University, was a great success. The University of Western
Ontario residents presented the following excellent work:

- Mitral Valve Replacement & Refractory Thyrotoxicosis
Dr. Laura Wakely PGY4
- Case Report: Pseudoaneurysm of the Intervallular Fibrosa
Dr. Ahmed Hegazy PGY1
- DHS Fixation of a Femoral Neck Fracture in an Elderly Patient
with Critical Aortic Stenosis Under Femoral Nerve Block and
Remifentanyl Infusion
Dr. Marc Stalder PGY2
- CPAP5 vs PEEP5 for PaO₂ Optimization During STV OLV
Dr. Camille Goure PGY4
- Prevention of Post-Dural Headache in Obstetric Patients Having
Epidural Catheters for Labour Analgesia: A Systematic Review of
Randomized Clinical Trials
Dr. Laura Wakely PGY4
- Use of Reservoir to Mitigate ETT Cuff Pressure Changes
Dr. Sanjay Patel PGY2
- International Cardiac Surgery in Arequipa, Peru:
The London Experience
Dr. Kenneth Ryan PGY4

There was also a special guest lecture by Dr. Brian Kavanagh, Professor
and Chair of the Department of Anesthesia at the University of Toronto.

EACH AND EVERY MEMBER OF THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE MAKES THIS PROGRAM A SUCCESS

Simulation

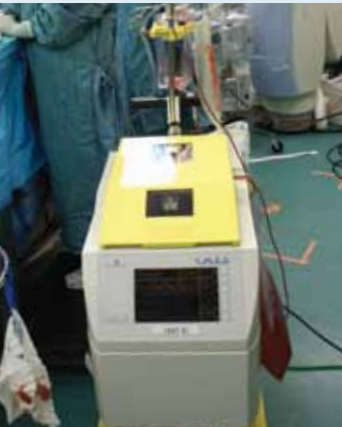
Simulation is now a core component of the residency training program with regular sessions at all levels of residency training. Led by Dr. Richard Cherry, this program allows anesthesia residents to practice vital crisis resource management skills and is rapidly becoming one of the most popular aspects of the residency program. With the recent addition of two anesthesia fellows to the program, simulation has moved to new heights within the Department.

Thanks from the Program Director

The following people have served the postgraduate education program and I wish to acknowledge them for their help and thank all the faculty members for their hard work.

Each and every member of the Department of Anesthesia and Perioperative Medicine makes this program a success. A special thanks is extended to Ms. Linda Szabo, our education coordinator, who helps make every component of the program run smoothly and efficiently.

As I look back on my time as program director in anesthesia, I am overwhelmingly pleased by the broad base of support from all clinical faculty at all sites for our educational mandate. It has been a pleasure to lead such a dedicated group of teachers and learners.



PGE Committee Members (2009-2010)

- Dr. Pod Armstrong – St. Joseph's Health Care Site Coordinator
- Dr. Davy Cheng – Department Chair/Chief
- Dr. Richard Cherry – IT/Simulation Coordinator & Royal College Examiner
- Dr. Rooney Gverzdys – Victoria Hospital Site Coordinator
- Dr. Rosemary Craen – University Hospital Site Coordinator
- Dr. Sandra Katsiris – Associate Program Director and Royal College Examination Vice Chair
- Dr. Ed Roberts – SWOMEN Windsor Representative
- Dr. Indu Singh – Research Coordinator
- Dr. Mark Soderman – SWOMEN and Community Anesthesia Representative
- Dr. Jeff Granton – Program Director
- Ms. Linda Szabo – Education Coordinator

PGE Committee Resident Representatives (2009-2010)

- Dr. Kenneth Ryan PGY4 – Chief Resident
- Dr. Kevin McKeown PGY3 – Junior Resident Representative
- Dr. Ryan Smith PGY2 – Junior Resident Representative



RESIDENT RESEARCH

by Indu Singh

THE NEW YEAR STARTED WITH A RESEARCH FAIR FOR RESIDENTS ON JAN 20. CONSULTANT RESEARCHERS SPOKE WITH ANESTHESIA RESIDENTS ABOUT THEIR ONGOING RESEARCH PROJECTS. Presentations were given by Drs. Dhir, Jones, Lavi, Morley-Forster, Turkstra and Singh. Feedback about this event from both residents and consultants was very positive.

Residents were active in research this year. Many presented their studies at local, national, and international meetings.

Dr. Marc Stadler presented a poster Fixation of a Hip Fracture in an Elderly Patient with Critical Aortic Stenosis Under Femoral Nerve Block at the American Society of Regional Anesthesia annual meeting in Toronto on April 30.

The annual McMaster-Western anesthesia resident research day was hosted by UWO on June 4th. The guest speaker was Dr. Brian Kavanagh (Chair, Dept. of Anesthesia, University of Toronto). Dr. Kavanagh gave a thought provoking lecture on glucose control in the ICU: an example of research gone wrong.



Simulation Training, CSTAR

There were 16 resident oral presentations overall. UWO anesthesia resident presenters and their talks included the following:

- Dr. Camille Goure: CPAP5 vs PEEP5 for PaO₂ Optimization During OLV
- Dr. Ahmed Hegazy: Pseudoaneurysm of the Intervallular Fibrosa: A Case Report
- Dr. Sanjay Patel: Use of Reservoir to Mitigate ETT Cuff Pressure Changes
- Dr. Kenneth Ryan: International Cardiac Surgery in Peru: The London Experience – Case Series
- Dr. Marc Stalder: Fixation of a Hip Fracture in an Elderly Patient with Critical Aortic Stenosis Under Femoral Nerve Block
- Dr. Laura Wakely: Mitral Valve Replacement & Refractory Thyrotoxicosis – A Case Report
- Dr. Laura Wakely: Prevention of Post-Dural Headache in Obstetric Patients Having Epidural Catheters for Labour Analgesia – A Systematic Review
- Dr. Sanjay Patel and Dr. Laura Wakely were awarded 2nd & 3rd prize, respectively for their presentations. Dr. Wakely won for her presentation Prevention of Post-Dural Headache in Obstetric Patients Having Epidural Catheters for Labour Analgesia – A Systematic Review.
- Drs. Camille Goure, Ahmed Hegazy, Sanjay Patel, Amanda Smitheram, Marc Stadler, and Laura Wakely presented their research at the Canadian Anesthesiologists' Society annual meeting in Montreal in June.
- Society for Airway Management meeting in Chicago in October. Junior residents were given a lecture on research ethics – Basic Principles of Research Ethics on August 1st by Dr. I Singh.



UNDERGRADUATE EDUCATION

by Ivan Iglesias

THE 2009-2010 ACADEMIC YEAR AT THE SCHULICH SCHOOL OF MEDICINE & DENTISTRY CONTINUED THE EXPANSION TO THE UNIVERSITY OF WINDSOR PROGRAM. This is a trend seen across Canada with medical schools developing partnerships with other universities and communities to extend the reach of medical education. The Windsor program is equipped with state-of-the-art videoconferencing technology and a highly motivated faculty. In the spring of 2009, the Government of Ontario announced further medical school expansions, with the Schulich School of Medicine & Dentistry adding 24 new positions by 2011, bringing the first-year class to 171! The Department of Anesthesia and Perioperative Medicine continues to play an important role in all four years of the undergraduate medical education program at UWO and Windsor. The popularity of our anesthesia clerkship rotation led to a change in the nature of the rotation from a two week selective to a mandatory rotation as part of the surgical clerkship block in this academic year. The Department of Anesthesia and Perioperative Medicine, at UWO is committed to the education of medical students. The operating rooms continue to provide an enriched educational environment for one-on-one teaching with our highly motivated and skilled faculty. Our goal remains the same; to make the anesthesia clerkship rotation an excellent clinical learning experience.

The undergraduate education program has site coordinators at Victoria Hospital, Dr. Michelle Gros, and St. Joseph's Health Care, Dr. Pravin Batohi. Their support will continue our history of success as a great teaching unit. Dr. Richard Cherry has also started another tremendous teaching initiative; under his command we are starting advanced anesthesia simulation practices for the third year students starting in September 2010. These sessions will take place at CSTAR and will involve our simulation program fellows.

OUR GOAL REMAINS THE SAME; TO MAKE THE ANESTHESIA CLERKSHIP ROTATION AN EXCELLENT CLINICAL LEARNING EXPERIENCE



Dr. Sandra Katsiris

WE ARE COMMITTED TO THE EDUCATION OF OUR MEDICAL STUDENTS



FACULTY AWARDS & RECOGNITIONS



Ranked in the Top 20% of Clinical Teachers within the Department of Anesthesia and Perioperative Medicine, UWO

- Block, Gary
- Champion, Lois
- Cherry, Richard
- Granton, Jeff
- Lavi, Ronit
- Lindsay, Peter
- Parkin, John A

Granton, Jeff John Bradley Young Educator Award Canadian Anesthesiologists’ Society 2009

Murkin, John LARS Werkö Award and Honorary Lecture for Outstanding Physicians in the Cardiovascular Field The Swedish Heart Association 2009

TEACHER OF THE YEAR AWARDS
Fellow Teacher of the Year, Schulich School of Medicine & Dentistry, Department of Anesthesia and Perioperative Medicine

- Rosemary Craen 2008-2009
- Achal Dhir 2009-2010

Resident Teacher of the Year, Schulich School of Medicine & Dentistry, Department of Anesthesia and Perioperative Medicine

- Richard Cherry 2008-2009
- Arif Al-Arebi 2009-2010

Undergraduate Teacher of the Year, Schulich School of Medicine & Dentistry, Department of Anesthesia and Perioperative Medicine

- Bernie Mezon 2008-2009
- Geoff Bellingham 2009-2010

Cheng, Davy

Inaugural Rotman-Longwoods Scholar, Longwoods Publishing. A Scholar awarded in the Rotman Advanced Health Leadership Program, Rotman School of Management, University of Toronto. The successful candidate has demonstrated special interest in understanding and applying practical strategies of knowledge translation and knowledge transfer 2010

CAS Research Recognition Award Canadian Anesthesiologists’ Society 2010

The Distinguished University Professorship. The University of Western Ontario. The highest recognition for a faculty member. This award acknowledges sustained excellence in teaching, research and service accomplished during an outstanding scholarly career 2010

Ministry of Health and Long Term Care Scholarship Rotman Advanced Health Leadership Program Rotman School of Management University of Toronto 2010

CSA Outstanding Contribution Award, honoured at the 30th Anniversary meeting of the Chinese Society of Anesthesiology and Chinese Medical Association 2009



Dr. Pat Morley-Forster

FACULTY PARTICIPATION



PROFESSIONAL MEMBERSHIPS AND DESIGNATIONS

Dr. Miguel Arango

- Membership Colombian Neuroanesthesia Committee 2006-Present: Committee Member
- Department of Anesthesia and Perioperative Medicine The University of Western Ontario Neuroanesthesia Residents Program 2009-Present: Coordinator
- Faculty of 1 000 Medicine: Critical Care and Emergency Medicine: Editorial Board Member
- Latin American Brian Injury Consortium 2006-Present: Committee Member
- Latin American Neuroanesthesia Committee 2006-Present: Committee Member

Dr. Kevin Armstrong

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Academic Affairs Committee
Jan 2009-Present: Chair
 - Acuity STAR Faculty Advisory Board
Dec 2009: Member and Advisor
 - Pediatric Anesthesia Program
External Review Board Nov 2009: Board Member
 - Post Graduate Education Committee
Jan-Jul 2009: St. Joseph's Health Care
Coordinator
 - St. Joseph's Health Care Residents and Site-Specific Rounds Jan-Jul 2009: Resident
Coordinator and Rounds Coordinator

Dr. Pod Armstrong

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - St. Joseph's Health Care Anesthetic Equipment
2009: Coordinator
 - St. Joseph's Health Care Undergraduate Education
2009: Coordinator

Dr. Neal Badner

- Canadian Anesthesiologists' Society: Research
Advisory Committee 2006-Present: Chair and
Committee Member
- Canadian Anesthesia Research Foundation
2006-Present: Board Member

Dr. Daniel Bainbridge

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Academic Affairs Committee 2009-Present:
Committee Member
 - Cardiac Anesthesia Fellows Steering Committee
2009-Present: Committee Member
 - Cardiac Anesthesia Program 2009-Present: Director
 - Cardiac Surgery Recovery Unit [CSRU] Steering
Committee 2003-Present: Committee Member
 - Transcatheter HV Steering Committee
2009-Present: Committee Member

Dr. Pravin Batohi

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - St. Joseph's Health Care 2009:
Site Coordinator for Medical Students
 - St. Joseph's Health Care Undergraduate Education
2009: Coordinator

Dr. Rakesh Bhandari

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Acute Pain Services 2009: Coordinator

Dr. Ron Butler

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - MSICU 2009-Present: Site Chief
 - Cardiac Surgery Recovery Unit [CSRU] 2009-Present: Director

Dr. Lois Champion

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Departmental Education, 1989-Present: Junior
Resident Coordinator
 - Department of Medicine Diagnostic and Therapeutic
Rounds 2009-Present: Rounds Coordinator
 - Undergraduate Education Curriculum and
Assessment Committee 2009-Present:
Committee Member
- London Health Sciences Centre [LHSC]
 - Antimicrobial Committee 2000-Present:
Committee Member
 - Pharmacy and Therapeutics Committee
2009-Present: Committee Member

Dr. Davy Cheng

- Association of Canadian University Departments
of Anesthesia (ACUDA)
 - Management Committee Association of Canadian
University Departments of Anesthesia (ACUDA)
(This management committee is composed of all
16 Chairs of Canadian University Departments of
Anesthesia) 2009-Present: Chair
- Association of Canadian University Departments
of Anesthesia (ACUDA) 2001-2009:
Secretary-Treasurer

- International Anesthesia Research Society (IARS)
 - Scientific Program Committee 2009-2011: CoChair
 - Research Awards Committee 2007-Present
 - Teaching Awards Committee 2007-Present
 - Board of Trustees 2007-Present
*The elected Canadian Board Member in this oldest
and prestigious international society of anesthesiology*
– *official Journal Anesthesia & Analgesia*
 - Scientific Program Committee 2008-2009
- International Society for Minimally Invasive Cardiac
Surgery (ISMICS)
 - Atrial Fibrillation Surgery 2009 CoChair Steering
Committee and Expert Consensus Panel Member
 - Minimally Invasive Mitral Valve Surgery 2010
CoChair Steering Committee and Expert Consensus
Panel Member
 - Scientific Program San Francisco CA 2008-2009:
Committee Member
- Society for Advancement of Blood Management (SABM)
 - Bylaws Task Force, Society for the Advancement of
Blood Management (SABM) 2008-2009: Chair
 - Society for the Advancement of Blood Management
(SABM) 2003-2009: Board of Directors
- Society of Cardiovascular Anesthesiologists (SCA) and
Asian Society of Cardiothoracic Anesthesiology (ASCA)
 - Organizing Committee, The 9th Asian Society of
Cardiothoracic Anesthesia and the 7th International
Chinese Cardiovascular Anesthesia Forum and
The 11th Annual Meeting of Taiwan Society
of Cardiovascular Anesthesia 2010-Present:
Committee Member

- Asian Society of Cardiothoracic Anesthesiology
(ASCA) Scientific Program Advisory Committee,
The 3rd International Congress of Cardiothoracic and
Vascular Anesthesia (ICCVA) Meeting Auckland New
Zealand 2010-Present: Invited Board Member
- International Committee Society of Cardiovascular
Anesthesiologists (SCA) 2007-Present
- Executive Scientific Program Committee The
12th International Congress of Cardiothoracic and
Vascular Anesthesia (ICCVA) Meeting Beijing China
2009-2010
- Other International/National Honours and
Administrative Activities
 - DSBM of The POISE-2 Trial 2010-Present: Member
 - Steering Committee Canadian Perianesthesia
Clinical Trials Network (PACT) 2010-Present
 - International Initiatives Advisory Committee
The Royal College of Physicians of Surgeons of
Canada (RCPSC) 2009-Present
 - Council on Cardiovascular Surgery and Anesthesia
Council on Cardiopulmonary Perioperative and
Critical Care American Stroke Association and
American Heart Association 2004-Present: Member
 - Association of Cardiac Anesthesiologists USA
2000-Present: Member (The oldest cardiac
anesthesiologist association which members are
elected and by invitation)
 - Surgery and Anesthesia Delegates MOU West
China Medical College Sichuan University Chengdu
Schulich School of Medicine The University of
Western Ontario 2010

- DSBM of The RED-CABG Trial Duke University
Medical Center (as the anesthesia member in this
multidisciplinary and multicenter trial) 2009-2010:
Member
- Zeus North America Expert Panel Meeting
with Dräeger Medical at the Canadian Surgical
Technologies and Advanced Robotics (CSTAR) on
Target Control Anesthesia with Closed-Loop Control
Sep 2009: CoOrganizer
- Scientific Planning Committee Member
Perioperative Care for the Geriatric Patient Czech
Society of Anesthesiologists Prague Czech Republic
2008-2009
- Schulich School of Medicine & Dentistry
The University of Western Ontario
 - Data Monitoring Committee UWO Department of
Anesthesia and Perioperative Medicine Internal
Research Fund Clinical Trial: Starch or Saline After
Cardiac Surgery: A Randomized Controlled Trial
Principal Investigators: Dr. C Harle and
Dr. R Guo 2008-Present: Member
 - Medical School 2003-Present:
Admission Interviewer
 - Executive Committee of Schulich Council
2001-Present: Member
 - Departmental Council: Department of Anesthesia
and Perioperative Medicine 2001-Present: Chair
 - Clinical Chairs Committee 2001-Present: Member
 - Decanal Advisory Committee: Equity and
Professionalism 2010: Associate Dean
 - Selection Committee: Chair/Chief of Division
of Otolaryngology 2010: Committee Member

- Advisory Committee: Five Year Endowed Chair Renewal of the Earl Russell Chair in Pain Management 2010: Committee Member
- Selection Committee: Chair/Chief Division of Paediatric Surgery Department of Surgery 2009: Committee Member
- Dean's Awards Committee 2009: Committee Member
- Decanal Advisory Committee: Associate Dean Basic Medical Sciences Academic Affairs UGE 2009: Committee Member
- Hospital and Provincial, Ministry of Health and Long Term Care (MOHLTC)
 - Predictive Care Steering Committee LHSC 2010-Present: Committee Member
 - Evidence-Based Perioperative Clinical Outcomes Research and Health Technology Assessment (EPICOR-HTA) Program LHSC/SJHC/UWO 2010-Present: CoDirector
 - Ontario Blood Advisory Committee (OBAC) (MOHLTC) Ontario Canada 2010-Present: Vice Director
 - Talent Management Strategy Steering Committee LHSC/SJHC/UWO 2010-Present: Committee Member
 - ONTrac Blood Management Program MOHLTC Ontario 2009-Present: Steering Committee Member
 - Surgery Services HTA (Health Technology Assessment) Steering Committee CSTAR London Health Sciences Centre (LHSC) 2008-2010: Committee Member

- Education Committee: Canadian Surgical Technologies and Advanced Robotics (CSTAR) LHSC 2007-Present: Committee Member
- Medical Advisory Executive Committee LHSC 2007-2009: Committee Member
- Planning Committee Blood Management Conference Ontario Hospital Association (OHA) 2007-Present: Committee Member
- OMA Anesthesia Scientific Organizing Committee OMA Anesthesia Annual Meeting 2007-Present: Committee Member
- Southwest LHIN Health Human Resources Advisory Group 2006-Present: Committee Member
- Ontario Blood Advisory Committee to the Ministry of Health and Long-Term Care (MOHLTC) 2006-Present: Committee Member
- Critical Care Advisory Board London Health Sciences Centre 2001-Present: Committee Member
- Medical Advisory Committee LHSC and SJHC 2001-Present: Committee Member
- Perioperative Care Committee LHSC and SJHC 2001-Present: Committee Member
- Perioperative Care Leadership Committee LHSC and SJHC 2001-Present: Committee Member
- Anesthesiologist-in-Chief LHSC/SJHC UWO (Merger of 3 anesthesia practice groups at LHSC/ SJHC; responsible and planning for anesthesia clinical/academic deliverables of 40 operating rooms, off-site anesthesia, anesthesia, fellowship, PGE/UGE programs) 2001-Present

- Evidence-Based Perioperative Clinical Outcomes Research (EPICOR) Program (target recruitment and faculty commitment in evidence-based decision making and knowledge translation in treatment and technology assessment) 2002-2009: Director
- Anesthesia Care Team Evaluation Panel Ministry of Health and Long-Term Care (MOHLTC) 2007-2009: Panelist
- Editorial Board Member of Scientific Journals
 - Anesthesia and Analgesia Chinese Language Publication Edition IARS 2007-Present: Liaison Board Member
 - Clinical Anesthesiology Best Practice and Research 2007-Present
 - Seminars in Cardiothoracic and Vascular Anesthesia 2005-Present
 - Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery Official Journal of the International Society for Minimally Invasive Cardiac Surgeons (ISMICS) 2005-Present
 - Canadian Journal of Anesthesia 2004-Present
 - Journal of Cardiothoracic and Vascular Anesthesia 1998-Present

Dr. Richard Cherry

- CSTAR Project LHSC
 - Education Committee 2009-Present: Advisor
 - 2009-Present: Program Director
 - Simulation Group Planning Committee 2009-Present: Chair

Dr. Lynn Coveney

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - Pediatric Anesthesia Program Victoria Hospital 2010: Director
 - Pediatric Palliative Care Committee 2009-2010: Committee Member
 - Citywide Palliative Care Committee 2009: Committee Member
 - Pediatric Anesthesia Committee 2009: Committee Member

Dr. Rosemary Craen

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - Neuroanesthesia Program 2009-Present: Director
 - Neuroanesthesia Fellowship Program 2009: Coordinator
 - Postgraduate Education Committee 2009: Committee Member
 - Fellows Research Day Symposium Nov 2009: CoOrganizer
- LHSC
 - Patient Safety Committee 2009: Committee Member

Dr. Steven Dain

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - Medical Informatics Program 1998-Present: Coordinator
 - Quality Assurance Committee 2009: Committee Member
- Canadian Anesthesiologists' Society (CAS) Standards of Care Committee 2001-Present: Committee Member
- CAS Patient Safety Committee 2007-Present: Committee Member
- Canadian Patient Safety Institute (CSPI) Health System Innovation Advisory Committee 2008-Present: Committee Member
- Canadian Standards Association (CSA): Strategic Steering Committee on Health Care Technology 2006-Present: Committee Member.
- LHSC and St. Joseph's Health Care Policy Review Task Force for the Citywide Use of Cellular Phones and Other Wireless Technologies 2003-Present: Committee Member
- Standards Council of Canada CAS/ICO Canadian Advisory Committees for the International Organization for Standardization [Anesthesia Equipment Technical Committee] 2006-Present: Committee Member

Dr. Shalini Dhir

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - St. Joseph's Health Care Regional Anesthesia Program 2008-Present: Coordinator

Dr. Wojciech Dobkowski

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - Transplant Anesthesia Program 2009-Present: Director
 - Transplant Anesthesia Fellows 2009-Present: Supervisor

Dr. John Fuller

- Canadian Ambulatory Anesthesia Research and Education (CAARE) Group 2009-Present: Committee Member
- Critical Care Trauma Centre (CCTC) Victoria Hospital
 - Consultants Group 2009-Present: Chair
 - Pain Management Committee 2009-Present: Committee Member
- Data Safety Monitoring Committee 2009-Present: Committee Member
- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - St. Joseph's Health Care (SJHC) Perioperative Grand Rounds: Organizer
 - SJHC Emergency Response Committee 2009-Present: Committee Member
 - SJHC Perioperative Committee 2009-Present: Alternate Chair

Dr. Sugantha Ganapathy

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Regional Fellowship Program 2009-Present: Coordinator
 - Regional and Pain Research St. Joseph’s Health Care and University Hospital 2009-Present: Director

Dr. Jeff Granton

- Canadian Critical Care Society 2005-Present: Education Representative
- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Academic Affairs Committee 2007-Present: Elected Representative for University Hospital
 - Critical Care for Post Graduate Education Committee 2006-Present: CSRU Representative
 - ICU Education and Research Committee 2006-Present: Physician Representative
- London Health Sciences Centre and St. Joseph’s Health Care Transfusion Committee 2006-Present: Critical Care Representative
- London Health Sciences Centre CSRU
 - Postoperative CSRU Seizure Lead Investigative Team 2008-Present: Investigator
 - MSICU/CSRU Quality Improvement Committee 2006-Present: Chair

Dr. Rooney Gverzdys

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Postgraduate Education Committee 2008-Present: Resident Coordinator for Victoria Hospital

Dr. Christopher Harle

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - University Hospital LHSC 2007-Present: Site Chief
- London Health Sciences Centre
 - ACT Committee 2007-Present: University Hospital Representative
 - Donor Management Committee 2007-Present: Anesthesia Representative
 - Perioperative Blood Conservation Committee 2007-Present: Anesthesia Representative

Dr. Ian Herrick

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Anesthesia Quality Assurance Committee 2008-Present: Chair
 - Continuing Medical Education 2008-Present: Director
- London Health Sciences Centre
 - Editorial Board and Publication Staff Journal of Neurosurgical Anesthesiology Lippincott Williams & Wilkins 2009: Clinical Report Editor
 - Medical Advisory Committee 2008-Present: Committee Member
 - Model of Nursing Clinical Practice Steering Committee 2008-Present: Committee Member and Physician Representative
 - Orderset Program Steering Committee 2008-Present: Committee Member
 - Quality Assurance Program 2008-Present: Director
 - Resuscitation Committee 2008-Present: Committee Member

Dr. Ivan Iglesias

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Residents’ Airway Rotations for University Hospital 2008-Present: Coordinator
 - Transesophageal Echocardiogram (TEE) Program 2008-Present: Coordinator
 - Undergraduate Education Program 2008-Present: Coordinator
- Department of Oncology Joint Selection Committee 2009-Present: The University of Western Ontario
Chair and Chief

Dr. Ngozi Imasogie

- Canadian Ambulatory Anesthesia Research and Education (CAARE) Group 2009-Present: Committee Member

Dr. Sandra Katsiris

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Obstetrical Anesthesia Program 2000-Present: Director
 - Postgraduate Education Committee 1999-Present: Associate Director
- London Health Sciences Centre
 - Joint Perinatal Leadership Council 1999-Present: Council Member
 - LHSC Women’s Care Quality Improvement Committee 2005-Present: Committee Member
 - Maternal and Perinatal Death Review Committee 2007-Present: Committee Member
 - OB Neonatal Quality Review Committee 2009-Present: Committee Member

- Royal College of Physicians and Surgeons of Canada 2009-Present:
 - Anesthesiology Examination Committee: Vice Chair
 - English Oral Examination Board in Anesthesiology: Vice Chair

Dr. Ronit Lavi

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Quality Assurance Committee 2009-Present: Committee Member

Dr. Ian McConachie

- Canadian Ambulatory Anesthesia Research and Education (CAARE) Group 2009-Present: Committee Member
- Canadian Anesthesiologists’ Society Ambulatory Section 2009: Chair
- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Quality Assurance Committee 2009: Committee Member
 - St. Joseph’s Health Care, London: Site Chief

Dr. George McNamara

- London Health Sciences Centre Birthing Centre Collaborative Practice Team 2006-Present: Team Member

Dr. Pat Morley-Forster

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Site Specific Rounds 2002-Present: Coordinator

- Canadian Journal of Anesthesia Editorial Board 2009: Board Member
- Canadian Pain Society 2009: Executive
- London Health Sciences Centre
 - Comprehensive Pain Clinic at St. Joseph’s Health Care 2008-Present: Medical Director
 - Earl Russell Pain Research 2008-Present: Chair
 - Pain Clinic Advisory Committee 2002-Present: Chair
- Ontario Medical Association
 - Chronic Pain Section 2009: Executive
 - Committee on Guidelines 2009: Chair
- National Opioid Use Guideline Group (NOUGG) 2009: Invited Member
- National Task Force Addressing Tertiary Pain Clinic Wait Times 2009: Invited Member

Dr. John Murkin

- Blood Conservation Using Antifibrinolytics in a Randomized Trial (BART) Steering Committee 2008-Present: Executive Committee Member
- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Cardiac Anesthesia Research Program 2006-Present: Director
- The Heart Surgery Forum [Periodical] 2009-Present: Editorial Board Member
- McMaster Health Research Institute Coronary Steering Committee 2008-Present: Committee Member
- National Heart Lung and Blood Institute Protocol Review Committee 2008-Present: Committee Member

- Seminars in Cardiovascular and Thoracic Anesthesia [Periodical] 2009-Present: Editorial Board Member

Dr. George Nicolou

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Cardiac Anesthesia Committee 2003-Present: Committee Member
 - Departmental Council 2003-Present: Victoria Hospital Representative
 - Transesophageal Echocardiography (TEE) Committee 2003-Present: Committee Member
 - TEE Program 2008-Present: Subspecialty Coordinator
 - Thoracic and Vascular Anesthesia Program 2000-Present: Director
 - Victoria Hospital 2009-Present: Site Chief

Dr. John Parkin

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Site Specific Rounds for St. Joseph’s Health Care 2009-Present: Coordinator

Dr. Craig Railton

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Quality Assurance Committee 2009: Committee Member
- Department of Medicine The University of Western Ontario Clinical Pharmacology Resident Training Committee 2009-Present: Committee Member
- London Health Sciences Centre Victoria Hospital Operating Room Adverse Events Reporting Committee 2009-Present: Committee Member

Dr. Fiona Ralley

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Anesthesia Assistants Program for University Hospital 2009-Present: Site Coordinator and Committee Member
 - Perioperative Blood Conservation Committee 2004-Present: Chair
 - Perioperative Blood Conservation Program 2003-Present: Director
- Journal of Cardiothoracic and Vascular Anesthesia
Editorial Board 1997-Present: Editor
- London Health Sciences Centre
 - Citywide Blood Transfusion Committee 2006-Present: Chair
- Ministry of Health and Long Term Care (MOHLTC)
Blood Programs Coordinating Office 2008-Present: Committee Member
 - MOHLTC EPO Working Group
 - MOHLTC Provincial Contingency Planning Working Group

Dr. Valerie Schulz

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Palliative Medicine Program 2008-Present: Education Coordinator
 - Undergraduate Palliative Medicine Education Program 2008-Present: Coordinator

Dr. Michael Sharpe

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Postgraduate Education Committee 2000-Present: Committee Member
- London Health Sciences Centre: University Hospital
 - Critical Care Joint Council 2000-Present: Council Member
 - ICU Research Committee 2009-Present
Research Associate
 - Respiratory Therapy Program 2000-Present: Medical Director
 - Surgery Planning Committee 2009-Present: Committee Member

Dr. Indu Singh

- Department of Anesthesia and Perioperative Medicine
 - St. Joseph's Health Care (SJHC) Obstetric Anesthesia 2005-Present: Site Coordinator
 - Post Graduate Education Resident Research 2008-Present: Resident Research Coordinator
 - Quality Assurance Committee 2008-Present: SJHC and OB Committee Member

Dr. Bill Sischek

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Department Council 2009: FMC Chair and Council Member
- London Health Sciences Centre
 - Citywide Credentials Committee 2009: Chair
 - FMC Departmental Practice Plan 2007-2010: Chair

Dr. Sal Spadafora

- Canadian Anesthesiologists' Society (CAS) 2009
 - CEPD Committee Ontario Delegate
 - Meeting Planning Committee Ontario Section on Education: Committee Member
 - Section on Education in Anesthesia 2009: Chair
- Canadian Association of Medical Education (CAME)
Future Directions Focus Group 2009: The University of Western Ontario Representative
- Centre for the Evaluation of Health Professionals
Educated Abroad (CEHPEA) Provincial Assessment Committee 2009: Anesthesia Representative and OSCE Item Writer
- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Information Technology Steering Committee 2009: Committee Member
 - Postgraduate Education Program 2009: Associate Director
 - Undergraduate Curriculum Committee 2009: Associate Director
 - Interprofessional Education Curricula Models for Health Care Provincial Task Force (Ontario) 2009: Specialists' Representative
- London Health Sciences Centre
 - AMOSO Governing Committee 2009: Committee Member
 - Clinical Teachers Association Board 2009: Elected Board Member
 - CSTAR Education Committee 2009: Committee Member
 - Search Committee for OBGYN Chair 2009: Committee Member

- Ontario Medical Association (OMA) Member Action Network 2009: London District Representative
- Royal College Exam Test Committee Anesthesia 2009: Committee Member
- Royal College PAN Organization for Communication Summit Committee Post Graduate Level 2009: The University of Western Ontario Representative
- The United Nations Educational Scientific and Cultural Organization (UNESCO) Ethics Advisory Committee 2009: Committee Member

Dr. Ravi Taneja

- Canadian Anesthesia Fellowship Steering Committee 2009: Committee Member
- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Cardiac Anesthesia Fellowship Program 2009: Director
- London Health Sciences Centre
 - CSRU Committee 2009: Committee Member
 - ICU Research Committee 2009: Committee Member

Dr. Kevin Teague

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Anesthesia Assistants' Committee 2009: Site Coordinator Victoria Hospital
- London Health Sciences Centre
 - Anesthesia Care Team (ACT) 2009: Site Representative Victoria Hospital
 - Physician Assistants' Training for Anesthesia 2009: Victoria Hospital Coordinator and Military Liaison



Dr. Rosemary Craen

Dr. Tony Vannelli

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Departmental Council 2009: Committee Member
 - Departmental Education Committee 2009: Site Coordinator University Hospital
 - Undergraduate Education Committee 2009: Committee Member
 - Undergraduate Education Program 2009: Director

Dr. James Watson

- Department of Anesthesia and Perioperative Medicine
The University of Western Ontario
 - Academic Affairs Committee 2009: Committee Member
 - Anesthesia Assistant's Program 2009: Director

PROFESSIONAL AND SCHOLARLY PARTICIPATION

Dr. Miguel Arango

- XXXV Curso Annual de Actualizacion en Anestesiologia y Medicina Perioperatoria
 - Antifibrinoliticos en neuroanestesia Mexico Jul 2009: Invited Speaker
 - Isquemia cerebral intraoperatoria Mexico Jul 2009: Invited Speaker
 - Manejo de complications intraoperatoias en neuroanesthesia Mexico Jul 2009: Invited Speaker
- Congreso Internacional Departamento de Anesthesia Eventos Criticos en Anestesia Y Cuiado Intensivo Eventos Neurologicos Agudos en Recuperacion Bogota Columbia Sep 2009: Invited Speaker
- Southwestern Anesthesia Ontario Meeting
 - Basic Workshop on Bonfils Sep 2009: Workshop Organizer
 - Pro-Con Debate Do We Need More Randomized Trials in Airway Management? Sep 2009: Invited Speaker
 - Problem Based Learning Discussion Post Carotid Endarterectomy Bleeding Sep 2009: Invited Speaker

Dr. Kevin Armstong

- Ontario Medical Association (OMA) 2009 Annual Meeting Ultrasound Guided Regional Anesthesia [Workshop] Toronto Ontario Oct 2009: CoPresenter
- Southwestern Anesthesia Ontario Meeting Airway Workshop Sep 2009: Workshop Demonstrator

Dr. Daniel Bainbridge

- 2009 Southwestern Anesthesia Meeting Basic Airway Management Fiberoptics [Workshop] Sep 2009: Workshop Demonstrator
- Ontario Anesthesia Meeting What Should We Cancel Elective Surgery For? [Lecture] Toronto Ontario Oct 2009: Invited Speaker

Dr. Davy Cheng

- International Society of Minimally Invasive Cardiothoracic Surgery (ISMICS) Annual Meeting Consensus Conference Lecture Mini-Mitral versus Conventional Mitral Valve Repair or Replacement Systematic Review and Meta-Analysis Berlin Germany Jun 2010: Invited Speaker
- Academic Summer Leaders Conference Competency in Clinical Practice and Teaching Grand Bend Ontario Jun 2010: Invited Speaker and Panelist
- 13th Asian-Australasian Congress of Anesthesiologists Fukuoko Japan Jun 2010: Invited Speaker
 - Lecture: Common Problems and Management in Post Cardiac Surgery Patients
 - Lecture: Does Perioperative Coronary Revascularization Improve Cardiac Outcomes in Major Non-Cardiac Surgery?
 - Lecture: Advancement in Minimal Invasive Cardiac Surgery
- SCA Annual Meeting New Orleans LA Apr 2010: Invited Speaker

- SCA Monograph Lecture Modulating the Stress Response Is It of Academic Interest Only?
- PBLD Lecture Management Concerns in Minimally Invasive Surgery
- Department of Anesthesiology Ruijin Hospital Shanghai Jiao Tong University School of Medicine Lecture Advancement of Anesthesia Management in Patients with Coronary Artery Disease Apr 2010: Invited Speaker
- Distinguished University Professor Lecture The University of Western Ontario Lecture Cardiac Anesthesia and Surgery – Past Present and Future Apr 2010
- IARS 84th Congress Lecture Rapid Reversal of Anticoagulation: Octaplex and FVIIa Update Honolulu Hawaii Mar 2010: Refresher Course Speaker
- West China Hospital Sichuan University Lecture Cardiac Surgery and Anesthesia Past Present and Future Chengdu China Mar 2010: Invited Speaker
- The 5th Annual Canadian Winter Cardiac Team Meeting and Resident/Fellow Abstract Competition Mont-Tremblant QC Feb 2010:
 - Invited Speaker
 - Lecture: Rapid Reversal of Anticoagulation Octaplex and FVIIa
 - Lecture: TEVAR for Descending Thoracic Aortic Disease Outcomes
- Moderator
 - Resident/Fellow Abstract Competition
 - Session Pharmacologic Strategies

- 28th Annual Symposium Clinical Update in Anesthesiology Surgery and Perioperative Medicine Lecture: Octaplex – Rapid Reversal of Anticoagulation Nassau Bahamas Jan 2010: Invited Speaker
- European Workgroup of Cardiothoracic Intensivists Budapest Hungary Nov 2009: Invited Speaker
 - Lecture: Thoracic Endovascular Aortic Stent Repair (TEVAR) Outcomes and Perioperative Management
 - Lecture: Rapid Reversal of Anticoagulation Octaplex and FVIIa Update
 - Lecture: Nitric Oxide Use in Critical Care Clinical Benefits or Cost Burden?
 - Jikei University Lecture: Perioperative Management of TEVAR Surgery Tokyo Japan Sep 2009: Visiting Professorship
- 8th Meeting of the Asian Society of Cardiothoracic Anesthesia (ASCA) Tokyo Japan Sep 2009:
 - CoChair
 - Poster Viewing Session
 - Session and Luncheon Seminar Non-Cardiac Surgery
 - Invited Speaker
 - Lecture: Common Cardiac ICU Problems
 - Lecture: Revascularization prior to Non-Cardiac Surgery in CAD Patients
- 16th ASEAN Congress of Anaesthesiologists and 7th National Conference on Intensive Care Kota Kinabalu Malaysia Jul 2009: Invited Speaker

- Lecture: Cardiothoracic Vascular/Thoracic Anesthesia for Minimal Invasive Cardiac Surgery
- Lecture: Transfusion and Haemostasis - Blood Management Strategies in 2009
- Lecture: Cardiology Implications of Anesthesia in Patients with the Drug Eluting Stents and Antiplatelet Therapy: Judge
- Free Paper Session
- Best of Meeting Abstract Session – IARS Meeting Honolulu Hawaii Mar 2010: Judge
- The 5th Annual Canadian Winter Cardiac Team Meeting and Resident/Fellow Abstract Competition Mont-Tremblant QC
- Candidate Reviews for University Academic Promotions Invited Reviewer
 - Department of Anesthesia Duke University Medical Center 2010
 - Department of Anesthesia McGill University 2010
 - Department of Anesthesia McMaster University 2010
 - Department of Anesthesia Mount Sinai Hospital NY 2010
 - Department of Anesthesia Queen’s University 2010
 - Department of Anesthesiology Rush University Medical College Chicago Illinois 2010
 - Department of Anesthesiology University of Chicago Illinois 2010
 - Department of Cardiothoracic Anesthesia Duke-NUS Graduate Medical School Singapore 2010

- Department of Anesthesia and Critical Care Medicine John Hopkins University School of Medicine 2009
- Department of Surgery University of California-Davis 2009
- Department of Surgery University of Toronto 2009
- Department of Surgery The University of Western Ontario 2009

Dr. Daniel Cuillerier

- 2009 Southwestern Anesthesia Meeting Airway Management [Workshop] Sep 2009: Workshop Demonstrator

Dr. Steven Dain

- MedWorxx Best Practices for Instructional Design for E-Learning Toronto Ontario Oct 2009: Invited Speaker

Dr. Achal Dhir

- Department of Anesthesia and Perioperative Medicine The University of Western Ontario Fellows Research Day Symposium Nov 2009: CoOrganizer
 - Roy Debashis and Achal Dhir Role of Intraoperative Ketamine and Lignocaine Infusion in Postoperative Pain Management for Major Liver Resection: A Pilot Study [Abstract] Fellows Day Research Abstract CoAuthor
- Department of Cardiothoracic and Vascular Surgery RML Hospital Lecture Comprehensive 2D Echocardiography Examination New Delhi India Aug 2009: Visiting Professorship

- GB Pant Hospital Lecture Simulators in Anesthesia Training New Delhi India Aug 2009: Visiting Professorship
- Innova Children’s Hospital Lecture Diastolic Function and Diastolic Dysfunction of the Heart Hyderabad India Aug 2009: Visiting Professorship

Dr. Shalini Dhir

- 4th Advanced Regional Anesthesia and US Workshop Hyderabad India Aug 2009: Invited Speaker and Workshop Demonstrator
 - Lecture: US Guidance for Lower Extremity Blocks
 - Lecture: US Guidance for Truncal Blocks
- 7th Biannual Hands on Ultrasound Guided Regional Anesthesia Workshop The University of Texas Medical School Houston Texas Jul 2009: Workshop Demonstrator
- Ontario Medical Association (OMA) 2009 Annual Meeting Ultrasound Guided Regional Anesthesia [Workshop] Toronto Ontario Oct 2009: CoPresenter

Dr. Sugantha Ganapathy

- 3rd Annual Anesthesia Conference of Kuwait Free Trade Zone Kuwait Nov 2009: Invited Speaker and Workshop Demonstrator
 - Lecture: Analgesia for Arthroplasty
 - Lecture: Perioperative Multimodal Analgesia and Outcomes
 - Lecture: Recent Advances in US Guided Regional Anesthesia
 - Workshop: Hands on Performing Peripheral Nerve Blockade in the Operating Room Including Supra and Infra Clavicular Axillary and Lower Limb Blockade

- 54th Annual Ontario Anesthesia Meeting Toronto Ontario Oct 2009: Invited Speaker and Workshop Demonstrator
 - Lecture: Periarticular Infusions and Fast Track Anthroplasty A Canadian Experience
 - Workshop: Ultrasound
- CSTAR London Health Sciences Centre CSTAR’s Varkey Regional Anesthesia Update Nov 2009: Workshop Demonstrator
 - Workshop: Axillary Block Traditional and Sonoanatomy
 - Workshop: Axillary Blocks and Rescues
 - Workshop: Infraclavicular Block Traditional and Sonoanatomy
 - Workshop: Lunch and Learn Recent Updates on Orthopedic Analgesia
 - Workshop: Popliteal Sciatic Traditional and Sonoanatomy
 - Workshop: Popliteal Sciatic and Saphenous Blocks
- Toronto Western Hospital Advanced Ultrasound Workshop Toronto Ontario Dec 2009: Invited Speaker and Workshop Demonstrator
 - Lecture: Iliioinguinal and Iliohypogastric Traverse Abdominis Plane Block
 - Lecture: Lumbar Plexus (Psoas Compartment Lateral Femoral Cutaneous Nerve Saphenous Nerve Obturator Nerve
 - Workshop: Group Scanning Live and Video
 - Workshop: Hands on Scanning Session 1-3
- University of British Columbia Department of Anesthesiology Pharmacology and Therapeutics Vancouver British Columbia Sep 2009: Visiting Professorship

Dr. Jeff Granton

- 2009 Southwestern Anesthesia Meeting Sep 2009
 - Airway Workshop: Organizer
 - Anesthesia Simulator Workshop: Instructor

Dr. Christopher Harle

- 2009 Southwestern Anesthesia Meeting Sep 2009: CoOrganizer
 - Advanced Anesthesia Airway Workshop Fiberoptic Bronchoscopy and Percutaneous Tracheostomy: CoOrganizer
- Multidisciplinary Grand Rounds Improving Outcomes in High Risk Patients Undergoing Non-Cardiac Surgery The University of Western Ontario Dec 2009: Organizer

Dr. Ivan Iglesias

- 2009 Southwestern Anesthesia Meeting Airway Workshop Sep 2009: Workshop Organizer and Demonstrator
- International Airway Congress Margarita Venezuela Nov 2009: Invited Speaker and Workshop Demonstrator
 - Case Discussion: Obese Patient with Known Difficult Airway for Hip Replacement Revision
 - Lecture: The Glidescope: Advantages and Limitations
 - Lecture: I Can’t Ventilate and I Can’t Intubate! Now What?
 - Lecture: Lessons from Managing Difficult Airways

Dr. Ngozi Imasogie

- CSTAR London Health Sciences Centre CSTAR’s Varkey Regional Anesthesia Update Nov 2009: Workshop Demonstrator.
- Ontario Medical Association (OMA) 2009 Annual Meeting Ultrasound Guided Regional Anesthesia [Workshop] Toronto Ontario Oct 2009: CoPresenter

Dr. Philip Jones

- Canadian Anesthesiologists’ Society: Research Advisory Committee 2008-Present: Associate Member
- Department of Anesthesia and Perioperative Medicine The University of Western Ontario
 - Cardiac Anesthesia Committee 2008-Present: Committee Member
- London Health Sciences Centre
 - Cardiac Surgery Recovery Unit (CSRU) 2008-Present: Committee Member
 - Citywide Allergy Steering Committee 2008-Present: Committee Member
 - Citywide Laser Safety Committee 2008-Present: Committee Member
 - Pharmacy and Therapeutics Committee 2008-Present: Committee Member

Dr. Sandra Katsiris

- 3rd Annual Anesthesia Conference of Kuwait Free Trade Zone Kuwait Nov 2009: Invited Speaker
 - Lecture: Amniotic Fluid Embolism
 - Lecture: OB Anesthesia The State of Art 2009
 - Lecture: Post-Partum Hemorrhage Revisited

Dr. Ian McConachie

- Southwestern Anesthesia Ontario Meeting Airway Workshop Sep 2009: Workshop Demonstrator

Dr. Janet Martin

- 5th International Evidence Based Health Care Conference Italy Oct 2009: Chair and Organizer

Dr. Pat Morley-Forster

- 3rd Annual Anesthesia Conference of Kuwait Free Trade Zone Kuwait Nov 2009: Visiting Professor
 - Lecture: How to Prevent Progression from Acute to Chronic Pain
 - Lecture: Novel Analgesic Adjuncts Useful in Acute and Chronic Pain
 - Lecture: Persistent Surgical Pain Who Is At Risk?
 - Lecture: The Treatment Paradigm for Neuropathic Pain
- 54th Annual Ontario Anesthesia Meeting Toronto Ontario Oct 2009: Invited Speaker
- Interdisciplinary Pain Program The University of Western Ontario Workshop on Neuropathic Pain Epidemiology and Pathophysiology of Neuropathic Pain [Workshop] Nov 2009: Invited Speaker

Dr. John Murkin

- Congrès National d’Anésthésie et de Réanimation: SFAR 2009 NIRS en chirurgie cardio-vasculaire: cardiaque adulte [lecture]. Paris France Sep 2009: Invited Speaker
- Department of Anesthesia and Perioperative Medicine The University of Western Ontario 2009 Fellows Research Day Nov 2009: Abstract Competition Judge and Moderator

Dr. George Nicolao

- Southwestern Anesthesia Ontario Meeting Airway Workshop Bullard Airway Device Sep 2009: Workshop Demonstrator

Dr. Maxim Rachinsky

- CSTAR London Health Sciences Centre CSTAR’s Varkey Regional Anesthesia Update Nov 2009: Workshop Demonstrator

Dr. Craig Railton

- Ontario Medical Association (OMA) 2009 Annual Meeting Perioperative Pharmacognetics Oct 2009: Invited Speaker
- PGA/63 Program New Developments in Cardiac Anesthesia Cerebral Oximetry Can it Improve Cardiac Surgical Outcomes Dec 2009 New York, NY: Invited Speaker

Dr. Fiona Ralley

- 54th Annual Ontario Anesthesia Meeting Lecture: Blood Conservation At What Cost? Toronto Ontario Oct 2009: Invited Speaker
- McMaster Online Rating of Evidence (MORE) McMaster University 2009-Present: Editorial Member

Dr. Valerie Schulz

- 2009 Canadian Society of Palliative Care Physicians Conference Planning Committee Advanced Learning in Palliative Medicine 2009-Present: Committee Member
- London Health Sciences Centre
 - Bereavement Program in Critical Care Committee Nov 2009: Committee Member

- Committee for Humanistic Care 2007-Present: Committee Member
- Critical Care Program 2007-Present: Committee Member
- Palliative Care Clinical Coordination Committee 2007-Present: Committee Member
- Palliative Care Committee Citywide 2007-Present: Committee Member
- Palliative Care Steering Committee 2005-Present: Committee Member
- Schulich School of Medicine & Dentistry Centre for Education Research and Innovation First Annual Research Symposium The Influence of Being a Hospice Volunteer on Medical Students’ Socialization Regarding Death and Dying [Research Presentation] Nov 2009: Presenter

Dr. Indu Singh

- CSTAR London Health Sciences Centre CSTAR’s Varkey Regional Anesthesia Update Nov 2009: Workshop Demonstrator
- Winter Anesthesia Update The Role of the Anesthesiologist in Obstetrical Critical Care Bernares Hindu University India Dec 2009: Invited Speaker

Dr. David Smith

- 3rd Annual Anesthesia Conference of Kuwait Free Trade Zone Kuwait Nov 2009: Visiting Professor

Dr. Sal Spadafora

- Canadian Pediatric Anesthesia Society Meeting Lecture Establishing Competencies in Pediatric Anesthesia Toronto Ontario Nov 2009: Invited Speaker
- Canadian Resident Matching Service (CaRMs) 2009 International Medical Graduate Information Symposium How Did I Get Here? Academic Anesthesia Practice Toronto Ontario Oct 2009: Invited Speaker



Dr. Davy Cheng

WORKSHOPS
& LECTURES
ARE SEEN
AS A VERY
REWARDING
TRAINING
EXPERIENCE



»» PEER-REVIEWED PUBLICATIONS

FACULTY PUBLICATIONS

1. Jayaraman S, Khakhar A, Yang H, **Bainbridge D**, Quan D
The Association Between Central Venous Pressure, Pneumoperitoneum, and Venous Carbon Dioxide Embolism in Laparoscopic Surgery Surg Endosc 2009 Oct;23(10):2369-73

2. Wang D, **Bainbridge D**, **Martin J**, **Cheng D**
The Efficacy of an Intraoperative Cell Saver During Cardiac Surgery: A Meta-Analysis of Randomized Trials Anesth Analg 2009 Aug;109(2):320-30 Review

3. **Bainbridge D**, **Martin J**
Off-Pump Coronary Artery Bypass Surgery and the Kidney Am J Kidney Dis 2009 Sep;54(3):395-8

4. Huang X, Moore J, Guiradon G, Jones D, **Bainbridge D**, Ren J, Peters T
Dynamic Ultrasound and 3D CT Image Registration of the Beating Heart IEEE Trans Med Imaging 2009 Aug;28(8):1179-89

5. Guiraudon G, Jones D, **Bainbridge D**, Peters T
Off-Pump Positioning of a Conventional Aortic Valve Prosthesis Through the Left Ventricular Apex With the Universal Cardiac Introducer Under Sole Ultrasound Guidance in the Pig Innovations 2009 Nov;4(5):269-77

6. **Cheng D**, Pepper J, **Martin J**, Stanbridge R, Ferdinand F, Jamieson E, Stelzer P, Berg G, Sani G
Stentless versus Stented Bioprosthetic Aortic Valves: A Systemic Review and Meta-Analysis of Controlled Trials Innovations Technology and Techniques in Cardiothoracic Vasc Surg 2009;4(2):61-73

7. Karkouti K, Wijeysondera DN, Yau TM, Callum JLC, **Cheng DC**, et al
Acute Kidney Injury After Cardiac Surgery: Focus on Modifiable Risk Factors Circulation 2009;119:495-502

8. Pepper J, **Cheng D**, Stanbridge R, Ferdinand F, Jamieson E, Stelzer P, Berg G, Sani G, **Martin J**
Stentless versus Stented Bioprosthetic Aortic Valves: A Consensus Statement of the International Society of Minimally Invasive Cardiothoracic Surgery (ISMICS) 2008 Innovations Technology and Techniques in Cardiothoracic Vasc Surg 2009;4(2):49-60

9. Turina MI, Shennib H, Dunning J, **Cheng D**, **Martin J**, Muneretto C, Schueler S, von Segesser L, Sergeant PT
EACTS/ESCVS Best Practice Guidelines for Reporting Treatment Results in the Thoracic Aorta Euro J Cardiothorac Surg 2009;35(6):927-30

10. McClure RS, Higgins J, Swinamer SA, Rayman R, **Dobkowski WB**, et al
Bivalirudin as an Anticoagulant for Simultaneous Integrated Coronary Artery Revascularization – A Novel Approach to an Inherent Concern [Case Report] Can J Cardiol 2009 Jul;25(7):425-7



Dr. Janet Martin

11. Clarke C, Moore J, Wedlake C, Lee D, **Ganapathy S**, **Bainbridge D**, et al
Virtual Reality Imaging with Real-Time Ultrasound Guidance for Facet Joint Infection: A Proof of Concept Anesth & Analg 2010 May;110(5):1461-3

12. Gofeld M, Bhatia A, Abbas S, **Ganapathy S**, Johnson M
Development and Validation of a New Technique for Ultrasound-Guided Stellate Ganglion Block Regional Anesthesia and Pain Med 2009 Sep-Oct;34(5):387-8

13. Owen DG, Clarke CF, **Ganapathy S**, Prato FS, St Lawrence KS
Using Perfusion MRI to Measure the Dynamic Changes in Neural Activation Associated with Tonic Muscular Pain Pain 2010 Mar;148(3):375-86

14. **Imasogie N**, **Ganapathy S**, **Singh S**, **Armstrong K**, **Armstrong P**
A Prospective, Randomized, Double-Blind Comparison of Ultrasound-Guided Axillary Brachial Plexus Blocks Using 2 versus 4 Injections Anesth Analg 2010 Apr1;110(4):1222-6

15. Woo KM, **Imasogie NN**, Bruni I, **Singh SI**
Anesthetic Management of a Pregnant Woman with Carcinoid Disease Int J Obstet Anesth 2009 Jul;18(3):272-5

16. **Jones PM**, **Turkstra TP**, **Armstrong KP**, **Armstrong PM**, **Harle CC**
Comparison of a Single-Use Glidescope® Cobalt Videolaryngoscope with a Conventional Glidescope® for Orotracheal Intubation Can J Anesth 2010 Jan;57:18-23

17. Zhu XY, Chade AR, Krier JD, Daghini E, **Lavi R**, et al
The Chemokine Monocyte Chemoattractant Protein-1 Contributes to Renal Dysfunction in Swine Renovascular Hypertension J Hypertens 2009 Oct;27(10):2063-73

18. **Murkin JM**, **Arango MF**
Near-Infrared Spectroscopy as an Index of Brain and Tissue Oxygenation BR J Anaesth 2009 Dec; 103 Suppl1:i3-13

19. **Murkin JM**, Falter F, **Granton J**, Young B, Burt C, Chu M
High-Dose Acid is Associated with Nonischemic Clinical Seizures in Cardiac Surgical Patients Anesth Analg 2010 Feb1;110(2):350-3

20. Bell TH, Berta D, **Ralley F**, et al
Factors Effecting Perioperative Blood Loss and Transfusion Rates in Primary Total Joint Anthroplasty: A Prospective Analysis of 1 642 Patients Can J Surg 2009 Aug;52(4):295-301

21. Thenayan EA, Savard M, **Sharpe MD**, et al
Electroencephalogram for Prognosis After Cardiac Arrest J Crit Care 2010 Jun;25(2):300-4

22. Zibrowski EM, **Singh SI**, Goldszmidt MA, Watling CJ, Kenyon CF, **Schulz V**, et al
The Sum of the Parts Detracts from the Intended Whole: Competencies and In-Training Assessments Med Educ 2009 Aug;43(8):741-8

23. **Taneja R**, Marwha G, Sinha P, **Murkin JM**, et al
Elevated Activated Particle Thromboplastin Time Does Not Correlate With Heparin Rebound Following Cardiac Surgery Can J Anaesth 2009 Jul;56(7):478-82

24. **Turkstra TP, Jones PM, Ower KM, Gros ML**
The Flex-It™ Style is Less Effective than the Malleable Stylet for Orotracheal Intubation Using the Glidescope®. Anesth Analg 2009 Dec;109(6):1856-9

25. **Turkstra TP**, Pelz DM, **Jones PM**
Cervical Spine in Motion: A Fluoroscopic Comparison of the AirTraq Laryngoscope versus the Macintosh Laryngoscope Anesthesiology 2009 Jul;111(1):97-101

CHRONIC PAIN PUBLICATIONS

1. **Bellingham GA**, Peng PW
Duloxetine: A Review of its Pharmacology and Use in Chronic Pain Management Reg Anesth Pain Med May-Jun 2010;35:294-303

2. **Bellingham GA**, Peng PW
A Low-Cost Ultrasound Phantom of the Lumbosacral Spine Reg Anesth Pain Med May-Jun 2010;34(3):290-293

3. Peng PW, Wiley MJ, Liang J, **Bellingham GA**
Prospective Observational Study: Ultrasound-Guided Suprascapular Nerve Block: A Correlation With Fluoroscopic and Cadaveric Findings Can J Anaesth 2010 Feb;57(2):143-8

4. **Imasogie NN, Singh S, Watson JT, Hurley D, Morley-Forster PK**
Ultra Low-Dose Naloxone and Tramadol/ Acetaminophen in Elderly Patients Undergoing Joint Replacement Surgery: A Pilot Study Pain Res Manage 2009;14:103-108

5. Van Uum SHM, McKeough-Fraser LA, **Morley-Forster PK**, Paul TL, Koren G, et al
Oral Opioids for Chronic Non-Cancer Pain: Higher Prevalence of Hypogonadism in Men than Women Exptl and Clin Endo and Diabetes 2009;117:38-43

EPICOR PUBLICATIONS

1. **Bainbridge D, Martin J**
Off-Pump Coronary Artery Bypass Surgery and the Kidney Am J Kidney Dis 2009;54(3):395-8

2. **Bainbridge D, Martin J**, Amed-Sabry M, Craig A, Iglesias J
Does Routine Use of an NG Tube Improve Transesophageal Echocardiography Imaging During Cardiac Surgery? A Randomized Controlled Trial Can J Anaesth 2010;57(3):216-21 Epub 2010Jan5

3. Wang G, **Bainbridge D, Martin J, Cheng D**
Efficacy of Intraoperative Cell Saver During Cardiac Surgery: A Meta-Analysis of Randomized Trials Anesth Analg 2009;109(2):320-30

4. Wang G, **Bainbridge D, Martin J, Cheng D**
N-Acetylcysteine in Cardiac Surgery: Do the Benefits Outweigh the Risks? A Meta-Analytic Reappraisal J Cardiothor Vasc Anesth 2010 (Epub July30)

5. **Cheng D**, Ad N, **Martin J**, Berglin E, Chang BC, Doukas G, Gammie J, Nitta T, Wolf R, Puskas J
Surgical Ablation for Atrial Fibrillation in Cardiac Surgery: A Meta-Analysis of Comparative Trials (ISMICS) Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery 2010;5(2):84-96

6. **Cheng D, Martin J**, Novick R
Off-Pump Bypass CABG: The Beat Goes On Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery 2010;5(2):67-69

7. **Cheng D, Martin J**, Dunning J, Shennib H, Muneretto C, Schueler S, von Segesser L, Sergeant P, Turina M, on behalf of the ad hoc EACTS/ ESCVS committee
Endovascular versus Open Surgical Repair of Thoracic Aortic Disease: A Systematic Review and Meta-Analysis of Comparative Studies J Am Coll Cardiol 2010;55(10):986-995

This paper was selected for Late-Breaking Clinical Trials Spotlight presentation, ACC 2009. It was highlighted in TCTMD – The Premier Educational Resource for Interventional Cardiology and Endovascular Medicine Community. It was also featured in Cardiosource, theheart.org, and www.thedoctorschannel.com/video/2908.html

8. **Cheng DC, Martin J**, Ferdinand FD, Puskas JD, Diegeler A, Allen, KB
Endoscopic Vein-Graft Harvesting: Balancing the Risk and Benefits Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery 2010;5(2):70-73

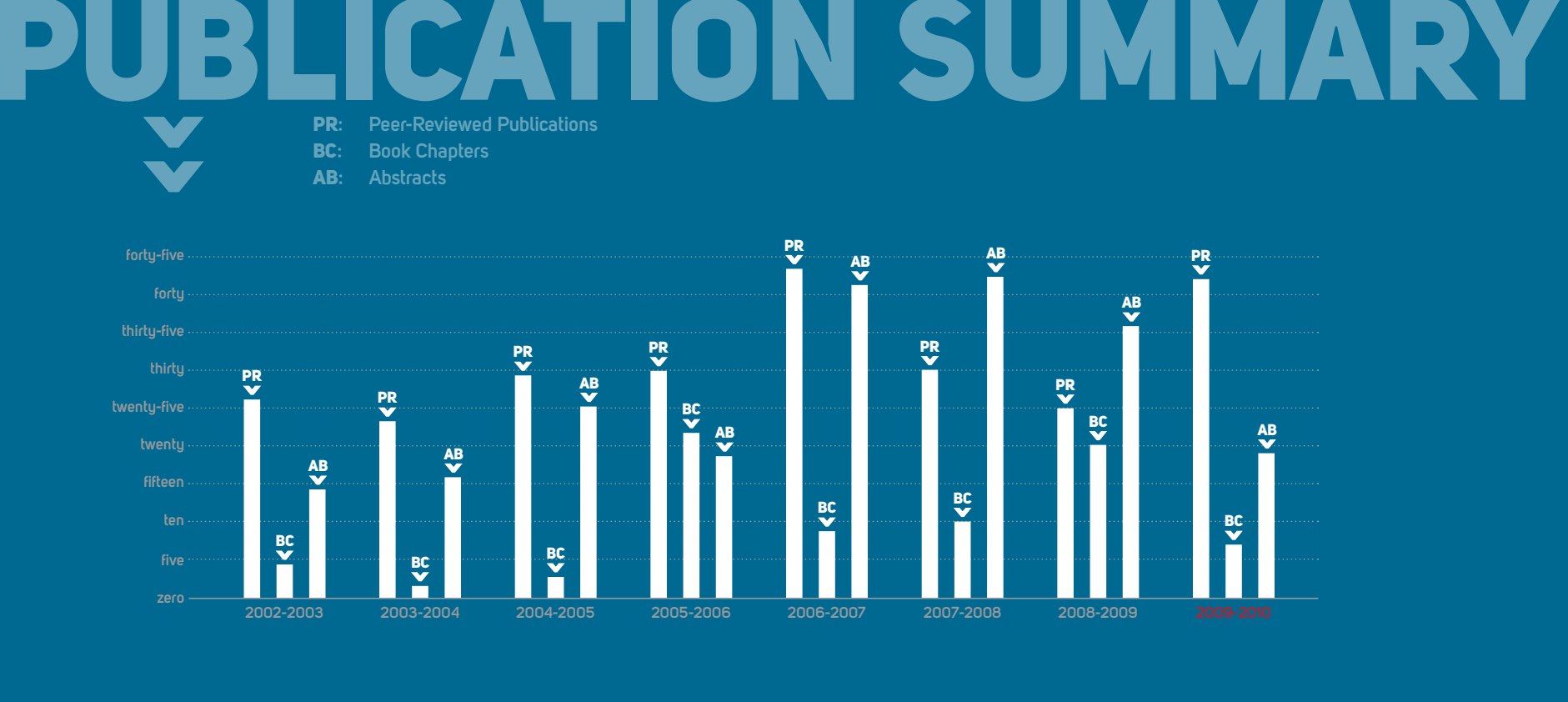
9. Ad N, **Cheng D, Martin J**, Berglin E, Chang BC, Doukas G, Gammie J, Nitta T, Wolf R, Puskas J
Surgical Ablation for Atrial Fibrillation in Cardiac Surgery: A Consensus Statement of the International Society of Minimally Invasive Cardiothoracic

Surgery (ISMICS) 2009 Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery 2010;5(2):74-83

10. Neumann I, **Martin J**, Letelier LM, Howden CW, Claro JC, Leontiadis GI
Comparison of Different Regimens of Proton Pump Inhibitors for Acute Peptic Ulcer Bleeding (Protocol) Cochrane Database of Systematic Reviews 2009 Issue 4 Art No: CD007999 DOI:10.1002/14651858 CD007999

11. Barkun A, Bardou M, **Martin J**, et al
International Guidelines for the Management of Upper GI Bleeding Ann Intern Med 2010;152(2):101-13

12. Bardou M, **Martin J**, Barkun A
Intravenous Proton Pump Inhibitors: An Evidence-Based Review Drugs 2009;69(4):435-45





BOOKS AND BOOK
CHAPTERS

1. **Bainbridge D, Cheng DC**
Part 1: Fast Track Cardiac Anesthesia – Process of Care [Chapter 1] In Sladen RN editor Postoperative Cardiac Care Lippincott Williams & Wilkins 2010

2. **Bainbridge D, Cheng DC**
Evidence-Based Practice for Fast-Track Cardiac Anesthesia - Is it Safe? [Chapter 61] In Fleisher LA editor Evidence-Based Practice of Anesthesiology 2nd ed Elsevier Inc 2009 411-414

3. **Bainbridge D, Cheng DC**
Triage in the ICU [Chapter 1] In Sladen RN editor Postoperative Cardiac Care Lippincott Williams & Wilkins 2010

4. **Butler R, Cheng DC**
Part 2: Routine Mechanical Ventilation After Cardiac Surgery [Chapter 2] In Sladen RN editor Postoperative Cardiac Care Lippincott Williams & Wilkins 2010

5. **Cheng DC, Granton J**
Heart Transplantation and Subsequent Noncardiac Surgery [Chapter 14] In Yao FS editor Yao & Artusio's Anesthesiology Problem-Oriented Patient Management 7th ed 355-371

6. Adhikary SD, **Ganapathy S**
Evaluation of Thoracic Paravertebral and Lumbar Plexus Anatomy Using 3D Ultrasound Probe [Chapter 43] In Bigeleisen P, Orebaugh S, Moayeri N, editors Ultrasound-Guided Regional Anesthesia and Pain Medicine Lippincott Williams & Wilkins 2010 280-82

7. **Spadafora SM, Fuller JG**
Practical Rules of Engagement Responding to Learners Experiencing Difficulty [Chapter 20] In Van Deven T, Hibbert K, Chhem R, editors The Practice of Radiology Education Challenges and Trends Springer 2010 249-58



ABSTRACTS (PRESENTED AND/OR PUBLISHED)

1. **Bellingham GA**, Tumber PS
Ultrasound Guided Axillary Nerve Block in the Quadrilateral Space Poster Discussion at CAS 2009 Annual Meeting in Vancouver

2. **Bellingham GA**, Peng PWH
Randomized Controlled Trial Comparing Pudendal Nerve Block Under Ultrasound and Fluoroscopic Guidance Poster Discussion at CPS 29th Annual Conference 2009 Quebec City QC

3. Samosh A, **Morley-Forster PK**, Moulin DE, Watson JE, **Ower K**
Safety of Intravenous Lidocaine Infusions for the Treatment of Chronic Pain Can Pain Soc Calgary 2010

4. Moulin DE, Genge A, Gilani A, Gordon A, Lynch M, **Morley-Forster PK** et al
Canadian Multicentre Cohort Study to Determine Long-Term Outcomes of Chronic Neuropathic Pain and its Management Int Assoc for the Study of Pain 2010 Submitted Abstract

5. Samosh A, **Morley-Forster PK**, Moulin DE, **Ower K**, **Watson JT**
Safety of Intravenous Lidocaine Infusions for the Treatment of Chronic Neuropathic Pain Int Assoc for the Study of Pain (IASP) 2010 Montreal Submitted as Abstract

6. Angle P, Gawel M, **Morley-Forster PK** et al (The Canadian PDPH Collaborative)
How Useful are Clinical Criteria for PDPH Diagnosis after Epidurals? Canadian Anesthesiologists' Society Montreal 2010 Submitted as Abstract

7. Angle P, Kronberg J, Douglas J, George R, McKeen D, Preston R, Halpern S, Gawel M, **Morley-Forster PK** et al (The Canadian PDPH Collaborative)
Persistent headaches in parturients after epidural-related PDPH Canadian Anesthesiologists' Society Montreal 2010 Submitted as Abstract



NON-PEER REVIEWED PUBLICATIONS/LETTERS/EDITORIALS/REVIEWS

8. **Ralley F**, Allen P, Eckert K, Keeney M
Acute Normovolemic Hemodilution with Component Splitting Reduces Blood Transfusion Rates in Complex Cardiac Surgical Procedures [Abstract, presented]. Society for the Advancement of Blood Management (SABM) 2009 Annual Meeting Kansas City Montana Sep 2009

9. Ligorì T, **Schulz V**
A Quality Improvement Initiative in Critical Care Delirium Assessment [Abstract, presented] Critical Care Forum MD Track Toronto Ontario Oct 2009

10. **Sharpe MD**
Evolution of Health Care Worker Opinions on Donation After Cardiac Death at a Canadian Centre; and Donation After Cardiac Death: The Opinion and Perspectives of Health Care Workers in Ontario Canada [Abstracts, presented] Critical Care Forum MD Track Toronto Ontario Oct 2009

11. **Spadafora S**, Andrews R
Overview of Postgraduate Medical Education and the IMG Experience in Residency [Abstract, Presented] Canadian Resident Matching Service (CaRMs) 2009 International Medical Graduate Information Symposium Toronto Ontario Oct 2009

1. **Bellingham GA**, Beaulieu P, Lussier D, Porreca F, Dickenson AH
Book Review *Pharmacology of Pain* IASP Press Seattle Can J Anesth 2010;57:796-797

2. **Bellingham GA**, Peng PWH
Review *Ultrasound-Guided Interventional Procedures for Chronic Pelvic Pain* Techniques in Regional Anesthesia and Pain Management 2009;13;171-178

3. **Cheng D, Martin J**, Ferdinand F
Endoscopic versus Open Vein-Graft Harvesting (Letter) N Engl J Med 2009;361:1908-9

4. **Cheng D, Martin J**, Novick R
OPCAB versus On-Pump Surgery: The Beats Go On (Editorial) Innovations Technology and Techniques in Cardiothoracic and Vascular Surgery 2010;5(2):67-69

5. **Morley-Forster PK**
The Vexing Problem of Post-Amputation Pain (Editorial) Can J Anesth 2009 Dec;56:895-900

6. **Turkstra TP, Armstrong PM, Jones PM**, Quach T
Glidescope® Use in the Obstetric Patient Int J Obstet Anesth 2010 Jan;19(1):123-4

7. **Turkstra TP, Jones PM**
Is There Evidence for Improved Maternal Satisfaction with Patient-Controlled Epidural Anesthesia? Anesth Analg 2009 Oct;109(4):1344 author reply 1345-6

8. **Turkstra TP, Jones PM**
Mitigation of Rocuronium-Induced Anaphylaxis by Sugammadex: The Great Unknown Anesthesia 2010 Jan;65(1):89-90 author reply 90

FACULTY RESEARCH GRANTS & FUNDING



PEER-REVIEWED

1. **Badner N**, et al

- Australian and New Zealand College of Anaesthetists Trials Group (ANZCA TG), and the NHMRC Centre for Clinical Research Excellence in Therapeutics: *ENIGMA-II Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery: A Randomised Controlled Trial* 2009 [Year 2]. \$10 000 Site Principal Investigator
- Heart and Stroke Foundation of Canada: *ENIGMA-II Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery: A Randomised Controlled Trial* 2009 Jul \$39 000 Site Principal Investigator
- Lawson Spring 2010 Internal Research Fund Competition: *Perioperative Inhibition of the Renin-Angiotensin System: A Randomized Controlled Trial* 2010 \$15 000 CoInvestigator

2. **Bainbridge D**, et al

- Canadian Foundation for Innovation: *Image-Guided Minimally Invasive Intervention and Simulation* 2009 \$644 401 [Year 1 of 4] of \$2 577 602 CoInvestigator
- CIHR/NSERC: *An Optimal Planning Strategy for Robot-Assisted Minimally Invasive Cardiac Surgery* 2009 CIHR Awarded Amount \$66 681 [Year 2 of 2] of \$180 295 CoInvestigator
- David S. Sheridan Canadian Research Fund: *Sevoflurane Sedation During Primary Percutaneous Coronary Intervention - A Randomized Pilot Trial* 2009 \$10 000 CoInvestigator

3. **Cheng D, Bainbridge D, Martin J** [EPiCOR Group]

Ontario AFP Innovation Grant: *Evidence-Based Perioperative Drug Therapy: Getting Evidence into Practice* 2010 May \$92 500 [Year 2 of 2] of \$205 000 Investigators

4. Abeer A, Naik VN, **Cherry R**, et al

Academy for Innovation in Medical Education (AIME) Education Grant: *Simulation Assisted Oral Examination for Anesthesia Certification in Canada: Improving Validity* Dec 2009 \$20 500 CoInvestigator

5. Kiaii B, **Cherry R**, et al

American College of Surgeons Division of Education Research Grant: *Inclusive Team and Training for Cardiac Surgery: Combining Multiple Simulators* Sep 2009 \$36 810 CoInvestigator

6. **Dhir S**

- Academic Medical Organization of Southwestern Ontario (AMOSO), Opportunities Fund: *Success Rate of Infra-Clavicular Blocks: Comparison of Ultrasound vs. Neurostimulation Guided Catheter Placement* Jul 2009 \$16 250 [Year 1] of \$32 500 Principal Investigator
- Physician Services Inc. Foundation: *Success Rate of Infra-Clavicular Blocks: Comparison of Ultrasound vs. Neurostimulation Guided Catheter Placement* 2010 \$21 000 [Year 2] of \$60 000

7. **Harle C**, et al.

Department Internal Research Fund: *Starch or Saline After Cardiac Surgery – A Randomized Controlled Trial* Aug 2009 \$6 000 [Year 1] of \$10 000

8. **Herrick I** (Principal Investigator), **Cheng D**

Ontario AFP Innovation Grant Project: *Evidence Embedded Clinical Decision Support and Collaboration to Enhance Patient Safety and Outcomes* May 2010 May \$187 500 [Year 2 of 2] of \$415 000 Investigators

9. **Imasogie N** (Principal Investigator), **Morley-Forster P**

UWO Pain Program, Earl Russell Trainee Grants in Pain Research: *Combination Ultra Low Dose Naloxone Infusion and Oral Tramacet for Postoperative Pain Management in Elderly Patients Undergoing Joint Replacement Surgery: A Prospective Randomized Controlled Trial* Jan 2010 \$10 000 Principal Investigator

10. **Jones P**

- AMOSO Opportunities Fund: *Randomized Isoflurane and Sevoflurane Comparison in Cardiac Surgery: A Prospective Randomized Clinical Trial (RISCCS)* 2010 \$32 500 [Year 1] of \$97 500 Principal Investigator
- Department Internal Research Award: *The Effect of a Perioperative Smoking Cessation Program on Rates of Smoking Cessation/Reduction and Perioperative Complications: A Randomized Clinical Trial* 2009 \$10 000 Principal Investigator

11. Lavi S, **Lavi R** (CoPrincipal Investigators)

AMOSO Opportunities Fund: *Sevoflurane Sedation During Primary Percutaneous Coronary Intervention – A Randomized Pilot Trial* 2009 \$65 000 [Year 1] of \$195 000 CoPrincipal Investigators

12. **Lavi R**, et al

American Society of Anesthesiologists-Anesthesia Patient Safety Foundation 2010: *The Association Between Platelet Inhibition and Perioperative Major Adverse Cardiac Events in Post-Percutaneous Coronary Intervention Patients Undergoing Non-Cardiac Surgery* 2009 \$147 835 CoInvestigator

13. **Lavi R** (Principal Investigator), **Bainbridge D** (CoInvestigator)

- Department Internal Research Fund: *Remote Endothelial Preconditioning Before CABG* Jun 2009 \$10 000
- UWO Academic Development Fund: *Remote Ischemic Preconditioning Before Coronary Artery Bypass Grafting Surgery* 2009 \$8 500

14. **Murkin J**

Heart and Stroke Foundation of Canada: *Genetic Determinants of Neurocognitive Dysfunction Following Cardiopulmonary Bypass* 2010 \$86 186 [Year 2 of 3] of \$258 592 Principal Investigator

15. **Railton C**

Department Internal Research Fund: *Understanding the Adverse Effects of Perioperative Renin Angiotensin Blockade Under Anesthesia – A Pilot Study* 2009 \$8 500 [Year 2]

16. Sen M, **Schulz V**

AMOSO Opportunities Fund: *Assessment and Management of Delirium in the Intensive Care Unit: A Quality Improvement Initiative* Jan 2010 \$32 500 [Year 1] of \$97 500

17. **Sharpe M**, et al

Canadian Institutes of Health Research (CIHR): *Oxygen Supply Dependency: Mechanisms and Modulation* 2009 \$85 100 [Year 3 of 3] of \$255 330 Collaborator

18. **Singh I** (Principal Investigator), **Imasogie N** (CoInvestigator)

Lawson Internal Research Fund (IRF) Competition Award Winner: *Efficacy of Ultrasound Guided Transversus Abdominis Plane Blocks for Post-Cesarean Section Analgesia: A Prospective Blinded Randomized Controlled Trial* Dec 2009 \$10 000

NON PEER-REVIEWED

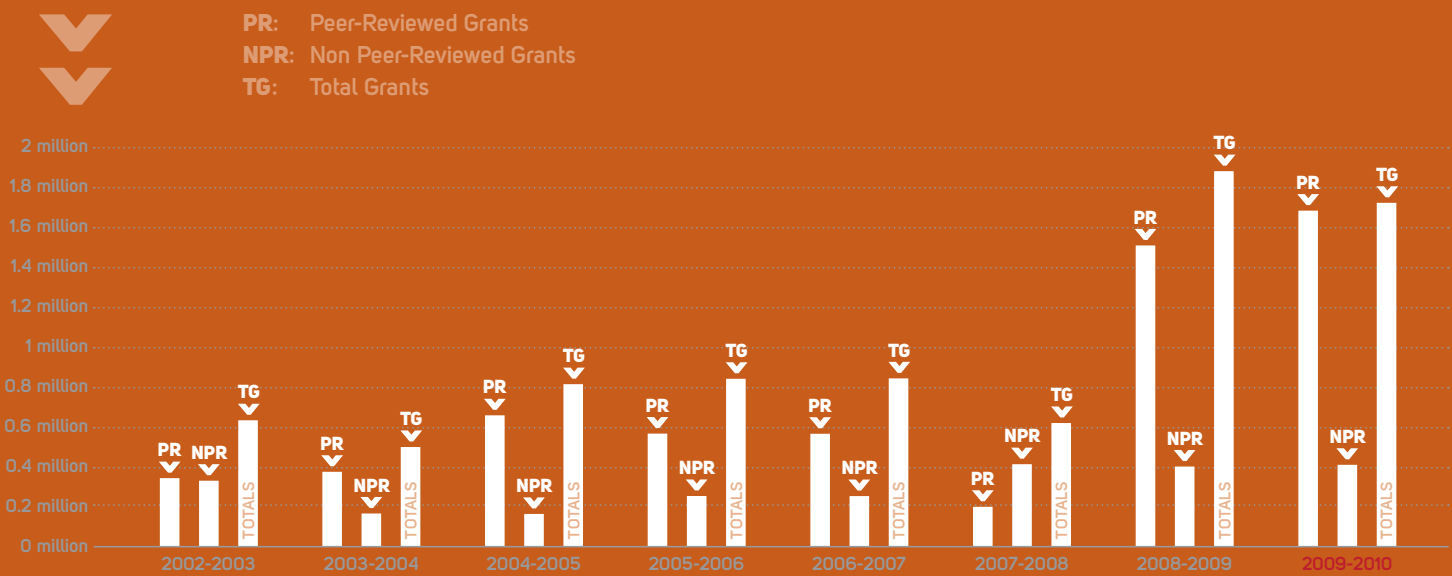
1.

Murkin J
Ikaria Inc: *A Randomized, Double-Blind, Placebo-Controlled, Multicentre Study of IK-001 to Evaluate Safety, Pharmacokinetics and Proof-of-Concept Efficacy for Reduction of Ischemia-Reperfusion Mediated Cardiac Injury in Subjects Undergoing Coronary Artery Bypass Graft (CABG)* 2009 [Year 1 of 3] Prorated Amount \$14 000/Patient Based on Full Enrollment Site Principal Investigator
2.

McKenzie N, **Murkin J**, et al
The Schering-Plough Research Institute: *The Effect of AcaDesine on Clinically Significant Adverse Cardiovascular and Cerebrovascular Events in High-Risk Subjects Undergoing Coronary Artery Bypass Graft (CABG) Surgery Using Cardiopulmonary Bypass (Protocol No P05633) RED-CABG Trial (Reduction in Cardiovascular Events by AcaDesube in Subjects Undergoing CABG)* Sep 2009 \$34 112
3.

Sharpe M, Sprenger H
Medbuy Corporation Research Education and Development Fund: *The Use of Oxandrolone, an Anabolic Steroid to Augment Positive Nitrogen Balance* 2009 \$7 500 Principal Investigator

GRANTS SUMMARY



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

ANNUAL REPORT



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Department of Anesthesia and
Perioperative Medicine

>> uwoanesthesia.ca

London Health Sciences Centre

>> lhsc.on.ca

St. Joseph's Health Care, London

>> sjhc.london.on.ca

Schulich School of Medicine & Dentistry
The University of Western Ontario

>> schulich.uwo.ca