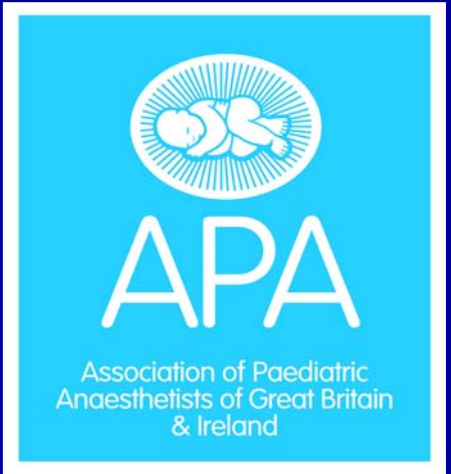


ASSOCIATION OF PAEDIATRIC ANAESTHETISTS OF GREAT BRITAIN & IRELAND

Number 15

Summer 2011



From the President July 2011

Dr Kathy Wilkinson, July 2011
Kathy.wilkinson@nnuh.nhs.uk

What a difference a month makes! Five weeks ago many of us were enjoying the sunshine at the excellent Torquay meeting. Since then there have been several changes on Council, and we are occupied responding to some important reports and recommendations (The Safe and Sustainable Cardiac and Neurosurgical reviews to name but two).

We also have three new publications from the Guidelines group near to completion (Immunisation and anaesthesia, Dental Anaesthesia and the Difficult Airway). Very recently we produced two statements on Anaesthesia and the Developing Brain for both professionals and the public (the latter may be useful at pre-operative discussion with parents). Much of this material we will place on the website which Chris Gildersleve, as new webmaster, is working very hard to develop with the AAGBI. We now have a clear strategy to do this over the next six months. Council regards this as a very high priority as the website is key to our communication with members, and in the near future parents and children.

We have already launched the "Best Evidence Topics" library on the web, which is a really significant development from the Education Committee, and this will continue to grow. Meanwhile, members of the Scientific Committee have worked closely with the NIAA this year and we are to provide substantially improved funding for paediatric anaesthetic research. The programme for the Linkman meeting on November 25th in Glasgow is of the usual high standard, and the newly formed Meetings committee is already well ahead planning the Cambridge ASM in June 2013 (joint with ESPA). 2013 also marks 40 years since the APA was founded—more of this to follow in future newsletters.

For now please put May 10th and 11th 2012 in your diary for what promises to be an excellent ASM in Birmingham.

What are the areas I personally want to concentrate on during the next 2 years?

- Continue to foster the friendly network which the APA has provided over the years with colleagues across all types of hospital in the UK and worldwide. This is at risk of being eroded given our increasing size and greater involvement in health service matters (both of these developments are also in the "positives pile").
- Retain services locally for children where appropriate and of a high standard. This is a key premise within the nearly forgotten Children's NSF in England. Nevertheless, further centralisation of care is being driven by various pressures. Many general surgeons now have little or no paediatric training, competence or confidence. We must resist this trend in anaesthesia.
- Help to ensure that anaesthetists are routinely regarded as part of the team of professionals who care for children. We generally make a huge contribution around the time of surgery, but also to babies and children in pain, critically ill or injured. This is often poorly understood and recognised at all levels outside the speciality.

Please remind me to come back to this piece in two years time for some mandatory personal reflection.

In this Issue:

- Update from the Hon. Secretary Page 3
- Action for Sick Children 50th
- Anniversary Lecture Page 3
- APA ASM 2012 Page 4
- POEMS for children Page 5
- Join the APAGBI Education & Training Committee Page 5
- Applying for an APA “non-research” grant Page 6
- Reconstructive Surgery at The Holy Spirit Hospital, Makeni, Sierra Leone Page 7
- Northern Cleft Foundation Camp 2011, Nagpur, India. Page 8
- Going Overseas Network National Meeting Page 10
- Annual Scientific Meeting 2011 Page 11
- Citations for Honorary Members:
 - * Dr George Meakin Page 12
 - * Dr Declan Warde Page 13
 - * Dr Peter Crean Page 14
 - * Associate Professor Krister Nilsson Page 15
- The Linkman Meeting Page 16
- Obituary — Dr Samuel Harold Swann Love Page 18
- Notice of ESPA Meeting Page 19

From the Honorary Secretary July 2011

Dr Tony Moriarty, July 2011
Tony.moriarty@me.com

1. Notice of forthcoming Elections:

Papers will shortly be circulated calling for nominations for a new Home Member of Council to replace Dr Graham Wilson who will have completed four years of sterling service to council, in line with accepted changes to the election process to council, applications are welcome from any of the home countries.

2. Membership survey:

The APA council is keen to survey members to determine what members want from the APA, its council and subcommittees. I expect this survey to take place in July. This is your chance to shape the future of the APA.

3. Annual Subscriptions

The subscription rate has been raised to £67.00 and £45.00 respective from 01 April 2011. Subscription Rates for Consultant Members will

rise to £70.00 with effect from 01 April 2012 and Trainee members will rise to £47.00.

4. Requests for nominations for Honorary Membership.

Honorary Membership of the APA is a prestigious honour. We would like to invite nominations from any member for any other member they deem to be deserving of such an honour. Nominations can be sent to the email address below.



5. Twitter

The APA now has a Twitter account, @APAGBI. Any member who uses Twitter will now be able to follow this account and will automatically be informed of any items placed on the APA website, APA news or other items of interest.

Action for Sick Children 50th Anniversary Lecture

"Speaking out for Sick Children and Young People and their Families:
Where to Now?"

Professor Sir Al Aynsley-Green

By Ann Seymour, Lay Person on Council, June 2011

Action for Sick Children is celebrating its Golden Jubilee this year with parties being held in children's departments in hospitals throughout the country. Celebrations also took place in London on 6th April 2011 with a Golden Jubilee Lecture given by Professor Sir Al Aynsley-Green, 'Speaking out for Sick Children and their Families: Where to Now?' which took us through the history of child health from Victorian times to the present day. He noted the major achievements through the years and acknowledged the influence of the work of Action for Sick Children. However, he viewed the tendency of successive governments to produce reports aimed at raising standards of children's health services, particularly the Children's National Service Framework, without any further commitment to implement the recommendations, as extremely frustrating. He urged Action for Sick Children to continue its work and particularly to maintain pressure on politicians.

The embryonic organisation began in 1961 when a young mother founded Mother Care for Children in Hospital in response to James Robertson's Film 'A Two Year Old goes to Hospital'. This demonstrated the distress experienced by young children on separation from parents who were actively discouraged from staying in hospital with their child at the time. Together with other groups, the national organisation, the National Association for the Welfare of Children in Hospital was formed in 1965 and renamed Action for Sick Children in 1991 to reflect the increasing trend towards care in the community. Membership includes professionals and families and Action for Sick

Children (Scotland) and (Wales) are affiliated charities. Nationally, good practice has been promoted by advising governments and policy makers and through campaigns for example the impact of travel costs and hospital car parking charges on families. Locally, Action for Sick Children branches have raised funds, provided support for families and promoted good practice by working closely with hospital and community services. Standard setting reports have also been an important area of work, with the publication of the NAWCH charter in 1984, followed by the publication of the quality review series and subsequent good practice guidance documents which have informed commissioners and providers. The charity has worked in collaboration with anaesthetists and surgeons and *Meeting the Needs of Children and Young People Undergoing Surgery through the eyes of children, young people and their carers* was published by Action for Sick Children in 2004. Good practice in the provision of information and preparation for families is nationally recognised and parents are no longer separated from their children at the doors of the theatre suite.

However, there areas of service provision where children and families do not receive the quality of care and support they deserve. Some hard fought for standards, such as dedicated provision for children and young people and the availability of staff trained in the care of children are backsliding. The need for the charity to continue its work is as important as ever, particularly in the current climate of uncertainty over the future of the NHS.



The Association of Paediatric Anaesthetists of Great Britain & Ireland

FIRST
ANNOUNCEMENT

**39th Annual Scientific Meeting
10th and 11th May 2012**

**The International Convention Centre,
Birmingham UK**

- Parallel Streams, Specialist and Generalist Paediatric Content
- Paediatric Trauma Session
- International Speakers
- Workshops – Airway, TIVA, Ultrasound Vascular Access
- Mini – Symposia
- Debate Session “Competency Based Training”
- Social Programme
- CPD Accreditation
- Meeting website will launch late 2011



further details at www.apagbi.org.uk



The POEMS For Children Anxiety Management Training Course offers training in the effective management of anxious children. In the three years since it started, anaesthetists have formed the largest group of medical professionals trained on the course, probably due to the fact that the effective management of anxious children forms such an important part of anaesthetic practice. However, data collected from delegates prior to attending the course suggests that not one anaesthetist had received any formal training in anxiety management.

With a view to clarify if this data reflects the level of training amongst the wider anaesthetic community, The POEMS faculty has embarked on a national survey of anxiety management training amongst anaesthetic practitioners. The Royal College of Anaesthetists has agreed to support this initiative and provide access to the survey via a link on their website at www.rcoa.co.uk on the Main and the News and Media pages.

The POEMS For Children Course continues to run twice a year offering training in the effective management and reduction of anxiety in children. The course venue is The RSA in London, with the next course running on the 17th November 2011. Course details and online or manual booking is available at www.poemsforchildren.co.uk.

Please apply to be our new member of the APAGBI Education & Training Committee!

The Education & Training Committee is looking for a motivated member to work with our trainee representative to develop a paediatric anaesthesia training guide for trainees, either web-based or paper-based.

You will lead on this project and be involved in other activities of the Education & Training Committee.

If you have experience of designing and developing learning resources and the time to undertake such a project for the APAGBI please get in touch with Alison Carr, Chair of the Education & Training Committee (themcqueens4@me.com) for more information and an application form.

The closing date for applications is 29th July 2011.



Applying for an APA 'non-research' grant

Jane Peutrell
Immediate Past Honorary Secretary

apagbiadministration@aagbi.org

From time to time, the APA Council receives requests for financial support for various 'non-research' projects of relevance to paediatric anaesthesia. Although the Association had clear statutes for research and travel grants, there was previously no agreed process for evaluating other types of requests. Council has now agreed a formal process for evaluating and awarding these 'miscellaneous grants', including an application form and statutes, which is enshrined in the revised Standing Orders (2011)

Over the last few years the APA has increased its activities very significantly, in part, no doubt, to the growth of the Association but more particularly to the broadening of its membership from accepting only specialist paediatric anaesthetists previously to now welcoming any anaesthetist with an interest in the care of children, including trainees. The requirement for individuals and departments to demonstrate clinical excellence and need for appropriate resources to support CPD and re-validation are other driving factors. The recent re-configuration of Council with the establishment of three new Committees in addition to the Scientific Committee (Education and Training; Meetings; Professional Standards) provides not only impetus for new projects within Council but also a clear structure for reviewing and overseeing those initiated by general members.

The agreed statutes for the Miscellaneous Grant are:

- At least one co-applicant must be an APA member
- The project group must be able to demonstrate relevant experience / expertise. Each applicant should submit a short personal supporting statement and curriculum vitae
- The project must be relevant for the speciality of paediatric anaesthesia
- Internal applications from APA Sub-committees and similar must be supported by the supervising APA Committee (Professional Standards / Scientific / Education & Training). These supported projects will be deemed to have been "adopted" by that Committee

External applications should be submitted to the APA Honorary Secretary via the APA Secretariat (address above) who will confirm receipt within four weeks. The Secretary will then forward the application to the Chair of the most relevant APA Committee for peer review by a panel of three independent reviewers and potential 'adoption' by that Committee. The Committee Chair will notify applicants of the outcome of this stage

Applications can be submitted at any time during the year. However, 'adopted' projects will be considered by Council at one of its three full meetings each year after review of the application and any recommendations from the nominated supervising committee. The Honorary Secretary will notify the lead applicants of Council's decision

Each application will be considered on its merits, taking into account the APA's current financial position

The project must be started within one year of the award or the funds will need to be returned. The timetable for the project will be agreed between the applicant(s) and the relevant APA Committee and Council as a condition of any award

Applicants must submit an annual progress report to the Chairman of the relevant Committee and APA Honorary Secretary and a final report for the APA website / newsletter and Annual General Meeting at the conclusion of the project

It is important to note that the overall funding strategy for all grants in any one year will need to take account of the APA's financial position. However, the Association is obliged to disperse of some funds in line with its stated aims as a registered charity. If you would like further information or indeed to submit an application for a Miscellaneous Grant, you can download the form at <http://www.apagbi.org.uk/professionals/science-and-meetings/grants-and-awards>

Reconstructive Surgery at The Holy Spirit Hospital, Makeni, Sierra Leone

A report concerning Overseas charitable work in Sierra Leone
By Miss Barbara Jemec

The charity ReSurge Africa (http://www.resurgeafrica.org/Information/Sierra_leone.html) and the British Society for Surgery of the Hand (BSSH) have just started collaborating in training local doctors and treating patients in Makeni, Sierra Leone.

The teams going consist of surgeons (one plastic and one orthopaedic hand surgeon) and anaesthetists, nursing staff and hand therapists; and are scheduled for two week trips throughout 2011 and into 2012.

The cases are mixed, both adults and paediatric, but predominantly hand surgical, consisting of congenital abnormalities and trauma, including many burns contractures.

Why hands? Because without the use of your hands you cannot work, you cannot feed yourself or your family. We need more anaesthetists to make this work and especially paediatric anaesthetists as many of the patients are children.

Local conditions

The Holy Spirit Hospital (<http://www.hsh-makeni.com/index.html>) is a 70 bedded hospital, founded in 2004 in the village of Masuba, near the town of Makeni (population 50,000). Makeni lies approximately in the centre of Sierra Leone and is well served by roads. Freetown is about two and a half hours away by car on a paved road and the airport at Lungi is about three and a half hours away.

Sierra Leone has a tropical climate: 6 months dry season (October - March) and 6 months rainy season (April - September). There is no way around it: it is always hot. The population is still recovering from a vicious civil war, which ended in 2002. There is no hostility to visitors at all and the teams are welcomed warmly.

The country is rich in natural resources, possessing significant deposits of diamonds, gold, iron ore, titanium and oil, but despite the vast mineral wealth of the country, the country is the 8th poorest country in the world and the 12th least developed.

The people of Sierra Leone are composed of many ethnic and tribal groups speaking a number of different languages.

There is a severe lack of medical personnel in Sierra Leone with less than 100 doctors in the whole country. Medical facilities were particularly targeted during the civil war which saw many doctors flee the country. As a

result of this, as well as poor conditions and low pay, few Sierra Leone doctors have returned.

The actual number of anaesthetist is unknown, but possible there is only one anaesthetist in the whole country. The anaesthetic is usually given by anaesthetic nurses.

There are only about 10 surgeons in the country and unsurprisingly none of them are hand surgeons.

The Reconstructive surgery unit

The Reconstructive unit at the hospital of the Holy Spirit, where we are working, was built by the Italian charity 'Fondazione Don Gnocchi' in 1997, and consists of 12 beds, with rooms for physiotherapy, dressings, nurses and meetings. There is a small but reasonably well equipped theatre, which is air conditioned.

Anaesthetic equipment

ReSurge Africa have bought an anaesthetic machine (Glostavent) which should arrive in March. There is a single bottle of Sevofluorane in the anaesthetic cupboard as well as limited stocks of Ketamine, Propofol, Atropine and Suxamethonium.

There are two syringe drivers of which one definitely works. There are no piped gases, but an oxygen-concentrator supplies oxygen.

Reasonably good monitoring equipment (Datex Ohmeda) with NIBP, cardiac monitoring, saturation monitoring and gas (Oxygen and CO₂) analysis is available and a reasonable supply of ET tubes and laryngeal airways of various sizes.

Laboratory tests

Basic tests can be carried out at the hospital within working hours. Haemoglobin, sickle cell test and U&Es are available. There is no blood bank and if blood is required, the patient's relatives and friends will donate blood. This system is common throughout West Africa.

Radiology

There is a radiology department in the hospital which has an x-ray machine and ultrasound as well as an experienced Radiologist. The department is adjacent to the main hospital complex and is not able to provide portable x-rays. Films are developed by drying on the fence outside the department.

Reconstructive Surgery at The Holy Spirit Hospital, Makeni, Sierra Leone

Contd.

Notes and medical records

'Charts' are made up for all patients seen at the hospital. These are paper records, which contain basic demographic information. Some patients do not know their date of birth. Addresses may be limited to Village and names are often common. Consent forms are slips of paper which can be either signed or if the patient is illiterate, a thumb print is used to mark their consent. Post-op instructions are written on a note and stuck to the patient's chest for the ward nurse to organise. A prescription is also available for you to complete. Patients then take this to the pharmacy to purchase the drugs which are then given by the ward nurse.

Operating theatre

The operating theatre is a decent size with adjacent rooms for: Scrub room, Cleaning and preparation of equipment, Storage of consumables, Recovery area with mobile operating light and oxygen concentrator, Toilet.

Patients are brought from the ward to the theatre in a gown with a hand written label attached to them with their name and basic observations.

Ward care

During working hours the ward is staffed. The

nurse is qualified but relatively inexperienced and has little experience in the management and after-care of reconstructive surgery patients.

Out of hours care

After hours, patients are cared for by their relatives who stay in or near the wards. Night nurses from the main hospital visit on their rounds at night. If there are any concerns by the patient or relatives; a nurse from the main hospital is called in the first instance. In emergencies, any of the Medical team will be called.

The watchman and the cook will cook lunch and dinner to order and the team buy their own provisions at the local 'supermarket'.

Contacts and further information

We are looking for Paediatric Anaesthetists to join the trips. A knowledge of peripheral blocks is a huge bonus, but not essential.

The BSSH funds the airfare and the first night's accommodation in Lungi, which are by far the major expenses of the trip.

If you are interested please contact me on jemec.barbara@gmail.com.

Come and join us!

Barbara Jemec, March 2011

Northern Cleft Foundation Camp 2011, Nagpur, India

A report from Dr Aarti Shah. Yr 6 trainee. Manchester rotation.

Hand ventilation, use of halothane and no gas analysis (no ET_{CO}₂, vapour concentrations and O₂ analysis), probably only one pulse oximeter between the three theatres, oh and not forgetting the use of Boyles machines that in the UK are totally redundant. This was enough put the fear into any anaesthetic trainee going out to foreign lands to practice.

It was with this fear in mind that I got onto the plane heading out to Nagpur, India. I had to keep on reminding myself that so many peoples lives would be changed by the repair of their cleft lips and palates, and the experience I would get would be invaluable.

A group of 30 doctors, nurses, ODPs and other helpers to run our make shift stores and oversee the wash-

ing and autoclaving of our instruments embarked from the UK for India. In total we managed to operate on 85 children and adults in six and a half days, which was a tremendous result for the camp.

I cannot overstate the importance of help we received from the Rotary Club of Nagpur West (RCNW). This tremendous group of people did all the ground work in India; advertising the camp, alleviating the anxieties of parents that child's deformities could be fixed, ensuring patients arrived from up to a 500km range to Nagpur on the appropriate days, organising the hospital stay and liaising with the medical teams there, and generally making sure everything that we needed was there, including our lunch!

Northern Cleft Foundation Camp 2011, Nagpur, India

A report from Aarti Shah. who the APA part funded for a trip to Nagpur.

Contd.

I cannot overstate the importance of help we received from the Rotary Club of Nagpur West (RCNW). This tremendous group of people did all the ground work in India; advertising the camp, alleviating the anxieties of parents that child's deformities could be fixed, ensuring patients arrived from up to a 500km range to Nagpur on the appropriate days, organising the hospital stay and liaising with the medical teams there, and generally making sure everything that we needed was there, including our lunch!

As soon as we reached Nagpur (centre point of India) the work started for the veterans of the camp; pre-assessing our patients for the next day, checking over equipment and drugs, and generally getting to know the set up, whilst the rest of us recovered from our flight.

The day started at 0730 when we took the 15-20 min bus ride to Mure Memorial Hospital. (As usual the consultant surgeons came on the later bus claiming there was not enough room on the earlier one!) While the anaesthetic teams got their theatres ready, the Max-Facs SpRs undertook a post op ward round with translation mainly done by members of RCNW. The first patient was usually on the table for 0830 and the last out of recovery by about 2200. Pre-assessment of the following days patients usually occurred from 3-6pm, and at times was quite emotional when we had to turn patients away, as it was out with the scope of the camp to correct certain deformities. We usually got back to the hotel for our dinner at 2230 and then possibly a quick drink at the bar before needing to go to bed for the early start again.

After the first day, it seemed normal not to have the equipment and monitoring I took for granted in the UK, but I must confess that when I heard that each of the three theatres and recovery would have sats, ECG and BP monitoring I was relieved. The stethoscope on the chest seemed normal, as did the archaic Boyles machines, the overwhelming smell of halothane when you walked into theatre, and hand ventilation of all patients. There was a point one day when I thought wouldn't it be great if someone invented a device that would replace the need for me having to squeeze the bag...after a few moments I realised that there was... it was known as the ventilator. (I blame that particular thought on breathing in too much halothane and nitrous).

The younger children had gas inductions with a combination of oxygen, nitrous and halothane, before IV access was established, then paralysed with vecuronium and intubated. Older children, if they allowed, had IV access established and induced with thiopentone. I learnt how to do infra-orbital nerve

blocks, which were put into all patients having lip repairs except the smallest of infants. Intra-op analgesia consisted of fentanyl (0.1mcg/kg for lips, and 0.3mcg/kg for palates) and IV paracetamol, with morphine being given in recovery if needed. From previous years experience, the wake up time was too long if morphine was given intra-op. Surprisingly, few of the palates actually required morphine post-op, and then usually at 0.05mg/kg.

Overall I anaesthetised 6 under 1year olds, 6 aged between 1-5years, 6 children aged 6-16 and 2 adults on the trip. The youngest child was 5 months old and weighed 4kg.

We did face a few problems along the way, with communication being the main one. For instance, despite prescribing and informing the ward nurses of specified analgesia regimes and stressing the importance of it, many of the children on the morning ward round remained in pain and refused to eat. It wasn't until the start of day 3 that on further questioning about why the children were in so much pain if they had been getting their analgesia, that the matron told us that they had limited paracetamol and ibuprofen syrup on the ward as only one bottle at a time was released from pharmacy. Had this been known earlier, we would have been able to resolve the issue.

Seeing the end result of a parents' face after their child had had such visual deformity corrected, and knowing how much this would change their lives was emotional. It was amazing to see children from previous camps with such minimal scarring. Being told that families had turned away other offers of having their child's cleft lip or palate repaired, in order to wait for our camp was really humbling and made the trip even more rewarding.

GON National meeting



Connecting people
Impacting Developing
World health

www.goingoverseasnetwork.org

Going and doing.....learning and teaching

BRISTOL

Bristol University, School of Chemistry

Thursday September 1st 2011

Course Fee: £70 CPD: Awaiting Approval

Details and booking form www.goingoverseasnetwork.org Bookings are administered by Association of Anaesthetists of Great Britain & Ireland on behalf of GON. If you can't download a booking form please contact The Specialist Societies Manager 020 7631 8816

Following a very successful launch and Inaugural meeting in September last year, we are pleased to announce our forthcoming National meeting.

The meeting will include interesting and challenging presentations from a faculty who undertake overseas visits; sessions include:

- Opportunities for Primary Health Care Practitioners; PRIME and Service visits
- The benefits of short term service & training visits to the practice of UK Trainees and Consultants, and the place in College curricula
- The role of an Audiologist on an Ear Camp and perceptions of the local recipients
- A Reconstructive surgeon in Uganda takes on all-comers
- A Nurse's experience of Gynaecology surgery in the Himalayas
- Workshops / Discussion groups and an 'Open-mike' session covering the future development of the Network, and other topics
- Networking with other healthcare professionals undertaking this work, or wanting to get involved

G.O.N is a multi-disciplinary, multi-professional network, which facilitates and encourages UK healthcare staff to participate in training and service visits to the less developed world.

ASM 2011



President, Dr Neil Morton congratulates Professor Adrian Bosenberg after an excellent Jackson Rees lecture

The Annual Scientific Meeting was held at the Riviera Centre Torquay and was a resounding success. APA council would like to express thanks to Dr Simon Courtman and Dr Anna Johnson for their tireless efforts in organising and preparing a fantastic event.

This year we added an extra update day, and were delighted to find the room literally full of trainee anaesthetists. There were 100 applications for the trainee day one week before the meeting, when the room for the meeting was decided, the final number for the update day was 280.

We would like to thank the GAT committee for their help in organising and advertising this day. The lectures were interesting and varied and were extremely well reviewed by the delegates. The final session of the day was reserved for a debate as to the mandatory requirements for intravenous access for general anaesthesia. This debate was lively, thoughtful and fun. Congratulations go to Dr Anna-Maria Rollin and Dr Jonathan Smith for two excellent presentations.

The day was rounded off by a social visit to the enchanting surroundings of Torre abbey.

Day two included interesting presentations from trainees and a medical student. The winner of the trainee prize presentation was Dr Chirs Marsh from Bristol with his presentation on a controlled trial of the airtraq and conventional laryngoscopes. The medical student prize was awarded to Saqa

Iqbal for her presentation looking at novices experiences on conventional and Airtraq laryngoscopes. All the trainees also selected for prize presentation should be applauded for their efforts, (Dr Helen Ahmad, Dr Claire Harmer, Dr Ananth Kasisomayajula, Dr Sarika Rathi).

We were also pleased to receive nearly 100 abstracts for the meeting. First prize in the poster competition went to Dr Rosalind Morley (Manchester), second prize to Dr Perry Fabian (Evelina), and best poster for medical student went to Mr Aaron Corp.

The annual dinner, held at the Imperial hotel was a delight, the food, wine and conversation were excellent. The band was also pretty good as well!

Highlights of the meeting included a fascinating talk by Professor Adrian Bosenberg giving the Jackson Rees lecture, a stimulating talk on anaesthesia for children in Afghanistan by Surgeon Commander Steve Bree and Lieutenant Colonel Suren Arul, and of course the technological marvel that was an demonstration of telemedicine by Dr Anna Johnson. We would like to thank all the speakers for their efforts in making the meeting so successful.

Feedback from the meeting was overwhelmingly positive, but the meetings are always in a process of evolution. The meeting in next year will have one day of the meeting divided into two streams, one catering for the generalist paediatric anaesthetist and one for the specialist.

CITATION FOR HONORARY MEMBERS

DR GEORGE MEAKIN

By Dr Jane Peutrell
Torquay 2011

George graduated in medicine from Manchester University in 1971 and after a short spell in general practice he started anaesthetic training in Rochdale and then Plymouth. After passing the Fellowship in 1976, he undertook a year's training in Cardiothoracic Anaesthesia in Brisbane, Australia, before moving to Canada in 1977 to take up a one-year Clinical and Research Fellowship in Paediatric Anaesthesia at the Montreal Children's Hospital. He was then appointed to the University of McGill as a Staff Anaesthetist and Assistant Professor of Paediatric Anaesthesia, remaining in Montreal for a further three years.

Returning to the UK in 1983, George was appointed Consultant Paediatric Anaesthetist at the Royal Manchester Children's Hospital (RMCH). Early achievements in his consultant career included implementing full monitoring in all operating theatres at RMCH (well ahead of any national guidelines) and establishing resident cover for the anaesthetic service and paediatric intensive care unit. He also obtained a grant to start research into muscle relaxant drugs in infants and children, which led to a Senior Lecturer appointment at the University of Manchester in 1989 and an MD degree in 1992.

During a distinguished career, George served as an examiner for the Royal College of Anaesthetists from 1991 to 2003, was President of the European Federation of Associations of Paediatric Anaesthetists (FEAPA) from 2005-2009 and APA President from 2007 to 2009. During his FEAPA Presidency, George led the reforms that culminated in the foundation of the European Society for Paediatric Anaesthesiology. While Secretary and later President of the APA, he was a strong supporter of diversifying the membership of the APA, which now provides a home for all anaesthetists involved in the care of children regardless of where they work (as evidenced by the attendance at the ASM here in Torbay today). He also proposed changing the APA into a Charitable Limited Company, a change which



he completed at the very end of his Presidency at the AGM in Brighton 2009.

I would also like to share with you three lesser well-known facts about George. Firstly he has a melodious voice and serious passion for music (some of you will recall, no doubt, his operatic contributions to previous annual dinners). Secondly, he has a great sense of timing; for example, on an overland trip from Australia to Canada George managed to arrive in Kabul on the same day as the Russians! Thirdly, he is phenomenally resourceful. It seems that, as a medical student, George helped finance his studies by running an old van and wheeling and dealing in second hand white goods obtained at auction! Perhaps in addition to honorary membership of the APA we should also be awarding him honorary membership of *Trotters Independent Traders!*

Finally, I would like to acknowledge the very considerable role of Lynne, George's wife, to the success of the '*Meakin Machine*'. Whenever I meet them together there is absolutely no doubt that it is she really is his lynchpin, both professionally and personally.

Ladies and gentlemen, it is my pleasure and honour to present Dr George Meakin for Honorary Membership of the APA.

DR DECLAN WARDE

By Dr Kathy Wilkinson
Torquay 2011

I am honoured to be asked to give this citation on behalf of the APA for Dr Declan Warde.

Declan is a native of Dublin, and qualified in 1973 from University College.

While at university and as a trainee he had a distinguished football career, playing for University College and semi-professionally for Shelbourne. He has been an avid Wolves supporter for over 50 years and is travelling to Molineux this weekend for the last match of the season.

It is probably not common knowledge that Declan trained in surgery for 6 years and did a considerable amount of paediatric surgery during this time. It was when he was a paediatric surgical registrar at Temple Street that he was much influenced by Dr. Evelyn Gallagher, an outstanding and immensely dedicated paediatric anaesthetist and an early APA member. He was moved to transfer his affiliations to anaesthesia in 1981 and after just 6 weeks of supervised practice he was set to work solo in a very busy inner city hospital. On his first night on call he was involved with a major incident known as the Stardust night club disaster, which happened to coincide with the annual consultant's dinner!

His paediatric anaesthetic training was enhanced by a year in Toronto at Sick Kids, where he was chief fellow and this preceded his first consultant appointment at Temple Street in July 1986.

In 1995 Declan bought a new car and on the same day parked it in his usual spot outside the hospital and near some not so lovely flats. On his return a few hours later he found that it had been broken into and the radio was stolen. One of the characters from the flats asked 'what's wrong Dr Warde', Declan answered in language the lady could understand that his radio was missing. The reply was 'Sorry Dr Warde we didn't know you got a new car, give us 20 minutes and we'll get the radio'. So Declan got his radio back, such was the respect for him!

Declan joined APA Council in 1995 and in the same year at the meeting in Manchester I recall he presented an excellent paper on the use of propofol based anaesthesia in 39 patients with muscular dystrophy. He was Honorary Treasurer from 1998-2002, during which he presented our accounts and answered with ease even the most searching ques-

tions from the likes of our Past Presidents. He



organised the very successful Dublin meeting in 2003 at the Burlington Hotel. The event at Dublin Castle set the standard for the welcome get together, and was so much fun that all flagged a bit at the annual dinner the next evening! In 2004 he came onto Council for a second term as representative for Ireland, and took on the role of archivist. .

For myself when I joined Council in 2000, Declan was Hon Treasurer and he was a good friend to have. Sorry to say that he was not allowed to sneak off and have a fag in the tea break without me coming to him with a question, and he bore this with great fortitude!

Declan's retirement from Public practice was very recent, and has been much marked in Dublin. He is held in great esteem by many Dublin anaesthetists past and present.

He remains busy in semi-retirement – pursuing his interests in golf, football and anaesthesia history. While he continues to live in the city of his birth, he spends increasing amounts of time in Cornwall, where he has a second home.

We very much hope that he will continue to favour us by attending many APA meetings in the future, and continue to help us with our archive.

DR PETER CREAN

By Dr Robert Bingham
Torquay 2011



This the easiest task that I have ever had to perform at the Association of Paediatric Anaesthetists Scientific Symposium - finding nice things to say about Peter Crean!

Peter has made outstanding contributions to the Association of Paediatric Anaesthetists and he thoroughly deserves this recognition. He trained in Northern Ireland in Anaesthesia and completed his training and specialisation in Paediatric Anaesthesia at Toronto Hospital for Sick Children where he was an Anaesthesia Fellow for one year and a Neonatal and Paediatric Intensive Care Fellow for a further year. They still remember him fondly in Toronto and Larry Roy has sent me a photo of him looking very youthful indeed. He was appointed as Consultant to Royal Belfast Hospital for Sick Children in 1984 and has remained there ever since.

Peter has had a large and influential role in the APA. He has been a Council member on and off since 1990, he was the Honorary Secretary between 1996 and 2000. Chaired the Scientific Committee between 1997 and 2000 and, of course, was the President between 2005 and 2007. He is now about to leave the Council and his last role as Chair of the Professional Standards Committee. Peter has many outstanding achievements but ones that I, and I suspect he, would like to pick out are his leadership of the Peer Review process which is now successfully rolled out throughout the country, and his leadership and support for the transformation of the APA from an elitist and small society of specialist Paediatric

Anaesthetists into its current form as an all-encompassing Society for anyone who has an interest in the Anaesthesia care of children. This transition was fundamental in transforming the APA into the successful organisation that it is today and Peter was highly influential in pushing this change forward.

We always think of Peter Crean as a calm head in a crisis, when there is dispute and conflict there is nobody better to come in and take the heat out of the situation, calmly summarise the pertinent issues and get the protagonists to agree a sensible compromise. Nevertheless, in an unguarded moment after a dinner he confided in me that he always secretly hankered after a bright red Ducati Monster Motorcycle so he clearly also has bit of a wicked side.

And what of the future! Peter has recently been elected to the Council of the European Society of Paediatric Anaesthesia, and I don't know if William Hill is taking bets on likely future Presidents of that organisation, but if it is, you won't go far wrong by putting a fiver each-way on the name Peter Crean.

In recognition of these outstanding contributions to the organisation, it therefore gives me great pleasure to propose Peter Crean for Honorary Membership of the Association of Paediatric Anaesthetists of Great Britain and Ireland.

ASSOCIATE PROFESSOR KRISTER NILSSON

By Professor P A Lonnqvist
Torquay 2011



Born and raised in Stockholm Krister later moved to Gothenburg for his medical education. After completed studies he did House officer locums in both Paediatrics and Anaesthesia but decided that Anaesthesia would be his career choice- something that we all are very grateful for today.

After successfully completing his PhD thesis in 1974 concerning heat transmission in tissues, he became an Associate professor in 1978 and then moved on to the Department of Paediatric Anaesthesia & Intensive Care where he became instrumental in making the Gothenburg department the leading department of Paediatric Anaesthesia and Intensive Care in Sweden, both from a clinical and academic perspective.

Krister was also one of the driving forces in the process of creating the Swedish APA and he of course became a very natural choice as the society's first Chairman.

However, today's honorary membership is not awarded for his invaluable contributions to Swedish paediatric anaesthesia but for his international work first for the FEAPA, nowadays ESPA, and also later the paediatric sub-committee of ESA. At this point it may suffice to highlight his major effort in creating the hugely successful scientific and educational programmes for the FEAPA meetings in Helsinki and

Cologne.

Together with fellow colleague Lars Larsson Krister has also made a number of scientific contributions within different fields of paediatric anaesthesia, maybe with the research regarding perioperative fluids and glucose control being the best example. It should be remembered that most of these important scientific results were first reported at APA meetings.

With regards to the APA Krister has been a regular at the Annual meetings- only missing very few during his active career. Krister was also able to create links with many of the representatives of the initial generation of APA frontrunners and the connections with APA and especially the contact with the Great Ormond Street team of David Hatch and Ted Sumner was instrumental in the successful move of paediatric cardiac surgery from the adult cardiothoracic centre in Gothenburg to the paediatric hospital. I know that Krister is very grateful for the very active support of Swedish paediatric anaesthesia by the APA through the years.

Finally, Krister has always pursued his tireless effort to promote paediatric anaesthesia and intensive care without any search for the limelight or academic titles or honours. However, despite this almost shy streak of character we cannot refrain from awarding him the APA honorary membership today.



3—5 November 2011
15th Paediatric Anaesthesia Conference of
South Africa

Vineyard Hotel, Colinton Road, Newlands, Cape Town

We welcome you to a 3 day state of the art programme organised by the University of Cape Town. Confirmed international speakers include Dr Joseph Tobias, Dr Christian Breschan, Prof Charles Cote, Prof Annette Schure and Prof Bruno Bissonette

For more information please contact Deborah McTeer, Onscreen Conferences, Tel.+27 83 457 1975 conference@onscreenav.co.za www.pacsa2011.co.za

LINKMAN MEETING

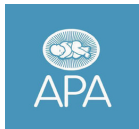
Dr Graham Wilson, Linkman Co-ordinator
graham.wilson@nhs.net

The 6th APAGBI Linkman meeting takes place on Friday 25th November at the Teacher Building in Glasgow. In keeping with our aim to engage with the regional networks, the Scottish Paediatric Anaesthetic Network (SPAN) has arranged a Paediatric Core Topics Education Day, in the same venue. The Core Topics meeting is available to all disciplines involved in care of children in the perioperative setting, and will include lectures and workshops on airway, fluid and pain management, as well as care of the critically ill and burned child. Further details and application forms can be obtained from the course organiser – Carolyn Smith (carolyn.smith@nhs.net).

The Linkman meeting will follow with a review of some of the major issues that are current in paediatric

anaesthesia. The programme is almost finalised and will soon be available via the website. There will be presentations on Patient Safety and quality improvement, and how it impacts on our practice, an opportunity for an update on the controversy over anaesthesia and the developing brain, reviews of training needs for paediatric anaesthesia, and a panel discussion on clinical problems. The cost of this meeting (£150) has been held static for the last 5 years, and remains excellent value. Details will be emailed to Linkmen in the coming weeks, but we stress that this meeting is open to all with an interest in care of children.

**Association of Paediatric Anaesthetists
of Great Britain & Ireland**



6th National Linkman Meeting

Teacher Building, Glasgow

Friday 25 November 2011



The 6th APAGBI Linkman meeting is hosted by the Scottish Paediatric Anaesthetic Network in 2011. All APAGBI Linkmen are eligible to attend, but we also welcome the participation of any anaesthetist with an interest in paediatric anaesthesia.

As usual we focus on new and developing issues in paediatric anaesthesia, and this year's topics will cover

- Patient Safety – how does it impact on paediatric anaesthetic practice?
- Anaesthesia and the developing brain
- Quality improvement
- Clinical conundrums – an opportunity to discuss the management of an anaesthetic problem and the issues it raises in your practice

Registration fee is £150

Further details and application forms will be available from August 2011 to download via the APAGBI website: www.apagbi.org.uk

For further information, please contact: meetings@aagbi.org / 0207 631 8804

OBITUARY

Samuel Harold Swann Love

By Dr Gerald Black



Former consultant paediatric anaesthetist Royal Belfast Hospital for Sick Children and Royal Victoria Hospital (b1920; q Belfast 1945; MD FFA,RCS), d 19th December 2010.

One of the first anaesthetists to specialise solely in the management of children, Harold Love was a highly skilled clinician and dedicated teacher. For over forty years he gave devoted and loyal service to the Royal Belfast Hospital for Sick Children and played an important role in the development of anaesthetic and intensive care services in the hospital and indeed nationally.

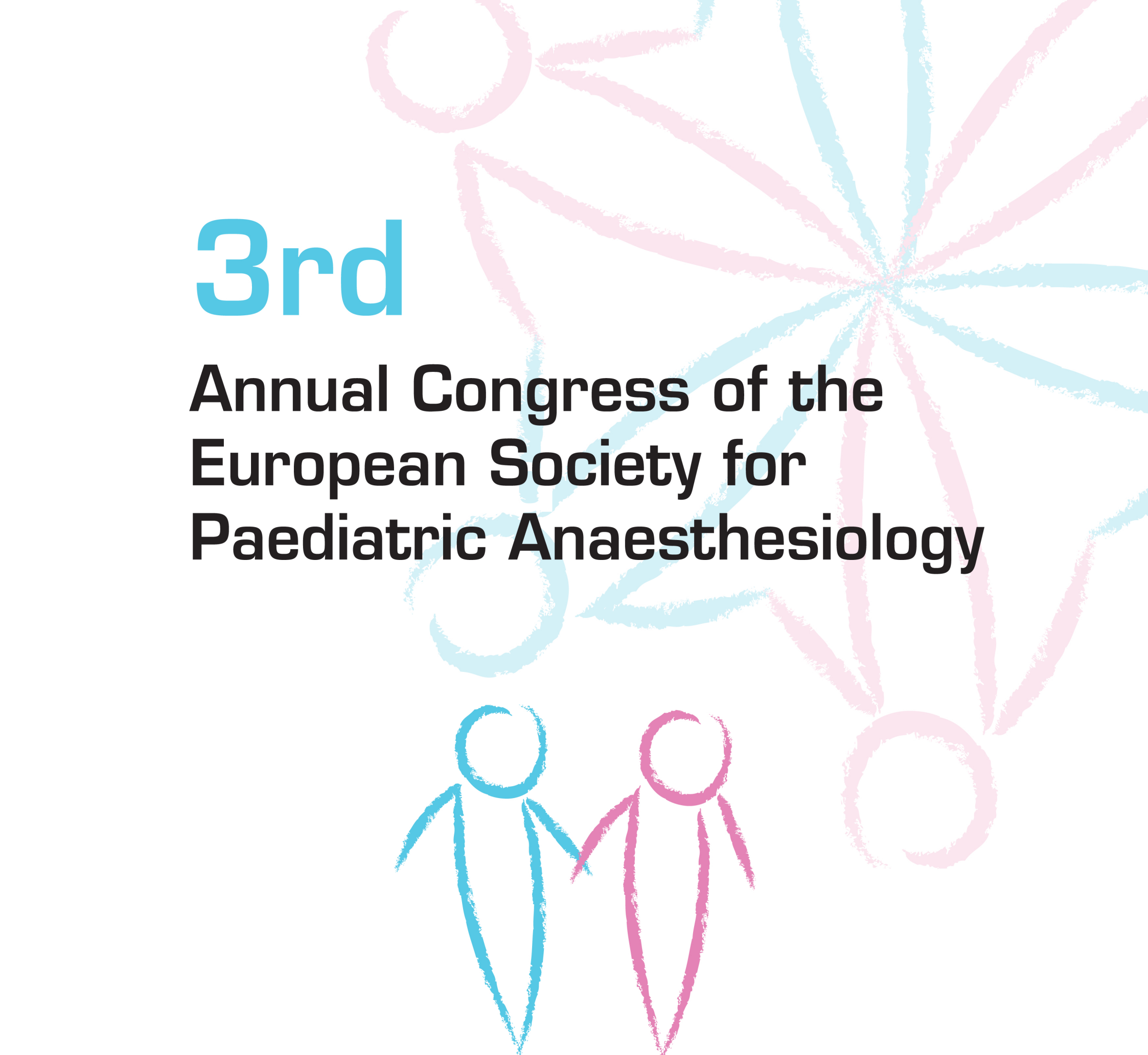
Harold was a founder fellow of the Faculty of Anaesthetists, Royal College of Surgeons in Ireland and was elected Dean in 1976. He was appointed President of the Association of Paediatric Anaesthetists of Great Britain and Ireland in 1980 and honorary member in 1988 and greatly enjoyed membership of this society, making many lifelong friends over the years. He was also a founder member of the European Academy of Anaesthesia.

A popular “father figure” in the Children’s Hospital, Harold commanded great respect amongst his colleagues and his warm personality was reflected in his close relationships with them. He was an accomplished raconteur and after dinner speaker, with a quick wit and a keen sense of humour.

Harold’s formidable flair for administration was widely recognised and he chaired the Medical Advisory Committee prior to his appointment as Medical Administrator to the Royal Group of Hospitals in 1984, a position he served with distinction.

On retirement Harold became honorary archivist to the Childrens’ Hospital and subsequently produced a thoroughly researched and well-crafted history of the hospital. He was also able to enjoy more time on the famous links of Royal County Down Golf Club. Harold had a deep Christian faith and remained active in his church throughout his life.

Pre-deceased by his wife Nora in 2008, he leaves a daughter and two sons (one a consultant radiologist), nine grandchildren and five great-grandchildren.



3rd

Annual Congress of the European Society for Paediatric Anaesthesiology

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