

The Newsletter of the APA

T-Piece

No. 6 April 2013



APA

Association of Paediatric
Anaesthetists of Great Britain
& Ireland

APA&ESPA
Cambridge 2013



Early bird rate closes 8th May!!

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PRESIDENTS REPORT

Dr Kathy Wilkinson President APA

A new NHS and some important changes to delivery of healthcare...In England we have a new set of service specifications for specialist paediatric services and a new National Clinical Director for Paediatrics and Transition (Dr. Jacky Cornish, Bristol). Her predecessor Dr. Sheila Shribman was a good friend to the APA, and we marked her last meeting with us with cake! We also now have a new strategy from the rapidly formed "Children and Young Peoples outcome forum", with a delayed governmental response to their work (see "Better Health outcomes for Children and Young People" at <https://www.gov.uk/government/news/new-national-pledge-to-improve-children-s-health-and-reduce-child-deaths>). The APA has been involved in a fairly limited way to date with the output from both of these new NHS initiatives, but we continue to try and get the voice of anaesthesia heard consistently. Whilst Paediatrics as a whole has been earmarked for "strategic" networks, does this include surgery and anaesthesia? I would say that these may be at risk and very much suggest you stay on the case, raise the profile of your local network whenever possible and ask questions of the regional directors for paediatrics who may well henceforth be titled "Clinical lead for Strategic networks for child health and wellbeing". I may be being a little over-optimistic in this but

feel that service planning in both Scotland and Wales to date has been more clearly conceived around children, involving paediatric anaesthesia more directly, and with positive benefits.



However there is no doubt that the new RCPCH President (Dr. Hilary Cass) is keen to move forward with a collaborative approach to child health, and I have had several meetings with her since her appointment last May. I share her belief that the paediatric workforce needs to be better unified, and applaud the work of the RCPCH in their recent (first) publication of compliance with 10 national audit standards set out 2 years ago. In many instances these standards are not being fully met and they conclude that a considerable amount of work is needed to improve the situation in many units. I would commend you to look at the document "Back to facing the Future", published on April 11th by the RCPCH and freely available on their website. It signals that paediatricians are probably spread too thinly, and with this the RCPCH will commence a much more

detailed piece of work with the Centre for Workforce Intelligence to work out some solutions...the chances are that this will result in more closure of inpatient beds for paediatrics.

When I took on this job nearly 2 years ago one of my key objectives was to stimulate real discussion on the structure and future delivery of *all* surgical services for children. This requires a level of attention which is generally impossible within the domains of Paediatrics, Surgery, and Anaesthesia alone. We have known for many years about the crisis in general surgery and that this is particularly a problem for urgent care. Paediatricians agree with us that the current model is unsustainable and may already be leading to delays in management of the common emergencies. BAPS representatives at national level have not been consistent in their support for change, and many now say that it is "too late" to support a move for general surgeons to recommence training in paediatrics (this despite the 2011 standards from the RCS for emergency surgery which continue to suggest that local surgeons should have relevant training²). Therefore we are currently at a point of no return according to most colleagues....

It would seem that the case for further regionalisation of services is already made at least as far as surgical will is concerned, and the workforce issues I have alluded to in paediatric medicine can only serve to make this more likely. Whatever happened to "local wherever possible"?

Would the current paediatric surgical and anaesthetic workforce be able to cope (not to mention the associated infrastructure) if all surgical care in children was to be further centralised?

On a happier and more predictable note, the APAGBI celebrates an important 40 year anniversary this year, and we hope to welcome many past Presidents and honorary members to Cambridge in June to what will be a very special joint meeting with ESPA. As part of the 3 days we will host a half day of history with internationally renowned speakers and a small "museum" of artefacts transported from AAGBI headquarters complete with our very own curator. Do come if you can! I really hope to see you there...Cambridge in June *should* be lovely! (so should have been Easter in most parts of the south east....)

Linkman meeting 2013.

Dr Karen Bartholomew is the linkman co-ordinator . After contacting linkmen through the country, it is clear that the Linkman meeting remains popular as a forum.

"The Linkman Meeting is scheduled to take place on Monday 18th November, at the AAGBI, Portland Place, London, from 10 am - 4.30pm. The day will include a mixture of topical issues, both clinical and political. The approximate price is expected to be around £100, and 5 CME points will be applied for. Email updates are being sent to linkmen at intervals, and the mailing list continues to be refined, so please send your email address if you want to be added."

Speakers Wanted!

Can you recommend a particularly good local speaker? Do you have special knowledge of a particular topic that you would be prepared to speak on? Would you like a greater variety of speakers at regional and national meetings?

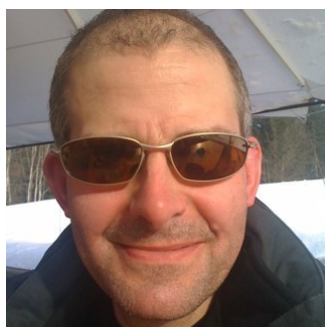
If yes to any of the above, it may interest you that the APA are keen to develop a database of speakers for regional meetings, and hear what YOU have to say.

Karen.Bartholomew@cht.nhs.uk

The Congenital Cardiac Anaesthesia Network

- a report of the recent annual meeting at the Evelina Children's Hospital

The congenital cardiac anaesthesia network ('CCAN') was set up around six years ago to provide an informal opportunity for anaesthetists involved in this field to keep in touch, to facilitate forum discussions of relevant topics by email, to consider research collaboration and to provide an opportunity for an annual meeting. Hosting the meeting, unsurprisingly, passes from one paediatric cardiac centre to another each year, and this year Dr Dev Mahtani at the Evelina Children's Hospital organised the meeting held in the highly impressive surroundings of the County Hall Hotel – the former stomping ground of 'Red' Ken Livingstone in his days as leader of the GLC. The meeting was preceded, the night before, by an excellent dinner, with Dr Franco Moscuza providing a rousing after dinner speech.



The meeting was well attended, with consultants or trainees not only from most of the UK paediatric cardiac surgical centres, but also colleagues from overseas centres.

The programme for the meeting was varied and stimulating. Mr David Anderson from the Evelina Children's Hospital began proceedings by describing their 'hybrid' approach to the management of neonates with higher risk variants of hypoplastic left heart syndrome, who may not necessarily be suitable for palliation with the Stage I Norwood procedure. This was followed by a fascinating look at the long term results for children managed with the use of Extra Corporeal Membrane Oxygenation at Great Ormond Street Hospital. Dr Akane Iguchi and her team had studied more than 18 years data, including 741 patients.

There was a spirited and amusing debate about the use of perioperative transoesophageal echocardiography – with opposite sides being represented by Sally Wilmshurst (paediatric cardiac

anaesthetist) and John Simpson (paediatric cardiologist). Opinion at the end of the debate seemed to be much the same as at the beginning – divided.

One of the less enjoyable aspects of paediatric cardiac anaesthesia is the management of difficult perioperative bleeding. Dr Angus McEwan gave a very comprehensive overview of aspects of bleeding after cardiac surgery, with a review of the relevant literature and some ideas to contemplate such as the importance of the fibrinogen-platelet product (200 being the magic number to aim for). It was interesting, as the discussion of the topic progressed after the presentation had finished, how different centres have different approaches – for example to the use of aprotinin, the use of fibrinogen, or the use of FFP in the pump prime.

After lunch there was a presentation on several aspects of the management of the obstetric patient with significant congenital heart disease. Much of the discussion was centred on interesting and relevant case histories. The afternoon drew to a close with a thought-provoking talk by Dr Shane Tibby on critical appraisal of 'scientific' literature entitled '*Research: How much of what you read should you actually believe?*', with a reminder of the requirement for a robust and intellectual approach to the evaluation of such literature.

Given the relatively small number of paediatric anaesthetists with a full-time commitment to paediatric cardiac anaesthesia, meetings of organisations such as CCAN provide a very welcome opportunity to meet with others in the same field and broaden and enhance knowledge. This aim was easily achieved with the help of excellent organisation, an interesting programme and a warm welcome from Dev Mahtani and his colleagues at the Evelina.

Tim Murphy, Freeman Hospital, Newcastle upon Tyne

If you have an interest in Paediatric Cardiac Anaesthesia and wish to become a member of this network, please contact Dr Tony Moriarty

tony.moriarty@bch.nhs.uk to be added to the mailing list.

**6th
Triannual**

SYMPOSIUM OF PAEDIATRIC ANAESTHESIA

Plymouth University Peninsula Schools of Medicine & Dentistry
John Bull Building, Tamar Science Park, Plymouth, PL6 8BU

FRIDAY 12TH JULY, 2013

Practical topics suitable for:

General Anaesthetics with a paediatric interest,
or Specialist Paediatric Anaesthetists

Talks mapping to level 2 or 3 of the RCoA CPD matrix

Topics include:

- Revalidating as a paediatric anaesthetist
- The implications of congenital heart disease on anaesthesia in later life
 - Child protection and the anaesthetist
- Debate: "This house believes it is indefensible to perform a peripheral nerve block on a child without using ultrasound"
 - Paediatric anaesthesia in the trenches
 - Departmental accreditation
 - Communicating with "difficult" children
 - Paediatric in-situ simulation

For a full programme visit <http://tinyurl.com/btqcbfj>

Featuring International Faculty

including:

Steve Bree (Surgeon Captain, Royal Navy),
Helen Holtby (Toronto), Kathy Wilkinson
(APA President), Teresa Dorman (Sheffield),
Simon Courtman (Plymouth), and others tbc

To register your place, please visit:

<http://tinyurl.com/btqcbfj>

For other queries please contact:

amy.sampson@pcmd.ac.uk

Cost of meeting:

Early bird registration **£110**

(before May 31st)

Standard registration **£140**

Trainees **£60**

Come and enjoy a weekend in Devon & Cornwall!



TRAINEE REPORT

April 2013

The Group of Anaesthetists in Training conference was held in Oxford at the beginning of the month and the APA was delighted to accept the invitation to participate in this legendary conference. Three APA council members delivered paediatrically themed lectures: Dr Isabeau Walker led a fascinating panel discussion on paediatric airway dilemmas, Dr Karen Bartholemew spoke on care of the sick child in a district general hospital and I delivered a lecture during the Final FRCA session on Key Topics in Paediatric Anaesthesia. Copies of my slides can be found on the trainee section at www.apagbi.org.uk, as can a 9-page hand-out on paediatric anatomy, physiology and topics for the exam. I hope that you find these useful. I would like to thank the GAT committee for making me feel so welcome in the beautiful city of Oxford.

The Trainee Section of the APA website has been slowly growing in content over the past months and will continue to do so. Questions to help you prepare for the paediatric element of the FRCA can be found there. If you would like to contribute website content, then contributions are very welcome. Please email me at alysoncalder@doctors.org.uk.



Lastly: good news! The 'APA Trainee Handbook: Guidance for those interested in Paediatric Anaesthesia' is coming along nicely and should be going to publication in the next few weeks. All trainee members will receive a hard copy of this handbook which should act as a useful practical resource. Please take the opportunity now to make sure that the APA has your most recent contact address so that your copy gets sent to the correct address! Email APAGBIadministration@aagbi.org if your address has changed recently.

As ever, if you have any requests for what the APA can do for you, or any questions or requests then please email me at alysoncalder@doctors.org.uk.

Looking forward to seeing you all in Cambridge!

Alyson Calder, Trainee Representative

Delivering the APA lecture on Paediatric Anaesthesia Key Topics during the Final FRCA Session at GAT, Oxford

Visit <http://www.apagbi.org.uk/professionals/trainee-section/educational-materials/frca-exam-preparation>

for paediatrically themed study resources

Guidelines

Does your department have any guidelines that you can share ?

The APA is compiling a list of those in use to produce a database of existing guidelines.

If you have please send them to Colin Dryden
colin.dryden@gmail.com.

Advance Notice.

Elections to APA council

An election will be held for **3** new council members in September 2013.



JOINT MEETING ESPA-SPA

In collaboration with the
Swiss Society for Paediatric Anaesthesia
(SGKA-SSAP)



Geneva

ESPA | ANNUAL CONGRESS
5TH - 7TH SEPTEMBER
2013 | SWITZERLAND

ESPA Congress Geneva, Switzerland 2013 5th-7th september

Congress Information

Scientific Information

Exhibition

Welcome

Dear Colleague,

Geneva, the most international city in Europe, will be host to the 2013 Annual Congress of the European Society for Paediatric Anaesthesiology (ESPA) to be held jointly for the first time with the American Society for Pediatric Anesthesia (SPA). This is a great opportunity to meet, share and learn from internationally known keynote speakers and experts during a variety of sessions including plenary lectures, panel discussions, interactive sessions, workshops, case based discussions and also at formal and informal networking events.

The programme is focused on improving the quality and safety of anaesthetic services for children and for the first time, TIVA for Tots and congenital cardiac anaesthesia satellite meetings will be part of the three-day congress. Together with our host society, the Swiss Society for Paediatric Anaesthesia (SGKA/SSAP), we are organizing an outstanding congress that meets the needs and interests of both the specialist paediatric anaesthesiologist and the generalist.

Not to be missed will be the wide choice of amazing social events such as a wine-cycling tour and rewarding excursions to Mont-Blanc, or the 27-kilometre particle accelerator at CERN.

With its humanitarian traditions and cosmopolitan flair, the European seat of the United Nations and world headquarters of the Red Cross, Geneva, 'capital of peace' welcomes you in September 2013 for what promises to be a very special ESPA congress!

Nigel Turner
President ESPA

Walid Habre
SGKA/SSAP

Nancy Glass
President SPA

GOLD SPONSOR

MAQUET
GETINGE GROUP



PAGW

CYLCH ANESTHETYDDION PLANT CYMRU
PAEDIATRIC ANAESTHETISTS' GROUP OF WALES

The 2013 Annual PAGW meeting will take place on the 7-8th November at the Metropole Hotel, Llandrindod Wells, Powys. This will be a joint meeting with the Society of Anaesthetists of Wales. Full details will be posted on the PAGW website <http://www.pagw.org.uk> and on the APA site once available.

SWACA 2013

Friday 11th – Saturday 12th October
At the exclusive Abode Hotel (Royal Clarence)
in Cathedral Square, Exeter



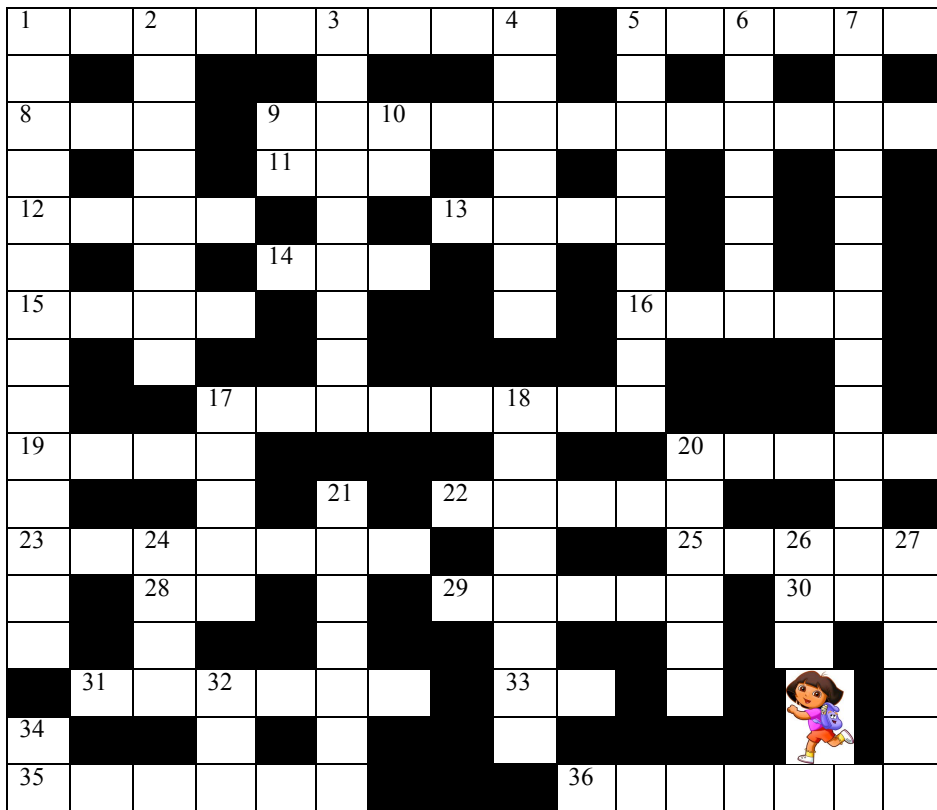
Trainees welcome!
Prizes available
Closing date for abstracts
13th September 2013

For further information or abstract application forms please contact:
Dr Lauren Barker or Dr Philippa Dix via email at Lauren.Barker@nhs.net or
Philippa.Dix@nhs.net

Or telephone Sharon Bartlett – course secretary (01392) 402474

APA TRAINEE CROSSWORD

April 2013



Across

- 1 Amide local anaesthetic (9)
 5 Muscular dystrophy associated with abnormality in the dystrophin gene (6)
 8 Complication of preterm birth (abbrev.) (1,1,1)
 9 Potent inhibitor of platelet aggregation (12)
 11 Charged molecule (3)
 12 Lost fish (4)
 13 6 Down may be used here (4)
 14 ___ laceration: common toddler injury (3)
 15 Noise that Peppa may make (4)
 16 Section of small bowel (5)
 17 Commonly used piperidine-derived opioid (8)
 19 Charlie's sister (4)
 20 Finding these in the nose is associated with cystic fibrosis (5)
 22 Pain scale used for children unable to verbalise their pain experience (1,1,1,1,1)
 23 Some population groups have higher incidence of being "ultrarapid metabolisers" of this drug, leading to concerns with its use in children with OSA (7)
 25 Viral illness, largely eradicated due to successful vaccination programmes (abbrev.) (5)
 28 Opening (2)
 29 Atlanto- _____ instability may be found in patients with Down's syndrome (5)
 30 Systemic illness due to exotoxins from *Staph. Aureus* (1,1,1)
 31 The helicopter in Thomas & Friends (6)
 33 Route for enteral feeding (1,1)
 35 TCPC (6)
 36 _____ 13: Patau syndrome (7)

Down

- 1 Common cause of stridor in infancy (14)
 2 Inotrope which may cause tachycardia at higher doses (8)
 3 Proteolytic enzyme inhibitor used in cardiac surgery to reduce bleeding, once thought to increase post-op AKI (9)
 4 State of disorder/measure of anaesthetic depth (7)
 5 _____ tracheitis: cause of stridor (9)
 6 Ester anaesthetic found in Moffett's solution (7)
 7 _____ bullosa causes blistering and shearing of the skin after minimal trauma (13)
 9 3.14159265 (2)
 10 Opposite of off (2)
 17 Wong-Baker _____ Pain Rating Scale (5)
 18 Opioid antagonist (8)
 20 Policeman in Balamory (1,1,4)
 21 Peptide hormone produced by the beta-islet cells of the pancreas (7)
 24 This intrepid girl can be seen in the picture (4)
 26 Neuromuscular disease may necessitate this (1,1,1)
 27 The long bones _____ at 12 weeks (6)
 32 Roland _____ (has a friend called Kevin) (3)
 34 Poem by Rudyard Kipling (2)

ANSWERS CAN BE FOUND ON
 THE TRAINEE SECTION AT
www.apagbi.org.uk



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**A Guide for Anaesthetists
and Emergency Physicians**

CAMBRIDGE

Medicine

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