

The Newsletter of the APA

# T-Piece

No. 12 October 2014



# APA

Association of Paediatric  
Anaesthetists of Great Britain  
& Ireland



The President , Dr Robert  
Bingham opens the meeting  
in Leeds

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# PRESIDENTS REPORT

Dr Robert Bingham President, APA

Newsletter October 2014

Dear All,

Welcome to the autumn newsletter. I hope your summer went well and you are not too depressed by the onset of the dark nights.

As usual, APAGBI business quietens down over the holiday period but things are well and truly back up to speed now.

We had an extremely successful joint meeting with the Canadian Paediatric Anaesthesia Society (CPAS), which was exceptionally well organised by the LOC led by their President, Davinia Withington. Davinia trained in the UK and is one of the many UK anaesthetists now working in Canada. There are also many Canadian trained anaesthetists working in the UK and I was particularly struck by the number of familiar faces in the audience and the number that had made the effort to travel from the UK to the meeting. You may remember that the last joint meeting with CPAS was the 2010 Annual Scientific Meeting in Glasgow and this was our most successful meeting ever, in terms of delegate numbers. I do hope that the excellent relations between the 2 societies continues. Have you looked at our website recently? We are continually improving it and I think it is really looking good at the moment. The Education and Training Committee are making a big effort to add useful content to their section. We think the new 'Hot Topics' section is destined to become a particular success. It started with a simple subject – what position do you place your patients in for recovery? There was much discussion and this was rounded up by means of an Editorial, which summarised the evidence and the views of the respondents. The next topic is 'The Difficult Airway Trolley'. Where is it? What do you have in it? What's essential and what's unnecessary? Have a look and add in your own views.

Are you wanting to spend a period as an observer or clinical attachment to a paediatric training hospital? If so the E & T section of the website is still the place to go – there is information on which hospitals offer this and who to contact to organise it. Now we have the Certificate of Honorary Practice (aka NHS Passport), clinical attachments in other institutions should be much more simple to arrange.

As usual, we have been sent many documents to comment on; some of them are not particularly relevant whereas some are extremely important and those are the ones that usually arrive at the last minute with very short turn around times. An example of this was the Independent Healthcare Advisory Service document on



care of children in private sector hospitals, which had a statement, tucked away in a sub-section, that anaesthetists should perform at least 100 anaesthetics per annum in children in order to be able to anaesthetise children in the private sector. We were able to point out that previous attempt at providing numbers for maintenance of skills had failed miserably and that the appraisal process was the appropriate tool for ensuring that anaesthetists had sufficient experience for the work they were performing and thus get this stipulation removed.

More recently, we are discussing the optimum age for performing orchidopexy. The surgeons are wanting to do this procedure earlier and earlier at the same time that we are getting more evidence about the potential deleterious effects of anaesthesia on the developing brain – discussions are on-going!

Finally, although it seems a long time away and the meeting web-site is yet to open, this is the moment to start thinking about abstract submissions for the ASM in Aberdeen. This promises to be a great meeting, held jointly with the Society of Pediatric Anesthesia of the USA and with a half-day pre-meeting on congenital cardiac anaesthesia.... see you there.

All the best

Bob Bingham

October 2014

# A reminder of the complications of ingestion of Batteries used in Children's Toys.

## SUMMARY AND RECOMMENDATIONS —

- Ingested button batteries have strong potential for corrosive injury to the gastrointestinal tract with major complications, including esophageal burns, fistula, or perforation. These complications are significantly associated with ingestion of batteries that are  $\geq 20$  mm in diameter, primarily lithium cells.
- The chemical content and diameter of the battery can be determined from the imprinted code found on the battery case. This code may be known by the caregiver or can be obtained from a spare battery.
- Most button battery ingestions are witnessed, and up to 80 percent of patients are asymptomatic at the time of presentation.
- Prompt evaluation is necessary for all children under 12 years of age who ingest button batteries. The size of the battery and presence of symptoms cannot be used to reliably detect batteries lodged in the esophagus in these patients.
- Plain radiographs in anteroposterior (AP) and lateral views from the nasopharynx to the anus should be obtained to localize the battery and to detect evidence of battery fragmentation in all children  $\leq 12$  years of age, in all patients who have ingested a button battery that is  $\geq 12$  mm in diameter, or in patients for whom the diameter of the battery is not known.
- In asymptomatic, healthy patients over 12 years of age with confirmed ingestion of a solitary battery that is  $\leq 12$  mm in diameter and without coingestion of a magnet, radiography may be deferred as long as the patient or caregiver is reliable and able to promptly seek treatment should symptoms develop.
- Batteries lodged in the esophagus must be emergently removed by endoscopy.
- Other indications for endoscopic or surgical removal include signs of gastrointestinal (GI) injury (eg, hematochezia, melena, or acute abdomen), arrested transit of a large diameter ( $\geq 15$  mm) battery in the stomach or intestines for more than four days, or coingestion of a magnet.
- Batteries distal to the esophagus usually pass uneventfully; passage should be documented by examination of stools. Repeat radiographs should be obtained four days after ingestion in children under six years of age who have ingested a battery with a diameter  $\geq 15$  mm. Otherwise, if the battery has not passed within 10 to 14 days of ingestion, repeat radiographs should be obtained.



## Honorary Members of the APA 2014 receiving their Scrolls



**Dr Marcin Rawicz**

**Dr Ian Barker**



**Dr John Currie.**

**A reminder!!!**

**APA Linkman meeting**

**Wednesday 19th November 2014**

**Portland Place**







# Trainee representative report

## October 2014



Firstly, I wanted to thank everyone who took the time to vote in the recent survey regarding the voting rights of APAGBI trainee members on matters pertaining to the Association. There were some very useful comments made, all of which were fed back to the Council for consideration. Watch this space!

Dr Chandra Vaidyanath has very kindly summarised the recent BJA CEACCP articles relevant to paediatric anaesthesia, and this can be found on the FRCA exam preparation section of the website. In addition to this, I am going to update the courses and suggested reading sections. I would love to hear from you if you have attended any courses recently that were particularly useful. Likewise, any journal article or book you have come across that you would like to share.

The plans for the 'career development' trainee table at the Aberdeen ASM exhibition fair are in full flow. We have secured some experienced eyes who are more than willing to look over your CVs in preparation for your fellowship or consultant applications. Information about fellowships, interview tips and questions will all be included over the two days. It will be a chance for trainees to meet, swap ideas/information and eat free sweets. If you have any ideas about what you would like to have included, or want to get involved, please get in touch at the email address below.

I have been contacted by a few of you requesting audit topic suggestions. For ideas or inspiration the RCOA has a paediatric section in its excellent compendium of audit recipes publication (<http://www.rcoa.ac.uk/document-store/audit-recipe-book-3rd-edition-2012>). The trainee handbook also has useful advice regarding audits. I am always happy to help out as much as I can.

In case you missed it, I write this on the happy but niche occasion of World Anaesthesia Day. The 16th October is the 167th anniversary of the world's first recorded successful use of ether as an anaesthetic which took place at the Massachusetts General Hospital, Boston, USA in 1846 (pictured above). I believe a small amount of progress has been made since then!

I can be contacted by email at [elin.jones@doctors.org.uk](mailto:elin.jones@doctors.org.uk). Remember you can also join in on facebook at [www.facebook.com/apagbi](http://www.facebook.com/apagbi). For an easy way to keep up to date, follow the @APAGBI Twitter news feed.

Dr Elin Jones

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PAEDIATRIC  
ANAESTHETISTS'  
GROUP OF WALES  
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**Junior  
Anaesthetists  
of Wales**

**JOINT PAGW/JAW MEETING  
NOVEMBER 20 - 21 2014  
SWALEC STADIUM, CARDIFF**

**Topics include:**

**Advanced training at GOSH**

**Tales from the College**

**Research update and Trainee presentations**

**The FEAST trial**

**Childhood obesity**

**Burns in children**

**Register and buy tickets here:**

**<http://www.junioranaesthetistsofwales.org.uk>**

**Contact: [junior.anaesthetists.wales@gmail.com](mailto:junior.anaesthetists.wales@gmail.com)**

