



# Difficult Airway Society

## NEWSLETTER

*Interview: Dr Adrian Pearce*

*Book Review*

*Photography Competition*

*Trainee Essay Competition*



**SUMMER 2017**

## EDITORIAL

This edition of DAS newsletter, along with the regular columns, features several updates on important DAS activities and projects.

The organising team of the 2017 DAS ASM gives us a glimpse of what to expect in November at London. The programme looks promising and I am sure will be yet another exciting addition in the calendar of airway enthusiasts in the UK and beyond,

DAS guidelines are highly reputed and followed by many countries across the globe. There are several guideline groups currently working on behalf of DAS and we bring the updates from some of them, including ICU guidelines, Decontamination of Videolaryngoscopes and Ethics in Airway Management. The first two will be published during the London ASM.

DAS scientific officer Tony Wilkes gives us an up-to-date list of the DAS grants awarded over the years. There are always more on offer to the deserving applicants. The details of how to apply for them can also be found here and also on our website.

Details of the first ever DAS-trainee essay competition DAS photography competition can be found in this edition. Along with attractive prizes, the winning entries and images will feature in this newsletter.

As always, we welcome your suggestions to improve the newsletter and articles that would be of interest to an airway enthusiast.

Enjoy the summer!

**Sajay**



Dr A Sajayan Dr Joy Beamer

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## PRESIDENT'S PAGE

The summer has finally arrived and even Wimbledon seems to have escaped the rain this year. Federer has sealed his record eighth title, the Lions had an amazing tour of New Zealand and Lewis Hamilton won the British GP again. We deserved some good news after the last few months where we have seen some terrible accidents and atrocities carried out. DAS members throughout the UK have had to deal with the consequences of these appalling incidents and we hope we never have to again, but are ready if needed.

Many of you will be aware that the DAS guidelines are used not just in the UK and Ireland but throughout the world. DAS has produced guidelines for airway management including the original (2004) and 2015 Intubation guidelines, extubation guidelines, paediatric guidelines, obstetric guidelines and later this year the new ICU guidelines. Each of these guidelines takes a number of years to complete and until recently we have thought of these as relatively inexpensive to produce. The costs associated with these have typically involved travel for the group members and somewhere to meet. What we have rarely thought about is the cost in terms of the time for all of these anaesthetists to meet. This is substantial and we estimated that the true cost for the 2015 Intubation guidelines was approximately £200,000. I think it is important to have this figure as it gives an idea of the time and amount of work that goes into our guidelines. And our Treasurer will be relieved that DAS is not paying for this.

This year DAS is pleased to announce the introduction of two new prizes.

The first is the **DAS Trainee Essay Competition** on *Technology and Airway: Real advances or style over substance* and is open to all DAS trainee members. The second is the **DAS Photography Competition**

open to all members and associate members with the unsurprising theme of 'Airway Management'. We look forward to receiving and judging these entries.

I hope you all enjoy a peaceful summer.



**Anil Patel**

## SECRETARY WRITES.....

Hello all. DAS membership remains healthy with increasing interest in Associate and Overseas membership. There is also an increasing number of requests for DAS Verification for overseas airway courses, all of which reflects a steady internationalisation of DAS. WAAM2 is planned for Amsterdam in 2019 and several members of the DAS Committee are due to visit Argentina and Chile later this year to take part in their national airway meetings, all of which will only further enhance this trend (whatever happens with Brexit). Trainee interest in DAS also appears healthy with DAS representation at this summer's annual GAT meeting and plans to start a DAS trainee essay competition. Furthermore, anaesthetic assistants are also raising their game in the world of challenging airway management.

In terms of airway education, DAS continues to work with the College in developing the airway management curriculum and how to deliver robust and consistent airway training to all. The DAS Guidelines Implementation Group, headed by Dr Viki Mitchell, is producing training videos in Surgical Cricothyrotomy and Aintree Catheter-assisted intubation through an SAD. Early impressions would suggest that there will be considerable interest in these educational videos, both at home and abroad.

As previously mentioned, DAS has several new guidance documents planned. The ICU guidelines and decontamination guidelines are nearing completion and official launch at the London ASM. Guidance relating to the management of the obstructed airway; awake tracheal intubation; the neonatal airway (to be led by BAPM and APA); the ethics of airway management; and human factors in airway management will all follow over the next few years. Several other projects are on-going, including the Alert Card/DA database, and sponsored academic and charitable work.

There will be DAS elections later this year with the Treasurer position open for application and a new trainee rep post for next year. Keep an eye on the website for adverts.

DAS London is now taking bookings. Get your study leave in early and start writing those abstracts! It's sure to be another fantastic meeting.

### **Anaesthetic Assistants**

DAS continues to support the involvement of anaesthetic assistants in the Society. Our number of associate members is increasing quite rapidly; there is ongoing support for an Anaesthetic Assistant session (previously called ODP session) at the DAS ASMs; and ongoing financial support, from Storz and DAS, for up to 30 assistants to attend the annual meeting.

Recently, a student ODP has been developing a app for student ODPs to access relevant and important information relating to airway management and airway emergencies and this will include access to the 2015 Intubation Guidelines. Secondly, a trainee ODP student has submitted a dissertation on *Cricothyroidotomy in Paramedic Practice: A Systematic Review* as part of their final year project and consulted DAS on this (fortunately, it supported the DAS ethos of a surgical approach!).

DAS is extremely keen to support the education and clinical practice of anaesthetic assistants in their role in airway management and would continue to encourage these professionals to join DAS and get involved in the society in any way they see fit.

Happy holidays.



**Barry**

B McGuire

Hon. Sec. DAS

## TREASURER'S REPORT

As I write this report, it comes as a break from reading the expert reviewers' comments I am currently receiving concerning the joint DAS-Intensive Care Society-Faculty of Intensive Care Medicine-Royal College of Anaesthetists guideline for airway management in the critically ill. By the time you read this, hopefully the final text should be safe with the journal pending publication later this year.

One day, I'll calculate how much this project has cost: I'll let you know. I think it is only fair to share with you the generosity of the RCoA which has kindly given us access to meeting rooms at the College FOR FREE over the last couple of years for our working group meetings. The College gave the same support to the 2015 guidelines group. This indirect financial support is incredibly important to us. That DAS can support so many different initiatives - including producing guidelines like DAS 2015, used in so many centres around the world as well as at home - yet still have only a £25 subscription rate, is partly because of the far-sighted generosity of the RCoA. Your College subs ARE worth it!

This year's ASM is, of course, in London 22-24<sup>th</sup> November, but just recently my mind has been taken back to 2007 – to the excellent DAS 2007 Portsmouth meeting hosted by Denise Carapiet and Kathy Torlot. As you saw in the accounts I presented last year, DAS has been looking after Portsmouth's profit from that meeting ever since but I am pleased to be able to say I have just returned over £11,000 to the Portsmouth group to support their airway-related activities!

I say this as an incentive to anyone out there thinking they might organise an ASM in the future – it's a great way of funding projects or fellows you have going, or would like to start. Denise and Kathy have promised to let us know in due course exactly how they spent their well-earned money!

To update you on the issue of changing liabilities for the Direct Debit collections from the AAGBI to DAS that I mentioned last time: I'm afraid we have run into a bit of a brick wall with our bank, Barclays. They insist on treating us as a small business and not as a charity and this is causing real headaches. I have secured a later deadline by which this must occur and may, hopefully, have found a solution, but as yet, it isn't a done deal. The complexities of new financial regulations are truly overwhelming at times. Similarly, routine movements into the DAS Paypal account seem to trigger EU money-laundering stops at least once a year, but I'm used to that by now!

On a more positive note, there has been great interest in the small projects grant scheme this year and it's worth knowing that any DAS member can apply for up to £5000 support by contacting Tony Wilkes. Not to mention up to £15,000 from DAS via the NIAA for larger projects.

We have also been able to help UK Anaesthesia trainee Katy Foy on attachment in Zambia, to set-up airway training under the auspices of the *Zambia Anaesthesia Development Project* and the AAGBI Foundation by way of a £2,000 donation. Katy will kindly provide a piece for this Newsletter on that soon!

All the best,



**Andy**

A Higgs.

DAS Treasurer.

## DAS PROJECTS-UPDATE

The Difficult Airway Society funds two different types of projects advertised through the National Institute of Academic Anaesthesia (NIAA): Project Grants of up to £15,000, and Small Grants of up to £5,000. Two rounds of grants are advertised each year.

Over the past five years, DAS has funded the following projects:

<b>2017 Round 1 (outcomes just announced, unusually 4 projects were funded)</b>	
New videolaryngoscopy scoring system development	<i>Maria Chereshneva</i>
The use of a second generation LMA as a rescue device in patients with previous head and neck radiotherapy	<i>Claire Gillan</i>
Developing a framework for the assessment of Single Use Video Laryngoscopes	<i>Mark Raper</i>
Clinical Trial of Transnasal Humidified Rapid-Insufflation Ventilatory Exchange (THRIVE) Oxygen in Women having Planned Caesarean Delivery	<i>Thunga Setty</i>
<b>2016 Round 2</b>	
Paediatric saline filled endotracheal tubes	<i>James Armstrong</i>
<b>2016 Round 1</b>	
Comparison of sagittal versus transverse (G-CUT) ultrasound techniques in identifying the cricothyroid membrane	<i>Chia Kuan Yeow</i>
Evaluating anaesthetic trainee's ability and confidence to perform an emergency scalpel cricothyroidotomy after the implementation of a collaborative anaesthetic and surgical training programme	<i>Peter Groom</i>
<b>2015 Round 1</b>	
Developing a framework for the assessment of introducers used for difficult airway management	<i>Antony Wilkes</i>
<b>2013 Round 2</b>	
Modelling Airway Management using System Reliability Assessment Tools	<i>Iain Moppett</i>
<b>2012 Round 1</b>	
Bench study comparing three different emergency tracheal access devices in a porcine model*	<i>Wendy King</i>



*\* Published now as: King W, Teare J, Vandrevalla T, Cartwright S, Mohammed KB, Patel B. Evaluation of a novel Surgicric® cricothyroidotomy device for emergency tracheal access in a porcine model. Anaesthesia 2016; 71: 177–84.*

So, if you have any ideas for future research projects related to the airway, do consider applying through the NIAA for funding ([www.niaa.org.uk](http://www.niaa.org.uk)). The deadline for Round 2, 2017, is 22 September.

### **DAS PhD scholarship programme**

And just a reminder that if you have accumulated a strong list of publications related to the airway over the years, do consider applying for a DAS PhD Scholarship. Details are available at [www.das.uk.com/content/das\\_phd\\_scholarship](http://www.das.uk.com/content/das_phd_scholarship). Applications can be made at any time. Currently we have three DAS PhD Scholars: Conan McCaul, Brendan McGrath and Maren Kleine-Brueggeny.

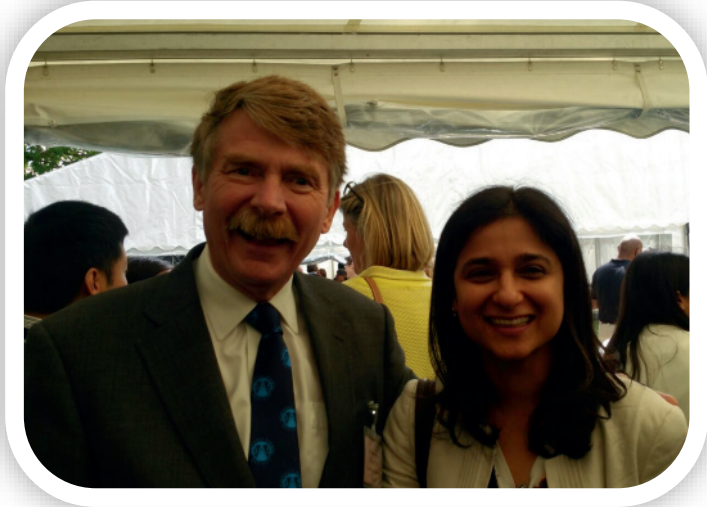


**Tony Wilkes**

DAS Scientific Officer

## INTERVIEW-DR ADRIAN PEARCE

*Continuing with our series of interviews, this edition includes an interview with Dr Adrian Pearce whom we recently met up with. Dr Pearce is one of the founding member of DAS and author of the first DAS Intubation Guidelines published in 2004. He served as DAS President from 1999 to 2002. He also set up the first DAS website and DAS Newsletter. He was the recipient of the prestigious DAS Medal in recognition of his contribution to airway management in 2009.*



**KD: How are you enjoying retired life?**

AP: It is one of the happiest times of my life. I have not missed work for a second. I am now able to concentrate on my wife, children, grand-children and friends. I go to occasional airway meetings to see how clinical practice is evolving and to meet colleagues I admire very much.

**KD: Having been a founder member of DAS, how have you seen DAS change over the years?**

AP: We started as a small self-help group in an era when education and training were considered key drivers of improvement. Airway topics were not present in standard textbooks or the training syllabus. There was no inkling that national guidelines could or should be produced because individual consultants were expected to analyse each situation and arrive at the best solution. In the early days, there was deliberately a lot of free

discussion about management of clinical scenarios and the smaller audience size meant more audience participation. It is now a large influential specialist society with all the responsibility that entails. A major area is producing up-to-date guidelines on airway management which are open to all practitioners.

**KD: What in your view has been the biggest achievement of DAS? And what do you think the future challenges will be?**

AP: I think the Society's biggest achievement is being at the forefront of improving airway management in the UK over the last 20 years by influencing individual working practitioners. I would cite as highlights - being a friendly, open society that people wish to join and contribute to; the introduction of airway topics into the training syllabus (2001); the first airway guidelines using only skills and knowledge contained in that training syllabus (2004); the flow-charts accompanying those guidelines; the NAP 4 Project and Report (2011) and the more recent further guidelines on various aspects of airway management.

*Future challenges*

1. The anticipated difficult airway must be addressed possibly in terms of specific required skills (e.g. awake intubation), scenarios such as upper airway obstruction due to a fairly well-defined clinical condition or the emergency airway in general.
2. The Royal College of Anaesthetists must act with the Society (and possibly others) to collect and investigate all adverse outcomes from airway management in the UK and feedback lessons into amending training, published guidance or clinical behaviour of hospital departments and individual practitioners. The DAS-RCoA Airway Lead network is essential here and this might be the next big achievement of the Society.
3. The Society needs to be at the forefront of innovation in creative airway management thinking and equipment design. We must assess very rapidly new ideas, equipment or techniques to see whether our advice and guidelines need revision. A new device may revolutionise our standards of care.

**KD: I read somewhere you were a big supporter of training in fibre-optic intubations; with the new advances like the use of 'videolaryngoscopes', do you think it still stays as important a skill?**

AP: I was a very avid user of flexible fibreoptic intubation in my own clinical practice. It really is the most versatile and effective technique of assessment of the airway, intubation in the awake or anaesthetised patient through the nose, mouth or supraglottic airway and positioning of single and double-lumen tracheal tubes. Its decline is only because of the relative complexity of sterilisation and cost/effort of maintaining a working scope through the rigours of reuse.

There really is no comparison between the overall usefulness of flexible fibrescopes and rigid 'videolaryngoscopes'. So yes, I believe FOI still stays as important to the speciality.

**KD: And what do you think the main challenges will be for training in airway anaesthesia?**

AP: Having much more realistic goals. I suspect that in future all practitioners will have basic airway training and only a number go on to have advanced training such as fibreoptic intubation, awake intubation and shared airway care. Basic airway training will need to be a compulsory module and include the knowledge, skills and attitudes/behaviour required to understand and undertake all published UK airway guidelines and to recognise the abnormal airway. It will be anaesthetists with advanced skills training who are required for managing elective or emergency patients with predicted airway problems and the shared airway. Hospital departments will need to make certain they have sufficient numbers of advanced practitioners to manage their 'airway' case-load in elective and emergency patients.

**Dr Kanika Dua**

DAS Trainee Rep

## DAS-ASM 2017 an overview

The 2017 DAS Annual Scientific Meeting is fast approaching. This year it will be held at the Mermaid Theatre in London between the 22<sup>nd</sup> and 24<sup>th</sup> November 2017.

DAS 2016 featured a huge number of international delegates sparking interesting and diverse debates on the latest in airway management for anaesthetists from the world over. This year we hope to replicate this with a variety of exciting and pertinent topics for airway management in 2017. Each day will be divided into groups of lectures of special interest from education and ethics to airway management in extreme situations including trauma and Ebola.

The President of the RCoA, Liam Brennan, will open day one which then continues with the first session on 'Human Factors and Airway Morbidity and Mortality'. It is difficult to know how each one of us may behave under the extreme pressures of critical airway management; the second lecture, the 'Psychology of Errors in Airway Management' will give us some indication and awareness of common pitfalls in airway management. This will be followed by a lecture on 'Human Error and the Law'. Whilst legal consequences are thankfully rare, they are increasing with the complications of anaesthesia relating to airway management ranging from relatively minor to catastrophic results.

Session two will revolve around Airway Management in the Critically Ill. Starting off the session will be a talk on the ITU DAS Intubation Guidelines. Airway management in ITU can be notoriously difficult with emergent situations, in a difficult environment and increasingly with a non-anaesthetist providing airway management. The guideline differences will be of interest to those providing direct ITU airway management and those who may be involved in the rescue or emergencies on ITU. This will be followed by 'Optimisation of Oxygenation in the Critically Ill' and 'Safe Extubation in Critical Care'.



The afternoon will start with a debate, 'Advanced Airway Management Should be a Specialist Training Module'. Imran Ahmad will argue for the pro with William Griffiths arguing for the con. No doubt all anaesthetists are specialists in airway management; however, with the ever-increasing amounts of technology and equipment available to perform advanced airway management, there will be some degree of sub-specialisation and expertise.

The fourth session will consist of a special lecture from the Society of Airway Management in the USA and will be followed by a session on the MDT input in airway management. Lectures will be focused on difficult situations that many will rarely encounter including titles such as 'Diagnostic and Management Strategies in Subglottic Stenosis' and 'Jet Ventilation, Solution, Strife or historical artefact'.

The sixth and final session of the day will be led by Tim Cook who will be discussing the future of airway training and the current RCA strategy followed by a talk by Steve Yentis discussing 'Learning on the Living? The ethics of airway training'. Airway emergencies are rare and those of us who don't do a regular airway list might have little chance to maintain skills with advanced airway equipment. The question of how far it is ethical to depart from routine airway management in order to maintain skills and train junior anaesthetists is pertinent and likely to elicit a variety of viewpoints.

The day will conclude with the DAS AGM.

Day two will begin with an hour of oral presentations followed by a useful review of the guidelines on the decontamination of videolaryngoscopes and fiberoptic video laryngoscopes.

The first session of the day will then be devoted to airway management in special circumstances. Three exciting lectures include titles such as 'Bombs, Bayonets and Bicycles - Trauma and the Airway', 'Airways at the Limits of Life' and 'Ebola and Airway Management'. These lectures should provide a fascinating backdrop for transferrable skills.

The second session will take a reflective look at airway management entitled 'Then and Now...'. Lectures will include a look at airway related top publications over the last 18 months. There will be talks on 'Nostalgia isn't what it used to be' by Dr M Murray and 'Pearls from the Beach; Thoughts from a Retired Airway Expert' by Dr Adrian Pearce, one of the founding members of DAS, previous DAS President and author of the first DAS Intubation Guidelines in 2004.

The third session titled 'Lost in Translation', will begin with an inaugural lecture by Professor Chris Frerk, followed by a lecture on informed consent in anaesthesia and the development of the DAS guidelines for awake intubation.

The fourth session will focus on the difficult airway in relation to obstetric and paediatric practice. Dr James Bamber will talk about making sense of obstetric airway planning followed by Dr Simon Bricker who will discuss the unique problems of the obstetric airway. The session will conclude with a lecture on paediatric airways in practice.

The lectures will end with a debate entitled 'Tried and Tested Rather Than Novelty Gadgets: A Conventional Laryngoscope is the Weapon of Choice for Routine First Attempt Intubation' with Dr Barry McGuire taking the con position and Prof Ellen O'Sullivan taking the pro position. An ongoing debate that becomes more relevant with the increasing prevalence of alternative video laryngoscopes.

The second day will conclude with prizes and drinks.



**Dr Sam Hird**

## DAS ASM-2017 What to do in London?

After a great success of DAS ASM in Torquay last year, the baton has been firmly passed on to Dr Fauzia Mir and Dr Bernie Liban of St George's University Hospital and their team for the London 2017 meeting.

DAS recent meetings have had representatives from most of the continents of the world making the national meetings very international. With an excellent programme for 2017 being planned in the hustle and bustle of the capital, there is much more to look forward to! I am sure; it will be anything but a disappointment!

ASM 2017 kicks off on the 22<sup>nd</sup> of November at the **Mermaid Theatre** in London; a contemporary, dynamic and special venue, packed with personality.



The Mermaid is located on the North Bank of the Thames, and enjoys spectacular views towards the Tate Modern, Globe Theatre and the Millennium Bridge. The excellent transport links gives the flexibility of staying locally or commuting to the venue.

Whether you are a first-time visitor to London, or London born and bred, you will discover plenty of things to see, from iconic London tourist attractions to novel ideas for your days out with or without family. A bad day in London will still be better than anywhere else. As the famous English writer Samuel Johnson said, *"when a man is tired of London, he is tired of life; for there is in London all that life can afford"*.

What else can you visit when you are at the Mermaid Theatre? **St Pauls Cathedral** and **The National Gallery** to tantalise your inner art and culture! Fan of literature? Choose from the historical **Shakespeare Theatre, the Old Vic** or book something at the **National Theatre** and discover why it is a world leading performance venue. Into films? Catch one at London's biggest IMAX screen at **BFI** for a completely immersive experience.



London believes that there's nothing like bad weather, just bad clothing! So, get your gear on and enjoy a leisurely stroll along the banks of the Thames as it winds through the capital. Cross the bridges for circular walks and spectacular views. Hop on to a river cruise or on a clear day enjoy 40km of panoramic views from the award-winning London Eye. There's always the option of 'shop till you drop' on **Oxford Street** or soak up the atmosphere of Covent Garden, Camden Town, Leicester Square, Piccadilly Circus or the Secret London! So much to choose from!

Kids do not miss out! **The Sea life, Shrek Adventure**, local activities at The Southbank Centre, kids plays and cinemas are very accessible to the venue. For those who have more time at hand, a visit to **Thorpe park, Lego land** and **Chessington World** of Adventures etc are only a few out of the many.

With regards to food, I apologise in advance for all the mouth watering the following guide will induce. You will not have to look very far for traditional or modern menus. Tinkle your china at the National Theatre for a theatre-themed afternoon tea or choose from a wider range at the famous OXO Tower. Borough Market has exciting lunch options. As the mercury drops and nights draw in, the riverside lights twinkle like stars, why not duck into one of the cosy café's or bars for winter warmer? The Den, Marriot County Hall, Penny at The Old Vic, BFI, Skylon, Dandelyan and the list goes on.

We would like to conclude with a big welcome to all for DAS 2017, London! We hope you will make most of your stay and without a doubt, would want to come back for more.



**Dr Sabeen Khan**



**Dr Fauzia Mir**



## Hosting DAS Annual Scientific Meeting (ASM)

DAS members may apply to host a future ASM. Applications should be made no earlier than 4 years and no later than 2 years before the proposed date.

This should be done by contacting the Honorary Secretary expressing an interest, as well as any proposed details, such as a venue, a date, names of the local organising team and even ideas about the meeting content or format. The application should not exceed 500 words.

The proposal will be put to the committee at its next meeting and considered. It may be accepted at that time or rejected or, most likely, retained for further consideration in light of other applications and plans DAS has for subsequent meetings. DAS is committed to ensuring that the ASM takes place across the length and breadth of the country and not seen as something only run by a select few 'friends of the society'.

Finally, in the situation where there are more applications than slots, the DAS committee may choose to hear bids in person from individuals or teams in a competitive process to select the best proposal.

The secretary is very happy to discuss any plans or queries people may have in relation to a proposal.

**Barry McGuire**, DAS Hon. Sec.



## DAS PROJECTS UPDATE

### **Guidelines on Decontamination of Videolaryngoscopes**

The Decontamination of Videolaryngoscopes Guidelines are scheduled for launch at the twenty second DAS ASM in London on the 24<sup>th</sup> November 2017. This will mark the culmination of more than 2 years of intense discussion and formulation of guidelines by the DAS Decontamination Work Group, based on expert opinion and well-researched evidence.

Videolaryngoscopes (VL) have gained in popularity over the past decade. As per the DAS intubation guidelines launched in 2015, anaesthetists may now elect to use VL as their first choice for intubation. Whilst this is a welcome change, the very many varieties of equipment on the market have raised questions about their potential for cross-contamination. Cross-contamination with direct laryngoscopes (DL) and fiberoptic scopes (FLS) is well known and documented in scientific literature. The handle of the DL has been a particular cause of concern. In the face of variable and iatrogenic forms of CJD, there have been attempts to introduce single use direct laryngoscopes that can be disposed of in their entirety with the handle. Although this has posed economic challenges to many trusts in a cash dry health service; some trusts, having considered risks to patient safety, have moved to single use laryngoscopes. However, the arrival of VL has created a new wave of concerns for hospital Infection Control teams. Whilst in a competitive market, the manufacturers are focussed on the quality of the image and performance to win over the users, the procurers adjusted their spectacles to view the quoted amounts on the invoice page; often with disapproval. A high performing, low priced VL is the desired product. However, the hospital trust Infection Control team have held the judge's gavel and had the final say, and failed some devices that had pleased the rest of the team.

These decisions have varied between hospitals in the UK, causing considerable issues for the manufacturers, procurers and users. It is with this background that the DAS Decontamination Work Group was commissioned in July 2015 to find a way of resolving this issue.

The team consisted of three DAS committee members, a member to represent the industry, a microbiologist, a representative from the Medicines and Health Products Regulatory Agency (MHRA) and a member from the Decontamination Services UK.



The team poured over references and consulted important documents from established societies in the field. Our aim was to make recommendations that would help promote good practice and promote patient safety. The guidelines have reclassified VL and have introduced a novel way of evaluating the level of decontamination required for each component of the VL. Ideally sterile single use VL would be the way forward, but some VL have components that are reusable. Therefore, there is a need to establish clear guidelines on the reprocessing of these reusable components.

The value of creating a clean work environment and the importance of following WHO standard universal precautions cannot be over emphasised. We hope the guidelines will promote good practice and introduce a change of culture amongst the theatre team. We think that a few practitioners, who view the oral cavity as a 'dirty area' that does not require the use of sterile equipment are likely to change their opinion after this publication. We strongly believe that it will shape the new VL of the future, that are likely to be single use and sterile; and their reusable components, if any, would be amenable to automated cleaning to the highest level of decontamination.

We wish to thank all those who have supported the project either by writing to us or offering us solutions or simply sharing their concerns and experiences.

**Dr.S. Radhakrishna**, Chairman DAS Decontamination Work Group

# DAS GUIDELINES- UPDATE

## Guidance in the Ethics of Airway Management

Ethics in medicine is topical with the Montgomery case arguably changing how doctors need to approach informed consent. DAS has decided that it's time that it considered the various ethical issues relating to airway management with the view to offering some guidance to clinicians which currently appears to be lacking. A group of interested individuals have been in correspondence on how best to deliver this guidance. The scope of the process will be fairly wide, tackling informed consent and standards of practice issues relating to airway management, with particular reference to training and the evaluation of airway equipment and techniques. There is also uncertainty with regards to data collection projects that are not deemed as 'research' and the group hope to provide some guidance to us all here too.

A report will be presented to DAS for consideration prior to seeking endorsement from other bodies, including the AAGBI. This process is projected to take around 2 years. The format and distribution of any subsequent guidance has yet to be decided, but will be governed by DAS. The guidance will refer specifically to airway management, but may have cross-over with other areas of ethical anaesthesia practice.

The purpose of compiling written guidance regarding the ethical aspects of airway management is that there appears to be a distinct lack of such guidance for airway practitioners, reflected in considerable uncertainty and inconsistency in approach and application.

Local and National Ethics committees review submitted academic projects regarding their ethical considerations, but where we stand ethically as clinicians performing evaluations of clinical practice, new equipment assessments or supervising colleagues in training is much less clear.

**Aim :** The aim will be to produce written guidance, which may include publication in an anaesthetic journal, to aid clinicians in working ethically and professionally when providing airway management. The aim would be to achieve this over a period of 2 to 3 years.

**Method:** An advisory group of interested individuals, medical and non-medical, some with specific expertise in medical ethics, will be formed under the chairmanship of Dr B McGuire, Hon. Sec. DAS. Consultation with the General Medical Council and experts in medical law will take place prior to submission of a report. Consultation will also take place with the AAGBI, ADEPT (the Airway Device Evaluation Project Team within DAS), with RCoA and NIHR.

There is an initial plan to perform a survey of DAS members to gain some perspective on their opinions on this matter including their evaluation of several relevant clinical scenarios.

The group will act under the supervision of the Difficult Airway Society with an aim to seek endorsement from the AAGBI (and potentially others including the GMC and RCoA) at the end of the process. The group will report to DAS.

**Scope:** Clarify the level of Informed Consent recommended when performing routine airway management and, secondly, when performing airway management that is perceived as advanced or high-risk.

Clarify the level of Informed Consent and ethical standards recommended for trialling a new piece of airway equipment (out with national procurement processes) or performing a service evaluation of a new or non-routine (advanced) airway technique.

Clarify the level of Informed Consent and practical approach recommended for performing an advanced airway technique purely for training benefits (for both consultants and trainees) or in simulating difficulty solely for educational benefits.

Inform potential researchers of ethical issues relating to performing relevant research, including the choice of using patient or mannequin; involving all airways or only 'difficult' ones; using only 'expert' practitioners. Consideration will also be given to data collection projects that are not deemed to be research, such as the informal assessment of a new piece of equipment or technique.

**Output :** A report will be presented to DAS for consideration prior to seeking endorsement from other aforementioned bodies. The format and distribution of any subsequent guidance has yet to be decided, but will be overseen by DAS (and potentially AAGBI). The guidance will refer specifically to airway management but may have cross-over with other areas of ethical anaesthesia practice.

**B McGuire**, Hon. Sec. DAS



# TRAINEE ESSAY COMPETITION

## **Technology and Airway: Real advances or style over substance?**

We are pleased to introduce the DAS trainee essay competition. Entries are invited on the above essay title from any trainee member of the DAS. Only one entry is allowed per person and only a single author is allowed. The submitting trainee should be a DAS member. Please refer to DAS website for registration process if required.

Members of the DAS committee will judge anonymised entries. We will be looking for a balanced viewpoint and expression.

Word count should be kept to a maximum of 1500 words excluding references. Please use Times New Roman size 12 font and double line spacing. References should be formatted as for the BJA.

Please e-mail your entries to [trainee@DAS.uk.com](mailto:trainee@DAS.uk.com) and to [k.dua@nhs.net](mailto:k.dua@nhs.net)

Please send in your entries along with a completed submission form which is attached to the e mail invite or can be downloaded from the DAS website. Please label your word file 'DAS trainee Essay Competition – your DAS Membership Number'.

Prize money of £100 and a certificate will be awarded to the authors of the top essay. The winning essay will be published in the DAS newsletter. Further prizes will be decided by the judges.

Winners will be contacted by the early September 2017 to give plenty of time for them to register for the DAS–ASM Nov 2017 in London where they will be presented with their prize and certificate.

Deadline for receipt of emailed essays: **Midnight on 15/08/2017**

**Kanika Dua**

**Lewys Richmond** DAS Trainee Representatives

## BOOK REVIEW

### **DEEP WORK** by CAL NEWPORT

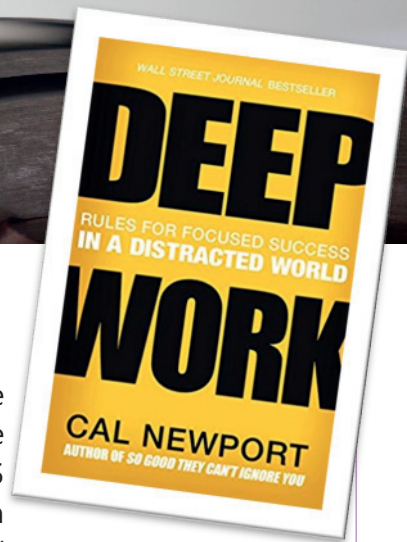
Cal Newport is an Associate Professor in the Department of Computer Sciences at the prestigious Georgetown University. At only 35 years of age, Cal has managed to maintain an active blog and publish 5 well known 'How to' books, despite maintaining a healthy family life. In his latest book 'Deep Work' Cal shines a spotlight on how he, and numerous others, managed to achieve seemingly superhuman levels of creativity and productivity.

At a glance, this book seems to be stating the obvious, i.e. 'avoid distraction'. It is only when going through the chapters that one realises the meticulous planning involved in the process. The book appears simplistic, yet it is the staggering attention to detail that distinguishes it from other self-help books.

The initial chapters help us identify the difference between deep work and shallow work. The later ones emphasize on pushing our cognitive abilities by performing tasks in a distraction free environment or the realm of the deep.

***"Embrace Boredom- Instead of scheduling the occasional break from distraction so you can focus, you should instead schedule the occasional break from focus to give in to distraction".***

According to the author - the sense of instant gratification gained by a message/text/update is due to the dopamine release which has a serious addictive effect and we are still in early days of this change to understand the long-term effects on human psychology and learning abilities. Hence he recommends '**Quit Social Media**'.





As doctors, we can fully appreciate the value of a good few hours of unadulterated concentration, whether it is study for exams, to write a research paper/abstract or reading new guidelines to keep one up to date.

However, we believe in this era of omnipresent social media and information overload- it would be simply impossible to live without Whatsapp, Facebook or LinkedIn. These new modes are increasingly used for marketing, recruiting and networking. The fast, secure mode of communication (Whatsapp) is being used routinely and frankly quite effectively to disseminate information and even managing day to day service issues within the anaesthetic department.

For independent businesses and the NHS trusts, it is mandatory to monitor social media and respond in a timely appropriate fashion to maintain clientele and increase revenue.

This book is thus, we believe, a valuable asset in the modern age. It does in a way urge us to stay away from social media and presents the other side of the argument in favour of prolonged periods of undistracted and focussed work. Perhaps a more sensible moderate approach can help us achieve a good work life balance.



**Dr. Ajit Walunj Dr Shahzeb Zafar**  
Good Hope Hospital, Sutton Coldfield

## DAS PHOTOGRAPHY COMPETITION-2017



This competition is open to all members and associate members of Difficult Airway Society. Theme of the competition is '**Airway Management**'

Entries should be submitted by via email to [das@aagbi.org](mailto:das@aagbi.org) . We are unable to accept postal entries

Maximum **three** entries per person

Image file size should be at least 1MB

Please include your name, grade, address and DAS membership number

All entries must be received by **31<sup>st</sup> August 2017**

Images must not have been published elsewhere or have won a prize in any other photographic competition.

Entry implies that the photograph they are submitting is their own work and do not infringe any copyright laws

Patient or personal images, where used should be accompanied by a consent form

DAS will have rights for unrestricted use of all submitted images on its website, newsletter, promotional or educational materials and any other purpose the DAS committee decides as appropriate

The winner will be eligible for **one day free registration at the DAS Annual Scientific Meeting** 2017 in London. He /She will also be awarded a **certificate** at the ASM and the winning image and some selected images will be used in the front page of DAS Newsletter

The judging committee reserves the right to offer more prizes, commendations or no prizes at all. The decision of the judges will be final.

# DAS PROJECT GRANTS

The Difficult Airway Society (DAS) is pleased to announce project grants up to a maximum sum of £15,000 and small grants up to a maximum sum of £5,000, to support research in the broad area of airway management. Please see [NIAA website](#) further details and how to apply for the DAS grant.

## Advertise in DAS Newsletter

This newsletter is distributed as hard copy and electronically to more than 3400 DAS members with a much higher potential readership number.

Highly subsidised rates are offered for educational events and conferences related to airway management

Combined newsletter + website packages available for trade

A value for money way to reach your target audience!

For details, please contact [newsletter@das.uk.com](mailto:newsletter@das.uk.com)

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# DAS 2017 LONDON

22 - 24 November

Mermaid Theatre



Organised by The Department of Anaesthesia  
St George's University Hospitals NHS Foundation Trust