



Difficult Airway Society

NEWSLETTER

MACEWEN MEDAL CITATION

DAS PROFESSOR 2016

INTERVIEW

BOOK REVIEW



DAS ASM-REPORT

WINTER 2017

EDITORIAL

Winter is a season of recovery and preparation.

We are also recovering from the very well attended DAS ASM in Torquay and now getting ready for more action in 2017. In this edition we are bringing you a snapshot of what happened in Torquay. Kudos to Dr Varvinskiy who led the conference that attracted nearly 500 delegates from all over the world. DAS conferences are getting more and more popular every year and the number of international delegates are going steadily as well. This is a reflection of the high standards of our conferences and speakers and also an acceptance of DAS as a world authority in airway management related matters.

Congratulations to Dr Nick Woodall, the DAS Macewen medal winner and also Prof Chris Frerk, the DAS Professor 2016, both very well deserved and long overdue recognitions. Congratulations are also due to the winners of the oral and poster presentations. We have included the citation of the medal winner.

A warm welcome to the new trainee rep Kanika Dua, who was elected at Torquay and she will join Lewys on the committee. The usual trainee rep page is being replaced by a regular column interviewing the stalwarts in our specialty. The first one is with none other than Dr Nick Woodall, the 2016 DAS medal winner. Just like the 'Pen of the Inventor' series, we hope this will be an interesting one. The stories of some of the most successful careers in anaesthesia and airway management will hopefully give some ideas and inspiration to the younger generation.

97% of UK hospitals have an airway lead now. DAS and RCoA are keen to get this figure to 100%. If your hospital is among the list given on the RCoA website and you are interested in the role, please get in touch with Dr Alistair McNarry at althegasman@btinternet.com

Wishing you a very happy and prosperous 2017,

Sajay

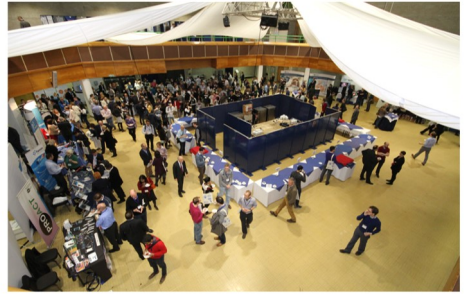


A Sajayan **Joy Beamer**
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PRESIDENT'S PAGE

In this, the first DAS newsletter of 2017, I want to congratulate Dr Andrey Varvinskiy and the Local Organising Committee for an exceptional Annual Scientific Meeting held in Torquay in November 2016.

The programme was excellent, the speakers informative and entertaining, and as a first-time visitor to Torquay it was a pleasure to be in such a beautiful part of the country. It was also the first time a DAS meeting had organised a charity 5K fun run in aid of The Life Box Foundation, a charity that is familiar to all anaesthetists for the incredible work that it does.



Congratulations also to Dr Nick Woodall who was awarded the Macewen Medal and Professor Chris Frerk for becoming a DAS Professor.

This year's ASM is being held in central London and is being organised by a group at St. Georges' Hospital led by Dr Fauzia Mir and Dr Bernie Liban. Each year the meetings seem to attract more and more delegates, and I'm sure London 2017 will be no exception.

In Torquay at the Annual Members Meeting I mentioned that Prof Tim Cook (RCoA Airway Advisor) and I were presenting an airway strategy to the RCoA Council Meeting in December 2016. The aims of the proposed airway strategy are to (i) increase uptake of Departmental Airway Leads to 100%, (ii) establish training in the management of airway crisis for all anaesthetists, (iii) collect annual data on 'events meeting the criteria for NAP4' and (iv) establish a FONA database. As we progress on the airway strategy we will keep you informed through the newsletter and on the DAS website.

Finally, I would like to thank the editors of the newsletter Dr Sajayan and Dr Joy Beamer for all their hard work in managing to edit and put together four excellent copies of the newsletter per year.



Anil

SECRETARY WRITES.....

In a year that gave us Brexit and Donald Trump, DAS Torquay was a very timely tonic and an unmitigated success. Massive credit to Andrey and his team. The baton (or is it a gauntlet?) has been firmly passed on to Bernie Liban and Fauzia Mir and their team for London 2017. I suspect that they won't disappoint.

As DAS moves into the new year in a state of good health, there is a fair amount to be getting on with. After a considerable amount of work, the DAS ICU guidelines are being finalised and should be viewable in 2017.

There will be more information forthcoming on the DAS-RCoA collaboration. Future plans include airway training standards, guidance on clinical practice / audit and liaison with our surgical colleagues on airway rescue.

The DAS Guidelines Implementation Group, led by Viki Mitchell, will further its plans to improve familiarity and uptake of the 2015 guidelines across the UK and Ireland.

Academically, we welcome our new DAS Professor, Chris Frerk. Few individuals have contributed more to DAS over the years. We also plan to publish a list of DAS Faculty Professors on our website. These are DAS members who have obtained professorial distinctions via routes other than DAS (university, charity, international). We are expecting to announce more DAS PhD scholars in 2017; DAS members that have accumulated large portfolios of publications during long careers that may not be compatible with traditional university academic PhDs.

The DAS Airway Alert Card and Difficult Airway Database will continue to develop and hopefully we can view some data from this soon. ADEPT 1, evaluating the performance of a new supraglottic airway device, will get underway in 5 centres and DAS hopes this will set the standard to industry for future multicentre academic evaluations of new airway devices.

I'm sure there will be projects that I have missed but I'm confident others will keep you reliably informed. Keep up the great work and happy new year.



Barry McGuire

Hon Secretary DAS

DAS ASM-REPORT

It only feels like a few months ago that our late colleague Dr Sudheer Medakkar and I bid for hosting the DAS meeting in Torquay at the Annual Members Meeting session at DAS 2010. We started our preparations after the Stratford meeting in 2014 but it was only after attending a very successful WAMM in Dublin 2015 that we realised just what a difficult task we had embarked on. We wondered if delegates even bother to come after 'they have heard it all' in 2015?

Well, I am pleased to say that in the end, it all came together and leaving WAMM aside, we set a new record number for delegate attendance of **486!** Most of the continents of the world were represented making our national meeting very international once again. Now it is time to reflect on the excellent results and many highlights of DAS 2016.

Wednesday 16th November 2016 **Workshop Day**

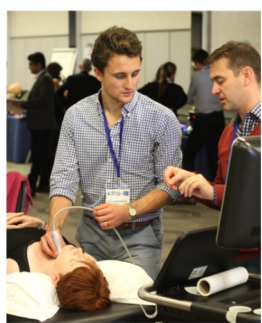
Traditional Workshop (Leads: Andrew Baker and Kim Chishti)

8 different stations were offered at the Traditional Workshop including Fibre-optic Intubation, Paediatrics, Virtual Endoscopy, Front of the Neck Access (FONA), Videolaryngoscopy, Ultrasound, ORSIM and Nasendoscopy. Stations varied from a purely hands-on approach to small group discussions or a combination of the above. Three of the 8 stations offered different ways of practicing fibre-optic endoscopy skills including the demonstration of nasendoscopy with volunteers highlighting how important these skills are for the practicing anaesthetist.

Mark Stacey from Cardiff has meticulously perfected his approach to teaching awake fibre-optic intubation. The FONA station was set up in accordance with 2015 DAS Guidelines. By popular demand, the Ultrasound and ORSIM stations were included again, led by Michael Kristensen and Paul Baker, who were joined by our very own local expert David Pappin.



The Paediatric station led by Anthony Bradley and his team from Bristol, included equipment that may not have been familiar to the general anaesthetist without a paediatric interest. The Videolaryngoscopy station featured one of the current leaders in the field, Iljaz Hodzovic and this station gave the opportunity to try out a variety of devices available on the market. 100% of the delegates fed back that this workshop fully met their learning objectives.



CICO Workshop. Australian approach (Lead: Richard Hughes)

This workshop offered the FONA approach that was developed by Andrew Heard, Perth, Western Australia (pictured). Delegates had a chance to hear an introductory lecture by the Dr Heard himself and then practice needle cricothyroidotomy in conjunction with a low-pressure jet-ventilation device (Rapid O2) as well as 'scalpel-bougie-tube' approach (according to DAS Guidelines) on prepared sheep trachea and lungs. Pre-workshop reading material was sent to all participants in advance and that was really appreciated by many in their feedback.



Tracheostomy Workshop (Lead: Ben Ivory)

The Tracheostomy Workshop was set up in accordance with Global Tracheostomy Collaborative featuring one of its founding fathers Brendan McGrath who gave an introductory lecture. Practical and SIM based stations concentrating on developed Laryngectomy and Tracheostomy algorithms. Scenarios included tracheostomy care, emergency cannulation, de-cannulation and more. Delegates rotated between this workshop and the CICO Workshop.



Opening ceremony: At the end of the Workshops, the delegates gathered at the Trade Exhibition area to be greeted by the Chairman of DAS 2016 LOC, Andrey Varvinskiy. Mrs Mairead McAlinden, CEO of Torbay and South Devon Healthcare NHS Foundation Trust gave a speech with particular mention to our local Torbay Pharmaceuticals, which is largely responsible for the financial success of our local Healthcare Trust and which has sponsored a variety of airway courses run at Torbay Hospital since 1999. The opening ceremony and drinks reception was attended by around 200 delegates.

Thursday 17th November Scientific Day 1

The day started with the DAS Professor session chaired by one of the prominent DAS member, Prof Mansukh Popat. Prof Anthony Wilkes delivered his presentation on getting the evidence base on airway equipment. Prof Wilkes is the only non-anaesthetist awarded a DAS Professorship in recognition of his work with anaesthetic equipment at Cardiff University. He was followed by Ellen O'Sullivan who was made a DAS Professor in 2015, discussing why DAS concluded the scalpel-bougie-tube as the preferred FONA technique in unanticipated difficult intubation in adults.

The day progressed with a session focusing on the pre-operative assessment of patients with anticipated difficult airway concentrating on nasendoscopy, virtual endoscopy and ultrasound featuring presenters from USA, Denmark and the UK. It seems that technology is moving on fast to help us avoid mistakes wherever possible. A fascinating session on innovation preceded lunch, offering different angles on how to follow a concept through to the finished product. Darren Woodall, representing The Innovation Centre based at Torbay Hospital, described how clinicians could be helped to get their idea off the ground without personal financial risks. Prof Enk and Dr Paul Baker shared their experience of taking their original idea into clinical practice. After lunch, the day continued with three sessions concentrating on the problems in obstetrics, intensive care and paediatric settings covering a broad range of learning objectives. The audience had a chance to hear about work in-progress of the forthcoming Difficult Airway Guidelines in intensive care from DAS Treasurer, Andy Higgs. A fascinating presentation by John Fiadjoe from Philadelphia (USA) described their initiation of a paediatric difficult airway database across the USA. I will always think of a difficult airway patient as an albino zebra from now on! Overall, a brilliant day was enjoyed by many airway experts, enthusiasts, consultants and trainees.

Gala dinner

I hope those 112 people who attended the Gala dinner would agree with me that it was a brilliant setting with a hint of a Christmas theme, DAS colour flowers on the tables, good quality food but most of all a phenomenally entertaining performance from the local South West band The Loose Cannons, a 13 piece strong band featuring an Exeter orthopaedic surgeon who happens to be the husband of the DAS 2016 Social Secretary, Andrea Magides. Andrea did excellent work arranging this fantastic dinner as well as setting up the Workshop Faculty dinner the night before at the Pier Point Café.



Before dancing well past midnight, Nick Woodhall was presented with his Macewen medal for his contribution to the management of the difficult airway and particularly for NAP 4. Giles Ellis (Fannin) and Richard Towler (Freelance Surgical) were presented with Industry prizes.

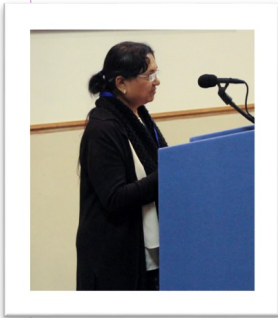


Friday 18th November Fun Run

This is the first time that DAS offered a sporting activity to the more exercise-orientated colleagues among DAS members. Remarkably even a few of those partying the night before were still ready for the 5 km Fun Run starting at 5am and they were joined by around 30 in total in aid of Lifebox. The weather was really kind to us for the time of the year and in +15^o C it turned out to be a very pleasant run. Top quality T-shirts sponsored by Fannin were awarded to all runners. Total money collected came at a whopping £290 that will be donated to Lifebox.

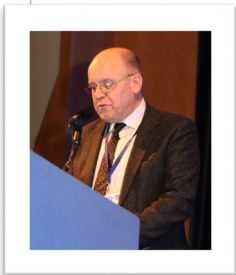
Friday 18th November Scientific Day 2

The morning started with the top 5 oral presentation session judged by Prof Tim Cook and Dr Iljaz Hodzovic. The winner of Ralph Vaughan prize for the best oral presentation was Christopher Lambert describing his new video-laryngoscope idea. 167 abstracts were submitted and 140 accepted, with the top 25 will be appearing later on at the BJA electronic publication site. This year we also introduced three wild card prizes for the poster presenters increasing the total prize count of winners to 9. The LOC is particularly grateful to Theresa Hinde leading the team of abstracts selectors and judges.

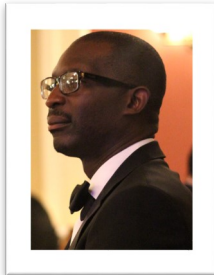


This year we saw a separate ODP session named in honour of its founder, Dr Sudheer Medakkar who was given a special tribute before the start. It was also very moving and emotional to hear his wife Dr Shaila Medakkar, (pictured left) thanking his many colleagues and those who knew Sudheer in his professional capacity, as a great educator and airway enthusiast. Three talks were delivered at this session sharing different aspects of ODP involvement.

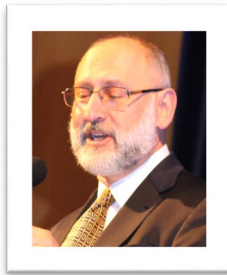
Martin Brace's presentation in particular was devoted to running specifically designed airway courses for ODPs that originated at Torbay Hospital.



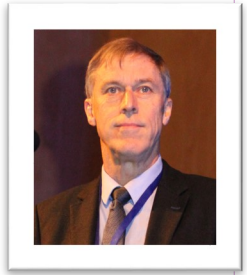
Prof Dietmar Enk



Dr John Fiadjoe



Dr Vladimir Nekhendzy



Dr Paul Baker

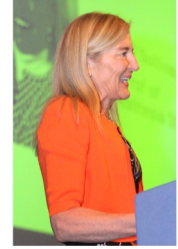
Prof Anthony Wilkes



Prof Mansukh Popat



Prof Ellen O' Sullivan



Dr Mary Mushambi



Dr S Radhakrishna



Prof J J Pandit



Prof Tim Cook

DAS AMM happened in parallel with the ODP session and we have learnt that our society continues to enjoy stable financial state. It was announced that Chris Frerk was to be made a new DAS Professor and that Kanika Dua is to be the new trainee representative on the DAS Committee.

The Videolaryngoscopy session saw Barry McGuire providing a comprehensive overview of the current trends and Tim Cook on changing the practice in his institution to videolaryngoscopy as a first choice. A truly remarkable achievement! Lauren Berkow, representing SAM, gave a presentation on how multi-disciplinary airway teams have started to emerge in some US hospitals giving us an impression of what could be achieved if we all lived in the ideal world.

The Airway fellowship session gave a broad overview of a different option available to trainees in Australia, USA, UK and Africa Get your act together chaps; joining Facing Africa is sponsored by the Royal College of Anaesthetists for trainees! The Expert Case Discussion session was very popular and included three different cases presented and discussed with some rather heated debate at the end. It was really great to see the leading experts in the hot seat; realising that when it comes to making a decision we all become slightly nervous and sometimes are not so sure. But there is always somebody not that far away who can offer help and advice.

The second day finished with the pros and cons debate on whether videolaryngoscopy that seems to be taking over the world of difficult airway equipment is now a 'gold standard' for a predicted difficult airway. This time the audience was not convinced of this notion, but who knows what lies ahead of us when we implement this technique as a first choice in all departments across the UK. Overall, another enjoyable day completed.



We look forward to visit London next year and wish Fauzia Mir and Bernie Liban all the best in their efforts of organising DAS 2017.

On behalf of LOC,

Andrey Varvinskiy
DAS 2016 Chairman

Meet the new Trainee Rep



Dr Kanika Dua

Kanika was elected as the new trainee rep at the DAS ASM 2016. She has completed airway fellowship at St George's Hospital, London and is currently a senior trainee representative there. She also has set up a mentoring scheme for trainees and is actively involved in airway teaching & training.

CONGRATULATIONS



Dr Christopher Lambert

Ralph Vaughan Cup winner for best oral presentation with Dr Varvinskiy

Mr Giles Ellis (Fannin), receiving Industry Medal from Dr Andy Higgs



Mr Richard Fowler (Freelance Surgicals) receiving Industry Medal from Dr Barry McGuire



DAS MACEWEN MEDAL CITATION

Dr NICHOLAS M WOODALL



Nick Woodall has been researching, teaching and developing airway management throughout his career. Recognising the limitations of training in awake fiberoptic intubation he developed the first UK hands on course where delegates were taught the technique and then practised on each other.

I first met Nick many years ago outside a hotel next to Regents Park where we were both pacing around rehearsing our talks for an airway meeting the following day. We introduced ourselves and both of us then recalled that I had written a letter to the BJA calling the ethics of his course into question! This could have been an awkward moment but Nick was quick to say that he and his colleagues had been pleased to be challenged as it enabled them to review whether they should change their participant information or the way that they ran their courses to ensure that any ethical issues had been covered appropriately. He has continued to invite, accept and take on board any challenges to his ideas about airway management and has always been keen that all arguments are supported by the best available evidence. He shares his knowledge and ideas freely; there are now a number of intubation courses like Nick's around the country – the common feature is that usually the person setting up the course was a delegate at one of his courses in the past.

Nick has been a member of the Difficult Airway Society since its inception and was a regular workshop leader at DAS meetings. He was Projects Officer for the Society for 4 years overseeing several DAS projects but most importantly (working alongside Tim Cook) he was intimately involved in the genesis of NAP4, one of the most widely quoted anaesthesia resources in the world.

The whole NAP4 team was fantastic and engagement from the profession as a whole was amazing but having been involved in the project there is absolutely no doubt in my mind that NAP4 could not have happened without Nick – as well as being an editor of the report he had the key responsibility of setting up, maintaining and managing the database, including ensuring it met all security requirements (security encryption was at the level of national secret service departments) and keeping thousands and thousands of data points up to date and accurate – a somewhat unsung role, but absolutely necessary and appreciated by all those within the NAP4 team.

NAP4 was a huge amount of work and like Steve Redgrave's relationship with rowing boats (after his 5th Olympic win) Nick vowed he would never again get involved in another major airway project ("if I ever agree to anything like this again, shoot me"). However in 2012 given his intimate knowledge of NAP4 he agreed to be an advisor for the 2015 DAS airway guidelines - this soon morphed into being a section author and general writer and with his clear thinking and excellent penmanship he was (despite being 12,000 miles away in New Zealand for 12 months) a major contributor to the guidelines.

It is an uncommon pleasure to come across an exceptional teacher.

It is rare to find a doctor with the necessary dedication, concentration and administration skills to safely manage huge amounts of confidential patient data.

It is unusual to find an anaesthetist with a flair for assimilating complex ideas and being able to write them down clearly, simply and interestingly.

To find all three of the above in a single individual and for that individual to have good humour and good grace is simply fantastic. Nick Woodall is such a person and for this reason I feel he is fully deserving of the award of the Macewen Medal.

Chris Frerk

Northampton 2016

DAS PROFESSOR 2016-Dr CHRIS FRERK



DAS Congratulates Dr Chris Frerk on his appointment as the DAS Professor 2016. Despite being a full time clinical anaesthetist Prof Frerk has made a phenomenal contribution to safe airway management in this country and also in teaching and training. He has a very original and unique way of getting his message across. No wonder he is a sought after speaker. His leadership during the publication of NAP4 ensured that DAS got an even footing as the RCoA. He has an envious publication record, most of his papers reflecting clinical practice and safety. He has also been awarded the Dudley Buxton medal of RCOA this year.



*In a slight change to the normal trainee update we are going to run a series of interviews with various individuals from within the airway world. First up is **Dr Nick Woodall**. We managed to sit down to speak to Dr Woodall at the ASM after the announcement that he had been awarded the prestigious DAS Macewen Medal for his contribution to airway anaesthesia and the NAP4 Project. Dr Woodall was keen to share that he was planning to retire in the not too distant future. He was however, jetting off to deliver a lecture in Ireland the very next day, and last year he completed the entire course of the Tour de France after the professional*

race, so I think we have very different ideas of retirement!!

LR: *Firstly, congratulations on your award of the DAS Macewen medal. You join a very illustrious group.*

NW: Not half!! I'm surprised I'm in it! I'm not an academic anaesthetist at all. I've had no academic training whatsoever. What I have done is always had an interest in my job. And I've always found airway management really fascinating and it has just taken off from there. I'm really lucky that I fell into the company of some very experienced and competent researchers and that relationship has been incredibly successful. DAS has been a huge opportunity for me because I met such freethinking and capable people. It's been an opportunity for me to achieve things that would not have been available in my routine clinical practice where there are so many restrictions.

LR: *If I am correct you graduated from Liverpool and have spent time training in London and the US. Do you have any particular highlights from your career to date?*

NW: I was initially almost scared of airway anaesthesia as there were just so many inconsistencies. There was little focus on managing the difficult airway during my training because we had such limited equipment and facilities. You would breathe patients down and conduct direct laryngoscopy and that was about it. When I was a registrar, there was a very interesting case which shows how services and our approach to difficult airway management have changed. I was with the consultant and about to start the first case of the day when the night registrar popped his head in and said "oh by the way I think your first case may be a bit of a difficult intubation". Well by this time the patient was in the anaesthetic room and the consultant already had the syringe of thiopentone and pancuronium in his hand. He said to the registrar "thank you Stuart" and gave both drugs. About two minutes later I was saying "I'm sorry Dr X and I'm having

a bit of difficulty ventilating this patient!!” We had no pulse oximeter and no pre-oxygenation because that was the way life was in those days. The consultant then really pulled the rabbit out of the hat because we were in a very bad place. He reached in the drawer and got out Drum-Cath, he poked it through the cricothyroid membrane, turned the lever and the catheter came out of the patient’s mouth. He put a size 6 rubber tube over the catheter and performed a retro-grade intubation. This case showed how poor the organisational structure and the safety culture was in those days, and since then it has improved enormously.

LR: *What attracted you to a career in airway anaesthesia?*

NW: You probably won't believe it but it was Reader's Digest! I was at the dentist when I was 14 and I read something called 'I'm John's Anaesthetist'; from that moment on I knew that was what I wanted to do. I was one of the few people going to medical school because I wanted to be an anaesthetist.

LR: *Even during my short career to date I have seen great innovation and change within anaesthesia; what do you feel are the biggest changes that you have seen during your career?*

NW: When I started in anaesthesia we had little pump-up sphygmomanometers and we monitored usually with an ECG but not always, so the number of changes that have come in has been enormous; but the most important must be capnography and oximetry. Alongside this, the drugs we have available to us today are so much better, fibre optics have developed and TIVA. It's just a completely different specialty.

LR: *Who inspired you during your career?*

NW: I have come across a lot of people who have inspired me. One of my first teachers inspired me very much. A chap called Bernard Kowetsky who worked in Harrow Park; he was just such a sensible, down to earth anaesthetist who could give an anaesthetic with a knife and fork, a lovely guy and I learnt such a lot from him. There have been many leaders of our specialty who I found inspirational - people like John Henderson and Ian Calder in particular.

LR: *NAP 4 has had a huge influence. What was your experience of completing such a huge body of work?*

NW: Well it was one of those jobs that started off and then seemed to get bigger and bigger and bigger. And there were lots of times when we were

completing it when I was worried that it was going to turn out to be a massive embarrassing failure. Thankfully it has turned into a big success, mainly because it was such a great team and it was great to be part of that team.

LR: Is there anything you wish you had done differently/not done/or didn't do?

NW: Well there was a bit of a faux pas - when the project was divided into two parts, the snapshot and data collection. Somehow there was a mishap in the creation of the data collection form for the snapshot and one of the columns fell off the page about paediatric anaesthesia. How it happened and how we didn't pick it up I don't know. I felt personally very embarrassed about it as we were not able to provide that useful bit of information. Other than that NAP 4 turned out better than I could have hoped.

LR: Like any good audit NAP4 should be repeated. Would you like the job?

NW: Absolutely. But rather than be repeated I think it should be continuous process. We've heard a lot about different items of equipment, guidelines, the effect of change of the surgical airway. If we had a continuous process of data collection and analysis of these events, we would be able to introduce changes to our practise and then look at the impact and perhaps reverse them if necessary or push further those changes that are shown to be successful, based on outcomes. So inevitably NAP4 is something that should be repeated. It was a massive task but I think we do need a system of continuous assessment and analysis and that might link up with an airway database, which is on-going at the moment. But there will be a lot problems with security, data submission, and how you analyse the case reports. I'm not sure whether this is achievable at the moment.

LR: Since NAP4 there have been a number of changes based on its findings. Is there anything you feel is unfinished business or you would like to still see change?

NW: You look at the review which was published recently of the responses to NAP4 and you can see that as happens with many major reports there isn't always universal uptake of the findings. I think that is a cause for concern. I do think that the key to the implementation to most of the recommendations of NAP4 are the local Airway Leads and I think the actual implementation of NAP4 is unfinished business.

LR: *You have been involved with DAS in one way or another for a number of years. What do you think is the biggest achievement of this society to date?*

NW: I'm embarrassed to say, I do think the NAP4 project is the biggest achievement because it has provided us with information on what is going on in the real world. The shocking thing is it's shown us where the real problems are in airway management and perhaps they're not with anaesthesia. The real wild frontier is the ITU and I think that the way NAP4 has highlighted areas of concern has equipped us with the information we need to go and meet those challenges. As I say we have not finished that job yet, but the first stop is knowing what the problem is, and I do feel that is DAS's biggest achievement.

I think a close tie with the NAP4, must be the guidelines that DAS is producing, and I think certainly they had the biggest impact early on, because they were taken up so widely throughout the world, and they provided such a useful resource. So, I think yes it would be one of those two things - the guidelines or NAP4. And I think there are opportunities for more guidelines and more guidance to non-airway specialists. That must be our driver; that we try and make things safer for people who don't necessarily have a main airway focus in their job.

LR: *This newsletter will be published around the New Year. If you had one New Year's wish for the future of airway anaesthesia what would it be?*

NW: Can it be for something impossible? I would most wish for a continuous, ongoing registry and analysis of airway problems as they happen. Then we can look at our interventions and see what they are actually doing. Second on the list would be a simple airway assessment guideline for non-anaesthetists and I think that should link in with the new unanticipated airway guidelines. We know how difficult it is to assess the airway, but we've still got to do it. It would be nice to have a more concise guideline, something that we could use to assist non-airway experts.

LR: *What advice would you give to a novice anaesthetist considering a career in airway anaesthesia?*

NW: Well, go for it!! It's a very interesting area of anaesthesia. There are challenges with the patients, in creating new guidelines, testing of new equipment. And there are a great bunch of people to work with and bounce your ideas off. So yes, go for it, and join DAS!



Lewys Richmond, Trainee rep.

AIRWAY REVALIDATION COURSE-COVENTRY



The 3rd Airway Revalidation Course accredited by the Difficult Airway Society (DAS) was held at University Hospital, Coventry on the 1st December, 2016. It was well attended by delegates from across the UK and Ireland. The course was hugely successful in maintaining and upholding the DAS ethos of raising awareness, protecting patient safety and sustaining high standards in airway management.

The multitude of topics discussed were both enjoyable and relevant to an anaesthetist in daily practice. The day's proceedings started with a thought provoking lecture on Human Factors. The real-life situations and problems depicted in the lecture, emphasised the role of team working and effective communication for the successful management of airway crisis. This was followed by two highly stimulating lectures dotted with high definition videos on videolaryngoscopes and supraglottic airway devices. The lectures looked at their history & evolution, current evidence base in relation to clinical practice and their fundamental place in the latest 2015 DAS guidelines.

The lectures on 'Airway obstruction in adults & paediatric patients', and on 'Airway management outside theatres' were based on sound lessons learnt from the NAP4 project. The talks were designed to help delegates develop an understanding of the principles of managing airway crises in and outside of the theatre environment and the DOs and DON'Ts during airway management.



The lecture on extubation discussed safe strategies based on the 4Ps (Prepare, Plan, Perform & Post Op care) and demonstrated with the help of a series of highly engaging case scenarios, advanced extubation strategies as laid out in the DAS extubation guidelines.

The post lunch session focussed on new approaches to airway assessment based on the composite 3 column airway assessment model and its role in predicting and planning airway management and tracheal intubation strategies.

The final session of the day had talks on Can't intubate Can't Oxygenate (CICO) and Awake fibre-optic intubations (AFOI). The CICO lecture dwelled on the evidence-base, CICO management controversies in relation to cannula and scalpel cricothyroidotomy techniques and justified the concepts behind the DAS recommendation of using the standardised scalpel-bougie cricothyroidotomy technique. The culmination of the meeting was an excellent lecture on AFOI with HD video demonstrations of 'How to conduct a safe and effective AFOI' and included patient narratives and positive recollections of the AFOI technique.

All the lectures were not just didactic but encouraged active participation from delegates with sufficient time for question & answer sessions.

In conclusion, the 3rd Airway Revalidation Course was a very successful meeting which was well attended and met its objective of empowering airway clinicians and anaesthetists with the latest updates on airway management to improve patient safety.



Dr Ilyas Qazi



Dr Sunita Balla

The Chimp Paradox: The Mind Management Programme for Confidence, Success and Happiness

By Prof Steve Peters

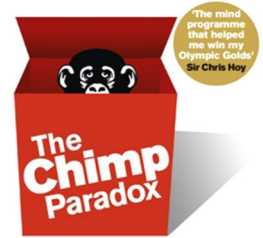
Prof Steve Peters is a Consultant Psychiatrist and Senior Lecturer at Sheffield University, with a passion for coaching athletes in optimising the functioning of the mind. Victoria Pendleton, World and Olympic Cycling Champion, described Peters as "the most important person in my career!"

'The Chimp Paradox' refers to a mind management model devised to be accessible to everyone, with the aim of assisting individuals to become happier, healthier, confident and thereby more successful. Prof Peters explores what he calls the psychological mind, and how this consists of the human, the chimp and the computer.

Firstly, the **human** is described as the rational, logical being that is motivated by a sense of purpose in life. This is in contrast to the **chimp**, which is instinctive, emotionally driven being with primitive motivations compared to the human. Finally, the **computer** serves as a memory and processing bank for both the chimp and the human and their reactions to any situation. The computer uses previous experiences and values, and automatic responses (our autopilot) in mediating our actual behaviour.

Prof Steve Peters

CREATOR OF THE **GROUNDBREAKING** MIND MODEL



The
**MIND
MANAGEMENT**
Programme for
Confidence, Success and Happiness

Peters argues that modifying each of these three elements of our psychological mind can enhance our well being. He states that happiness can be found once we appreciate the inner conflict occurring within the mind between the human and the chimp, the so-called **chimp paradox**. The human holds the key to self-fulfilment. However the chimp, and its emotional drive, function independently of the human and can compromise the human in its quest for happiness. Whilst the chimp cannot be ignored or entirely suppressed, it can be managed by techniques such as *discipline, distraction, delayed gratification* and *identifying the inner sense of life*. A healthy computer can challenge the chimp and assist the human in taking the lead.

In the latter half of the book, we enter a mind-boggling array of correlation between various psychological aspects of human mind and components of universe like stars and moon. Also come into picture a host of metaphorical creatures goblins, gremlins to name a few. These sections may act as a deterrent to the casual reader.

In conclusion, we think this is a quintessential thought-provoking read for any individual wishing to explore the pursuit of happiness and personal development, provided they have enough patience and dedication required to extract the most out of the book.



Dr. Ajit Walunj **Dr Kathryn Law**
Good Hope Hospital, Sutton Coldfield

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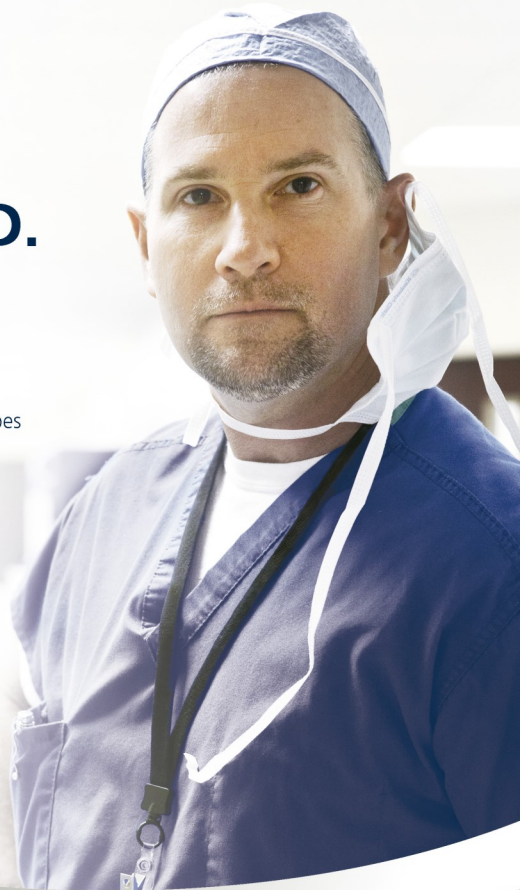
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