Difficult Airway Society

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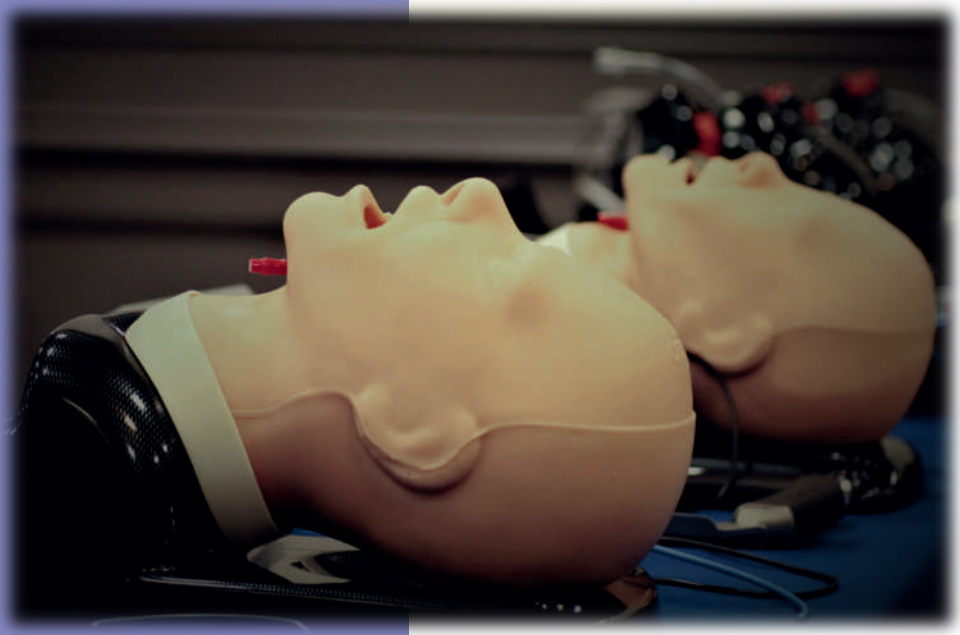

SPRING 2017

EDITORIAL

Welcome to the 2017 Spring edition of the DAS Newsletter.

In this edition of the DAS newsletter there is an update from Alistair McNarry who is the Airway Leads Advisor to DAS and the RCoA. It sounds like excellent progress is being made with the Airway Leads initiative which was originally a recommendation from the NAP4 study, improving the standard of airway education.

Barry McGuire the DAS Honorary Secretary reports on the projects that the society is involved with. Good progress is being made with Front-of-Neck-Access training, the ADEPT 1 study will commence shortly, and the ICU guidelines are due for publication this year

We are all grateful to Andy Higgs, our DAS treasurer for the work he has been doing to keep the society's bank balance *in the black*. In this newsletter, he explains the increasing complexities of managing the accounts and but how he is hopeful that DAS will be able to continue to support projects, education, guidelines etc in the future

And don't miss the interview with our one and only juggling, unicycling, odd sock wearing and now Professor, Chris Frerk!

I hope you enjoy reading the articles.

Joy

Dr A Sajayan Dr Joy Beamer

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PRESIDENT'S PAGE

This year the DAS Annual Scientific Meeting is being held at the Mermaid Theatre in London on 22nd-24th November. Dr Fauzia Mir and Dr Bernie Liban from St. George's Hospital in London are organising what looks like an excellent social and scientific programme. The venue is in the heart of London, within a minutes' walk of the river and some exceptional views of the London skyline and sites. It's been many years since the meeting has been held in London and we are expecting our 22nd Annual Scientific Meeting to be a truly memorable event; so, if you have not booked your study leave it's time to fill in those forms.

In March this year, the airway world lost a truly great figure in airway management, Dr Chandy Verghese. Chandy was known around the world as an excellent teacher, superb clinician, brilliant researcher and for his ever-present reassuring warm smile. He had trained generations of anaesthetists throughout the world in laryngeal mask airway use and had been integral to the development of and adoption internationally of laryngeal mask airway anaesthesia. What is routine airway practice now, was once a novel and for some, an alarming airway device. Chandy, perhaps more than anyone in those early days, provided the greatest reassurance and confidence in laryngeal mask airway use. He will be missed by so many around the world.

Anil Patel

SECRETARY WRITES……..

The spring sunshine brings with it a new sense of optimism and drive and I would like to think that DAS will benefit from the continued endeavour of all involved in airways.

There has been a lot of discussion surrounding Front-of-Neck-Access and the implementation of the DAS 2015 guidance on the surgical airway. The DAS Guidelines Implementation Group is working on teaching materials to optimise the dissemination of the key principles and technical aspects. DAS is also liaising with the surgical colleges in relation to FONA training and clinical practice. The aim must be for a consistent approach across all specialities potentially involved in airway rescue and the place of rescue surgical cricothyrotomy, rather than tracheostomy, in the hands of surgeons will become clear.

ADEPT 1, evaluating the performance of a new supraglottic airway, will commence shortly after a short delay. DAS hopes that this will be the first of many ADEPT studies.

In terms of new guidelines, the ICU guidelines will be published in 2017 and work will start on documents addressing several more *niche* areas including the neonatal airway, airway management ethics and human factors in airway management.

DAS hopes that its overseas membership will continue to increase with interest from many different parts of the world. As previously mentioned, there have been many translations of the 2015 guidelines and this is helping to spread the DAS word. DAS will be represented at several overseas airway meetings in 2017 and has started the process of planning WAMM 2, which is likely to take place in 2019 following the ASMs in London this year and Edinburgh next year.

DAS continues to contribute charitably in several areas and provide grants for academic work within the UK and overseas. Keep up the great work and get your bike out of the shed.

Barry

TREASURER'S REPORT

We're now well into 2017 and it seems life continues to get more complicated for individuals and charitable societies alike. Complicated and increasingly expensive.

The Society's Charity Commission submission has now received sign-off and this is available for any members (and non-members) to view on the Commission's website. Our charity registration number is 1071732. Legislation pertaining to our charitable status is becoming more demanding; whilst there are no issues at all, I think the only thing that strikes me is that we need to update committee members' *declaration of interest* policy. In fact, we are currently fully compliant, but as the law (and its interpretation) seems to change over time, I think it wise to ensure our internal policy is as up-to-date as possible: we'll discuss the new draft policy at the forthcoming committee meeting, after which it will be available on the website.

Again, financial complexities and hassles delayed receipt of our income from WAMM 2015 till November 2016. DAS's profit from the world's biggest-ever airway meeting was a bumper £130 000. This is a nice reward for the 3-4 years of preparation it took by the organising committee (to whom, *very* well done!) and it makes our books look healthy again after being bereft of this huge part of our income (the Annual Scientific Meeting) for two years. Likewise, Andrey *et al* easily exceeded our hopes for a domestic meeting in Torquay 2016 with more than £30 000 heading into our coffers. Congratulations to the whole Torquay Team from a very grateful Treasurer!

As we contemplate more joint projects with the RCoA, the airway alert database, more guidelines and, hopefully, a national front-of-neck database as well, the finances look well placed to support these.

Having read this, you could be forgiven for thinking we are earning well-beyond the calls on our purse. Forgiven but, I believe, wrong. Input can only be interpreted alongside output and over the last 7 years we have seen our costs for administration, provided by the AAGBI ramp-up by 250%. We are currently expecting further rises in future as the AAGBI ends indirect financial support for the Specialist Societies.

This is even more sobering for me when I realise that 7 years ago, the bill included providing this quarterly Newsletter, which is now out-sourced separately to a commercial organisation – on the grounds of cost. With that in mind, can I remind everyone who speaks with industry representatives that advertising here, in the Newsletter of the biggest airway interest group in the world, is an extremely efficient way of reaching over 3500 international airway enthusiasts!

The £25 subscription rate (unchanged in 7 years) is safe for the foreseeable future, but the technical details of its collection are currently providing me with a significant headache. Let me reassure you that members will not see any differences whatsoever, but below the surface, there's some pretty furious paddling going on to upgrade our Direct Debit payment arrangement which is currently managed for us by the AAGBI. Basically, in the next year, our processes will no longer be compliant with new regulations. I assure you that 99% of airway difficulties pale next to the truly byzantine and (?deliberately) opaque nature of these regulations.

I say only 99% because no one is going to lose their life, but the Treasurer losing his mind feels almost as painful from where I sit! Simply finding someone at Barclays who actually understands the changes required in the shift in liabilities is a full-time job itself, but thanks to Rebecca Batson on the Spec. Socs desk at the AAGBI, I am confident we are on the way to achieving compliance by the due date (personal thanks ++ to Rebecca).

Finally, as you are all making your last-minute preparations for the *summer* holidays, it would be remiss of me to not remind everyone to book their *winter* fun at the airway extravaganza Fauzia and Bernie are planning for us at the Annual Scientific Meeting 2017 in London 22-24th November. We are hoping to see as many of you there as possible.

Andy

AIRWAY LEADS UPDATE

I am delighted to report that the College now have contact details for an Airway Lead in over 99% of the UK's hospitals. This is the result of the collaboration between DAS and the Royal College of Anaesthetists and represents a real opportunity to improve airway care and education across the country. It is a fitting legacy of the NAP4 report, which called for the establishment of AWLs.

The database can be accessed here www.nationalauditprojects.org.uk/NAPAirwayLeads. As roles change please do keep your hospital's AWL details up-to-date by emailing changes to awl@rcoa.ac.uk. If you have any trouble with this, please feel free to email me directly.

Looking Ahead: The focus is now on Education; offering training for Airway Leads who are new to providing airway training in their own hospital. The programme for the RCoA's Airway Train the Trainer Course on May 4th (click here www.rcoa.ac.uk/education-and-events/airway-management-training-the-trainer) has been completely revamped to help Airway Leads. In a mixture of lectures and workshops it will cover topics from engaging the disinterested, to the ethics of teaching airway skills.

However, the aim of the Airway Leads initiative is not just to teach and train, but also to empower, and to this end, we are working to deliver a range of online resources including videos, e-learning packages and lectures that AWLs can use in their own training sessions. We are finalising where they will be stored and how AWLs will access them, but we will shortly be inviting all AWLs (among others) to share their educational resources through the site.

For those Airway Leads looking for the next new teaching opportunity, Ravi Bhagrath who coordinates the College's Airway Workshops is always looking for new faculty members. Those who are interested should discuss the requirements with him directly (ravi.bhagrath@bartshealth.nhs.uk).

Workload Questionnaire: It has been a couple of years since we last asked about the amount of work undertaken by airway leads, and we are aiming to repeat this around June or July this year. The aim is to keep it short, however the more detail you can provide about the work you undertake the better! It should allow you to compare your workload with that of other AWLs, as well as inform us as to how best to support your work.

Best Practice and The Airway Leads Day 2018: One of the most highly-rated sessions at the 2016 Airway Leads Day was the Examples of Best Practice. To meet the demand that this is repeated, we will require more examples of Best Practice. These will be sought in December and January 2017-18 to feature in an Airway Leads Day confirmed as 15th March 2018. We look forward to receiving your examples of best practice for presentation at the 2018 Airway Leads Day (15th March 2018).

Research and Audit: With such an extensive network of airway enthusiasts a nationwide research or audit project would seem logical. This is in the planning stage, but the process is complex and while DAS and the RCoA have some ideas, we are open to other suggestions.

The Future: The whole concept of Airway Leads is an evolving one. My initial priorities were and continue to be to facilitate delivery of the primary domains: overseeing training, liaising with ICU and the ED, standardising equipment, standardising departmental policies and protocols for airway emergencies. Progress has been remarkably swift and there will be much more to report over the coming months. As AWLs who received the email in March will know, the concept of Airway Leads is established in Ireland and is being investigated in New Zealand and the United States. It is a real privilege to be involved in the whole concept and to see the enthusiasm for improving the standard of airway education not just in the UK but elsewhere. This would not have been possible without the support of the Council of Royal College of Anaesthetists and of course the DAS Committee and Executive. Most importantly, none of this would have happened without the willingness and enthusiasm of the (mainly but not exclusively) DAS members who have brought the project to life as you seek to improve airway care.

I have been pleased to meet several of you and I look forward to meeting many more of you either in May at Train the Airway Trainer, in London at DAS 2017, at various of the College airway workshops or at the Airway Leads Day in March 2018.

Please feel free to email me directly with ideas and issues.

Alistair McNarry

Airway Leads Advisor to DAS and the RCoA

althegasman@btinternet.com

OBITUARY-Dr CHANDY VERGHESE 1949-2017

It is with great sorrow that DAS has to announce the death of Dr Chandy Verghese, MBBS, DA, FRCA, Consultant Anaesthetist & Intensivist.

Chandy was born in Trissur, Kerala and moved on to study medicine and graduated from the prestigious Madras Medical College. He came to the UK in 1976. Like all overseas doctors, Chandy moved through various hospital posts. His meeting with Archie Brain at the Royal London led to a lasting relationship of many years. Together they placed the laryngeal mask on the world map. The era of supra glottic airways had begun and all anaesthetists know how airway management has changed since.

Chandy was a kind man, excellent teacher, brilliant researcher and attracted hundreds of junior and senior anaesthetists from all over the world. They flocked to his workplace in Reading to learn and meet him and Archie develop the family of LMAs from their research centre.

His brilliance and contribution to airway management was recognised by the US - SAM, who elected him to be their President in 2007. DAS has bestowed upon him the prestigious Macewen Medal in 2011. His death after a brief struggle from lung cancer, on 5th March 2017, was a big loss to airway management worldwide. He leaves behind his wife, Rina.

Dr Jairaj Rangasami

INTERVIEW-Prof Chris Frerk

*Following on from our interview with Dr Nick Woodall we were lucky enough to get a chance to talk to **Dr Chris Frerk**. Chris was recently named DAS Professor in recognition of his huge contribution and extensive published work relating to airway anaesthesia.*

LR: *I have been told that you can juggle with fire, ride a unicycle & fly a gyrocopter. Is this correct and how do you feel these skills transfer into your career as an anaesthetist?*

CF: That is all correct! The thing I'm least current on is the unicycle riding which I haven't done for 5 years! I went to a circus school for about 5 years, I wanted to learn to ride a unicycle and found a circus school nearby - mostly they taught juggling but they did all sorts of circus skills. I cannot do tight rope walking! How does it translate in to anaesthesia? Well all those things, probably not the circus things so much, but learning new skills as an adult taught me a lot about training new junior anaesthetists. Complex motor skills and learning them as an adult, seeing how difficult it is to teach them and how difficult it is to learn and seeing the way you learn has been very interesting.

LR: *As the incoming DAS professor, firstly congratulations! What role do you feel research and academia has to play within the world of airway anaesthesia?*

CF: This where the interview gets difficult! I think it's very important. I think it's increasingly difficult to do. The framework in which we have to do research now has changed enormously from when I started. Rightly, but it is much more difficult to get projects off the ground, and the competition for publication is much greater, so even when you think you have a good idea it's harder to get it in to a high impact journal. So I think assistance with that would be very helpful. The other thing is, on which I've been trying to concentrate more, is the translation from the published research in to clinical practice. People quote that it takes 10 years to get something from evidence based research in to clinical practice. There is so much stuff out there already that we know we should be doing, that we're not doing…

LR: *Do you think we should therefore be focusing our efforts on what we already know?*

CF: Yes. That's what I've been doing for the last couple of years, certainly at a local level, but then trying to work out how to enable people to do that across the country is the next thing, because there's so much stuff out there that hasn't yet made it in to clinical practice. So we need both; we need to continue doing research but we also need a cohort of people in every trust, helping translate what we know already into action.

LR: *Do you think there are any glaring omissions within the current research base that underlies our practice?*

CF: Blimey! There are gaps. It's the details around the stuff that we're starting to use already, so the detail around THRIVE- there are big gaps,

and I believe misunderstandings in how it does, what it does, and there are gaps in our understanding about traditional laryngoscopy and video laryngoscopy. So yes; in the fundamental stuff we do every day, there are still things we don't know. To use the tools clinically it probably doesn't matter but we are likely making suppositions which aren't correct. It might not matter but you'd like to think we should know what we are doing and why.

LR: *And what advice would you give to a trainee considering research in anaesthesia?*

CF: I would say speak to my previous airway fellows! Different ones would say different things. Some would say its brilliant, some would say I've spent a year of my life doing nothing! I think it's about having enablers, it's very very difficult to do research now as a trainee. It's also difficult as a consultant, without an infrastructure behind you, which obviously most trusts don't have. The big teaching institutions do, and DAS is putting together some multi-centre studies; but for people with ideas, it's incredibly difficult.

LR: ...*and everything takes longer than a year.....*

CF: Absolutely. Now the trainees are coming through on 6 month rotations, everyone says ethics doesn't take that long, and maybe if you've got institutional preparedness maybe you can get something in and out of ethics quickly, but it does seem to take forever, by which time the trainee has moved on.

LR: *Human factors training has very much come to the forefront in anaesthesia. Do you think we are there yet or do we have a way to go?*

CF: We have got a huge way to go. Anaesthesia is ahead of the field, to

the other medical specialties. The Royal College of Nursing is actually doing very well. But in terms of delivering training to front line staff there is a way to go.

LR: *What direction do you think we should take to improve it?*

CF: We need people who properly understand Human Factors to be doing the training. National Safety Standards for Invasive Procedures (NatSSIPs) puts a necessity on it but doesn't tell us how to do it. We probably do need some groups somewhere to take a lead and say this is what the structure should be. And they probably should be professionals and at the moment the only professional body is the Chartered Institute for Ergonomics and Human Factors (CIEHF), but that's not their core business. A few places are starting and doing a good job but we just need to find out what works before we share it.

LR: *I also understand that you have spent some time working as a DJ. What song was your 'floor filler'?*

CF: Ha! That was a long time ago! I had plenty of floor clearers! It wasn't the songs so much, as the narrative that goes with it. It was something by The Police, but I can't remember what it was now. The corny one liner was something like '*we've had a complaint from the police'*, cue boos from the crowd and then saying *'we're not playing enough of their music!*

LR: *What do you think the future of airway anaesthesia holds?*

CF: I guess the next big thing comes from around the corner and surprises you, and if we knew what it was it would be here already. The next implementation thing will probably be high flow nasal oxygen becoming much more routine but there might be a huge surprise around the corner.

LR: *Is there one person who has inspired you during your career?*

CF: Lots of people have inspired me in lots of different ways and I've been very lucky to have met all sorts of experts in all sorts of fields, not just in anaesthesia, who have shared their time with me for free. From artists to anaesthetists; experts who share things because they love it. But in airway anaesthesia it's probably Adrian Pearce; as someone who would give stuff away and encourage you to do stuff, nothing was about him, it was about airway anaesthesia. And he wanted other people to be doing it rather than him. He empowered all sorts of people to do all sorts of stuff, just by saying "yes, you should do that".

LR: *NAP 4 can probably be regarded as a seminal moment in anaesthesia in general let alone in airway anaesthesia. Like any good audit, NAP4 should be repeated; when should we do it?*

CF: Yes. I heard someone say the other day about collecting more data! I don't think it's appropriate to do NAP4 again. Any time is a good time but it would have to be something different. I truly don't think you could or should just repeat NAP4. You could look at bits of it and say we need to find out more about this or that.

If it was repeated we would like to see fewer major complications in airway management, but the landscape has changed, certainly in terms of data collection from 2009, so you can never know whether stuff that came out of NAP4 has made things better, or whether it got better on its own anyway, or whether it's got worse but it would have got even worse if we hadn't done NAP4.

So I think it would be a bit simplistic to say let's do it again and find out whether the interventions worked, because we've changed doctors training, time in training, specialisms. Not saying we shouldn't look and see if we should do something else, when? 10 years after the first? 3 years' time? Probably when someone wants to do it."

LR: *You have also worked as a baker. Will you be appearing on Great British Bakeoff?*

CF: I wanted to be a baker! No to the bakeoff!

LR: *Are you the Mary Berry, Paul Hollywood or Mel and Sue of the anaesthetic world?*

CF: I'm not sure who they are, I'm more of a strictly fan!

LR: *If you were not an anaesthetist, what would you be?*

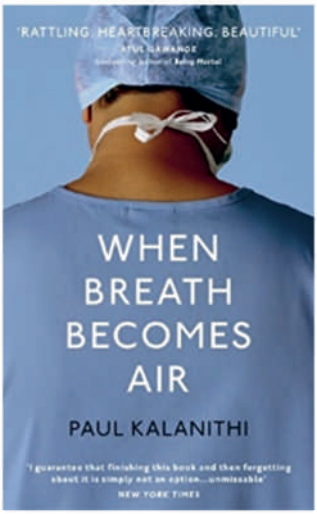
CF: Assuming I could be good at something, I would quite like to be a police officer, murder squad or something like that. Or actually a police driver, that would be great. I wouldn't mind being an actor but I think it's actually very boring. I'm quite happy doing what I'm doing!

Lewys Richmond
DAS Trainee Rep

BOOK REVIEW

When Breath Becomes Air

Paul Kalanithi



Paul Kalanithi was an academic neurosurgeon who died in 2015 at the age of 37 from metastatic lung cancer. A prolific scholar, he held degrees in English Literature, Human Biology, and History and Philosophy of Science. He later studied medicine, embarking on a career in neurosurgery. *When Breath Becomes Air* is Kalanithi's memoir and a touching account of life and death told through the eyes of a clinician coming to terms with his own mortality.

The son of a cardiologist, Kalanithi nurtured an interest in literature, biology and neuroscience before finally taking up a place at Yale to study medicine. During his formative clinical years as an intern, Kalanithi, when undertaking CPR training, talks of 'the enormity' of the challenges facing him as a clinician. As doctors, we can relate this to the early years where lack of experience, confidence and knowledge left us feeling ill equipped to deal with the challenges that later feel routine, straightforward and even mundane.

As a trainee surgeon, Kalanithi was acutely aware of the need for perfection since errors, however small, could prove debilitating or fatal. There are clearly parallels with anaesthetics – where perturbations in seconds, millimeters of mercury, centimetres of water and beats per minute can all impact our patients' outcomes significantly – we too aim for perfection.

In the months leading up to his formal diagnosis, Kalanithi describes a constellation of symptoms that would alarm any anaesthetist: weight loss, night sweats, and severe thoracic back pain. Inspite of the glaringly obvious red flags, Kalanithi muddles on ignoring the signs, busying himself with work. Eventually, sitting alongside his wife, he reviews his own CT scan only to realise that he has widespread metastatic disease. Whilst this represents the extreme, it is well known that doctors make poor patients. We ignore our health, present late, and are poorly compliant. In fact, amongst clinicians, anaesthetists have some of the highest rates of alcohol dependence, drug abuse, and mental health disease. Kalanithi's failure to take responsibility for his own health is a reminder to us all that we must practice what we preach.

In his final hours in intensive care Kalanithi's organs are supported, his vitals monitored, and his body is sustained. Ultimately all options exhausted, he is offered the choice to turn the machines off. It is a stark reminder to us as members of the same profession how our role as doctor can often lead us to become detached from the human behind the disease whilst targeting delivery of huge of amounts of information in complicated medical jargon.

Kalanithi's memoir is the eloquently written tale of a gifted doctor who died before his time, which we feel will appeal to all doctors regardless of their specialty or grade.

Dr. Ajit Walunj **Dr James Rudge**
Good Hope Hospital, Sutton Coldfield

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.

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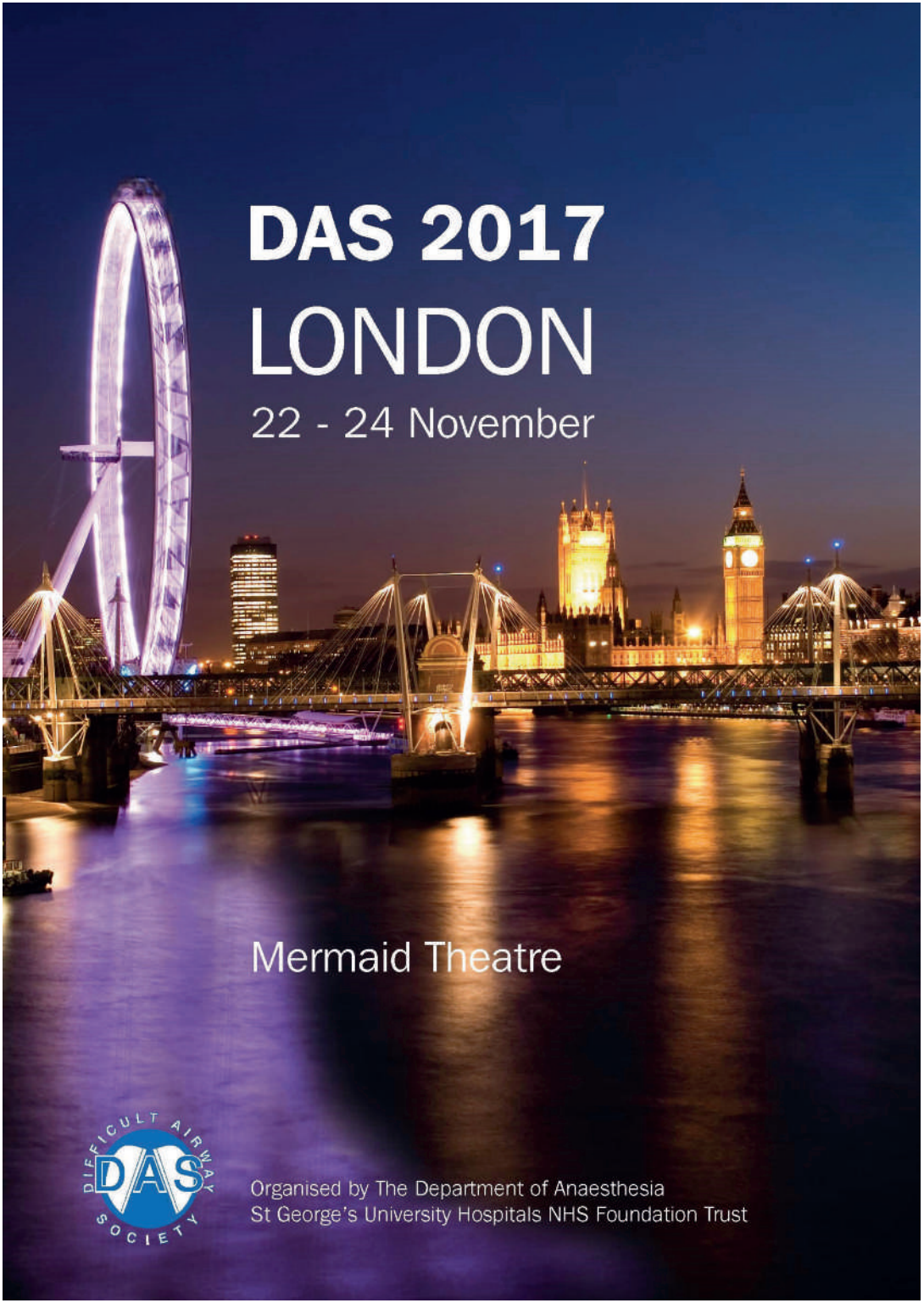
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