

Difficult Airway Society Newsletter

Winter 2019



- *DAS Scientific Meeting Report*
- *Interview with Prof Mushambi*
- *Journal Update*



EDITORIAL

Welcome to the first edition of the DAS Newsletter in 2019.

In this edition, you can read the reports from our biggest ever ASM, the very well organised Edinburgh ASM. We have also included an interview with the newest addition to our DAS Professorship, Dr Mary Mushambi. We are sure many of you will find very interesting the article from Professor Pandit about the exciting new possibility of developing a DAS airway journal.

As you will be reading in the reports from the President, Secretary, and Treasurer DAS is continuing its good work in many areas of education, guidelines and patient safety. It is important that the work we do is communicated to our members and the airway enthusiasts across the world in a timely manner. We have been doing this through this newsletter (which only goes to the members) and the website. The much-anticipated website upgrade is about to begin and we are very excited with the new design and functionalities. Our aim is to make it more user-friendly, easy to navigate and to show everything the society is doing. If you have any suggestions, please get in touch with us. DAS had been active on social media for the last few years but we have improved our presence recently and currently our twitter account [@dasairway](#) has more than 3350 followers.

Our trainee reps are very organised, pro-active and we are very excited to be working with them. They will have new more extensive responsibilities and will be an integral part of our DAS committee and community.

You will be hearing more about the DAS airway alert card project in the coming months. We currently have 20 Trusts (26 hospitals) enrolled and have received many more enquiries.

As always, please let us know any suggestions that you may have and send us any articles you would like included in the Newsletter.

From the whole new DAS team we wish you a happy 2019!

Vassilis

Vassilis Athanassoglou

DAS Newsletter editor

newsletter@das.uk.com



PRESIDENT'S PAGE

I'm delighted and privileged to be writing my first President's report having recently stepped into the voluminous shoes vacated by my illustrious predecessor, Anil Patel. Working as DAS Honorary Secretary to Anil as President was such a pleasure. You will all have seen Anil's public face – charming, informative, approachable and wise, but behind closed doors he is more impressive still – always supportive, encouraging and forward-thinking. So, thanks Anil. You were/are brilliant. I have learned so much from you and aim to continue so much of the good work you have started. Anil leaves DAS in excellent health, both his and the society's, with many projects, proposals, collaborations and ventures in process and he has been central to most of these.

Having been part of the annual meeting in Edinburgh in November, both as a member of the local organising committee and as a speaker, I must say it was a wonderful meeting, fantastically delivered by all. With nearly 1000 attendees, it was the biggest DAS ASM ever (excluding WAMM Dublin of course) and arguably moved DAS into a different sphere in terms of its annual meeting – UK anaesthetists seem still to be interested in airways, which is great news! And there was a tangibly international flavour in Edinburgh which bodes well for WAMM 2019 in Amsterdam and beyond. DAS continues to develop its international relationships with a burgeoning overseas membership, further translations of DAS guidelines and DAS contributions to many international meetings across the globe. We hope to continue this process and perhaps formalise the translation process so that all future DAS guidelines are similarly translated into a variety of languages.

As well as Anil, the DAS Committee is losing Sajay and Joy Beamer from their co-editorship of the newsletter and Tony Wilkes as DAS Scientific Officer. All three did fabulous jobs for DAS and we thank them for their huge contributions in moving DAS forward. Our new committee members all seem up for the challenge and I think 2019 could be an exciting year for DAS, with a new-look newsletter and website.

As DAS President, I hope to oversee DAS continuing to develop in several areas, not least with further guidelines and consensus statements; progress with airway databases and other academic and charitable projects. ADEPT1, a DAS-facilitated multicentre study of a new, potential ground-breaking supraglottic airway device, is finally underway and DAS hopes it will act as a template for future coordinated 'big data' studies.

In terms of my personal impact on DAS, I have a few thoughts on what I might like to achieve beyond continuing the excellent projects currently on-going. I would like to further extend our links with our colleagues in Emergency Medicine, Critical Care and Paediatrics as fellow airway-interested clinicians, as I'm sure we can learn from each other and develop a coordinated approach to managing the airway that will provide the best outcomes for our patients.

I wish you all a happy and fruitful 2019.

Barry

DAS President



SECRETARY WRITES...

Well what a year it's been for our society under the excellent leadership of our outgoing president Anil Patel. We have seen the membership grow to over 3000 members, there has been the launch of the awake tracheal intubation guidelines, a number of additional guidelines commissioned, the first ADEPT project is ready to start, we have had our first two DAS PhD Scholars, two more DAS professors appointed, some notable additions to the DAS committee (a new scientific officer, two new trainee reps, a new education lead and a new webmaster) and the most attended (and one of the most successful) DAS ASM's to date!

I would like to start off by thanking Anil for his excellent leadership as DAS President over the past three years. Those of us who have had the pleasure of working with him over the years have learnt so much and seen first-hand how he has helped move the Society forward. He leaves DAS in a very healthy position, not only financially, but also in terms of the progress DAS has made in contribution to charitable causes, research grants, academic achievement, airway training and national guidelines. Thank you Anil!

I would also like to congratulate and welcome Barry McGuire to the role of President. He has worked tirelessly over the past three years as DAS Secretary and I am sure will continue the excellent work of the past President and move our Society forward over the next few years.

It was a pleasure to be part of this year's DAS ASM in Edinburgh. The local organising committee (LOC), led by Caroline Brookman, organised a fabulous high-quality programme to rival any international airway meeting. Many congratulations to all the members of the LOC who worked so hard to deliver such a successful meeting.

I would also like to welcome all the new members of the DAS committee, their roles are integral to the smooth functioning and future development of our Society. I am looking forward to working with them all over the next few years!

Finally, I would like to thank all the members of the DAS Awake Tracheal Intubation Guideline group, they have all worked extremely hard to complete these guidelines in less than two years and we hope to publish them in early 2019, so please look out for them!

As the new DAS Secretary I am looking forward to continuing the excellent work of my predecessor, we have a number of guidelines to look forward to, many airway research projects, international collaborations and more trainee involvement, amongst many other projects. DAS has grown into one of the most important and influential sub-speciality societies in the UK and it is an honour for me to represent DAS as its Secretary.

Have a wonderful 2019!

Imran Ahmad
DAS Secretary



TREASURER'S REPORT

I hope that everyone has enjoyed Christmas and welcoming-in 2019!

2018 proved to be a fantastic 12 months for DAS, despite losing some dear friends to the ravages of age. The Edinburgh ASM was a roaring success and I think, like the Roman, Caroline and her crack Scottish Airway Group team can declare a triumph.

Edinburgh saw wonderful presentations in a great venue, made to a record attendance of over 900 airway enthusiasts. This should deliver a very respectable pool of funds to support the society's activities this year.

2018 saw the publication of the DAS-ICS-FICM-RCoA guidelines for tracheal intubation of critically ill adults and the launch of the awake intubation guidelines from Imran's group. As a post-script to the Crit. Care guideline, I am trying to work on a way to get Sam Goodhand's excellent credit card-sized copy of the Crit. Care Intubation Checklist - which was given away as a freebie in Edinburgh - available for all departments in the UK courtesy of DAS (and hopefully others) - I'll update you next time.

I have made our submission to the Charity Commission and will be able to give you the viewing details when they become available in my next report. I'm not expecting any issues with the submission, but the Commission become more exacting every year.

Overall, as I covered in my presentation in Edinburgh, the society's finances are in good shape after my collywobbles over cash flow this time last year - but I think the parsimony has paid off and we should be able to support several research projects by members this year (that after last year's still record grant expenditure).

Our 2nd World Airway Meeting in Amsterdam is progressing very well from a financial perspective at the moment and after 900+ delegates at DAS in November and the European Airway Management Society's 450+ (I'm told) in December, I'm hoping that we can top the 1st WAMM (Dublin 2015) attendance figures later this year in Holland.

On a personal note, I would like to thank Anil Patel for his superlative performance as DAS President 2015-8 and congratulate Barry on his progression to the Presidency after an impressive tenure as Honorary Secretary. I'm thrilled Imran has joined the executive and know he will take the baton from Barry and push DAS' fortunes even higher going forward.

All the very best,

Andy.

Andy Higgs, DAS Treasurer.



A NEW JOURNAL FOR DAS...?

At the last DAS annual meeting it was resolved to survey members on their views about a DAS journal.

Senior members of the DAS committee – especially those involved in reviewing and editing journals – have noticed that it is increasingly difficult for ‘traditional airway research’ papers to get through the peer review system and get published. In part this is because journals are more interested in impact factor and although many airway management papers contain useful or essential information about product characteristics that informs practice, they will not necessarily be highly cited. Moreover, discussion or hypothesis papers concerning airway management, which are so often the basis for useful discussion, are increasingly difficult to publish in general journals. It is notable that very few abstracts presented at DAS reach the level of a full paper.

This can be demoralising for individual DAS members, who may be put off the idea of any sort of research or audit; and it is harmful to the development of airway management as a discipline. It is all very well for each of us to be ‘experts’, and perhaps known to be such in our local centres. But good ideas and important observations are only useful if they are disseminated to others and – like it or not – publishing results is the only way to reach a wider audience. That is why a contracting literature base in airway management should be of such concern to all of us. By enhancing the opportunity to disseminate work that is otherwise lost to the airway management community, a specialised (online) journal has much to offer. Members (especially trainees) should more easily be able to publicise their work and gain their deserved credit, and discussion and debate will be stimulated, with positive benefits for all including, we hope, higher publication rates in the general journals too. Case reports – from which we can all learn - will have a ready outlet.

The model we have chosen for a proposed journal is in partnership with *Anaesthesia*, who can host our journal as a subset of its main publication. Provisionally entitled *Anaesthesia-Airway Management* (AAM) this will bring all the benefits of association with a major publisher (Wiley), automatic Pubmed citation, general management of the website and cost coverage of aspects like GDPR which we acting independently as a society would find very expensive to do. Strategically, it gets the society a ‘seat at the top table’ since our editor(s) will be included in the wider *Anaesthesia* editorial board, and this will be vital for long-term influence. Some other societies have a journal, including the OAA, so this is viewed as a society reaching a position of maturity in its evolution.

However, creating a journal is not free. The DAS committee has rejected very low cost models such as ‘author pays’ or ‘reader pays’ and decided that any journal should be free to both read and publish in. The cost of our proposed partnership will be ~£40K annually so our subscription fees would need to increase to no higher than £50 (likely ~£45). While this will still mean DAS is by far one of the cheapest, if not the cheapest, specialist societies, we appreciate

this represents a large increase in fees. Hence we are asking for all member feedback on what are two connected questions:

a. Do you wish to see a specialist journal in airway management, run for the benefit of members (rather than the benefit of impact factor or publishers, etc)

b. Are you comfortable with the proposed increase in subscriptions to meet the costs?

Of course, both decisions – like a referendum (!) will be indicative, and require ratification at the next AGM; the answers will guide the next steps.

It is important to stress that the nature of our envisaged journal will be very different from many others. First it will be inclusive, whilst maintaining standards. Most papers are rejected by established journals not because they are bad, but because they will not add to the journal's impact factor. This will not concern us, as we will be a professional, specialty journal, able to take valuable material of interest to readers. Second, we will be able to accommodate articles more akin to our current newsletter, in a subsection, so that DAS members will not lose a resource they already have – this is because we will be online-only.

Some members may be concerned that, by paying more in subs for a journal so that others can read and submit to it free, they are subsidising non-members. However, the dividends to the society in the long term are huge. Non-member authors can be offered membership, with say discounts for reprints or attendance at annual meeting. Advertising will raise revenue (and members can of course advertise their own courses, workshops, etc for free). Attracting an international authorship and readership will greatly extend the reach of the society – and should increase membership and hence income. International collaborations – including yet more international attendance at our annual meetings – should increase, and our link to *Anaesthesia* – and hence to the Association of Anaesthetists – will place us in a pole position of influence.

So please do respond to the survey with your views. Of course the committee would like your agreement in principle to both the concept of a journal and the associated subscription increase (both of which will require ratification at the next AGM). Equally do voice your dissent if you wish – this is your society and your journal.

Professor Jaideep Pandit



AN INTERVIEW WITH... PROFESSOR MARY MUSHAMBI

Firstly Mary, huge congratulations as DAS Professor 2019!

Thank you very much, very kind of you!

What first attracted you to a career in anaesthesia?

The reason I went into anaesthetics was in some way, by accident. I initially wanted to be a physician, and I thought that I should do anaesthetics so that I could learn skills of how to deal with acute medical patients. My plan was then to start medical training after a short spell in anaesthetics. I started anaesthetics in Zimbabwe, and joined a very dynamic department led by a well known anaesthetist called Professor Mike James. He's a Zimbabwean originally, who then left and went to South Africa. His enthusiasm made it such a dynamic department – and I just couldn't leave! I therefore continued with anaesthetic training and never left the specialty



Fantastic! I was looking at your career and it started in Zimbabwe, then on to Brighton, London and Leicester – and what would you say is the highlight of your career so far?

Well, this one (DAS Professor) obviously! It's difficult to pick just one thing but if I have to, I'd choose becoming an examiner.

For the FRCA?

Yes - I think that was just one of the best decisions I ever made. I would strongly recommend it to anybody who is interested in teaching and keeping up to date with a broad anaesthetic knowledge base.

Do you get a lot of satisfaction from that?

Oh yes. As an examiner, you are amongst anaesthetists who think the same about education and teaching and very little about hospital management. I don't enjoy management and being an examiner involves very little if any management; thankfully it's all about knowledge and training. I just loved my time as an examiner. Being an examiner keeps you up to date, particularly in other fields that you don't do regularly. For example I don't do anaesthesia for cardiac, thoracic or

vascular surgery. I was therefore obliged to keep up to date in these fields as I had to ask questions about them. It was also great to witness candidates when they passed and to share their joy.

How did you become an examiner?

To be appointed as an examiner, I had to provide evidence of interest in teaching and training. This included publications including book chapters and demonstrating evidence of teaching roles such as being a college tutor, which I was at the time. It also helped that I ran teaching programmes. I had been running airway workshops for a long time. Such activities show that you are interested in and engaged with teaching. All these increase the chances of having a successful application.

Going back to the work that you've done in the past, what role do you feel that research and academia have to play in the day to day world of airway anaesthesia?

Sadly, it doesn't play as high a role as it used to in the past or as it should, not because we're not interested but I think because of limited resources. When I first went to Leicester, it was one of the biggest academic departments in the country with an amazing research output. I have watched this dwindle to virtually no research and no academic department. Unfortunately, there isn't the support for non academic anaesthetists who want to do research. Trainees struggle to get the time to do it, we don't get the time nor funding to do it. In my early days as an anaesthetist, I published quite a reasonable number of research papers; I would get ethics approval for studies with no major hurdles. Trying to get ethics approval today is a major undertaking, which of course discourages potential doctors with an interest in research. I personally think this is a major drawback in the UK.

Everything takes an awful long time...?

It takes ages and we just don't have the time to do that. It is also very difficult.

Is that because of the demands of our job or is it organisational?

It is both. Partly the demands of our jobs, but it's also the expectations which have changed markedly, particularly the ethics approval which has changed tremendously in my time. You can't get away with the things that we could have got away with in the past which, from some point, can be a good thing. Another basic issue which affects research is the need to fund the expenses for research materials. A good example is that in the past, no-one would question you using disposables available in a hospital for research. However, today, you have to demonstrate who will fund any research materials, no matter how small. Getting a research grant is not an easy task.

Is there one person who has inspired you in your career?

Yes. Oh, actually, no as I have many people who have inspired me over the years such as Ruth Hutchinson during my training in Zimbabwe, Ray Towey and Adrian Pearce who I worked with when I was a registrar at Guys Hospital, and Professor Smith in Leicester. But the one person who has inspired me most recently is Professor Mansukh Popat who has inspired me, as a humble person, a great achiever and of course through his interest in the difficult airway and in particular difficult airway in obstetrics. I look at him as my role model who has guided me in many ways. He

started the difficult airway teaching programme in Oxford and when I wanted to start a similar one in Leicester, his advice was extremely valuable. I started the airway workshops, basically following what he did in Oxford. I then decided to appoint an airway fellow, and was guided by his example. Similarly, I was co-organiser of the 2004 DAS meeting under his guidance. He is my hero. And of course I worked with him on the obstetric airway guidelines and he was a source of great wisdom.

What are the biggest changes you've seen in your career in anaesthetics?

Hmm, let me think, it's really difficult to only choose a few! Probably supraglottic airway devices, and more recently videolaryngoscopes and high flow humidified nasal oxygen. When I first came to the UK, in 1986, laryngeal masks were literally being introduced into clinical practice, which incidentally was at the same time as Propofol. This was quite an exciting time in anaesthesia. However I think recently for my clinical practice especially in obstetrics, videolaryngoscopes have made a great impact. I love videolaryngoscopes and I've used them all. Over the years, I bought videolaryngoscopes out of our airway fund in Leicester and used them for teaching airway fellows because our hospital would not purchase any in the beginning. This has given me vast experience with all the types that are available on the market. High flow humidified nasal oxygen is another area which has made a great impact and I look forward to watching how this area will develop in the next few years.

The development of using videolaryngoscopes in obstetrics is a huge improvement as well, isn't it?

I believe that videolaryngoscopes will influence success rates of intubation in obstetrics, which hopefully will reduce airway related mortality and morbidity and hence should be the first line laryngoscope for intubation. In my unit, trainees are aware of my views, so whenever one of them comes to handover about a GA that they have done, they tell me that because they knew that I'd be checking on them, they therefore used rocuronium, a videolaryngoscope and reversed with sugammadex!! Just to make me happy.

Since your time leaving as DAS Secretary, how have you seen the society change? Do you think it's grown?

It has grown immensely. When I took over as DAS secretary in 2004, there were around 800 members. By the time I handed over in about 2007, it had doubled to about 1,600 members. And now it has (I think) around 3,000 members. When I was secretary, I looked after all the memberships jobs. Anyone who wanted to be a member, would email me directly, and I would keep a database of all the members and their contact details. I would communicate with them directly. Once I had sorted the membership side of things, I would then send an email to the treasurer (Dr Dravid) who would then sort out membership fees. The draw back of my role as secretary and being in sole charge of membership was that it was a very busy job, but on the positive side, I was able to communicate with the members personally including members from places such as India, Australia, the States. We were also a small elected committee of three members and I feel this enabled things run quite efficiently. When the society became too big, the DAS committee decided to hand over membership jobs to the AAGBI who took over as Secretariat. DAS has grown in size as a society as well as in the number of projects that it has

undertaken. When I left the committee, NAP 4 was still in the planning phase and the extubation guideline group had just been set up.

What do you think the future challenges might be for DAS?

I think the challenge for DAS will be to maintain the level of successful projects and continue to run such popular and successful meetings. This meeting (in Edinburgh) has been fantastic with excellent speakers. The challenges will now be how to maintain this momentum of development and success. Today's talk on airway assessment was fascinating. I think airway assessment is an area that we still haven't captured correctly or accurately, and we need to develop it using new technology such as ultrasound and imaging. The subject of facial analysis is fascinating!

Yes, it's really exciting. You were obviously instrumental in the development in DAS OAA guidelines for difficult intubation, what challenges did you encounter when you were developing those guidelines? I guess there were many!

Firstly, it was more work than I ever envisaged when I took it on and it took longer than we anticipated. Many thought it would take 6 months to a year to complete. In the end it took three years! I can honestly say that my life came to a standstill while I was working on the guidelines. I have never read so many papers. I read through over 6,000 abstracts, 700 papers and received over 2,300 e-mails during the preparation. So you can appreciate how it took over my life basically! My study had papers and files everywhere! However, I had an amazing team to work with and I thoroughly enjoyed working with Mansukh Popat, Mike Kinsella, Hilary Swales, Karunakaran Ramaswamy, Audrey Quinn and Anoushka Winton.

I understand that you hold a pilot's licence, is that right?

Yes. Flying lessons were a present to myself when I got my senior registrar job. I was delighted when I got my licence in 1994. However, due to work commitments, I have not been able to keep my licence current. My husband continues to fly and we have a share in an aeroplane, so we still fly together and I help with navigation to make sure we don't get lost.

Do you think the comparisons that are made between conducting an anaesthetic and flying aeroplanes are warranted?

I think there is a similarity to a certain extent and in particular the comparison of the take-off and landing to induction and extubation. When I flew, take off and landing were always the more challenging part of flying and I have to say, I found landing more tricky which to me means extubation is also more tricky! Another thing which is commonly used in flying is check lists which are gradually making their way into medicine and anaesthetics. In fact we mentioned them in the Obstetric airway guidelines! When I was training to be a pilot, I would call out items on the checklist with my instructor listening, or when I started flying solo, I would still say it loudly to myself. These checks were done at various stages of the flight such as: aeroplane checking stage (similar to machine check), starting the engine and immediately pre-take off, pre-landing checks, and post landing checks.

What would you be if you weren't an anaesthetist?

I don't think I could ever be anything else to be honest.

Our last question, what do you think the future of anaesthesia holds – or airway anaesthesia particularly?

I think the future of anaesthesia and in particular of airway management lies in aiming to reduce the morbidity and mortality from failure to oxygenate and failed intubation. We need to exploit new technology to help us prepare better by improving airway assessment, better ways to oxygenate during induction of anaesthesia and reduce adverse events at extubation. This requires addressing both technical and non-technical skills.

There's work to be done?

Yes, there's work to be done!

Elana Owen & Kimberley Hodge
DAS Trainee Representatives



DAS ASM 2018 - EDINBURGH

This year's annual meeting was a huge success, with a record number of over 950 attendees arriving at the beautiful city of Edinburgh. The local organising committee, led by Dr Caroline Brookman, arranged an exceptional three-day programme which was varied, highly interesting, and ensured that everyone went home with great enthusiasm for airway anaesthesia. It was a truly international affair with delegates from all corners of the globe, allowing plenty of opportunities for networking and socialising!

This meeting was the launch of the #notracewrongplace message – a joint collaboration with the RCOA and DAS. Each delegate received a copy of the new educational video to help share this important message to all departments.

Wednesday 28th November - Workshops

Delegates were offered the choice of two workshops at this year's AGM.

Airway Skills Workshop

This ever-popular event covered stations using state of the art equipment, taught by excellent faculty. Stations included videolaryngoscopy, awake intubation, ORSIM, airway ultrasound and front of neck access. Organised by Dr Simon Crawley and Dr Grant Rodney from Dundee, feedback was overwhelmingly positive, with delegates getting hands-on experience thanks to industry sponsors.



Simulation Workshop

Held at the Scottish Centre for Simulation and Clinical Human Factors, delegates were privileged to journey along the Forth to this high fidelity simulation facility at the Forth Valley Royal Hospital, Larbert. Dr Rachel Harvey organised a day which introduced the "Airway Tool Kit" (providing human factor knowledge and crisis resource management) through simulated airway scenarios.

The first day culminated in a drinks reception at the Edinburgh International Conference centre at which we welcomed the Presidents of both the RCOA and the AAGBI.

Thursday – Day 1 Scientific Programme

The day started with a warm welcome from the chair of the local organising committee.

The opening session encompassed lectures covering airways that can sometimes prove challenging – the bleeding, obstetric and paediatric airway. The opening lecture on bleeding airways by Dr Barry McGuire gave plenty of food for thought, including airway topicalisation and choice of device in this situation.

Challenges and controversies when presented with the Obstetric Airway were covered by Dr Nuala Lucas. This included the use of high flow nasal oxygen, videolaryngoscopy and the choice of drugs in the obstetric RSI.

The first session closed with a highly entertaining talk by Dr John Fiadjoe regarding the challenges encountered by the paediatric difficult airway, and his use of videolaryngoscopes in children.

Session 2 commenced with the DAS Professor inaugural lecture by Prof Jaideep Pandit. He gave an insightful account of his time at Oxford; from his undergraduate days, to his achievements in research and academia.

The rest of the session highlighted the hard work of the DAS committee and it's groups. We were given the first glimpse of the new Awake Tracheal intubation guidelines by Dr Imran Ahmad. Dr Andy Higgs presented the work of PUMA - Project for the Universal Management of the Airway, attempting to agree on nomenclature and concepts in airway management, hoping that a common approach will lead to better outcomes for patients. Dr Fiona Kelly gave an update on the work of DAS' Human Factors group, and Dr Barry McGuire updated us on guidance being developed on the ethics surrounding airway management.



After

lunch, two thought-provoking talks from Prof Frerk and Dr Stacey, focused on the “human’ aspect of airway management. Investigation toolkits were introduced, and an important message of being vigilant to stress in the workplace.

Prof Carin Hagberg from Texas gave us a festive take on airways past, present and future in an “Airway Christmas Carol”. She reflected on when anaesthesia was a public health problem, and encouraged us all to “think big” for the future. The importance of committing to life-long team learning, and the role of education in airway management was highlighted.

The day was brought to a close with the ever-popular Expert Panel session, which provoked lively discussion around some challenging airway cases.

An impressive gala dinner and Ceilidh was held at The Hub on the Royal Mile – a stunning venue at which Prof Karin Hagberg was awarded the prestigious MacEwan medal, and Nicki Dill the Industry award of Service to Airway Management.



Friday – Day 2 Scientific Programme

At the DAS Annual Members meeting, it was announced that Dr Barry McGuire has been appointed as the next DAS president, Dr Imran Ahmad as the next DAS secretary, and with Dr Vassilis Athanassoglou, Dr Kariem El-Boghdadly, Dr Kimberley Hodge and Dr Ned Gilbert-Kawai joining the committee. Many congratulations to the inspiring Dr Mary Mushambi who was awarded the 2019 DAS Professor of Anaesthesia and Airway Management.

Next up were six outstanding oral presentations. The best oral presentation prize being awarded to Dr Francesco Ricottilli, and the Ralph Vaughan cup being awarded to Dr Chris Gough from Bath. This was followed by Prof Ellen O’Sullivan’s update on the Global Capnography Project in Africa – a truly inspiring project with huge global impact.

Airway Education and Simulation was the focus of Dr Joseph Quinlan from Pittsburgh’s talk. It was emphasised how simulation should be our “go-to” method for teaching difficult airways. Prof Schoettker gave us a fascinating lecture on the use of artificial intelligence, with airway imaging being used to predict the difficult airway. The technological advances discussed were impressive, and broadened our outlook of how we can use technology to our advantage. A Cochrane Review of Airway Assessment tests, presented by Dr Dominik Roth, confirmed that bedside tests are not accurate in predicting the difficult airway. Perhaps the future really does lie in artificial intelligence when it comes to airway assessment...?

Prof Behringer and Prof O’Sullivan then gave us an exciting preview of the World Airway Management Meeting (WAMM), which will be held in Amsterdam in November 2019. This will be a joint collaboration between DAS, the Society of Airway Management (SAM) and the European Airway Management Society (EAMS).





The next session addressed the trauma that can arise from intubation, with a talk from Mr Omar Hilmi, an ENT surgeon from Glasgow. Reassuringly, clinically significant airway damage is rare, however we should be vigilant with regards to the damage that can be caused during intubation. The current DAS president then gave us a highly informative talk from the “front-line” of difficult airway management. Dr Anil Patel presented cases of obstructed airways, showing us his approach to managing these challenging cases, including the use of HFNO.

When it comes to challenging cases, the Bariatric anaesthetists from London and Chichester (Dr John Cousins and Dr Mike Margaron) described their use of THRIVE and CPAP, however highlighted the need for more evidence with regards to THRIVE in the bariatric population.

Dr Achuthan Sajayan next gave us the news that the DAS Airway Database is now LIVE, with the alert card system being open to all UK hospitals. This should provide a streamlined airway alert reporting system – see the DAS website for more details.

We then obtained a prehospital perspective of airway management from Dr Richard Price from the Emergency Medical Retrieval Service in Scotland, followed by a heated debate on whether High Flow Nasal Oxygen (HFNO) should be a “standard of care”. The two opposing sides were led by Dr McNarry and Dr Patel and ended the conference in a light-hearted and interesting way.

Huge congratulations to all at the Local Organising Committee in Edinburgh who produced a fantastic conference.

See you all at the World Airway Management Meeting in Amsterdam (#wammsterdam) in November 2019!

Elana Owen

DAS Trainee Representative @dastrainees





APPLICATIONS OF INTEREST FOR HOSTING DAS ASM 2021

The recent massive success of the annual DAS meetings held in Torquay, London and Edinburgh have increased the popularity of DAS amongst all anaesthetists interested in difficult airway management. Each year we have attracted attendees not only from the UK, but all over the world. We wish to invite all our DAS members to actively participate and celebrate this success and come forward to host the next DAS annual conference.

We invite applications from all interested parties to be submitted to das@aagbi.org to bid for hosting the 2021 Annual DAS conference. Applications should be received no later than **15th March 2019**. After review by the DAS committee all shortlisted teams will be asked to present their bids to the Committee for final selection.



DAS ASM 2020 - BRIGHTON

DAS are delighted to announce that after WAMM Amsterdam in 2019, the next UK Annual Scientific Meeting will be held in **BRIGHTON** in 2020. Huge congratulations to the winning team who produced an excellent bid for the ASM. We wish them great success with the organisation of the next UK meeting.

APPLICATIONS FOR DAS PROFESSOR 2020

We are pleased to notify that applications for the DAS Professor of Anaesthesia and Airway Management 2020 are now welcome!

The DAS Professor of Anaesthesia and Airway Management is an award conferred in recognition of a member's national/international standing in the field of airway management, as established by outstanding contributions through publications, creative work or other appropriate forms of scholarship, and through teaching and administration.

DAS Professors of Anaesthesia and Airway Management have been awarded since 2012. The award made in 2019 will be to the DAS Professor 2020.

Please follow the links on the DAS website for the criteria and application form.

Awards will be presented at the World Airway Management Meeting, Amsterdam 2019.

Opening date: 4 February 2019

Closing date: Midnight 31 May 2019



