



# Difficult Airway Society

## NEWSLETTER

*Airway Revalidation Course*

*Pen of the inventor*

*WAMM 2015*

*Book review*



***Global Tracheostomy Collaborative***

[www.das.uk.com](http://www.das.uk.com)

**APRIL 2015**

## EDITORIAL

A lot of exciting things are happening with our society this year, including the first Airway Revalidation Course being organised in June and WAMM-2015 Dublin, the largest airway meeting in the world, co-organised by DAS and Society of Airway Management (SAM)-USA. In this edition, you will find the details of both these events and also various other projects we are involved. DAS is now working towards having a regular ODP session in all our future ASMs including WAMM-2015

We have included an article about the Global Tracheostomy Collaborative, that was established to improve and standardise the quality of care in tracheostomy across the world. DAS is fully supporting this initiative.

Mr John Pacey, the inventor of Glidescope and a general and vascular surgeon by profession, shares with us the experience of developing and marketing his hugely popular video-laryngoscope.

You will also find the advertisements for two new members to the DAS committee, a lay representative and a co-editor for this newsletter. We hope that there will be lot of interest for these potentially very rewarding roles, in a very progressive professional society like DAS.

As always, we would like to hear your opinions about this newsletter, the society and our activities. Please do write to us and also send us any articles that might be of interest to airway enthusiasts.

Warm regards

**Sajay**



**A.Sajayan**  
Birmingham

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*Disclaimer: This newsletter is published on behalf of the Difficult Airway Society-UK, solely for circulation among its members and contacts. The views expressed here are those of the authors and does not necessarily reflect those of the society. Reproduction of any parts of this publication in any form requires prior approval from the editors*

## PRESIDENT'S PAGE

Trainee elections were held once again this March and we have a new elected trainee representative from Oxford – Dr Angus McKnight. We wish him the very best and will provide him all the support required to make his task of taking trainee issues to newer heights. We at DAS, are very proud of our rising trainee members and hope they contribute and benefit from our society's activities.

Lay member appointment to the DAS committee has been on the top of our agenda for a considerable time. Now, we have set in motion and advertised for applications for the post of a Lay Member to the DAS committee. We hope we get a good response and are able to select a worthy candidate for this important role in our society.

WAMM 2015 is going to be the major event in our calendar this year. We are all very excited with the wonderful programme laid out by Ellen O'Sullivan (Ireland) and Elizabeth Behringer (USA), Co-Chairs of WAMM2015. Please browse through the website [www.wamm2015.com](http://www.wamm2015.com) and start booking for the greatest airway meeting ever! Both DAS and SAM will be celebrating our 20th anniversary of formation.

Airway Revalidation Course (ARC ) is an exciting new venture to help all anaesthetists obtain their CPD requirements in airway management, for appraisal and revalidation. This fantastic idea is very ably led by our ARC and Education Lead, Dr Ravi Dravid. This is an one day lecture based course, being held in June this year, for all anaesthetists, A&E doctors and ODPs/anaesthetic nurses with the Level 1 and 2 competencies. Through this we also aim to disseminate the 'safety and quality' message which have been highlighted through all the DAS projects. Initial response has been very good and I would urge any one interested to register early, as the places in the Royal College of Anaesthetists venue are limited and are rapidly filling up!! [www.das.uk.com/courses/arc](http://www.das.uk.com/courses/arc)

DAS is proud to be involved in the African Mission project at St Mary's Hospital, Gulu, Uganda funding three oxygen concentrators. We feel honoured and humbled to be contributing to such worthy projects throughout the world.

For more oxygen matters and DAS at the cutting edge of safe oxygenation, look out for WAMM sessions on oxygenation!



Dear members, as mentioned, we have many exciting projects and activities in progress. As the largest airway society in the world, we feel that we are well positioned to progress our activities on your behalf. This is only possible because of the hard work of our committee and I would like to thank all of them at this point.

**Jairaj Rangasami**  
President DAS

## SECRETARY WRITES.....

Congratulations to our newly elected trainee representative Dr.Angus McKnight. Commiserations to the other contenders. DAS would very much like your continued support and participation as we move towards more exciting times ahead.

Congratulations also to the ACCEA winners Dr.Anil Patel for Bronze, Dr.Jaideep Pandit Silver and Dr.Tim Cook for Gold! DAS feels very proud to have supported these exceptional airway experts in their application process.

After the stupendous success of DAS 2014, we have been busy with several important projects. The first Airway Revalidation Course (ARC) is scheduled for 19th June 2015 and the places are filling up fast. This is one of the biggest projects that DAS is launching this year and we are delighted with the excellent support we have received from the airway leads and DAS members. There have already been several enquiries from people who want to organise this course in other parts of UK. ARC is aimed to benefit all anaesthetists and help them prepare for revalidation.

DAS, in partnership with RCOA and AAGBI has funded the sponsorship of two UK trainee anaesthetists who will be travelling to Uganda and Ethiopia for 6 months each. This would give the trainees a good understanding of the working conditions in these countries and help them to learn to adapt, improvise and make difficult decisions when resources are limited. As part of the panel, I was privileged to select two very capable doctors who would benefit the set up they have chosen to visit. If you are interested in a similar sponsorship, please contact me through DAS website.

I will be travelling to Vancouver at the end of this April to be part of NWAC 2015 and feel very privileged to be part of a faculty comprising of an international team of airway experts. This is a great opportunity to strengthen our bonds with world experts. I am also travelling to Kosice in Slovakia in June, as part of our efforts to improve airway management in other European countries. I am excited by the prospect.

I am very pleased to announce that DAS will have a BJA on line microsite that will feature airway articles, discussions and the new DAS guidelines. Dr Karthik Ponnusamy and I have started work on this and we will be sharing more details with you in the coming months.

While the national election is gathering pace and we are all rendered dizzy by the volley of claims and promises by the various party leaders, I am quietly pinning my hopes on the weather man and the promise of a very warm summer!



With Best Wishes

**Dr.S.Radhakrishna**  
Hon Secretary

## TREASURER'S REPORT

Since taking over from Pete Groom at the Stratford ASM, it's been a hectic time getting to grips with the day-to-day process of Treasurer. Pete demitted office with our accounts well organised and in fine fettle - for which I am extremely grateful.

Unfortunately, my gratitude can't extend to our bank, Barclays: it seems that banking scrutiny of accounts like DAS is now much more forensic than in even the recent past: my 'dear friends' at Barclays seem to have taken the opportunity afforded by a mandate change from one Treasurer to the next to go through our affairs with a fine tooth comb. In principle, of course, this is sound financial practice, but the process threw-up repeated minor technical issues with the account - of which, I hasten to add, previous Treasurers had never been informed. Thankfully, they never raised any truly scary issues in what amounted, it seems to me, to a serious effort at 'spring-cleaning'.

As any interlocutor with the banking system will be aware, this can be an extremely protracted and frustrating affair (those of you who have recently opened an ISA Account for their 16 year old child will recognise this instantly!) The merry dance they led me on reached its apogee when, in their supreme wisdom, Barclays actually refused to recognise Pete's signature - after honouring his cheques for the last six years - so refusing me control of the accounts! I'm tempted to proffer the observation 'if we managed patients like they managed customers...' You know the rest!

On a cheerer note, our PayPal<sup>®</sup> account, which had fallen foul of EU money-laundering rules for transacting more than 2500 euros in one year (ie., we were using it!) is now fully functional.

As I'm finding out, being Treasurer is a lot more than signing cheques and 'sitting in the counting house counting up our money'. After this baptism of fire, I can now confidently assure all members that DAS is squeaky-clean in all matters financial.

I am acutely aware that the ASM is actually the biggest single threat to DAS, as we under-write any losses, so I also owe Krish and Cyprian an immense debt of gratitude for delivering a bumper £44,000 to DAS from the 2014 ASM - an all-time record!

This income not only facilitated what many of us regard as the best-ever ASM, but allows us to burnish our charitable credentials as a society. Many of you will know it is vital these days to demonstrate our charitable activity, as HMG tightens up on who gets charitable status and who doesn't.



Of note, DAS has bought 3 oxygen concentrators for the paediatric ward and 8-bedded ICU in St Marys Hospital in Gulu, Northern Uganda (picture). This is a 476 bedded general hospital in one of the poorest areas in sub-Saharan Africa in what was until 5 years ago the conflict zone between Ugandan Government forces and the Lord's Resistance Army – and as a consequence, has suffered major funding deficiencies with no alternative service providers! It is the teaching unit for medics, nurses and technicians from Gulu University Medical School. The anaesthetic and critical care service is headed by ex-Guy's Consultant Anaesthetist, Dr Ray Towey. Ray was a founder member of DAS before he decided to devote his life to the people of Uganda.

This is all in addition to supporting the various guideline committee members' travel to London (usually) to formulate the new Obstetric, Critical Care Airway Management and latest Intubation Guidelines, not to mention ARC.

I'm afraid no Treasure's piece would be complete without asking anyone still paying by Standing Order to swap to Direct Debit. Of course, DAS is co-organising WAMM in Dublin this year and so has a major financial stake in its success. This is going to be the world's biggest ever airway meeting. So I implore you to think of your poor Treasurer and book early!



**Andy**

## AIRWAY REVALIDATION COURSE (ARC)

In the last few years, our Society has taken great strides in setting standards of safety in Airway Management by delivering several successful projects -NAP4, SMART Human Factors, DAS Extubation guidelines, DAS app, several 'airway' surveys, to name but a few. DAS would be launching the new Obstetric and Intubation guidelines later this year. DAS has also collaborated with other major organisations in delivering scientific initiatives and has supported projects beyond our borders. This has only been possible due to the support from our 3000+ strong membership.

As much as undertaking and collaborating in these high profile projects, DAS also has the interests of the practising anaesthetist at its heart.

The anaesthetist's need for training, to maintain knowledge and skills, is more specific and time bound now. Every anaesthetist, irrespective of their specific area of practice and interest, has to be proficient in airway management. National Audit Project 4 (NAP4) has highlighted the need to standardise and improve practice in many areas of airway management. With continuous changes and rapid advances in airway management, the onus is now on the anaesthetist to demonstrate up to date knowledge in airway management covering all the three levels of the RCoA CPD matrix. Keeping pace with new supraglottic airways, videolaryngoscopes, oxygenation devices, human factors, airway management in special areas such as intensive care, paediatric and obstetrics, is a lot of effort and would make this quest much more complex and challenging.

DAS has looked at this issue and has come up with a simple, effective solution - an one-day course to fulfil anaesthetists' CPD requirements. This course, aptly labelled the Airway Revalidation Course, is the result of detailed planning and discussions by the DAS Committee and many other airway experts, over the last 3 years. Through this course, DAS is now focussing on its twin objective of spreading safety message and supporting anaesthetists with their CPD requirements.

## **So what is different about ARC?**

Firstly, this include a series of well-researched talks prepared by airway experts, which should help delegates to cover all the relevant topics in their practice. These talks are evidence based and will support the delegates with routine and urgent management of challenging airway issues.

Secondly, we aim to make this course available to all anaesthetists during their revalidation cycle. These courses are non-profit making and intended to facilitate learning and promote standards. DAS wishes to improve access to this course by taking it to different parts of the country and thereby keeping the cost down.

Thirdly, by achieving all airway CPD requirements in one day, delegates will have more time to focus on other multispecialty meetings.

DAS is in a privileged position to deliver this nationally. We intend to achieve this with the active involvement of DAS-RCoA Airway leads network, established post-NAP4. The first of these courses is to be held at the Royal College of Anaesthetists on the 19th of June 2015 and will be soon followed by similar courses in other centres in the UK.

Airway leads from all over United Kingdom are invited to join us and facilitate the process and promote high standards in their regions.

Please join us on 19th of June and watch out for future ARC dates advertised on our website.



**Dr Ravi Dravid**

*Consultant Anaesthetist*

*ARC & Education lead, DAS*





DIFFICULT AIRWAY SOCIETY

# AIRWAY REVALIDATION COURSE

**19 June 2015**

Venue: The Royal College  
of Anaesthetists, Red Lion  
Square, London



Revalidation  
FOR ANAESTHETISTS

CPD approved meeting  
5 CPD points

## What you need to know about safe Airway Management

Following on from the very successful National Audit Project 4 (NAP4), Airway Leads Day, and several new 'Airway' guidelines, Difficult Airway Society is pleased to announce the launch of first of a series of Airway Revalidation Courses to be held on 19 June 2015. The Course is specifically designed to meet the CPD requirements of UK Anaesthetists.

It benefits from DAS standardisation, peer review and quality control. It is based on latest evidence and draws upon the experience and consensus of experts in airway management. DAS experts and high profile airway trainers have developed the full day course consisting of up-to-date lectures on various aspects of airway management which include

- Airway Assessment
- Decision making in Airway management
- Choosing The Right Equipment
- Managing The Correct Technique
- Extubation
- Human Factors and Non Technical Skills
- Airway management outside theatre environment



DAS-RCoA Airway leads are strongly encouraged to attend the course as DAS intends to spread these courses across the country with their active involvement.

For more information  
and booking details visit

**[www.das.uk.com](http://www.das.uk.com)**

# GLOBAL TRACHEOSTOMY COLLABORATIVE

## An opportunity for anaesthetists to improve multidisciplinary care through a Quality Improvement Project



**Brendan McGrath**

Chair NTSP, European Lead GTC and Consultant in Anaesthesia & ICM, University Hospital South Manchester  
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**Introduction :** Patients with tracheostomies often have complex healthcare needs, crossing traditional speciality and working boundaries. As a result, tracheostomy management is often fragmented, and the high levels of harm, morbidity and mortality associated with care have been well documented, most recently in the NCEPOD tracheostomy study ([www.ncepod.org.uk/2014tc.htm](http://www.ncepod.org.uk/2014tc.htm)). Simultaneously, some institutions have shown that with truly integrated care it is possible to radically reduce the number of untoward events and improve the quality, efficiency, cost effectiveness and safety of care offered to this vulnerable group. These initiatives laid the foundations of the Global Tracheostomy Collaborative, formed in 2012 and launched in July 2014 in the UK & Europe. Anaesthetists have a key role to play in enabling such system-wide quality improvement programmes; we are used to working with diverse teams, colleagues, patients and their families and co-ordinating complex care.

**Problems with tracheostomies:** Anaesthetists may encounter patients with tracheostomies or laryngectomies in specialist Head & Neck centres, wards, theatre lists and ICUs but also in less predictable settings such as the Emergency Department or non-specialist wards. Unfortunately there are many examples of preventable harm, with recurrent themes including:

- Lack of suitable ward facilities or trained staff
- Equipment not available when needed
- Incorrect use of equipment, poor staff knowledge and skills
- Poorly co-ordinated care.

**Strategies to improve care:** Many adverse events are amenable to prospective, system-wide quality improvement strategies. Several institutions from around the world have developed initiatives to improve standards, demonstrating improvements in surrogate markers of the quality of care, such as reduction in complications, time to decannulation, earlier speaking and feeding, better patient satisfaction or reductions in ICU or hospital length of stay. Many of these interventions led to measurable cost savings - significantly greater than the costs of setting up and running new services.

Quality Improvement Collaboratives (QICs) in healthcare consist of a group of hospitals (usually) who agree to work together to rapidly disseminate improvement strategies, create a sense of urgency around improvement, track their outcomes and share data and work together for the purpose of improving care. The 'Matching Michigan' project is an example of a familiar, successful QIC. CVC care bundles had been shown to greatly reduce central line infection rates from around 10% to 1%, but few hospitals initially adopted them. QIC strategies for central lines stimulated many hospitals to act more rapidly, without the need for large trials.

The GTC has created a comprehensive program to help hospitals improve care. Achievable 'key drivers' are implemented, supported by resources and the experiences of the wider collaborative. Educational programmes and resources are delivered through e-learning, meetings and webinars, with access to international expertise. Outcomes are tracked through a secure, HIPPA-compliant worldwide database, tracking outcomes, documenting improvement, and anonymously benchmarking quality indicators against other participating hospitals. Membership of the collaborative attracts a cost (approximately £5,000 for 2 years). However, when contrasted with an unplanned or prolonged ICU admission costing between £1,500 and £1,900 per day, and savings associated with more effective care, membership fees are placed into perspective.



GTC membership is attractive to those with a perceived problem with tracheostomy care through to those with established teams and protocols in place. By joining the GTC, members can evaluate risks, benchmark their centre, trial new interventions and work towards improving safety and the quality of care. Thirty centres have joined worldwide to date, with another 35 currently at various stages preparing for membership in the UK alone.

**Summary:** The GTC aims to create a worldwide learning community of hospitals and providers, involving all relevant specialties, practitioners, patients, families and carers. Anaesthetists have a key role to play in improving care and are well placed to do so. If you or your institution would like any further details about the GTC, please contact us via the website [www.globaltrach.org](http://www.globaltrach.org).

**Acknowledgement:** We are grateful to the DAS committee for suggesting this article and for their support of both the NTSP and the GTC to date.

**Disclosure:** The Global Tracheostomy Collaborative has received unrestricted educational grants from Boston Children's Hospital Department of Otolaryngology, Portex, Passy-Muir and Smith's Medical. Donations were used to fund travel of some collaborative members and to provide meeting facilities. No members have received any personal honoraria or salary. Donations were received in 2012 and 2013. There is no continuing or contractual relationship.

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## DAS AGM-2014 MINUTES

**President's Report:** Dr Jairaj Rangasami welcomed all the DAS members. He praised and introduced his team. S Radhakrishna (Hon Secretary), Peter Groom (the outgoing treasurer) Ravi Dravid (Educational lead), Jaideep Pandit (Scientific officer), Karthik Ponnusamy (Webmaster), Mark Price & Sajayan (Newsletter editors) and Sam Perera (Trainee representative). Imran Ahmed (Surveys co-ordinator) was absent due to health reasons. And on behalf of the DAS committee and members he conveyed best wishes for his speedy recovery.

He congratulated Peter Groom on his 6-year successful term and welcomed the unanimously elected treasurer Andy Higgs.

He was proud to announce that the society has nearly 3000 members and overseas membership is 500+. The DAS has had long educational ties with the Society of Airway Management (SAM), and reciprocal arrangements with the European Airway Management Society and bilateral ties with centres in India and China. He also reminded the membership about WAMM 2015 in Dublin.

He said that the 'DAS Airway Alert card' submitted by Toby Winterbottom has now been approved by the DAS committee. It is being modified & adapted for use nationally. This project is progressing rapidly and DAS plans to launch it in early 2015. And in collaboration with SAM is exploring its application internationally. The President and Hon Secretary congratulated Toby Winterbottom.

Andy Higgs is leading the Critical care airway group.

He spoke about the changes to the office bearers' elections. The office bearers' tenure conventionally is for a 3-year period. As the electronic balloting was introduced the 2012/2013 the election results were announced in March 2013, hence it went out of sync. There is a need to revert to the November-to-November cycle.

He proposed the next elections for President and Secretary to take place and the results announced by November 2015.

Sam Perera to continue until the new trainee rep is elected in Nov 2015, even though she is a newly appointed consultant now. He also proposed to have two trainee reps one elected in November 2015 and a second the following Nov. The benefit of the overlap will be greater contribution and input from the 1200+ trainee members. He suggested that the trainee rep should be post fellowship and 2 years pre CCT.

There were no objections to his proposals.

**Secretary's report:** Hon Secretary Radhakrishna enumerated a long list of achievements and activities. Society is registered with ICO. The DAS logo is copyrighted and protected.

DAS is soon to upgrade to a more efficient and powerful data base system.

Airway leads: The programme has been given a further boost after the meeting organised by the Hon Secretary Radhakrishna with President Rangasami, Prof Cook and representatives of the Royal Collage. And as agreed a website forum has been provided for the airway leads to communicate.

Karthik Ponnusamy has updated the DAS web page. It is more functional and colourful. It also has a members' only area.

Life box: DAS in collaboration with AAGBI is contributing £7500 towards one year fellowships for anaesthetists to be based in Uganda and other African countries.

DAS through NIAA has supported three research projects. One research project is completed and two are in progress.

Hon Secretary acknowledged and appreciated the ODPs role. DAS is the first anaesthetic organisation to invite ODPs into its fold. There is an ODP forum on the DAS website now where they can communicate and exchange ideas.

He informed the members that this year the DAS medals were awarded to Martin Bromiley and Mansukh Popat last night at the gala dinner. Chris & Terry Lawrence from Facing Africa were also honoured.

This year the joint meeting of the specialist societies clashed with the DAS ASM. Hence the President and Hon secretary of DAS were unable to attend. Upon his request Hon Secretary has been assured that any future meetings will not clash with DAS ASM.

Launch of the airway revalidation course is planned for early next year. Ravi Dravid is the lead for the ARC.

He congratulated Ralph Vaughan on his 74th birthday today, and acknowledged Sudheer Medakkar's long association with DAS and his contribution to ODP training and wished him well on his imminent retirement.

### **Treasurer's report:**

A few copies of the report were distributed to members. He said that the society's accounts were healthy. Liquid assets of 192K. He thanked Violet Robinson for the donation.

## **Scientific Officer:**

Tony Wilkes from Cardiff is the first non anaesthetist to be awarded the DAS Professorship, this year. We are an international organisation. The criterion for application to the DAS Professorship has been widened, so it does not preclude overseas applicants to apply. President and Hon Secretary congratulated Prof Wilkes.

Bids for future DAS meetings: 2016 Torquay (already confirmed) and 2017 London Dr. Bernie Liban

## **AOB:**

There was a suggestion by a member as the society has healthy balance the registration fees for the future ASM be reduced. The Hon secretary responded by saying that it is always difficult to predict the expenses until the last minute of the ASMs, hence this may be a risky idea.

One of the members proposed free membership to ex officio members at future ASMs in keeping with some other societies. President Rangasami said they would discuss this with at their committee meeting.

The meeting was brought to a close.



## Call for Lay Representation on DAS Committee

DAS is a specialist UK medical society, consisting primarily of medical doctors specialising in Anaesthesia. DAS is dedicated to improving standards in managing patients' airways (windpipes) to ensure they receive adequate amounts of oxygen during surgical procedures, or when they are critically ill.

In keeping with other anaesthetic societies and to comply with the requirements of the NIAA (National Institute of Academic Anaesthesia), DAS is now seeking to appoint a lay representative to attend committee meetings that are currently held up to three times per year (a fourth business meeting is held during the Annual Scientific Meeting). The successful applicant would bring a lay perspective to DAS strategy and decisions, so that our policies appropriately reflect a lay (patient) perspective. The lay representative will serve a two year term of office in the first instance.

The role would not attract any remuneration but the appointee would receive travel and subsistence expenses, in accordance with current DAS policy.

Interested parties should apply to the [secretary@das.uk.com](mailto:secretary@das.uk.com) by submitting an one page resume, outlining any previous experience of involvement in healthcare, human factors, teaching / training, their interest in anaesthesia or airway management and describe why they were attracted to the position of lay representative.

Please include the names and contact details of two referees. As lay representatives are intended to improve the openness of the Society, potential applicants should detail any association with the present members of the DAS Committee.

Applicants will be interviewed by telephone.

Please note: DAS members may encourage potential candidates to apply, however the application must be received directly from the interested lay individual. This process does not allow for nominations by medical professionals.

The deadline for applications is- 31st May, 2015. Specific queries about the post can also be addressed to the Secretary at the email address above.



## Meet the new DAS Trainee representative



I am an ST5 anaesthetics trainee in the Oxford School of Anaesthesia, currently on an educational fellowship in simulation and clinical skills. After medical school in Cambridge and Oxford, and foundation jobs in Oxford, I have trained in anaesthesia in the London and Oxford regions. I am currently studying for a Postgraduate Diploma in Higher Education. My interests are in airway management, education, and the History of Medicine.

**Dr Angus McKnight**

## DAS Professor 2015

Difficult Airway Society is now inviting nominations for the award of DAS Professorship 2015.

The details of the eligibility criteria and application process can be found at [www.das.uk.com](http://www.das.uk.com)

Contact person– Prof Jaideep Pandit

[jaideep.pandit@dpag.ox.ac.uk](mailto:jaideep.pandit@dpag.ox.ac.uk)

## FROM THE PEN OF THE INVENTOR-GLIDESCOPE



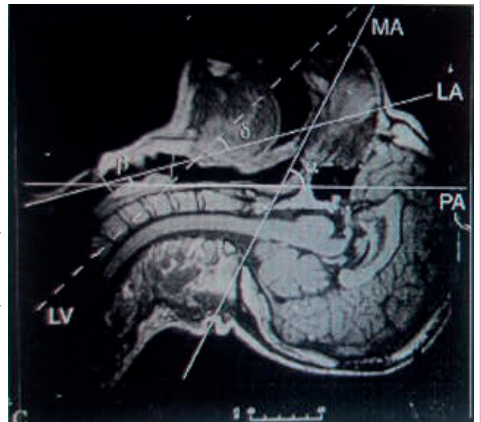
**Dr John Allen Pacey MD FRCSc**

**Vascular and General Surgeon  
GlideScope Inventor**



The origin of the GlideScope dates back to 1997 when I decided to become inventive in surgical tools and wanted to design video retractor that would allow lighted video-enabled retraction in the oesophageal region. I was doing oesophagectomy and sought a better view, suction, and extra light with less pressure applied to the left atrium during dissection. The Aperture Video Retractor was born and being tested in the UBC Jack Bell Research Lab on anaesthetised pigs following their use in trauma surgery training by the Canadian Army. On one occasion I returned to the hospital to carry out a cholecystectomy and found two of my anaesthesia colleagues struggling with my patient's airway. In 28 minutes a blind intubation was finally accomplished after trying trachlight, bougies, FOB, and an LMA. I decided that anaesthesiology needed to follow surgeons into the world of video and regarded this as much easier to achieve than the deep cavity work I was doing with laparoscopes and my lighted retractor prototype.

I looked at the MRI of the airway and noted that, if one used the 60 degree alpha angle between the Mouth Axis (MA) and the Pharyngeal Axis (PA) and , importantly, kept the camera back at the inflection point to provide a more panoramic view, one should be able to see the glottis in excess of 99% of the time. Armed with this information, I went to see Dr David Bevan, Professor and Head of the UBC Department, with the idea of doing a video laryngoscope for anaesthesia, alleging that a laryngoscope was just a specialized retractor for the tongue.



Dr. Bevan was enthusiastic and enabled a development program to proceed with the blessings of the Department . Thus I set forth to do a large number of prototypes to use the 60 degree angle and test lifter geometry to get the ideal lengths to design a size 3 and a size 4 blade. The first true video laryngoscope defined as a rigid blade with a digital camera on the blade itself with an on board LED was designed and found to be extremely effective in achieving >99% airway views. The first commercial device was sold in Dec. 2000 in Canada.

Dr Richard Cooper was our early consultant and the first study of 728 patients in Seattle VA, Burnaby Hospital in Vancouver, Toronto Hospital demonstrated very high 97% success with intubation and an improvement of 1-2 grades in the Cormack Lehane view. We also learned that there was a tendency to push the scope in 2 cm too far and use excessive lifting force so we wrote the operating instructions with this in mind. This study was confirmed by Sun and Warriner at Vancouver Hospital. Our company Saturn Biomedical Systems was immediately successful as North American Anaesthesiologists, ER and ICU doctors embraced the new technology.

The GlideScope name was selected because I was an instrument rated multi-engine pilot and likened this to the Aviation GlideScope made for pilots to assist with instrument approaches. The proliferation of the GlideScope in North America was very rapid because of the 60 degree geometry , the simplicity of operation and the frequent application to patients with obesity and challenging airways.

There have been approximately 20 different variants of GlideScope such as Ranger for Military use in Iraq and Afghanistan, paediatrics of all sizes, and direct teaching scopes as well. The modern Titanium Glidescope is a very rugged and effective low profile video laryngoscope which offers long life and excellence in performance that is matched by the single use version .

There are in excess of 200 clinical studies in the literature and while difficult airway work was the initial focus , it is now also recognized that the GlideScope is more effective in EMS and ICU for patient management than direct laryngoscopy. Obesity and paediatric syndromes are also efficiently handled with the 60 degree angled blade particularly when the Verathon highly angled stylet is used.

The use of GlideScope in Milan, Italy is, I believe, the highest level application to date for this device. Dr Dario Caldiroli and Dr. P. Cortellazzi have now approximately 10,000 cases measuring airway difficulty using the EI Ganzouri Index, with daily exclusive GlideScope use. The effect of regular use and use of the index has resulted in virtually perfect airway management with “0” unexpected difficult airways. This application makes the best use of the GlideScope in my view and the documentation is complete. This is a systems approach and the anesthesia world seems to be neglecting this achievement.

I am currently writing a book on medical inventors and will include examples like Dr. Brain, Dr. Nasir , Dr Fogarty and others to inspire physician inventors. This will be available early in 2015 and gives an idea of the kinds of learnings that are necessary to press forward with an idea. The best advice for inventors is to get an experienced mentor. Generally, you must develop the idea and prove its contribution and marketability before any company will seriously look at it. Saturn was financed by myself and 2 co-founders by investing approximately 1 million CAD over 3 years. Currently, I am an investor consultant for 2 exciting Medical start-up companies.

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# WORLD AIRWAY MANAGEMENT MEETING (WAMM) 2015



It feels like only yesterday I was writing to you about WAMM being only a year away. Now, with just over 6 months to the first ever World Airway Management Meeting, I hope many of you have booked your place - the dates are 12th to 14th November 2015.

WAMM is a joint meeting of two of the largest airway societies, DAS & SAM, in the world. Both societies will be celebrating their 20th anniversaries and so it will be a special occasion. In addition, many other societies including the European Airway Management Society (EAMS), Australian group (SIG) and Indian Airway Society, to mention just a few, have signed up as affiliates and there is interest also from our surgical and emergency medicine colleagues.

The organising committee are working very hard to bring you an amazing programme, to include Keynotes:

Airway Surgery – Past, present & future? - Prof Martin Birchall, London, UK & Mr Guri Sandhu, London, UK

New DAS Intubation Guidelines - Dr Chris Frerk, Northampton, UK

Man, manikin, manuscript - Prof Steve Yentis, London, UK

DAS Professor Lecture - Prof Anthony Wilkes, Cardiff, UK

NAP4 the aftermath - Prof Tim Cook, Bath, UK

Human factors & airway nightmares - Prof Alan Merry, Auckland, New Zealand & Dr Kevin Fong, London, UK

Plenary sessions –will include the following and many more ...

Decision making in airway management - Prof William Rosenblatt, Connecticut, USA

Airway management guidelines around the globe - Prof Carin Hagberg, Houston, USA

Oxygenation and Apnoea- Prof Andrew Farmery, Oxford, UK

Thrive --Dr Anil Patel, London, UK

Extreme Oxygenation-Dr Elizabeth Behringer, Los Angeles, USA

Workshops will include training by the experts in Ultrasound FOI / Video / SADs etc. There will be two Pre-Congress Courses. One is on Simulation ,includes an international faculty , and is being held in a dedicated simulation centre .The second is a fantastic Cadaver Tracheostomy Masterclass and Train the Trainers at the Royal College of Surgeons. This will be run by a group of ENT surgeons and anaesthetists. Please book early, as these have only limited places.

In addition, there will be a novel opportunity to meet experts in a variety of areas in smaller expert sessions, there are over 15 topic areas to choose, ranging from 'Challenges in obstetric airway management' to 'Airway management for morbidly obese patients'

There have been amazing innovations/developments in the field of airway management in the past 20 years and many of the people involved have agreed to attend and to share their experiences with us. Also, our partners in industry, who have supported the advances we have made, are already signing up and helping to make this a world class event.

Dublin was chosen as the host city. It is a wonderful place and recently voted in the top 10 cities to visit by LONELY PLANET. The Convention Centre in Dublin is an excellent venue and will be a fantastic backdrop for this very special event.

No visit to Dublin would be complete without a particularly special social programme - visits to Guinness will be involved and many other surprises too.....

Booking is now open. Please get onto the website [www.wamm2015.com](http://www.wamm2015.com), to find out more and take advantage of the 'early bird' bookings discounts.

Also, get your audits and reviews and research completed. Poster Submission open on 1st May 2015 .In addition to poster prizes the top 30 will be published on the BJA website with DOIs ( further information on submission is available on the website.)

So please join us to celebrate how airway management has evolved over the past 20 years and meet the people from all over the world ,who made it happen!

It will also be an opportunity to look ahead to an exciting future of innovations and developments in this important area which is integral to what we do.... We promise you the BEST & LARGEST AIRWAY MANAGEMENT MEETING you will ever attend and will give you a CEAD MILE FAITLE when you join us in Dublin....



Mile Buiochas,

**Dr Ellen O' Sullivan**  
Immediate Past President DAS  
Co - Chair WAMM

# ABSTRACT SUBMISSION OPENS FOR WAMM-2015



**WAMM**  
WORLD AIRWAY MANAGEMENT MEETING  
DUBLIN 2015  
www.wamm2015.com



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**Submit your Abstracts – Opening date 1<sup>st</sup> May 2015**  
For more information visit [www.wamm2015.com](http://www.wamm2015.com)

**Confirmed Keynotes, not to be missed:**  
Airway surgery – Past, present & future? *Prof Martin Birchall, London, UK*  
Human factors & airway nightmares *Prof Alan Merry, Auckland, New Zealand*  
NAP4 the aftermath *Prof Tim Cook, Bath, UK*

**Ovassapian Memorial Lecture:**  
Decision making in airway management *Prof William Rosenblatt, Yale, USA*  
Airway management guidelines around the globe *Prof Carin Hagberg, Houston, USA*

**12-14 NOVEMBER**  
**2015**

[www.wamm2015.com](http://www.wamm2015.com)

JOINT MEETING OF THE DIFFICULT AIRWAY SOCIETY  
& THE SOCIETY FOR AIRWAY MANAGEMENT



## UPDATE—DAS INTUBATION GUIDELINES

We have posted the latest update of the new DAS intubations guidelines 2015 on the DAS website, which can be viewed using the following link:

[https://www.das.uk.com/content/update\\_on\\_new\\_das\\_guidelines\\_2015\\_3](https://www.das.uk.com/content/update_on_new_das_guidelines_2015_3)

We invite DAS members to feedback any thoughts or comments to [intubation@das.uk.com](mailto:intubation@das.uk.com)

DAS Intubation Guidelines Committee

## ADVERTISEMENT TARIFF FOR DAS NEWSLETTER

This newsletter, distributed in printed format to our members and electronically to other contacts, reaches potentially more than 10,000 anaesthetists in the UK and across the world. The following are the rates for advertising in both formats. Contact [newsletter@das.uk.com](mailto:newsletter@das.uk.com)

Full page back cover            £500

Full page inside back cover £400

Full page (inside)                £350

Half page (inside)                £200

Course adverts (inside only)

   Full page £200

   Half page £100

## INDUSTRY ADVERTISEMENT ON DAS WEBSITE

DAS website is the ideal place to showcase your airway management product.

At £200/year for each product, this is one of the most value for money advertisement options. This includes a whole page of content. Up to 5 images, links to product video, brochure etc can also be included.

### Disclaimer:

*DAS reserve the right to accept, decline or discontinue any product advertisement at our discretion and with out giving any reasons. Advertising on our website is not, by any means, an endorsement of the individual products.*



## DAS Newsletter Co-Editor vacancy

DAS is seeking an interested and enthusiastic individual to join our current Newsletter Editor, Dr.Sajayan for a period of two years from June 2015. The successful person will ensure the high standards of DAS Newsletter, set by our previous editors.

The Newsletter Co-Editor will be co-opted to the DAS committee and is required to attend DAS Committee meetings which are presently held up to three times per year (a fourth business meeting is held during the Annual Scientific Meeting). The successful applicant would bring a journalistic flair to DAS strategy and decisions, so that our policies are properly portrayed and displayed. The Newsletter Co-Editor will have ample opportunity to display individuality and journalistic skills. However all Newsletter contents will meet the final approval of the elected executives of DAS ie, President, Hon Secretary and Treasurer.

The role would not attract any remuneration, but the appointee would be allowed travel and subsistence expenses in line with the current DAS policy.

Interested DAS members should apply to the [secretary@das.uk.com](mailto:secretary@das.uk.com) by way of a resume outlining any previous experience to support the application. Two references should also be supplied.

Applicants may be interviewed by telephone.

All potential applicants must be DAS members in good standing.

All applications must be with the secretary ([secretary@das.uk.com](mailto:secretary@das.uk.com)) no later than 31st May 2015.

## BOOK REVIEW

### Wanderings in South America

When I chanced upon Geoffery Chausser's Canterbury tales during my school days I was fascinated by the age in which these engrossing tales were based. The stories of human conflict , and many aspects of their behaviour closely parallel our own.

Waterton's Wanderings in South America is a classic that must be on par with the writings of Chausser. It captures life as it was in early 19th century in many parts of South America. Charles Waterton, went to Guiana in South America in 1812 and travelled through the thick forests and as yet undiscovered parts of South America, often at risk to his life.

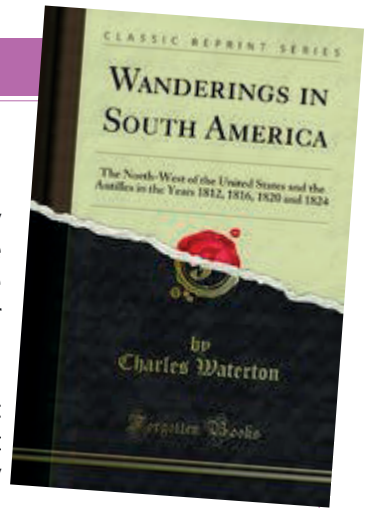
Charles Waterton, 16th Lord of Walton and descendent of Sir Thomas More, was from a famous English family in Yorkshire. The Walton Hall still stands in Wakefield where he lived and worked towards conserving rare birds and animals. His account of the locals, their fears and insecurities is a beautiful slice of history. His description of birds and wild life and his efforts at conservation give the readers an idea of the naturalist he was. His writings inspired Charles Darwin, who was later to challenge the established views and give us the 'Origin of species'.

Waterton's most significant contribution was bringing to the western world the Wourali poison. His main purpose of undertaking his adventurous journey was in quest of 'Wourali'. He discovered that the locals were using this poison at the end of an arrow to hunt wild life and in tribal wars. The entire process of manufacture from the Wourali vine to its use has been discussed. He brought this poison to London where experiments were conducted on animals particularly on donkeys which led to the isolation and discovery of Curare. Curare and then tubo-curarine has revolutionised anaesthesia.

Anaesthetists would find this book both interesting and amusing, particularly pages 125 to 140 where Wourali is discussed.

This book is available on line and is free to download.

**Dr.S.Radhakrishna**





# WAMM

WORLD AIRWAY MANAGEMENT MEETING

## DUBLIN 2015

[www.wamm2015.com](http://www.wamm2015.com)



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TO MARK THE 20<sup>TH</sup> ANNIVERSARY  
OF THE DIFFICULT AIRWAY SOCIETY  
& THE SOCIETY FOR AIRWAY MANAGEMENT

Booking is now open for next year's biggest world airway management meeting in Dublin. This is a joint meeting of the Difficult Airway Society & The Society for Airway Management.

- Scientific programme • Workshops • Industry exhibition
  - Poster competition • Keynote speakers • Social events
- Plus, much much more!

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JOINT MEETING OF THE DIFFICULT AIRWAY SOCIETY  
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