Difficult Airway Society

NEWSLETTER

Airway Leads Meeting

Book review

Pen of the inventor

DAS ASM 2016

APRIL 2016

EDITORIAL

April has arrived, the clocks have sprung forward and with it comes just the possibility that it might still be daylight when my day in the operating theatres comes to an end and I walk across to the carpark! So with a spring in all our steps, I encourage you to read on into this newsletter…..

In this edition, the new DAS Secretary Barry McGuire updates us about his first few months in office. Over the coming months there is expected to be increased focus on the training and availability of equipment for emergency front of neck access. ICU guidelines are being prepared, plus a plethora of Airway related meeting are in the pipeline for this year.

Already this year we have had the very successful Airway Leads Day held at the RCoA. Later this year, Torquay is set to hold the ASM meeting in November 16-18th and already planning is well underway. Andrey Varvinsky, Chair of DAS 2016 fills us in on all that is planned for the scientific workshop day. Remember it's never too soon to get your study leave requests in the diary.

Karthik Ponnusamy explains about the introduction of the DAS Airway Alert Card and Difficult Airway Database which will be a great development to improve the dissemination of critical information about a difficult airway event.

There is a very interesting article from the Pen of the Inventor about Dr Pedro Acha's new combined videoscope, airway and intubating device called the Totaltrack VLM.

I read with a smile the reminiscences of our DAS Lay member Paul Martin who describes a memorable anaesthetist from his past. I'm sure we all have memories of someone who has trained us and look back with deep respect to what you have learnt from that person. One consultant who influenced me during my training is Prof. Mansukh Popat. I learnt AFOI during his lists and still to this day use his techniques. I'm sure for many Oxford trainees he is held in deep regard and I look forward to celebrating his great contribution to DAS at the AEIOU in April.

Joy

Joy Beamer

A.Sajayan

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PRESIDENT'S PAGE

This edition of the newsletter gives an update on one of the best airway meetings I have had the pleasure to attend, namely the recent Airway Leads Day at The Royal College of Anaesthetists.

Dr. Alistair McNary put together an excellent programme, which was not only interesting but allowed plenty of time for discussion and importantly at times disagreement. We had the pleasure of Dr Liam Brennan, President of The Royal College of Anaesthetists opening the meeting and supporting not only the Airway Leads but also collaborating and working with DAS. One of the highlights of the day was the inspiring presentations on 'best practice' from Airway Leads across the UK. They showcased how Airway Leads had changed, improved and innovated airway practice and really were an inspiration for all.

Full house at Airway Leads meeting

The impact of the new "Difficult Airway Society 2015 guidelines for the management of unanticipated difficult intubation in adults" was recently highlighted by the BJA with over 28,000 downloads in the first 2 months of publication, making it one of the most popular articles published in 2015.

Similarly, the 2015 "Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics'' published in Anaesthesia is in the top 5% of all research output ever tracked by Altmetric.

With relatively short notice and closing date, the government announced that the ACCEA 2016 National Awards Round would be open this year. DAS, as a registered society for nominations, was pleased to consider supporting applications for a national award with details available on the DAS website. Good luck to all those that have applied.

DAS committee has also undergone some recent changes including a new Trainee Representative Dr Lewis Richmond and a new Surveys Co-ordinator Dr Sam Pereira who was our Trainee Representative from 2012-2015. We also say goodbye to Dr Ravi Dravid who stepped down from the DAS committee after many years of service, thank you Ravi for all your hard work.

This year also sees the official retirement of Professor Mansukh T Popat who in 2012 (along with Professor Peter Charters) became the first DAS Professor of Anaesthesia and Airway Management. The Nuffield Department of Anaesthetics in Oxford have organised a Festschrift and dinner to celebrate his retirement and I am sure it will be a wonderful day.

Finally, if you have any ideas on how we can improve airway practice, innovate and better airway teaching, training and education, please do contact DAS.

Anil Patel

DAS President

SECRETARY WRITES……..

Four months in to this new challenge and I'm enjoying the task, well most of it. Lots going on with implementation of the new guidelines and a fantastically stimulating Airway Leads meeting this month. 2016 promises to be another busy year for DAS with lots of miscellaneous activity.

Many of us are updating our local airway training and the provision of airway rescue kit in light of the new guidelines. Availability of video laryngoscopy will surely continue to rise, but the biggest change will relate to Plan D. We all must ensure that all anaesthetists have the ability to perform and access a 'Scalpel-Bougie-Tube' cricothyrotomy technique. This will involve reshaping our airway rescue carts as well as implementing training for all theatre and critical care staff – including our surgical colleagues. There are plans to liaise with the Royal College of Surgeons on this, as a consistency in approach across the theatre team, is essential to optimise outcome.

In terms of guidelines, we hope to present our ICU version at the end of the year and there are plans to commence a national audit on emergency front of neck access (FONA). We have also discussed plans to review the College syllabus in terms of airway training, particularly at a Higher and Advanced level. I expect DAS to liaise with the College on this.

2016 will see the usual supply of airway meetings to keep us occupied. In April, there was the one-off AEIOU (Airway Evening in Oxford University) meeting to celebrate the fantastic contribution to airway management worldwide by Prof.Mansukh Popat. There are few, if any, who have contributed more to the development of DAS over the years. The Society of Airway Management is

holding its annual meeting in Atlanta in September this year and there is always a significant airway component to the Euroanaesthesia meeting. This year you don't have to travel too far as it's in London (June). And, of course, the ASM this year will be in sunny Torquay so bring your surfboards (November)!

Among other developments, DAS will soon launch an updated DAS Airway Alert Card© system in conjunction with an online Difficult Airway patient database. There is also an exciting new development from ADEPT to gain high quality scientific evidence in relation to SAD performance; and plans to make available a DAS template for Airway Rescue Trolley drawer stickers to match new guidelines plans A-D.

Finally, DAS continues to have a significant interest in airway management overseas with plans to be involved in teaching projects in several countries, including Kenya and Chile. There are also plans to facilitate the translation of the new guidelines into Spanish for use in teaching, particularly in South America. We may even be able to introduce a DAS International Liaison Officer in the near future!

So, lots of plans, projects, ideas and tasks. It all appears fairly healthy to me, but then I have always been an eternal optimist.

Enjoy the spring sunshine. Remember to ride your bikes.

Barry McGuire

Hon Secretary DAS

TREASURER'S REPORT

I write this as this year's ISA round is closing and after scouring the money pages and websites for anything better than the standard paltry offers out there, all I can say is that I'm just glad the Society doesn't rely on investment returns for income! Indeed, our second largest source of income is the Annual Scientific Meeting: WAMM's aim in Dublin was to deliver the best airway meeting ever held - whilst avoiding financial loss! Well, the quality of the conference exceeded the hopes even of the organisers and whilst a treasurer should never count his or her eggs before they are hatched, I am starting to feel confident we haven't lost the deposit and should exceed the financial aim handsomely as well. Although final restitution of the accounts seems to take an age and unfortunately I'm not in a position to tell you what the final outcome is (because I don't know it yet), I am assured that the final net income, to be divided with the *Society for Airway Management,* will be quite 'healthy'.

Speaking of Dublin, I'm sure all DAS members share the committee's high regard for our ODP colleagues. To that end, DAS offered partial financial support for 10 ODPs to attend WAMM. Discussions with Storz led to their offering equivalent financial support to another 20 ODPs in a shared agreement. Whilst not covering *all* the expenses, the feedback has been extremely positive and I hope we can repeat this highly successful scheme again for future ASMs. Please ask any ODPs who may be interested to keep an eye out on the website as it will be on a first-come, first-served basis once again.

In a similar vein, DAS was honoured to give monies to fund prizes for best poster and oral presentations at the January national JAG meeting. Clearly this isn't devoted solely to airway management but I hope members will agree that such support is in-keeping with the wider aims of our society in supporting the professional development of the next generation. I would also like to remind everyone that we now have formal arrangements to offer two 'small grants' of £5000 each to individuals or groups for the purposes of airway research. The details of the application process are, as ever, on the website.

The website has now been updated (thanks to Karthik) and may itself become a useful source of income. You might consider reminding reps from device manufacturers (or anyone else) that they can advertise on the website using a format which is specifically focussed at their target audience – medics who know their airway onions and who either make purchasing decisions or who are extremely well-placed to influence those who do! The rates are very competitive, given we offer exposure to the overwhelming majority of airway doctors in the UK! It goes without saying that these adverts do not imply DAS endorsement, but I hope our industry partners see the value of being seen on the DAS website.

We were also able to sponsor an educational workshop in Kosice, Slovakia which was a great success. This is incredibly important in helping colleagues overseas and is useful for me in defending the society's charitable status and the financial advantages which accrue from this. Many of you will remember veterinarian Jonathon Cracknell's excellent presentation at the 2014 ASM in Stratford; we were pleased to make a contribution to his academic studies and clinical practice by helping him purchase a bronchoscope for use at the Longleat Safari Park. The committee is conscious that we exist to further the quality of airway management in all senses and I would ask everyone for suggestions as to where our support could make a difference, whether it be colleagues like ODPs, juniors, researchers or groups abroad. If you have a good idea, or know some-one who has, please contact me at treasurer@das.uk.com

Andy

DAS ANNUAL CONFERENCE 2016

Dear colleagues,

The Local Organising Committee of Difficult Airway Society Annual Meeting 2016 is very excited in welcoming as many of you as possible to join us at the English Riviera for the 21st meeting of our society.

The meeting takes place on the 16-18th of November 2016 at the Riviera International Centre, only a stone`s throw away from the most wonderful seaside.

We have been working hard to match the success of all previous meetings and create a very comprehensive Scientific Programme, featuring many leading experts in the field. We are aiming to cover the latest developments in different areas of airway management including paediatrics, obstetrics, intensive care and more. Key note speakers from both home and overseas will deliver their presentations and cross swords at Pros and s debates. We are looking forward to hearing from newly elected DAS Professors and our distinguished USA colleagues representing the Society of Airway Management. The prospect of learning from innovators at the separate session looking at how inventions reach the production line is also a very thrilling idea. Popular session for Operating Department Practitioners will feature the "simulation outside the simulation suite" layout for this year.

The conference venue

As well as offering traditional workshops, this time the delegates will have an option to choose alternative 'Can't Intubate Can't Oxygenate' and Tracheostomy workshops at the start of the meeting.

Social Programme will include an opening drinks reception and gala dinner featuring one of the award winning band in the South West. For the first time, DAS 2016 has organised a '5K Fun Run' in aid of LifeBox.

Our Industry partners are, as always, joining us with their massive exhibition bringing new and well established products to your fingertips.

We very much look forward for you to join us in making DAS 2016 yet another successful celebration of developing our specialty further and maintaining the reputation of our society as the world leader in airway management.

Andrey Varvinskiy

Chair of DAS ASM-2016

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DAS –ASM 2016 Workshops

The airway workshops on Wednesday 16th November will provide an opportunity to gain hands-on experience with difficult airway techniques and state-of-the-art airway equipment. Support is provided by faculty experienced in teaching at national and international level at a faculty to delegate ratio of 1:4 allowing maximum opportunity to interact. Places are expected to be highly sought after so early booking is recommended.

1. Traditional Workshop

ORSIM: This workstation will allow delegates to develop their fibreoptic intubation skills. The ORSIM bronchoscopy simulator can simulate a huge variety of airway pathologies and delegates can challenge themselves to perform a fibreoptic intubation at their chosen level of difficulty. With a ratio of one ORSIM and faculty member to every two delegates it will be a very interactive session and it has been a firm favourite in the past.

Virtual Laryngoscopy: Led by DAS committee member Dr. Imran Ahmed this workstation will introduce delegates to this cutting edge pre-assessment tool. The faculty will demonstrate how 2D CT scans can be transformed into a 3D virtual laryngoscopy and delegates will be shown how they can introduce this technique in their hospitals.

Paediatric Difficult Airway: This workstation will be run by faculty from the paediatric BEAST (Bristol Emergency Airway Simulation Training) course. It will aim to refresh the skills and knowledge required by the non-paediatric anaesthetist in managing children with a difficult airway. It will also offer the opportunity to discuss management of the emergency paediatric airway and allow delegates to familiarise themselves with current paediatric airway equipment.

Fibreoptic intubation: This station will focus on fibreoptic intubation: Handling of the scope, awake and asleep techniques, sedation regimes, topical anaesthesia, manoeuvres to improve fibreoscopy and other practical tips. Delegates will get hands on with the fibrescopes while practising the Aintree catheter assisted two-stage fibreoptic intubation through second generation SADs.

DIFFICULT AIRWAY SOCIETY
ANNUAL SCIENTIFIC MEETING 2016

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Plan A station: This station focuses on how to optimise the initial intubation attempt. Specific attention will be payed to positioning the patient, apnoeic oxygenation techniques (THRIVE/Optiflow or "NoDesat") and videolaryngoscopes. Delegates will get to try a broad range of videolaryngoscopes and there will be opportunity to discuss the relative merits of each device and to gain handy tips to increase success in the clinical situation.

Plan D station: This station will concentrate on the management of the CICO ("can't intubate, can't oxygenate") situation, how to make the transition from supraglottic to front of neck access to the airway and how to perform the scalpel techniques outlined in the 2015 DAS guidelines. The difference in technique depending on whether airway anatomy is palpable or impalpable will be explained and delegates will then rehearse the techniques on CricTrainers.

Nasendoscopy: Nasendoscopy has an expanding role as an airway assessment tool in both the emergency and elective situation. An experienced faculty will demonstrate the technique using live models then delegates will get the opportunity to practice their skills on manikin heads.

Ultrasound in Airway Management: Delegates will have the opportunity to get hands on experience on live models under the supervision of a faculty led by Dr Michael Kristensen. Delegates will be taught how to identify airway structures, identify normal lung movement, and assess gastric contents.

2. CICO Workshop

The 2015 DAS guidelines have drawn attention to the need for practical training for all anaesthetists in techniques for front of neck access. In clinical practice, "can't intubate, can't oxygenate" scenarios are rare events, but as an anaesthetist you are expected to have the skills and ability to manage them. This course provides an opportunity to practice the motor skills and learn about the practical problems inherent in surgical airway techniques, including safe jet ventilation. The workshop will be taught with a high ratio of 1:4 with expert faculty who regularly teach on wet lab airway courses.

The DAS Torquay 2016 half day interactive CICO airway workshop will cover the following:

1) Background talk by Dr Andrew Heard:

a) Evolution of a CICO scenario,
b) Supraglottic attempts at oxygenation,
c) Transition to front of neck access
d) Human factors in CICO situations
e) Discussion of the 2015 DAS algorithm
f) Pros and cons of narrow and wide bore cannulae
g) Scalpel techniques
h) Safe jet oxygenation strategy

2) Small group practical session to cover various front of neck procedures on cricotrainers:

a) Narrow bore needle cricothyroidotomy
b) Safe jet oxygenation strategy
c) Conversion of cannula to a Melker tracheostomy using a guide wire
d) Scalpel - bougie - tube

3) Small groups will then have an opportunity to put together the procedures practiced earlier on sheep respiratory tract specimens.

Tracheostomy safety course (half-day)

Displaced tracheostomy was identified by the NAP4 as the greatest cause of morbidity and mortality from airway problems in the ITU. This half day course (designed in collaboration with the CICO course) builds on the work the National Tracheostomy Safety Project using a combination of seminars and hands on sessions. It aims to provide both medical and AHP staff with the knowledge, skills and confidence to deal with the common and potentially serious problems affecting patients with tracheostomies.

The course will include:

-An overview of the various surgical techniques for tracheostomy and their implications for ongoing care

-An overview of the development and use of the NTSP algorithms

-Simulated scenarios addressing the practicalities of tracheostomy management

Trouble shooting tips around the day-to-day management of patients with tracheostomies from experienced ITU consultants and allied health professionals.

AIRWAY LEADS DAY-2016 IN PICTURES

Tim Cook

Chris Frerk

Mary Mushambi

Anil Patel

Ellen O'Sullivan

Alistair McNarry

Barry McGuire

Andy Higgs

Karthik Ponnusamy

LAY MEMBER PAGE

A year on from my retirement from the NHS, my thoughts have occasionally returned to memories of the old days in the operating theatres. Being the DAS lay member, sitting in on my first meeting at the Association of Anaesthetists and seeing pictures of the great and good of anaesthetics over the decades, in particular led me to reflect on some of the consultant surgeons and anaesthetists I worked with in the early 70's. There were certainly some big egos and very large characters around at that time; not quite Sir Lancelot Spratt, but one or two could have made the auditions! They were almost exclusively male but the one or two female consultants at the time were, to be frank, scarier to this particular young eighteen year old than many of their male colleagues.

I was intrigued to find out more about one consultant I remember with respect and affection; Dr Henry Rex Marrett (pictured). Dr Marrett (never Rex to anyone but his fellow consultants) was a big character but not in a loud or bombastic way. He didn't suffer fools gladly but never made you look a fool nor raised his voice; he was a great teacher but in a way you almost didn't realise you were being taught. When I started working in Coventry, almost every anaesthetic machine had a closed circuit on it and there was a portable anaesthetic machine called a Medrex in every anaesthetic room-Dr Marrett invented this. He rarely if ever intubated and ventilated a patient; 99% of his major/ medium cases were undertaken using a closed circuit with a mask – face not laryngeal!!! – this was the 70's remember - and all of his short cases were done on the Medrex. By the time I knew Dr Marrett he had quite a profound walking disability, however you never really noticed this as everything he did was done in such a calm and measured way – on the odd emergency occasion though his speed of thought and anticipation were amazing.

Like most anaesthetists Dr Marrett liked to see his usual ODA/ODP doing his lists and it was daunting when you were sent in as a replacement to work alone with him. He had high standards, a perfectionist and he expected high standards and professionalism in his anaesthetic room. However, once you had proved yourself and reached his standards he was simply a joy to work with and for. I knew I had reached that standard – and it was a proud day – when for the first time he took the trouble to limp back into the anaesthetic room at the end of the list to thank me – I had made it!!!

Marrett's machine

So to find out more I 'googled' Dr Marrett and came across an appreciation of his life written by Dr T B Boulton. This is a fascinating read and made me realise there was so much more to the man than I ever realised, please take the time to read it for a brief insight into anaesthetics during and immediately post the Second World War :

http://www.histansoc.org.uk/uploads/9/5/5/2/9552670/hrmarrett.pdf

This appreciation describes Dr Marrett as 'the perfect English gentleman' who "was cultured, courageous, courteous, generous" – I couldn't agree more and he certainly played a bigger part in my early career than he could ever have realised.

Paul Martin

Lay member, DAS Committee

Pictures courtesy: anaesthesiaheritagecentre.wordpress.com

TRAINEE REP'S PAGE

My name is Lewys Richmond and as the new Trainee rep on the DAS committee I wanted to use this opportunity to introduce myself. I am very much looking forward to working with Angus, the existing trainee representative to make a positive contribution to DAS and to represent the views of all trainee DAS members. It is a very exciting time to be a part of DAS, new research opportunities, the DAS ASM and ongoing work developing recommendations for airway training will provide great opportunity for trainees in the coming year.

Regards,

Lewys Richmond

DAS Trainee representative

Invitation for educational material

Within DAS we are always looking to improve our educational content, particularly on the Website. As such we are inviting submissions of educational material regarding airway anaesthesia or relevant topics. We would like to build up a collection of videos and interactive content to support the college's airway syllabus in an interesting and easy to access way. Ideally this would be material created by trainees for trainees but we are open to submissions from all sources. The content should be co-authored with a DAS consultant member.

We would like the content to be educational in focus and to be aimed at trainees & novice anaesthetists, so please don't send us a demonstration of your fantastic new technique for awake videolaryngoscopy! Material should be as interactive or engaging as possible and be suitable for publishing on a website e.g an online workbook or video, an example might be a video describing how to perform an RSI. For more information or to discuss your ideas please email trainee@das.uk.com All accepted content will be peer reviewed and published on the DAS website for general access.

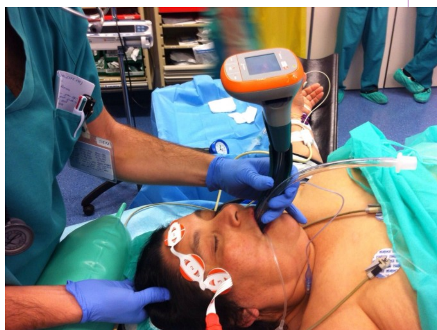
FROM THE PEN OF THE INVENTOR-TOTALTRACK

Dr Pedro Acha

Inventor of Airtraq® and Totaltrack VLM®

I have always had an interest in the management of the airway. The first product I designed was the Airtraq®.

Having used most of the airway devices, traditional Macintosh blades and most type of videolaryngoscopes, for years I had been thinking about the physiological mechanism of desaturation. I realised it is the lack of ventilation and positive pressure oxygenation that triggers hypoxia. I believe that it is this lack of oxygenation that causes problems to the patient and stress to the anaesthetist. So I started designing a tool that would allow me to intubate the patient whilst maintaining ventilation and positive pressure oxygenation. The result of this design is the Totaltrack VLM

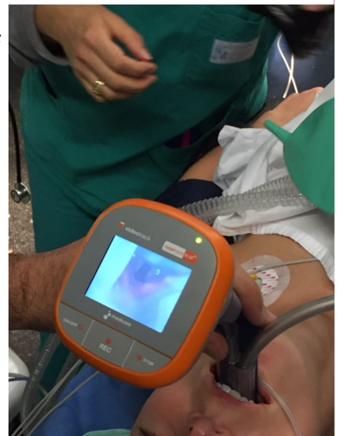


I became medical director in charge of research and product development 3 years ago, for a medical innovation company called Medcomflow. Medcomtech already had experience in marketing and selling laryngeal masks in Spain. In total it took 18 months to develop the Totaltrack VLM and its video camera (Videotrack) in a size 4. Sizes 3 and 4 are now available and size 5 will be available shortly.

There is no competitor for the Totaltrack VLM in the market. No other product can ventilate, intubate and extubate maintaining non-stop positive pressure oxygenation during all the procedure with continuous viewing of the glottis.

The most difficult task to overcome during the development of the Totaltrack was to find the right balance between the way a videolaryngoscope and a laryngeal mask works; they work in completely different ways inside the airway. Another challenge was to develop the video system for the Totaltrack VLM. The video system, we called Videotrack had to integrate an antifog viewing system to eliminate lens fogging. The Videotrack goes inside the Totaltrack VLM in a hermetically sealed channel, so that there is no contact with the patient's tissues or secretions. This means that the Videotrack can be used immediately in another patient.

The Totaltrack VLM gives the anaesthetist the option of aspirating secretions through 3 different ports: one gastric, another laryngeal to clean the inside the dome and a third one through the endotracheal tube to aspirate the inside of the dome or the inside of the trachea depending on the need. Another feature is that we can use very large endotracheal tubes like an 8.5, and it is important to say that the tubes can be standard PVC tubes or silicone tubes.



I also wanted the Totaltrack VLM to be able to rescue the airway in a failed intubation situation by itself, so there is no need to take out the Totaltrack VLM and get a laryngeal mask in to rescue the oxygenation and ventilation, because the Totaltrack VLM is a laryngeal mask and has the performance of a laryngeal mask.

This device also gives the anaesthetist a 'Plan B' to intubate. Every unit of Totaltrack VLM comes with a soft bougie that allows the anaesthetist to pass the bougie through the vocal cords whilst keeping positive pressure oxygenation and continuous vision of the glottis. Intubation can then be achieved with the help of the bougie.

Another advantage of this device is that you can initially use the Totaltrack VLM as a supraglottic device and if necessary, you can then give the muscle relaxants and intubate the patient. You can also use this process on extubation as you can remove the endotracheal tube leaving Totaltrack VLM as a supraglottic device with ventilation and positive pressure oxygenation capabilities, only removing it when breathing is adequate.

There have been several studies presented at different anaesthesia meetings worldwide. The results have been very positive.

I am currently finishing the development of another device for airway management that will be available in the market very soon.

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The Editors would like to offer thanks to Dr Luis Mendia, for his invaluable assistance in translating Dr Acha's account into English.

DAS AIRWAY ALERT CARD © & DIFFICULT AIRWAY DATABASE

I am pleased to announce on behalf of DAS, the launch of an exciting new project aimed to make it easier to disseminate critical information about a difficult airway event.

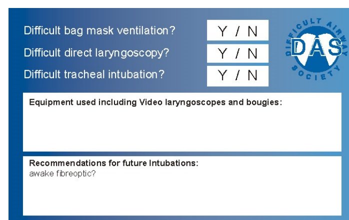
Documentation and dissemination of critical information about a difficult airway event is vital to ensure safe airway management of the patient during their future anaesthetics. Ideally this life saving information should be communicated to the patient, their primary care physician and also documented in such a way that it follows the patient for their next anaesthetic wherever this might be. There have been various recommendations as to how this information should be documented. D Ball et al in their paper compared different recommendations and came up with an airway alert scheme which forms the basis of the alert form currently available in the DAS website.

One of the hurdles in effective dissemination of this information is lack of an easy to use and reliable system. The proposed 'DAS Airway Alert Card © and Difficult Airway Database' as the name suggests, aims to address this situation by creating an easy to use online reporting system that will consists of two parts.

- An 'Airway Alert Card' that will be issued by DAS directly to the patient
- A 'Difficult Airway Database' that will be available through the DAS website

DAS Airway Alert Card ©

The airway alert card will issued completely free of charge to patients by DAS. The card will be a plastic card, the same size as a standard credit card. This will contain patient's personal details, location and date of airway event, key details of the difficulty encountered during airway management along with a brief summary of the incident.



Linked anonymised difficult airway database: Because of limitations imposed by the size of the card only key information mentioned above can be printed on the card. There is also a possibility that the physical card can be misplaced or lost. The online database can hold further detailed clinical information of the event in a standardised format and will be available through the DAS website 24/7. A patient's record can be viewed with their consent by entering a code present on the airway alert card or by simply scanning the QR code. NHS number can be used to access the data when the card is not available.

How will the project work? When a patient has a difficult airway event during a general anaesthetic, the anaesthetist involved in the care of the patient can log on to the DAS website and fill out an 'airway alert form' after obtaining patient consent. This form is designed to be easy to use and will be divided into the following sections:

- Patient identifiers, location, anaesthetist, summary data
- Details about the event
- Airway management
- Patient characteristics
- Airway assessment

Once this information is submitted, DAS will issue an Airway Alert Card directly to the patient, along with information leaflets about difficult airway. The anaesthetist would also be able to print the submitted information in a standard format to be kept in the patient notes. We would also make available a GP letter with the 'read codes' for airway alert form and difficult intubation so this information can be included in patient primary care records, which will ensure that any future referrals from GPs will carry this detail.

When a patient carrying the card presents it for their next anaesthetic in any hospital across the country, not only the information on the card but the detailed information on the database can be retrieved by the attending doctor. Doctors in the UK will be able to register for free on the DAS website to access the difficult airway database. Clinicians will be able to see only the details of patients they are treating.

Pilot Project: We have obtained information governance approval for the project and are ready to pilot this project in a few trusts across the UK. Being an ambitious and complex project we plan to run a pilot for a few months from the beginning of May 2016. This will help us to improve the user experience and identify any potential issues. Further details about the project and information on how to get involved in the pilot project will be available on the DAS website very soon. Please stay tuned.

References:

1. Barron FA, Ball DR, Jefferson P, Norrie J. 'Airway Alerts'. How UK anaesthetists organise, document and communicate difficult airway management. Anaesthesia. 2003;58:73–77

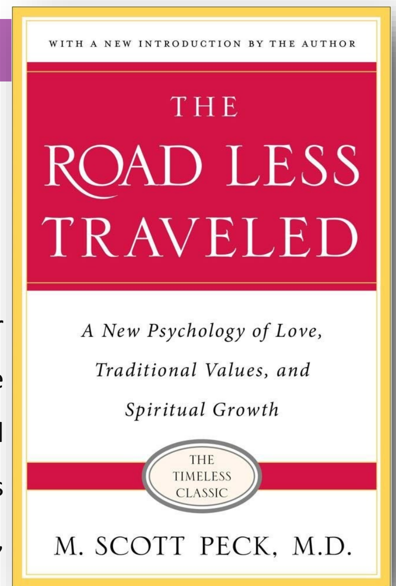
2.http://www.das.uk.com/files/airwayalert.doc

Dr Karthik Ponnusamy
DAS Webmaster &
DAS Difficult Airway Database Project Lead

BOOK REVIEW

The Road Less Travelled

Dr M. Scott Peck M D



Written by US Psychiatrist Dr Peck, this popular 'smart reading' book aims to promote self-improvement by encouraging reflection and discipline. Heavily interspersed with anecdotes from his personal experience as a psychotherapist, the author achieves a fluid realignment between story telling and serious advice.

The author stresses the importance of discipline in our day-to-day life, which has different aspects. **Delayed gratification**: People, who have the innate discipline to endure difficult tasks or personal pain in the short term for ultimate long-term gain, will have better success when facing problems and experience greater satisfaction in life. **Accepting responsibility** for ones decisions and actions. **Total dedication to truth:** being honest to oneself and others, both in words and deeds. **Balancing:** Prioritising while handling multiple tasks

An intriguing concept Scott proposes is that love is not only a feeling, but a volitional act that permits spiritual growth of another person. The section on **'Love'** is the longest in the book, and deservedly so. Peck uses several chapters to explain his theories on different aspects of love from commitment, to self-sacrifice and even confrontation.

After 'love', Peck tackles Growth and Religion. He proposes that **'Religion'** encompasses any aspect of life in which we have an individual strong belief; whether this is science or even atheism. He found that it was the teaching and doctrines of religion passed down from one generation to the next that strongly influenced many of his patients' neuroses.

The final section **'Grace'** addresses aspects of human life that are deemed to be somewhat miraculous and often with little explanation. The unconscious portion of the mind is one of his prime examples but also serendipity and evolution. Peck postulates that these experiences and 'miracles', although difficult to define, are protective and serve to enable our continued spiritual and psychological growth.

In essence, this is an enjoyable self-help book, reinforcing some of the well-known core principles i.e. self-discipline in all aspects of life and attempts to elucidate some ill-defined concepts of love, religion and grace. In doing so, he achieves a good balance of doctrines and interesting real life tales supporting it. However, in the latter half of the book, the readers may find themselves gasping for breath in an ocean of words and bewildering array of psychological concepts, often forced to revisit the previous content in order to extract the full significance.

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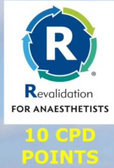
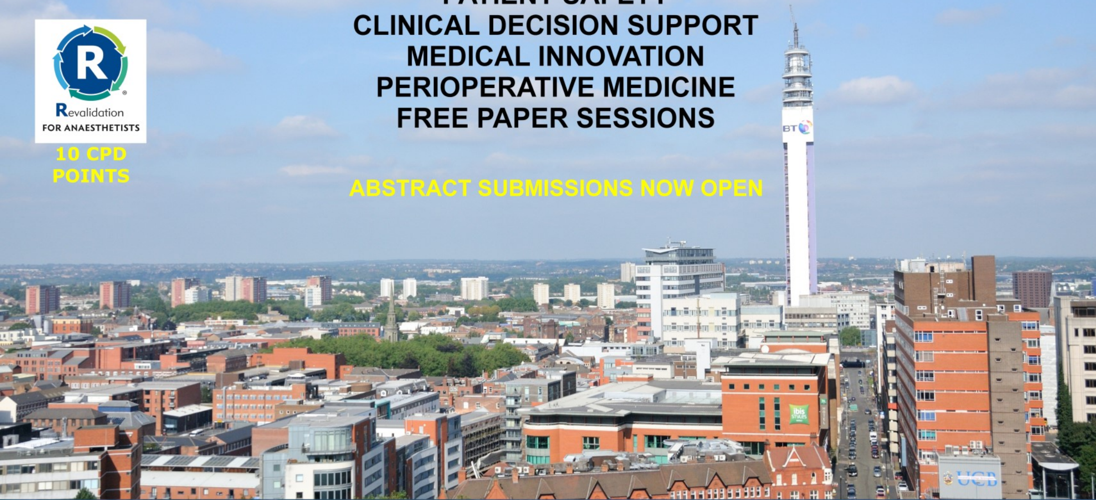


10 CPD POINTS

ABSTRACT SUBMISSIONS NOW OPEN



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