



Difficult Airway Society

NEWSLETTER

LONDON ASM REPORT

DAS MEDAL CITATIONS

KOCHI CONFERENCE REPORT

BOOK REVIEW



@dasairway



JANUARY 2018

EDITORIAL

Welcome to the first edition of DAS Newsletter in 2018.

In this edition you can read the reports from the very well organised London ASM. Unfortunately the official photos are not yet available to share with you. We will publish them on the DAS website soon. Thanks to some attendees with good quality mobile phones, we have managed to collate a few pictures for you. We have also included the citations for the DAS medal winners and a report from DAS supported Kochi Airway conference. We are sure many of you will find Dr Chogle's article about the minimalistic approach to awake fiberoptic intubation interesting.

As you will be reading in the reports from the President and Secretary, 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. In the coming months we are planning to upgrade the website to make it more user-friendly. 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](#) have more than 1600 followers. The fact that our recent tweet about the new ITU guidelines was seen by nearly 20,000 people in the first week and that around 1800 people interacted with it shows the importance of an active social media presence!

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

As always, please let us know any suggestions that you may have and send us any articles that can be included in this Newsletter.

We wish you a very happy New Year

Sajay



@sajay70



Dr Joy Beamer

newsletter@das.uk.com

PRESIDENT'S PAGE

As we start a new year, we can look back on the highs of the DAS 2017 ASM in London and look forward to a number of exciting new DAS projects, groups and initiatives that are in development and will start rolling out over the next few years.

First, congratulations to Fauzia Mir, Bernie Liban and the local organising committee at St. George's Hospital in London for organising the hugely successful DAS 2017 ASM. I hope you have all recovered from what was the largest DAS meeting in the UK with over 700 participants.



The venue was superb and the scientific content excellent. The opening Human Factors session was a highlight - educational, informative and entertaining. The airway workshops were outstanding in quality and quantity, with over 150 workshop attendees. The huge logistical task of coordinating 150 doctors around multiple stations in time and with a smile is no easy task; congratulations to Gunjeet Dua, Imran Ahmed, Fauzia and the team for making it look so easy.



The launch of the *Guidelines for Management of Tracheal Intubation in Critically Ill Adults* by our Treasurer Andy Higgs was another first for DAS. This collaborative project with the ICS, FICM and RCoA has produced an invaluable guideline that will help to improve airway management outside of the theatre environment.

In November we held elections for the Treasurer's post and Dr Andy Higgs was elected to serve a second term. Congratulations Andy.

This year the Airway Leads Day at the Royal College of Anaesthetists is on the 15th March 2018, the programme looks excellent and as always there will be opportunity for discussion, agreement and disagreement. Airway Leads are now in every NHS Hospital Trust in the UK and are crucial in their role for the dissemination of good airway practice, education and guidelines. I'm particularly looking forward to this meeting and seeing as many Airway Leads as possible.

Finally, congratulations to Prof Peter Charters and Dr Jairaj Rangasami for the award of the DAS Macewan Medal and to Mark Underwood and Anne Cureton for the DAS industry awards.



Anil Patel
DAS President

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The cover photo was submitted by Dr Cunningham for the 2017 DAS photography competition themed 'Airway Management'. Her son Gregor(13) has suffered many hospital admissions due to lung infection. Thanks to the exceptional care and airway management of The Royal Children's Hospital in Glasgow he is now well and has managed to gain his PADI open water diver

SECRETARY WRITES.....

As we move into another year for DAS, most indicators would suggest that the society is in a position of great strength. Following on from a fantastic ASM in London, hosted by Fauzia Mir and Bernie Liban, there is much to be getting on with. All the committee members are working in several different areas to move the society forward. The membership continues to grow and pleasingly, 2017 saw the greatest increase in new Full members. DAS also maintains a membership retention rate of 95%, which hopefully reflects a high level of satisfaction with the society. 2018 promises to be another busy year and we are hoping for another bump up in the membership from further afield so watch this space.



Congratulations to those who organised DAS London. Keeping up with, and even exceeding, the excellence of previous meetings is no mean task and the feedback, and my personal opinion, is that London managed this with its brilliant programme, supported by 'like clockwork' workshops and a Gala dinner to match the very best of previous years. From one historic capital to another - roll on Edinburgh 2018!

As I have previously mentioned, following on from the recently launched Critical Care Intubation Guidelines, DAS is working on a variety of new, more specialised guidelines, some of which may be demonstrating some substance towards the end of 2018. These guidelines require a huge volume of work and DAS is very keen to maintain the standards that it has set over the preceding 14 years. As well as these documents, DAS continues to facilitate consensus documents, airway research, surveys and education. It supports and contributes to many airway courses within the UK and abroad, and helps finance research, charitable work and travel relevant to furthering airway management performance and safety. The DAS newsletter remains hugely popular, but in 2017 we began to explore the possibility of a more academic publication to support airway management projects and the discussion of this topic is on-going.

We also have plans for development of the DAS website in 2018 so will keep you posted there. The DAS Scalpel Cricothyrotomy video and Action Cards, both produced after considerable effort by Viki Mitchell and her team, are new additions to the website and I would encourage you to use these educationally as they are absolutely first class. Another new link is to a guide on cricothyrotomy trainers, something most of us use in training. An educational video on use of the Aintree Catheter as part of an airway exchange procedure is also in planned for 2018. Finally, the DAS Airway Alert Card system continues to develop with a steady increase in contributing hospitals and can of course be accessed via the website.

DAS continues to liaise closely with the College on several matters, not least airway education at all levels, airway management morbidity and mortality and a national Front-Of-Neck-Airway audit of practice. The 2018 Airway Leads meeting on March 15th will touch on some of these developments so I recommend you get your leave requests in soon for what promises to be another excellent session.

Keep up the great work and please contact us with any ideas or suggestions you might have.

Oh, and never stop pedalling.

Barry



B McGuire
Hon. Sec. DAS

TREASURER'S REPORT

This is the first Treasurer's report of my 2nd term and it's with a palpable sense of gratitude that I would like to thank *everyone* who voted in the recent elections.

It's an enormous honour to be able to continue in post, but the most important thing about elections is that they engage the society. The health of any society can be gauged by voter numbers: it reflects whether people care enough to support this candidate or that one and exercise their franchise. Voter turnout is to society (all societies) what the TPR chart (or should that be MEWS Score) is to health – a fantastic summary of its state of wellbeing - or otherwise. That's why the media commentariat always obsesses over turnout at national General Elections and why dictators around the world go to great pains to jerrymander the figures.

With that in mind, it's wonderful to report that this last election (overseen by Electoral Reform Services) was graced with what I believe were the highest yet voter numbers since DAS office holders were subject to election. This means DAS is in rude health and it augers very well for the future of airway management in the UK!

Turning to the Society's accounts, I apologise for the technical glitch at the Annual Members' Meeting which meant I couldn't regale you with a detailed line-by-line description of our postage and printing costs, but I suspect some of you might have enjoyed the more 'narrative' approach to which I had to resort. Essentially, as I tried to convey, the accounts are also in a state of solid health which has meant, for instance, we have felt able to support more than twice the number of members' research grant applications in the latest round. Congratulations to all the successful applicants and DAS looks forward to following your progress.

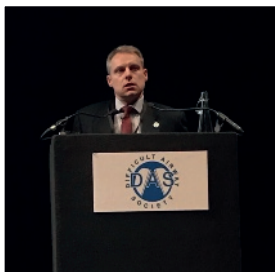
I would like to congratulate Fauzia and Bernie for delivering a truly impressive Annual Scientific Meeting. As Treasurer, I always measure an ASM by three criteria: great airway stuff – from juniors and grey-beards alike, fun chatting with old friends and making new ones and the financial bottom line (probably in that order?)

Fauzia and Bernie have already delivered in spades with the first two and I look forward to seeing what will come the way of DAS-central in the next few months, as the money is settled. It has to be noted that London has the 'disadvantages of its advantages': London is a great venue, so London is also a very expensive town!

On a personal note, a lot of my time has been taken up these last couple of months with the submission of the DAS ICS FICM RCoA Guidelines for intubation in the critically ill. As I mentioned at the ASM, publication has been slightly delayed due to the BJA switching publisher from OUP to Elsevier. I am personally indebted to BJA Editor Hugh Hemmings for his supreme efforts to smooth the process: DAS guidelines are slightly different to most other papers in that they are published with Open Access, but also, DAS retains copyright to the algorithms through a less commonly used licencing agreement. This is important because DAS is regularly approached by commercial organisations to use the guidelines in product literature. It's important DAS keeps copyright to ensure our charitable status is not impugned by any apparent support for individual airway devices or products. Hugh and Elsevier – many thanks.

The guidelines seem to be creating a bit of a stir in the Twittersphere and can be downloaded at [http://bjanaesthesia.org/article/S0007-0912\(17\)54060-X/fulltext](http://bjanaesthesia.org/article/S0007-0912(17)54060-X/fulltext)

Please share them with all your colleagues, especially in the ICU and Emergency Department – the Royal College of Emergency Medicine have officially endorsed them too. I'll be talking about implementing them at the Airway Leads' Day in March. Hopefully, I'll get to chat to many of you there.



Andy

Andy Higgs, Treasurer

DAS Macewan Medal CITATION

Prof Peter Charters



Prof Charters was appointed Consultant Anaesthetist at University Hospital Aintree in Merseyside in 1992. His clinical and research interests include Intensive Care, anaesthesia for head and neck surgery, and management of difficult airway. Throughout his career he has been delivering high quality teaching, and research in airway management. He has mentored many trainees many of whom developed

an interest both in the difficult airway, and in research, and go on to national and international presentation and publication. I have personally been enthused, mentored and subsequently supported by Prof Charters to become involved in both the Anaesthetic Research Society, the Difficult Airway Society and to spread expertise in airway management.

For many years Prof Charters has been a very active member of the Anaesthetic Research Society and has had over fifty presentations to the society published in British journal of Anaesthesia. (He was Council Member, then Treasurer from 1998 to 2002.)

Peter is well known for thinking outside the box. He has a very astute logical brain and the results are often simple but very effective. I was honoured to be a collaborator when he developed the 'Aintree Intubation Catheter' (AIC), a hollow bougie designed for use with a fiberoptic laryngoscope and standard laryngeal mask airway (LMA) or I-Gel. It is widely used in the unanticipated difficult airway when the supraglottic airway (LMA/I-Gel) has been used for airway rescue but tracheal intubation is still considered nece-

-ssary. Aintree Intubation Catheter (Cook Medical) was introduced in 1996 and remains in everyday use worldwide. It is the surviving application of the notion of a “dedicated airway” to protect and oxygenate the airway during the intubation process. Other papers published include the use of a cuffed naso-pharyngeal tube and the cuffed oro-pharyngeal airway (COPA).

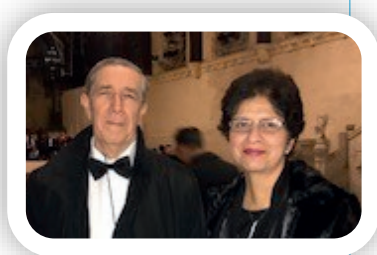
In 1994 Peter published a theoretical model for difficult intubation which demonstrated his mathematical genius and practical application. This original 2-D mathematical model was developed into a 3-D physical system by a group in San Diego (University of California) and used as the basis for a virtual system during on-going collaboration between Peter and Professor Duncan Gillies (Applied Computer Graphics, Imperial College). The latter collaboration has resulted in three successful PhD theses at Imperial and was important for one MD at Liverpool. Peter has also supervised two other successful MD theses in Liverpool. Mark Halligan’s thesis was important in popularising the use of the Bonfils laryngoscope for patients with airway malignancy internationally. Peter has advised many other inventors in overcoming various difficulties in bringing their ideas to market.

For the last few years Peter and his group have developed a new strategy in management of the anticipated difficult airway. The Aintree Difficult Airway Management (ADAM) Courses stress the value of a detailed anaesthetic plan for the anticipated difficult airway patient. The associated website, developed by Peter, went live in May 2009 and remains the only guide worldwide that aims to match individual patient problems to the devices and skill of the anaesthetist responsible. “AdamWiki” (again essentially written by Peter) was a subsequent new website that documents in detail many of these airway scenarios so that the most up to date fully referenced information is immediately available. Peter has been recognised by the Difficult Airway Society. He was lead organiser of the DAS meeting in Liverpool in 2008 (its year as “Capital of Culture”), and is an acknowledged expert in use of the Bonfils laryngoscope, and remifentanil sedation for fiberoptic intubation.

From 2013, Peter held the prestigious position of DAS Professor, 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. Prof Charters has been honoured by the Royal College of Anaesthetists in 2014 who awarded him the Dudley Buxton Prize in "recognition of his estimable services to the specialty"

Prof Peter Charters continues to do his clinical work which has always been important to him. He is very generous with his time to everyone he teaches from the medical student to the ENT registrar or an international visitor - always giving them support and encouragement. His motivation has always been improving patient safety especially in the area of airway management. I feel honoured to have been a colleague and friend for many years. Peter is undoubtedly one of the cleverest and respected people I have met and constantly challenges orthodox thinking. His tireless teaching, speaking, chairing, writing, editing and researching have led to his position as one of the top airway management authorities in the world. His role as a teacher and mentor of trainees, skill in clinical anaesthesia and calm authority can all be attested to at the highest level.

Peter is married to Seema (picture) who is also an anaesthetist and an airway enthusiast. She tells me Peter has changed recently. He has read and been inspired by a book entitled "*After Fifty*". The author, Joe Friel, is endurance sports/cycling coach and the first line of the book says "I am 70. There I have said it! "Peter is the same age and is racing too!



Prof Charters is a very worthy recipient of the DAS Macewen medal awarded to a DAS member as a prestigious mark of excellence for contribution to the society and airway management.

Prof Ellen O'Sullivan

DAS Macewan Medal **CITATION**

Dr Jairaj Rangasami



Dr Rangasami was born on 26th May 1953 in Kharagpur, West Bengal, India. He studied medicine at SCB Medical College, Cuttack and graduated 1979.

As a student Jairaj was a keen cyclist and national level table tennis player. In the 1970's Jairaj fulfilled a childhood dream by completing a 500 mile journey from Rourkela to Calcutta in only 6 days with a close friend, all the more remarkable as in those days only fixed gear bicycles were available and they could only travel during the day, as it was too dangerous to cycle after dark! Jairaj was also the table tennis champion three years running at his medical college and represented his college in national competitions.

Since Graduation, Jairaj has worked in five countries (India, Kenya, Saudi Arabia, Austria, Ireland) and learned to speak 9 languages fluently, before finally settling down in the UK. Here he completed his training in the Oxford School of Anaesthesia, under the guidance of Professor Mansukh Popat, Dr Colin Blogg and the Late Dr Chandy Verghese and was appointed as a

Consultant in Anaesthesia & Intensive Care Medicine at Wexham Park Hospital on 1st July 2000. With his vast experience and knowledge of airway management, Jairaj is probably one of only a handful of anaesthetists that can claim proficiency in managing an airway with either a Schimmelbusch mask technique or an awake fiberoptic technique! At Wexham Park Hospital, Jairaj's interest and commitment to teaching airway management led him to develop a very successful airway training programme and conducted the first advanced training module in airway management at a DGH under the Oxford School of Anaesthesia. He also established the very successful Wexham Park Advanced Airway Workshop and recently ran the 18th iteration of this course. Jairaj also runs international airway workshops held regularly in Hungary, Estonia, Kenya and Uganda.

In 2006 Jairaj became a DAS organising committee member, he established and led the DAS Website team for eight years. In total Jairaj has been an active DAS committee member for an unparalleled ten years. During this time he contributed to many DAS projects including, most notably, to three chapters in the NAP4 study and actively participated in the NAP4 review panel and managed the secure online data management process.

In 2013, Jairaj co-chaired the organising committee for the very successful 18th DAS Annual Scientific Meeting held at Ascot. Also in 2013, Jairaj reached the pinnacle of airway management in the UK by becoming the first elected President of our society. During his presidency Jairaj established the electronic voting system, saw the DAS membership grow from 2000 to over 3000 members and oversaw the launch of the 2015 DAS intubation guidelines. After successfully completing one term, Jairaj handed over the Presidency to Dr Anil Patel at WAMM Dublin in 2015.



Since handing over the Presidency, Jairaj has been spending more time with his wife Jayanti, daughter and two grand-daughters, who he says all keep him very busy! Despite this he continues to be involved in DAS projects and is one of the co-authors of the DAS ITU intubation guidelines, which will be launched in November 2017.

Dr Rangasami has contributed to the airway training of a generation of anaesthetists and has been an integral party of our society for over a decade, I am honoured to have written this citation and DAS is delighted to present Dr Rangasami with the coveted Macewen Medal for his outstanding contribution to the society and airway management. Congratulations Jairaj.

Dr Imran Ahmad

DAS committee Member

Meet our new Trainee Rep-Dr Elana Owen



I'm an ST6 trainee in the Welsh School of Anaesthesia, having done most of my training in Wales, but with some time also spent in Sheffield and New Zealand. My interests are in the management of difficult airways, medical education and trainee welfare. I'm looking forward to my role as the DAS trainee representative, and hope to develop further educational resources for trainees.

Elana

DAS ASM-2017

The much talked about DAS ASM 2017 is over! BUT, what a wonderful aftertaste it has left us with! Three days packed with fun, learning and networking!

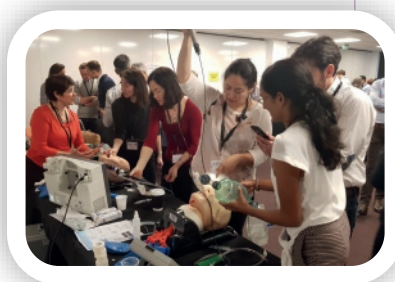
Each year the meeting seems to attract more and more delegates and DAS 2017 London was no exception. We attracted a record number of 700 delegates from all over the world making it more of an international event as always. Massive credit to Fauzia Mir, Bernie Liban and the team. Smoothly running a conference to entertain such numbers is certainly not an easy task.

The Mermaid London was a great venue choice. It is historic, centrally located and well placed to enjoy several attractions, socialising and dining.

Wednesday 22nd November (Workshops)

The meeting followed the traditional format with workshops on the first day, focusing on various practical aspects of airway management. 8 different stations were offered including Fibre-optic Intubation, Paediatrics, Virtual Endoscopy, Front of Neck access (FONA), Videolaryngoscopy, Ultrasound and ORSIM. There was a combination of purely hands on approach and/or small group discussions.

3 out of the 8 stations were dedicated to different techniques of awake and asleep fibreoptic intubation and methods of airway topicalisation. The ORSIM station was very popular as always. Latest second generation SAD appropriate for DAS plan B were available including intubation through SAD (Aintree exchange catheter technique) and their advantages and disadvantages were discussed. The Videolaryngoscopy station featured all the different classes of videolaryngoscopes (unchanneled and channelled) highlighting their unique features and techniques.



DAS ASM-2017

The Paediatric station included equipment that may not have been familiar to the general anaesthetist without a paediatric interest. The Ultrasound station taught how to identify airway structures on live models and techniques for gastric ultrasound as demonstrated by expert faculty. The FONA station was set up in accordance with 2015 DAS Guidelines. Virtual endoscopy had tutorials by experts on how to make 3D reconstruction from head and neck CT images.

At the end of the Workshops, the delegates gathered at the Trade Exhibition area for the Welcome Drinks Reception.

Thursday 23rd November (1st scientific day):

The day started with a welcome address from RCoA president Dr Liam Brennan (picture), who chaired the first session in which human factors influencing time pressured situations was given special focus; elaborating the psychology of human minds in stressful situations. The key issue highlighted was that people make mistakes however experienced, well trained and competent they are. Hence to accept the fact, learn from errors, and have strategies to minimise them. This was followed by a session on airway management in the critically ill patients, chaired by Dr Anil Patel, DAS president. New DAS ITU intubation guidelines were discussed.

After lunch, the session started with an amusing debate on whether advanced airway management should be a specialist training module, with Dr Imran Ahmed speaking for and Dr William Harrop-Griffiths speaking against. Amusingly, this time the audience attending a Difficult Airway Society meeting, were not convinced that it should be a special module.....however it was very close.



DAS ASM-2017

The day progressed with SAM lecture by Prof Felipe Urdaneta from Florida describing airway devices, working environment and infection control issues. How to recognise and define the problem, its magnitude and impact, and formulate a plan of action. MDT input in airway management was chaired by Prof Ellen O' Sullivan. This session covered excellent topics like shared evaluation of shared airway, strategies to manage supra-glottic stenosis and jet ventilation.

The last session was on the difficulty/controversy in developing national airway strategies and its potential. Dr Steve Yentis spoke about ethical and legal challenges around teaching of airway management. The day concluded with an update on DAS training material and development of awake intubation guidelines. Overall, a brilliant day well enjoyed by airway experts, enthusiasts, consultants and trainees.

Gala Dinner:

This took place on the evening of the 23rd of November, in one of the world's most iconic buildings and most instantly recognised – The Palace of Westminster, House of Commons. The evening commenced with welcome drinks, a tour of the House of Commons and a delicious 3 course meal. It is impossible to walk through its corridors or dine in its imposing function rooms without a deep sense of awe. A total of 170 delegates attended and thoroughly enjoyed the evening.

24th of November (2nd scientific day)

The morning started with the oral presentation session judged by Dr A Patel, Dr E O Sullivan, Dr F Urdaneta, Dr A McNarry, Dr I Ahmad and Dr F Mir. At the same time, there was a parallel ODP session, delivering three talks chaired by Dr Fiona Kelly. It focused on equipment and techniques in managing difficult airways, plan B and human factors and teamwork in stressful circumstances. Following on from the oral presentations in the main theatre, there was a debate on whether conventional laryngoscope is the weapon of choice for the first attempt!

The vote was equivocal but who knows what the future brings with video-laryngoscopy taking over the world of difficult airway.

The Inaugural Lecture was by Prof Chris Frerk on 'Translational research', its significance and implication on training and day to day clinical practice. The session 'Then and Now' had excellent talks. One covered the last 18 months of top airway related publications, how to assess an airway related manuscript and looking at ongoing research. This was followed on by exploring the history of modern anaesthetic practice, habits and how changes can help avoid catastrophe. Thoughts from Dr Adrian Pearce (picture), a retired anaesthetist and one of the founders of DAS, reflected on changes in the approach to airway management in the last 40 years and the role of knowledge translation. As the day progressed, there were talks on airway management in extreme physiology; covering obstetrics and paediatrics and also special circumstances like trauma and even space! Overall another enjoyable day completed.



We would like to congratulate Dr Fauzia Mir, Dr Bernie Liban (pictures) and their team, DAS, AAGBI and all the sponsors for organising an extremely dynamic conference that delivered high level and fun learning relevant to anyone in the field. We look forward to Edinburgh in 2018, which will certainly not disappoint. All the best to the team for organising DAS ASM 2018!

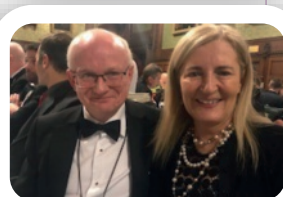


Sabeen Khan

Airway Fellow,

St Georges University Hospital

DAS ASM-2017 IN PICTURES



DAS ASM-2017 IN PICTURES



Shaun Scott from Oxford is running the 2018 London Marathon carrying a bicycle to fundraise for the FireFighters Charity. This is his show of respect for the resilience and bravery of UK FireFighters and the burdens that they and their families bear. "Post-Traumatic Stress Disorder (PTSD) is ruinous of the lives of those that are willing to risk so much to help others - the best way that we can help is to support the Charity that can help them directly."



In preparation for this challenge, Shaun has run the Blenheim 10km, Oxford Half Marathon and Portsmouth 10mile 'Great South Run', carrying his bike. Please follow Shaun's progress on twitter (@upyrbike) or his blog: www.firefighterscharity.org.uk/blog-my-wheel-life-marathon-challenge

If you can, please donate via JustGiving (search "UPYR99") or by JustTextGiving - text "UPYR99 £[amount 1-10]" to 70070.

POSTER COMPETITION WINNERS

1ST Prize Dr Jasna Comara Aintree University Teaching Hospital

2ND Prize Dr Vijay Pattni University Hospitals Bristol NHS Trust

3RD Prize Dr Bruce Young Maidstone & Tunbridge Wells NHS Trust

'Wild Card' Winner Dr Karen Stacey Northwick Park Hospital

RALPH VAUGHAN CUP WINNER

The Ralph Vaughan Cup for best oral presentation -**Dr A Sud** et al

'Comparison of CT Assessed Gastric Gas Volume between Patients Receiving Conventional Oxygenation and Bag and Mask Ventilation versus THRIVE'

DAS INDUSTRY AWARDS 2017



Mark Underwood (Carl Storz)



Ann Cureton (Freelance Surgical)

Overcoming barriers for Fibreoptic Intubation: Use of a standardised minimalistic technique

(This topic was presented at the Airway Leads meeting at London 2015-Editors)



We wish to share our experience within the Ulster Hospital, Northern Ireland, where we have been successful in promoting the widespread use of Fibreoptic Intubation (FOI) to greatly enhance patient safety, allowing consultants to maintain skills and providing many training opportunities for trainees.

Fibreoptic skills should no longer be an optional ability for a selected few. Inadequate exposure and training are likely to be the commonest reasons why anaesthetists in general resort to risky airway strategies despite predicting difficulty, a fact too commonly ignored when analysing critical airway events. FOI in the hands of an experienced operator is a safe and valuable technique, but experience can only be gained with regular practice, not by attending airway workshops alone.

Minimalistic Didactic Technique for nasal AFOI

Consent: Emphasise on what a patient will experience, while under conscious sedation avoiding technical jargon

Glycopyrrolate is avoided.

Xylometazoline is used nasally only if patients have a congested or blocked nose (this step is otherwise avoided in the vast majority)

Conscious sedation with IV Fentanyl bolus, followed by titration of IV Midazolam (TCI / Infusions are avoided)


Lidocaine viscous via nasal route adequately covers nasopharynx and supraglottic area (atomisers or specific blocks are avoided)

'Spray As You Go' Lidocaine 'at' and 'below' the cords, sufficiently anaesthetise the larynx (trans tracheal blocks or other laryngeal blocks are avoided)

-SAYG sprays are triggered by trained assistants, verbal cues / guidance is avoided. This prevents the lag time between the verbal cue and the actual spray hitting the target. So adequate topical anaesthesia is achieved with minimum number of sprays.

Size 6 or 6.5 Nasal ETT are preferred, as they are less painful to the nasopharynx and better tolerated by patients. This also reduces nasal trauma.

-ETT is further enhanced through the cords only during inspiration, to avoid holdup. This reduces laryngeal trauma & discomfort



The barriers for improving fibreoptic skills we initially faced were similar to that experienced by other airway leads in their own hospitals. FOI was considered a rare event, a difficult skill that was both time consuming and unpleasant to the patient. Such barriers would result in a lack of confidence in personal skills and poor support from nursing and surgical colleagues. This would lead to FOI being avoided in day to day practice. FOI then tended to be only carried out in the most difficult situations. The combination of an inexperienced anaesthetist working with an equally inexperienced anaesthetic assistant in a difficult airway situation, with the use of equipment unfamiliar to all staff, using inappropriate sedation and an inadequate local anaesthetic technique frequently led to unsatisfactory results for everyone concerned. An unpleasant patient experience would feed into the 'Barrier Cycle' and propagate avoidance of FOI when it should have been used in the future.

Over time our anaesthetic department has created an environment, where FOI is the default technique for all non-obstructed airway difficulties, rather than a 'once in a blue moon' technique. The change was initiated more than 15 years ago, and all barriers have been gradually dismantled. We have focused on standardising the equipment, the sedation and the airway anaesthetic technique with a tried and tested minimalistic approach. Basic reliable principles are taught, consistently applied and practiced. Standardisations of all key aspects leads to familiarity creating corporate overlapping skill sets between anaesthetists, anaesthetic assistants and other theatre staff to achieve consistent success.

We consistently perform more than 600 fibreoptic intubations every year, and both junior and senior trainees comfortably perform the procedure out of hours. High confidence in ability and overall ease of technique has encouraged a wider use of FOI. In addition to difficult airway management – a wide range of other indications including cardiovascular fragility, dentition concerns, frailty, avoidance of muscle relaxation and high aspiration risk are just some of the many additional indications where a FOI technique is now commonly employed.

Our audits show that our standardised minimalistic approach has consistent success and 97% of our patients are very satisfied with the technique. Anaesthetic time, as measured from IV cannulation to ETT cuff inflation averages 9 minutes for supervised novices down to 6.5min for anaesthetists who have previously performed more than 20 FOI.

We strongly feel that the success we had in our institute could be easily replicated in other hospitals, by following our 'minimalistic standardised technique'.



**Dr Niranjan Chogle,
Consultant Anaesthetist & Airway Lead,
Ulster Hospital, South East HSC Trust, Northern
Ireland.**

niranjanchogle@aol.com

Present your best practice at the **Airway Leads Day** 15th March 2018

For detailed instructions on submitting an Example of Best Practice please visit https://www.rcoa.ac.uk/sites/default/files/EVT_Call_for_submissions_Airway_Leads_Day_2018.pdf

or contact

althegasman@btinternet.com

The 3rd Airway Leads Day is primarily aimed at current airway leads, but will be of interest to senior trainees with an interest in airway management or those hoping to become an airway lead in the future. Please book early- the last two events were sold out quickly. Last date 26th January

REPORT

KOCHI AIRWAY MANAGEMENT CONFERENCE

Airway Society Kochi (ASK) India, in association with MOSC Medical College Kolenchery, organised the Kochi Advanced Airway Management conference (KAAMCON 2017) on 29th and 30th July 2017.

It was the first of its kind in Kerala (picture), a province in the South India and was hosted in the metro city Kochi, the commercial capital of Kerala. Kochi is referred to as the 'Queen of the Arabian Sea' and is considered as India's prime tourist destination. The venue was the Indian Medical Association Hall, which is purpose built for scientific meetings and conferences.

The course was supported and approved by the Difficult Airway Society – UK (DAS) and endorsed by the All India Difficult Airway Association (AIDAA) and Airway Management Foundation (AMF). Experts in airway management from India, UK, Singapore, Australia and UAE shared their knowledge and experience. It provided opportunities to learn core airway management techniques as well as hands on practical experience with state of the art airway equipment. The response was overwhelming and all places in workshop were taken up within a month after the registration was opened.



The workshop was led by King's College Hospital London Airway Course team. There were 10 focused specialty stations which provided hands on training in small groups. The stations covered crucial areas of airway management and included fibre optic intubation, supraglottic airway devices, video laryngoscopy (channelled and non-channelled), front of neck access, ultrasound in airway management, THRIVE, airway simulation (Human Factors), lung isolation and trans-tracheal jet ventilation, paediatric airway, ORSIM & the Oxford box. There were 120 delegates who rotated through the ten stations and they spent 45 minutes in each station. Airway simulation highlighting Human Factors in airway management was a novel idea in this part of the world and was very well received. An airway workshop of this magnitude with all possible airway equipment under one roof was a feast for the airway enthusiasts. The workshop was followed by a dinner and musical programme.

On the second day there was the scientific programme which was highly informative and interactive. The topics were well conceived with one topic dovetailing nicely into the next. It began with 'Basics in Airway Management' followed by 'Guidelines in Practice' and 'Airway in Special Situations'. DAS and AIDAA guidelines were discussed in detail. The session 'Size, Views and Human Factors' included discussions on bariatric airway, ENT surgeon's view and Human Factors in airway crisis. The key note address 'Past, Present and Future of Supraglottic Airway Devices' was given by Dr Mohammed Nasir, inventor of the i-gel[®] and this was facilitated through video conferencing.

The debate on 'Fibreoptic Bronchoscopy versus Video-laryngoscopy in Anticipated Difficult Airway' by two gifted orators, Dr Jayaram Dasan and Dr Radhakrishna was thought provoking and well received by the audience.



The scientific session wound up with case based discussions by a panel of experts in the field of airway management.

The sessions were all highly interactive and educative as reflected in the positive feedback.

There were 31 very high quality entries for the poster competition. Dr Jamie Mann, Dr Sahana Udupa and Dr Beulah Elango won the first, second and third prizes respectively.

The workshops and CME received excellent feedback and we hope to continue the program as an annual event. The team work and positivity exuded was amazing and we are greatly indebted to all the faculty, delegates, and the societies including DAS that supported and made our first venture a grand success.



Dr Elizabeth Joseph

Organising Committee Chair

www.kaamcon.com



SAVE THE DATE

WAMM
WORLD AIRWAY MANAGEMENT MEETING
AMSTERDAM 2019
13–16 November

www.wamm2019.com

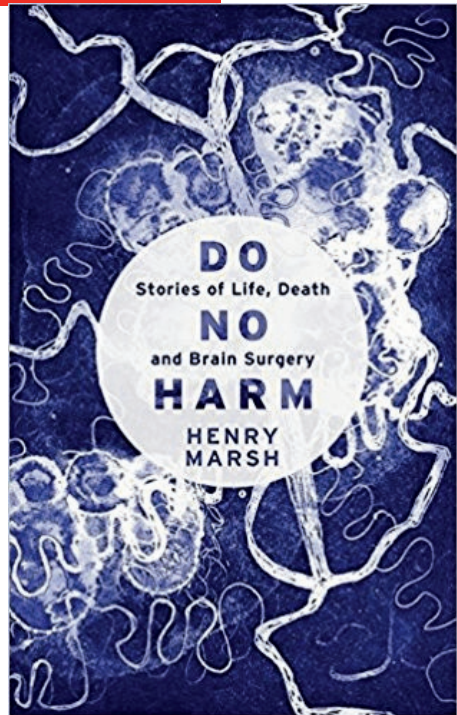
The banner features a dark blue background with a white grid pattern. On the left, there are three circular inset images: a canal with colorful buildings and a boat, a night view of a city skyline, and a large Gothic-style building. A globe is positioned in the center, and the event title 'WAMM' is written in large, stylized letters. Below it, the text 'WORLD AIRWAY MANAGEMENT MEETING' is in a smaller font, followed by 'AMSTERDAM 2019' and the dates '13–16 November'. The website 'www.wamm2019.com' is at the bottom right.

BOOK REVIEW

Do No Harm

Henry Marsh

Henry Marsh is a Consultant Neurosurgeon who up until 2015 worked at St Georges' Hospital, where he pioneered the use of neurosurgery under local anaesthetic. He is also well known for his altruistic work in the Ukraine at the time of the fall of the Soviet Union; this involved performing surgeries not previously in use there. 'Do No Harm', published in 2014, is a look at Marsh's career, starting with his time as a theatre porter before studying medicine through his journey to consultant.



Each chapter is centred on a patient suffering from a particular neurosurgical condition. He then describes how that case affected him and what he learnt from those experiences.

Marsh's writing style is very much a 'warts and all' approach; he does not shy away from describing the anxieties, pain and suffering of some of his patients. This has the effect of bringing the reader along on the emotional journey with both the patient and Marsh. As well as this, Marsh does not hide his disdain of NHS bureaucracies and management drives which we all may be familiar with.

BOOK REVIEW

There are many stories to choose from, however a particularly poignant example is that of a young girl from Ukraine with a brain tumour. She had travelled many miles with her mother to see Marsh, despite being told by surgeons in Russia and the Ukraine her tumour was inoperable. Marsh then tells of how he operated on her, which was unwise in his opinion. The surgery is a success initially, but he goes on to describe his despair as tragedy strikes and she suffers a catastrophic haemorrhage. As in many acute specialties, anaesthesia included, knowing when not to proceed is often the more difficult decision.

This is one of many cases of tragedy experienced in Marsh's neurosurgical career. Indeed, he does not balk at laying bare the errors and mistakes he has had a part in. This honesty could be disquieting for potential patients; however, we feel this is a refreshing and important way to look at things when they go wrong.

Marsh himself stresses the importance of learning from mistakes, which in neurosurgery are almost always catastrophic; something those of us in Anaesthesia can appreciate. In fact, the author emphasises to the reader that it is the failures of his career rather than his successes which have made him a better surgeon.

To conclude, this is an honest and heartfelt book which takes the reader through the trials and tribulations of a career in surgery. The candid approach throughout is one that we can all learn from in our own reflective practice.



Dr Ajit Walunj & Dr Carl Groves

Good Hope Hospital, Sutton Coldfield



COVENTRY CADAVERIC AIRWAY COURSE

Friday 13th April 2018

Course aimed at trainees, trust grade doctors and consultants in Anaesthetics, Emergency Medicine, Paediatrics, and Intensive Care Medicine. Course is also open to Nurses, ODPs, Paramedics, and Trade Representatives.

Hands-on experience of direct laryngoscopy and videolaryngoscopy using a variety of different devices, intubating through the laryngeal mask, fibre-optic intubation (nasal and oral), and surgical cricothyroidotomy on 8 human cadaveric specimens. A ratio of only 2 delegates per specimen to ensure a high quality experience, far superior to practice on mannequins. One delegate of the pair will have the opportunity of performing the surgical cricothyroidotomy (limited availability).



One day course available on Friday 13th April, 2018 at West Midlands Surgical Training Centre, University Hospital Coventry, CV2 2DX.

CPD points applied for.

Course directors: Dr Joy Beamer, Consultant Anaesthetist UHCW; and Dr Rajneesh Sachdeva, Consultant Anaesthetist UHB.

To book a place go to - <https://wmstc.co.uk/Medshare/product/cadavericairway13-04-18/>

Or more information please contact:

Dr Joy Beamer,

Consultant Anaesthetist UHCW.

Email: Joy.Beamer@uhcw.nhs.uk

SAVE THE DATE

28-30 November, Edinburgh, Scotland

Difficult Airway Society, Annual Scientific Meeting 2018



das2018@abbey.ie

www.das2018.co.uk

DAS

Difficult Airway Society
Annual Scientific Meeting



AIRWAY LEADS DAY

A joint RCoA and DAS event



Thursday 15 March 2018

RCoA, London | £150



The Royal College of Anaesthetists and the Difficult Airway Society are delighted to announce the third Airway Leads Day.

Airway Leads from across the country will come together to address key topics including the sharing of best practice, and discuss what's new and what's controversial in the field of airway management.

Plus, don't miss the call for examples of best practice and the chance to present at the event.

Book your place at
www.rcoa.ac.uk/events

DON'T MISS

**Airway Management:
Training the Trainer**

Thursday 10 May 2018
RCoA, London

Learn how to create, develop
and deliver airway teaching in
a multidisciplinary setting.

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1673 | events@rcoa.ac.uk | www.rcoa.ac.uk/events

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