



Difficult Airway Society

NEWSLETTER



WAMM 2015- DUBLIN



www.das.uk.com

PROJECTS EDITION 2015

EDITORIAL

Over the 12 years since becoming consultant, a steady flow of senior trainees have wandered into my anaesthetic room clutching their curriculum vitae and job applications in the hope that I might wield my red pen and transform their jumbled thoughts into the finest works of prose. I guess this talent had not gone unnoticed by the 'people at DAS' and so along with my red pen, keen eye for grammar and typos, I find myself in the role of DAS's new newsletter co-editor and co-opted onto the committee.

I do hope you enjoy reading this edition of the DAS newsletter. To start with, we hear from Jairaj and Krish who are both stepping down from their roles as DAS President and Secretary respectively. They have both contributed so much towards this society, for which we are all very grateful.

Prof Jaideep Pandit, our DAS Scientific Officer, explains the DAS Small Grants Application procedure and the new 'DAS PhD Scholarship Scheme' which can offer support to members who are aspiring to obtain a PhD.

A well-recognised technique to optimise the positioning of obese patients during airway management has been ramping using multiple blankets. In the 'Pen of the Inventor' series, Craig Troop, an anaesthesiologist from the US, describes the story of how his idea for a ramp positioner eventually developed into a well-known product called the Troop Elevation Pillow (TEP)[®].

You will also be able to read in the Specialist Society Report about the ventures, projects and courses that DAS is currently involved with. The launch of the new intubation guidelines and obstetric guidelines are imminent. The Airway Revalidation Course series started in June is seen as a significant step forward in fulfilling the CPD requirements of anaesthetists and emergency medicine consultants.

It is not long now until WAMM 2015 - expected to be the largest ever airway meeting in the world. Flights booked...tick! Hotels booked.....tick! Don't forget to pack your black tie outfit as the dinner sounds like a must-go-to event this year. With all the behind the scenes preparations being finalised now, we wish every success to all those on the organising committee.

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

Joy



Joy Beamer



A.Sajayan

newsletter@das.uk.com

PRESIDENT'S PAGE

Time moves on and so should we.

It is with great pleasure that I look upon how our society has risen from strength to strength. Currently in 2015, DAS is the largest airway society in the world, with a membership of over 3000 and rising.

Being the first elected President of DAS in 2013, I have been very privileged to lead DAS and bring about the successful activities that we provide to our membership.

I have been closely involved with DAS and the committee for the last 15 years and have grown into it or vice versa, difficult to say!

It is with great pride that I have decided to step down from my office as President for 'new blood' and ideas to take over from me.

It will be a great opportunity for the incoming President and Secretary to take over at the pinnacle of our society's performance and raise it to even greater heights. I am confident and proud to say that I am leaving behind a legacy of a stable and firmly established society, improved upon the framework built by the previous Presidents with an ever increasing healthy membership.

I could not have achieved all without the support of my committee members. I must particularly thank Dr Subrahmanyan Radhakrishna 'Krish', Hon. Secretary of DAS. He is also stepping down from his post in order to bring about the elections to the executive posts and announce the new office bearers at the AGM in November.

Krish has been a very hard worker and supported all my initiatives with unanimous approval. My other committee members remain the pillars of our committee and I shall remain ever grateful for their unflinching support.

You may have read over the years several achievements and targets the society had set out to undertake. I do not wish to repeat them all here once again but some of them have been dear to me and few are near to completion:

- International collaborations and overseas airway workshops and courses
- Awarding the DAS mark of approval for national and international airway courses

- DAS Airway Alert Card
- Inclusion of two trainee members into the DAS committee
- Inclusion of a lay member into the DAS committee
- Liberal increase to NIAA grants and overseas charities.
- Inception of DAS Small Grants
- Copyrighting of DAS logo, new algorithms and registering with ICO (Information Commissioner's Office).
- Leading a collaborative team developing ICU airway management guidelines, and a framework document for airway equipment decontamination.
- Electronic voting through ERS being firmly embedded in DAS elections

I am positive that the newly elected President, Secretary and Trainee representative will be more than ready to face the challenges of the future and maintain the proud traditions of the past. I will always be available to share my experience and help in the smooth transition to the new elected members.

I once again wish to share my gratitude for the committee members for standing by me and having faith in my decisions. My thanks also go out to the DAS membership, without whose support all these achievements would have been impossible.

Best wishes & goodbye



Jairaj

President, DAS

October 2015

SECRETARY WRITES.....

As my term as the Honorary Secretary of DAS nears completion this November, I prepare to hand over to my successor with a feeling of satisfaction and achievement. I would like to thank the members for giving me the opportunity to serve this great society that has grown from strength to strength in the past 20 years. DAS evolved as a concept in 1995 during a conversation, mid-flight from Edinburgh to London, between Dr. Ralph Vaughan and Dr. Adrian Pearce. Today it is the largest airway society in the World and the largest specialist society in the UK! Its success is largely due to the commitment, dedication and contributions from its elite members and their scientific work.

During my term as Secretary, the DAS committee has worked hard to take its glorious story a further distance. We have engraved a long list of successes on the time wall. A new, more functional website has been the fulcrum for pushing further change. Getting the DAS logo copyright protected and the society ICO registered was an important step that paved the way towards secure collection and storage of data. The new look newsletter was the brilliant work of the editorial team and instilled more interest and brighter colours. The suggestion by one of our members resulted in the development of the DAS Airway Alert card. On further exploration, this has opened new vistas for a national database of difficult airways and a system of providing an alert card for patients in the UK with difficult airway. This will completely be free of cost to the patient. Two important new guidelines were completed- the recently published OAA/DAS guidelines and the revised intubation guidelines which will be published soon. Airway guidelines for the ICU and guideline for decontamination of laryngoscopes are in the pipeline and will be completed and ready for launch in the 2016. We also commissioned the DAS App which is now available free to download in both Apple and Android format and will automatically update to show the new guidelines as and when they are launched.

The annual scientific meetings in Ascot and Stratford-upon-Avon were very successful, and I am delighted to say, the DAS ASM in 2014 in Stratford upon Avon, under my leadership, broke all previous records in terms of attendance and positive feedback. We have always tried to keep the conference fee affordable and have now introduced a new session for the ODPs and nurses at heavily discounted price. The induction of the anaesthetic nurses and ODPs in to the DAS fold has been a significant step that I took at the 2013 AGM and the success of this was evident in DAS ASM 2014 when the session was full and overflowing.

The SMART course has been enjoying resurgent success after we reformatted and updated the course with the new human factors educational content. I had been closely associated with the development of the Airway Revalidation Course (ARC) and am pleased to see the success it has enjoyed since its launch in June this year. This is another feather in the cap of DAS and we hope to serve the revalidation requirements of all anaesthetists and acute medical physicians. The course is designed to be provided at different convenient locations in the UK and is a not-for-profit initiative from DAS. These courses are getting booked well in advance and if you have not attended, please visit the DAS webpage to enrol.

The membership today stands at 3,200 and is growing rapidly. The last two years witnessed the rapid increase in membership after we introduced the new online membership system on the DAS website. The airway lead forum and members-only area on our website were further additions that increased the value of the membership. The DAS committee has also grown to reflect its wider role and for the first time we have appointed a lay member for DAS. We have given research grants to the tune of £15,000 per year and charities have benefited by £10,000 per year.

I owe a lot to my team for what has been achieved. A special word for President Dr. Jairaj Rangasami; his leadership has been crucial to the team. He has guided us with his wisdom and experience and a vision that often saw beyond the darkness. On rare difficult moments, I have felt his comforting hand on my shoulder that reassured and helped me overcome the situation. His retirement leaves a void that will be hard to fill. Jairaj will be there to guide us as the immediate past president for a further year. I am sure the new team will be looking for his continued support.

With very best wishes for the future of DAS

Signing off



Dr.S.Radhakrishna
Hon secretary DAS

TREASURER'S REPORT-March-September 2015

DAS has the highest membership among the specialist anaesthetic societies in the UK and over a hundred new members have joined in the last month – possibly ahead of WAMM in November to take advantage of the special member rates for what is really building-up to be the single most important airway gathering in history – well done to Ellen, Carin and their teams!

This, of course, is music to a treasurer's ears and especially so, when the hundreds of delegates already registered mean we are approaching the anticipated break-even point at the start of September and history tells us there's usually a final flurry of bookings at the last minute; fingers crossed!

In the business world, their equivalent of a TPR chart is the bottom-line turnover. Turnover is a measure of activity and I am uniquely placed to see that activity (incomings and outgoings) at first hand.

As you will know, the new Obstetric Airway Guideline is in press and the second edition of our famous Intubation Guideline is submitted and about to be released. Having been involved in the extubation guideline and currently working on the ICU one, I think I can now appreciate the 'natural history' of a guideline. They all seem to get a gradual start, make firmer progress and then have a final flurry 6 months before completion as those trickier phrases are honed and final executive decisions settled. This needs a lot of face-to-face contact before a guideline goes to press. To a treasurer, this means writing a lot of cheques for travel and venue hire. With regard to the latter, I would like to publically acknowledge the support of the Royal College of Anaesthetists in providing a central London venue for the intubation group's meetings. This is really appreciated and demonstrates how lucky we are as anaesthetists to have a far-sighted official body willing to help our specialty progress and see 'Team Anaesthesia UK' maintain our place at the top table around the world.

Coffers supporting travel are unevenly spent, as doctors seem only to present their travel claims at the last moment after 2-3 years of activity so I think my like-for-like expenditure levels are greater than my predecessor Pete Groom's: timing is everything! Of course, it goes without saying that the thousands of man and woman hours of work entailed in producing these documents is all given entirely gratis by the group members – many thanks boys and girls!

We are also paying the publishers Wiley to ensure that the obstetric guidelines are made available to everyone through free access.

We continue to protect our charitable status through our donations here and abroad and we have finally agreed a funding structure to support airway related research via the NIAA and our own small grants system.

The inaugural ARC (Anaesthetic Revalidation Course) managed to break even despite holding it in central London and only charging £130 pounds for 9 top quality lectures. We look forward to ARC's progress as it travels around the country - including in Glasgow in October!

I shall now be disappearing into a darkened room for a couple of weeks to finalise the numbers before meeting with the DAS accountant next month. I will be a position to give you the detailed figures in Dublin.

Finally, I hope as many of you as possible have availed yourselves of the opportunity to vote in the DAS Presidential, Secretarial and Junior Rep. elections – I want us to make every penny of the £750 fee to the Electoral Reform Society count!



Andy

DAS PhD SCHOLARSHIPS

BACKGROUND

1. It is possible to acquire a higher degree (PhD or MD) by several routes. A person may:
 - a) Prospectively enrol (rarely part-time) for a degree course, which usually takes a minimum of 3 years if full-time, away from clinical work; or
 - b) Submit a body of published papers forming a theme to a university
2. If the second route is taken, a person may submit to their own alma mater (if theirs offers such a route) or may identify another university that offers such a route:
 - a) The submission must be formal, organised, and reflect a clear and discrete theme of scholarly publications
 - b) These are formally examined
 - c) There is a cost (often ranging from £3,000 - £6,000)
3. Many DAS members accumulate a strong list of publications in the field of airway management and related themes. Yet, they do not have access to higher degrees and as practising clinicians they cannot take years out of work to undertake a PhD or MD.
4. DAS now has a Faculty of Professors who can serve to guide potential applicants and DAS has funds that it can make available to fund, in part, the submissions.
5. The sponsorship of members undertaking higher degrees fits with DAS's overall mission of creating an academic career path, from research-active member, to senior lecturer to DAS Professor.

PROPOSAL

1. Anyone can choose their own route to obtaining a PhD. This proposal is only for those members who seek DAS support.
2. The scheme will be known as the 'DAS PhD Scholarship Scheme' and successful applicants known as DAS Scholars.
3. The scheme is open only to fee-paying members of DAS.
4. The DAS member approaches DAS to state that they wish to seek support for submitting for PhD by published works, including a list of publications they wish to include.
5. DAS makes a non-refundable administrative charge of £500 which serves to
 - a) act as a filter to ensure serious applications;
 - b) offer the DAS Professor mentors a token sum for their time and effort;
 - c) cover the cost of the mock viva (see below).

6. Once fee is paid, two PhD Mentors are assigned, from the Faculty of Professors (Mentors must themselves must have a higher degree). Applicants are free to choose one Mentor from the Faculty fulfilling this criteria.
7. The Mentors review the material submitted. There are two possible outcomes:
 - a) The submitted works are judged unlikely to lead to a successful submission for a PhD. The applicant is suitably advised, and £200 of the original £500 fee returned. Advice may include specific steps the candidate might take to make their works suitable for DAS support in future.
 - b) The submitted works are judged worthy of DAS support and the Mentors make a recommendation to DAS Committee that a Scholarship is awarded. The remainder of this document discusses the next steps.
8. The supervisor(s) and Scholar together identify the university to submit to and prepare the submission and go through the required processes. The applicant may express a preference for a university.
9. The Scholarship covers 50% of the costs of submission, up to a maximum of £3,000. These monies will be paid only after submission of the thesis to the university as advised by the Mentors.
10. Where a viva is part of the award from the university, the Mentors arrange a mock viva. If the applicant has chosen a non-UK Mentor, then the costs of arranging a mock viva are deducted from the Scholarship limit of £3,000 if the applicant wishes both Mentors to be present.
11. In this way, the applicant is fully prepared and mentored to submit a successful PhD thesis
12. After the award of degree, the applicant is invited to give a lecture to DAS AGM at the next available slot, and encouraged to apply for opportunities such as the DAS Professorship or other suitable awards.
13. A maximum of 3 Scholarships will be awarded each calendar year.
14. If the candidate is unsuccessful in the submission to the university, no refunds is made by DAS of any monies paid by the applicant to DAS; nor is any refund expected by DAS of any scholarship monies paid. However, if additional there are additional costs of resubmission required by the university, then (on the advice of Mentors) DAS may consider such a request.
15. An applicant may only be awarded a Scholarship once.
16. A successful applicant remains a Scholar until such time as the thesis is awarded a degree (or until a final rejection of thesis is submission is made by the university). Successful applicants may, in perpetuity if they wish, style themselves as 'DAS Scholar 2015-18' etc.

**DAS reserve the right to amend the DAS Scholar proposal anytime at their discretion*

Prof J J Pandit

DAS Scientific Officer

DAS SMALL GRANTS APPLICATION

Criteria*

1. DAS Small Grants are for research or audit applications where funding is limited to £5,000 in a single application.
2. Early proof of concept or feasibility studies are eligible, especially where it is planned that these lead to larger projects.
3. It is expected that studies funded under this scheme are complete within 2 years of date of award. Six-monthly reports must be submitted to DAS until completion of the study. All successful awards will be published on DAS website. Progress of the study, completion and non completion will be published on DAS website.
4. Funding may be sought for any academic project that falls within the broad interest of DAS. This includes all studies broadly related to the problems of oxygenation or hypoxia or respiration as it relates to these themes, in relation to anaesthesia or critical care.
5. Any individual may be part of only one application in any one round, and if successful may not be part of any application in the next round.
6. Where more than one application is received from the same group/centre/institution, clarification will be sought that these are not from the same collaboration.
7. Funding may be sought under the Small Grants scheme for:
 - a) Equipment and consumables, including animal costs (all equipment purchased remains the property of DAS)
 - b) Personnel (including buy-outs of time) where these costs cannot be covered from other sources (eg, CLRN)
 - c) Necessary fees for access to data or to complete the project that can be justified
8. Specific exclusions are that funding will not support
 - a) Postage and photocopying (eg, for surveys)
 - b) Secretarial support
 - c) Statistical advice: it is not expected that applicants will seek funding for statistical advice, and applicants will need to make a case as to why specialist input is needed for expert statistical analysis in their study
 - d) Travel, conference fees, subsistence, cost of room hire or attending meetings

e) Telephone, internet subscription costs

f) Costs of enrolment for higher degrees or courses that may be required to complete the project

9. All publications and outputs must acknowledge DAS as a funder, and DAS may wish to enter into discussions about any intellectual property rights that emanate from discoveries made through this funding.

Outline:

There will be 2 rounds per year, timed broadly in line with larger rounds held by NIAA. The broad aim is for a 'light touch' in both application process and scoring for award. Scoring of applications will be by the DAS Faculty of Professors (and expertise may be drawn from our partner colleagues in SAM).

The application must consist of 1 inch margins max, strictly in 11 point Arial script, single spaced, submitted as a single pdf file. The first page is a single page detailing the applicants (names, positions, qualifications, contact numbers and emails) and where space allows a brief summary CV. Applicants will need to be sparing as to which information they thus provide. The body of application must be no longer than 2 sides of A4. The 4th and final page is a separate costings page (see below). Any applications not meeting these criteria will be returned as ineligible.

Beyond these simple requirements, applicants are free to structure their proposals as they wish. We recognise that funding will be sought for a wide variety of projects and therefore, flexibility is needed in how applicants feel they can best structure their application. Applicants may include figures or tables if they wish, but all must fit within the 2 page limit. However, reviewers will be searching for explanations about:

- a) Purpose or aim of the proposal, especially where it fits into a wider strategy (for the research group or for DAS);
- b) Some background information such as previous relevant literature. This may be very necessary for novel ideas that need some prior introduction or explanation, but less so where the research question concerns a well recognised theme;
- c) Methods, explained in a way that the reader can understand what is to be done, who is to be recruited, in what numbers and why, and what is to be measured and how it is to be analysed;
- d) Some idea of where the proposal will go in the future, as the ideas around it develop (eg, will it lead to changes in practice, or to new measurements, or new innovations, etc
- e) Some key references

Costings page:

An essential component of the application is costings, which must be presented on a separate (3rd) page. Each element of costs must be detailed and be justified.

Award of grant: No signatures or details of approvals etc, are required at time of application. However, where a proposal is successful at the scoring stage, DAS will seek detailed clarification of approvals (eg, ethics) or plans to obtain them, institutional support, where monies will be paid, etc. Applicants will open a community account with two co-signatories where monies will be paid, should they not have institutional support. So any final award is subject to all of these being satisfactory. Therefore, applicants are advised to have all of these essential elements in place at time of application or very soon thereafter.

Checklist

Application in correct font, spacing and margins, using the template as below (see DAS website for full details)

To be submitted as single pdf file

DAS SMALL GRANTS APPLICATION

TITLE OF PROJECT:

APPLICANTS:1 page for applicant(s) details

BODY OF APPLICATION:2 pages for body of application

COSTINGS:1 costing page, with justification

** DAS reserve the right to amend the criteria for the small grants application anytime at their discretion*



Prof J J Pandit

DAS Scientific Officer

TRAINEE REP'S REPORT

I am looking forward to attending the extra-special WAMM at Dublin in November, and hope to meet lots of other trainee members there. The session looking at international perspectives on airway training appears particularly interesting. I have always found the DAS annual meetings to be inspirational and they fill me with enthusiasm for improving the systems around airway management in the hospitals I've been working at. I also enjoy the opportunity to try out all the new equipment on show, so a larger and more international conference is sure to have some exciting highlights.

I am now well in to my ATM in difficult airway management (in Oxford) and finding it enjoyable and useful. Perhaps even more than the practical techniques, I think I have learned more about decision making and planning for cases with anticipated difficult airways and about communication of these plans with the whole theatre team.

At the last committee meeting there was a very interesting update on the forthcoming DAS alert card system. The big decisions on how to balance what details are visible on a card carried by someone with a difficult airway against what is available on an online database, and how that data can be stored securely but accessed quickly by any anaesthetist in an emergency, have been solved. The main remaining challenge is getting national approval for it (from the perspective of ethics and information security) so that it can be used across the whole country rather than just for trusts that individually approve it. I was surprised by the number of obstacles to getting a system running that can so obviously improve patient care, but I'm confident that we'll soon have a secure and easy-to-use system that could save lives.



Angus McKnight

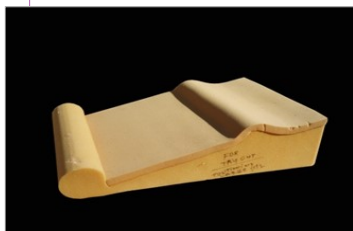
FROM THE PEN OF THE INVENTOR

The story of Troop Elevation Pillow (TEP)

The year is 1999, it is a Monday morning. The patient is 5' 2" and 375 pounds. I walk into pre-op room # 6. There I encounter a patient seated in a wheelchair with her head leaning against a wall. The patient is motionless and her face is a purplish-blue color. Shocked by her overall appearance, I am about to activate a 'code blue' when very slowly and deliberately the 'code blue patient' turns her head towards me and calmly says "hello". I attach a pulse oximeter, it reads 85% with a steady heart rate of 80. I think to myself, this is where 'she lives'...a chronic CO2 retainer, undoubtedly with sleep apnea and a host of other co-morbid conditions. I am both amazed and deeply concerned about giving this patient a general anesthetic. At that moment, I decided; I am going to do something about this problem...I am fed up with being anxious about of these types of cases. That was 15 years ago! So began the story of the Troop Elevation Pillow (TEP).

My mentor at UTSW / Dallas would insist on creating a ramp made from blankets to better align the airway axes of obese patients.

However, as patients were becoming ever more obese, the number of blankets required, created an inherently unstable ramp. I set out to replace a pile of blankets with a simple foam positioner that would be easy to use, stable and yield a predictable result. I naively believed that I would accomplish this goal in a few weeks. Wrong...the process of designing a foam positioner, finding a foam company and finding a local hospital that would allow me to use my creation took ~ 2 ½ years! Multiple foam cutting companies were approached before one Texas Company agreed to assist with R & D. Multiple designs were created and tried until a close to a 'one size fits all' model emerged.



Knowing that most hospital O.R.s already have either a foam head holder or foam 'donut'; the concept of a plateau or flat upper part of the TEP ramp became part of the design. In other words, the plateau part of the TEP (base unit) is designed to be used with head cradles already present in most operating rooms.

Early version with a lumbar roll The base unit is the principle component of the TEP system for airway positioning. The first commercial sale occurred in January, 2002 at a community hospital in North Dallas, Texas. I shared the TEP with my mentor at UTSW / Parkland and was encouraged to make the TEP available nationally.



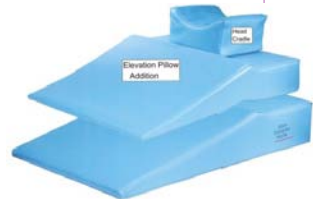
Vinyl covered base unit with vinyl covered head cradle

After a two year search, Mercury Medical, (Tampa Bay, Florida) agreed to offer the product. Mercury was looking for innovative and novel products that might compliment their current line of anaesthesia items. Marketing materials, ads, video production and airway conference presentations of the TEP began in 2004. Presenting at the annual ASA conference allowed for national and international exposure.

Over the subsequent year, input suggestions from colleagues at UTSW/Houston, University of Chicago, University of Toronto and the University of Manitoba lead to the development of the Addition (adds onto the base unit), elevated arm board pads and a barrier cover (an infection control feature). Further, for international sales a vinyl covering over the foam became part of the manufacturing process.

Currently most morbidly obese patients are well positioned with just the base unit (TEP) and a head cradle. The TEP (base unit), its addition and the head cradle (picture) is intended for the super morbidly obese patient with a BMI of > 50.

The TEP is the original commercially available airway positioner for obese patients. I cannot emphasize enough how time consuming the development of the TEP has been. My personal expense in R & D, legal fees and marketing has been well in excess of \$250,000 but by far, the time commitment exceeds any dollar amount. Difficulties during this venture has occurred in both the USA and the UK in the form of copy right disputes .



I have been asked: do you have any advice for aspiring inventors who want to see their idea come to life? First and last if you have something that works and fills a need; be prepared for the long haul of your time commitment. Nothing great or small will come to pass without a 100 % commitment from you and only you. The financial cost is not small but you are your idea's best partner.



Craig Troop M.D.

Catroop@tx.rr.com

References

Hagber CA, ed. *Benumof's Airway Management, Second Edition*. Philadelphia: Mosby Elsevier; 2007.

Barash PG, Cullen BF, Stoelting RK, Cahalan MK, Stock MC. *Clinical Anesthesia, Sixth Edition*. Philadelphia: Wolters Kluwer; 2009.

Hung O., Murphy MF. *Management of the Difficult and Failed Airway, Second Edition*. New York: McGraw-Hill Professional; 2011.

Ehrenfeld JM, Urman RD, Segal S, eds. *Anesthesia Student Survival Guide, A Case-Based Approach*. New York: Springer; 2010.

Glick, D., Cooper, R., Ovassapian, A., (Editors) *The Difficult Airway (An Atlas of Tools and Techniques for Clinical Management)* Springer; 2012

El-Orbany M, Woehlick H, Salem MR. Head and neck position for direct laryngoscopy. *Anesth Analg*. 2011;113:103-109.

Rich JM. Use of an elevation pillow to produce the head-elevated laryngoscopy position for airway management in morbidly obese and large-framed patients. *Anesth Analg*. 2004;98:264-265.

Ankichetty SP, Angle P, Joselyn AS, Chinnappa V, Halpern S. Anesthetic considerations of parturients with obesity and obstructive sleep apnea. *J Anaesthesiol Clin Pharmacol*. 2012 Oct-Dec; 28(4): 436-443.

Hagberg, C *Current Concepts in the Management of the Difficult Airway... Anesthesiology News* May, 2011 and May 2012... Table 8. Positioning Devices

S. Shanbhag FRCA... *Patient Positioning in the Morbidly Obese... Internet Journal of Anesthesiology... Volume 19 number 1...(2009)*

K. Cheesman et al... *Effects of a head elevated ramped position during elective Caesarean delivery after Combined Spinal-Epidural Anesthesia*

International Journal of Obstetric Anesthesia Volume 23, Issue 2 May 2014

SPECIALIST SOCIETY REPORT-2015

DAS this year is celebrating its 20th anniversary. In commemoration of this event it is joining hands with SAM (Society for Airway Management) to host WAMM (World Airway Management Meeting) in Dublin this November.

WAMM will also see the launch of the new intubation guidelines and obstetric guidelines.

DAS Annual Scientific Meeting in Stratford-upon-Avon in November 2014 was the most successful in DAS ASM history with record attendance and best delegate feedback. The three DAS ASMs since 2012 have progressively seen growing numbers and we expect the numbers in Dublin to beat all previous records.

DAS membership has grown rapidly and we have well over 3,200 members. The DAS committee has inducted its first lay member by appointing Mr. Paul Martin, who recently retired from the NHS after many years of distinguished service.

The launch of Airway Revalidation Course (ARC) in June at the Royal College has been another significant achievement. Designed to fulfil the CPD requirements of anaesthetists and emergency medicine consultants, the course is scheduled to be held in different parts of the UK.

The October course was in Scotland and in early spring next year it moves to the south of England. Each ARC will be able to accommodate up to 100 delegates. All the lectures are peer reviewed and set to a high set standard like in the ATLS. The reception so far has been very encouraging and we will be working with DAS Airway Leads to develop the course further.



DAS ARC Faculty at Glasgow

DAS has also introduced a new system of recognising UK based airway courses by giving them DAS certificate. These are valid for one year and are to be renewed every year.

Courses outside the UK are visited by DAS experts before being certified 'DAS Verified Course'. This has proved very popular with many course organisers willing to have their airway courses evaluated by DAS experts both within and outside the UK.

Research grants have continued to flow from DAS in close collaboration with the NIAA. This year DAS will also introduce small grants that researchers can apply and get directly from DAS.

DAS is in a position to award professorship to members who have made exceptional contribution to the advance of airway management through research, teaching, writing, and publication. To date, we have three DAS Professors appointed and the Society encourages applications from other deserving members.

The DAS extubation guidelines published in 2011/12 were in the top 10 most cited papers in 2012/14. This position continues. DAS is also leading in a joint venture with RCA and FICM and ICS to produce airway guidelines in the ICU. It has joined hands with specialists in areas of decontamination and equipment manufacture to evolve new guidelines on decontamination of airway equipment due for release next year. DAS will be introducing the national Airway Alert Cards as a national patient safety initiative in the coming months. The elections for DAS executives are being held this year and results will be announced in November during the AGM.

DAS will continue to work with other specialist societies and the Royal College and AAGBI in all areas of common interest including joint research and charity projects. DAS has already contributed a substantial amount to the Lifebox charity. Similar charity ventures are scheduled for the year ahead.

DAS new look web page and newsletters have received praise. The member's only area on the website has been used effectively to develop input from members on the new intubation guidelines. DAS Airway Leads have also come on board to write and exchange views.

20 years of high achievements and successes! We are now eager to open the doors to the next 20 years of scientific progress in our field.

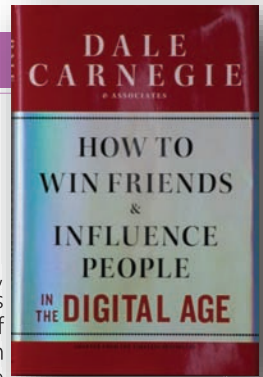
Dr.S.Radhakrishna

Hon Secretary DAS

29 September 2015

How to Win Friends and Influence People in the Digital Age

By Dale Carnegie and associates



What started as a casual pickup in the self-help section of a bookstore, quickly rolled on to an inspiring journey of revelation. Quite rightly, as the author points out, the original principles and precision of communication which Dale Carnegie promoted- couldn't have been more important in the modern era dominated by social media, where one flight of thought, snap or emoticon could bring on an avalanche of repercussions.

There were four chapters that we found particularly interesting and relevant:

1. **'Smile'**. It is a simple concept that as Carnegie puts- it costs nothing. He discusses the infectious natures of smiles, the effect it can have on others to brighten their day and the impact this can have on a group dynamics. Smiling and creating a welcoming environment could improve patient experiences as well boosting the morale of the team via better communication.

2. **'Affirm What's Good'**. This details the importance of not judging others by a single mistake. It advises that everyone should be judged by his or her best moments. The aim of this is to remove fears and worries from a situation to allow others to perform to the best of their ability and achieve their full potential.

3. **'Listen Longer'** is a vital concept. Listening and understanding other's views is a topic in the book that can allow problems to be solved in a quicker, more effective manner. This chapter has the most relevance to medicine. It is important individually for us as anaesthetists to remember daily on talking to patients, along with in combination with our theatre colleagues. Members of a clinical team have different backgrounds and subsequently varied skill sets. This often allows us to provide solutions to existing problems solely by listening to each other. Sometimes as an institution, we look at external agencies to tell us remedial measures, when the answers lie within us. If only we had the courage and time to listen.

4. **'Leave Others A Little Better'**. This chapter reinforces the importance of altruistic acts in modern day society and the impact these acts have on the recipient. It elaborates and advises moving relationships from manipulative to meaningful, by adding meaning and value at every opportunity. This is something that we attempt to incorporate in our daily practice.

Unsurprisingly, this book was included in the Time magazine's Top 100 non-fiction books of all times. It is a timeless favourite, wonderful to read the first time and also to revisit. It helps to refresh the memory and improve our communication within our multiple daily interactions both at work and play. It includes far more pearls of wisdom than we have been able to discuss above. But now we have you interested, we will let you explore the book to find out more...

Emma Foster
Ajit Walunj

AGENDA FOR DAS AGM

DAS AGM Part 1

12th Nov 2015 Thursday Venue: Liffey Hall 2

Time: 13:00 to 14:00 (Lunch will be provided at the AGM)

13:00 – 13:15 Welcome address – President / Secretary / Treasurer - DAS

13:15 – 14:00 Launch of OAA DAS guidelines for the management of difficult and failed tracheal intubation in obstetrics – App

DAS AGM Part 2

13th Nov 2015 Friday Venue: Liffey Meeting Room 1

Open to Fully Paid up Members only

Time: 12:45 to 13:45 (Lunch will be provided at the AGM)

Agenda:

President's Report

Secretary's Report

Treasurer's Report

Welcome to new committee members

Constitutional Matters

Announcement of election results – New DAS President & Secretary

DAS Members are requested to submit topics to be included for discussion at the AGM, time permitting. Please e-mail to secretary@das.uk.com

Disclaimer: This newsletter is published on behalf of the Difficult Airway Society-UK, solely for circulation among its members. 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.

Front page photo credit and copy rights-Dublin Convention Centre (the venue for WAMM-2015)

**Scientific Session for
ODPs/Anaesthetic nurses at the
World Airway Management
Meeting**



12th - 14th November 2015 Dublin Ireland

Great opportunity to hear international experts in the field

Biggest international airway meeting

***There will be a dedicated
ODPs/Anaesthetic nurses session
on Friday 13th***

Grasp this opportunity and drive our profession forward

We need to have our presence felt

€ 75 per day for DAS associate members

**To be eligible for the discounted conference rate you must be a DAS associate member
Associate membership is now FREE for
ODP's and anaesthetic nurses
Join now at www.das.uk.com**

See you in Dublin

**For further information Contact:
sudheermedakkar@hotmail.com
d.howarth116@btinternet.com**





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



CCD
THE CONVENTION
CENTRE DUBLIN

Pre conference
workshops:
Wednesday 11 Nov 2015
Simulation
Tracheostomy

BOOKING NOW OPEN

www.wamm2015.com

12-14 NOVEMBER

2015

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

Highlights from the programme include:

Renowned Keynotes

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

Assessing anaesthetic equipment - Where do we go from here?
Prof Anthony Wilkes, Cardiff, UK

NAP4 the aftermath
Prof Tim Cook, Bath, UK

Pro/Con Debates

Pro/Con One lung ventilation: DLT or endobronchial blocker?
DLT - Dr Glenn Russell, Liverpool, UK
Endobronchial blocker - Dr Edmond Cohen, New York, USA

Airway education – A global perspective

Dr Paul Baker, Auckland, New Zealand
Dr Ramón Coloma, Santiago, Chile
Dr Eric Hodgson, Durban, South Africa
Prof Richard Cooper, Toronto, Canada
Dr Alistair McNarry, Edinburgh, UK
Dr Sheila Myatra, Mumbai, India
Prof Arnd Timmerman, Berlin, Germany

Interactive Hands on Workshops

Ultrasound Workshop
Front of neck access
Simulation
FOI/Video/SAD

Intimate Expert Sessions

A selection of intimate interactive expert sessions. Interact with leaders in their fields on the below subjects:

- What's new in paediatric airway management?
- Challenges in obstetric airway management
- Is videolaryngoscopy as good as it looks?
- Pre-operative head & neck patient assessment including endoscopy
- Supraglottic airway devices in extreme use
- Airway publications – A "how to" guide
- Airway disasters in the prehospital setting and emergency department
- Airway management for morbidly obese patients

DUBLIN, IRELAND

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





AN 46 2.0.01.2015/A-E-GB

CAMS: Complete Airway Management System

A single instrument is not a plan B

STORZ
KARL STORZ – ENDOSKOPE
THE DIAMOND STANDARD

KARL STORZ GmbH & Co. KG, Mittelstraße 8, 78532 Tuttlingen/Germany
KARL STORZ Endoscopy (UK) Limited, 415 Perth Avenue, Slough, Berkshire SL1 4TQ/Great Britain
www.karlstorz.com