Anaesthesia News

Trade media pack 2019-2020

The official magazine of the Association of Anaesthetists

Readership

Anaesthesia News is mailed each month to over 11,000 Association members, including:

- Consultant anaesthetists
- Specialty (SAS) doctors
- Anaesthetic trainees
- Those working for the NHS or private practice (or both) in the UK, Ireland and overseas*

*94% UK and Ireland, and 6% overseas

Distribution

Consultants/SAS	56.35%
Trainees	29.00%
Overseas	3.47%
Retired	10.19%
Other	0.99%

Association of Anaesthetists

For further information on advertising

Tel: +44 (0) 121 200 7820

Email: anaesthetists@ob-mc.co.uk | 21 Portland Place, London, W1B 1PY

www.anaesthetists.org/anaesthesianews

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Further readership

Anaesthesia News is available on our website (available to non-members), and is also distributed at our annual flagship scientific conferences: Winter Scientific Meeting, Trainee Conference and Annual Congress.

Editorial profile

Articles and news items are written by the specialty for the specialty. It is not an academic journal, instead concentrating on professional life with articles on wellbeing, safety matters, our international and environmental work, and news items. There is a healthy mix of serious and some more light-hearted pieces, but always with the aim to inform and stimulate. As a members' magazine it is widely read, light and portable, and left in hospital coffee rooms and operating theatres for others to read.

Special issues

Many issues are themed, for example on trainees, environment, safety, portfolio careers, wellbeing, specialty doctors, or international work.

About the Association of Anaesthetists

The Association represents the life-changing, life-saving profession of anaesthesia – by supporting, informing and inspiring a worldwide community of over 11,000 members.

The Association of Anaesthetists has appointed Open Box Media and Communications Ltd, a specialist medical publisher, to sell advertising in *Anaesthesia News*.


Challenges facing children with autistic spectrum disorder presenting for anaesthesia

A 5 year old boy presents for dental extraction at the day surgery unit. He has been diagnosed with autistic spectrum disorder and attends mainstream school with 1:1 support. He has become increasingly anxious about visiting his dentist and has now had 2 courses of antibiotics for dental abscess. This young man has a potentially daunting afternoon ahead of him at hospital. As a team of healthcare professionals there are many ways that we can improve this child's experience of the unfamiliar environment of a hospital.

General considerations

Autistic spectrum disorder covers a huge range of cognitive, communication and social presentations and may be associated with a wide range of disabilities and other conditions, such as attention deficit hyperactivity disorder (ADHD), anxiety and challenges with sensory processing. These children may have a varying range of needs in terms of support from family and educational resources. For example, one child may integrate well into mainstream school with minimal assistance, another may be non-verbal and attend special school, or be home schooled, according to their individual needs and behaviour.

Pre-operative assessment

His mother is accompanying him to the pre-operative visit at the day surgery unit. His community dentist has identified him as someone who would benefit from a pre-operative visit with the play specialist. We are fortunate to have staff who regularly work with children with autism and are sensitive to the extra needs a child with autism may have, regarding social interaction, emotion and providing information.

The play specialist will meet the child and carer in a calm and quiet environment, explain in straightforward terms who they are, and the purpose of the visit. They ascertain from the child and carer any anxieties or concerns from the beginning. This allows the play specialist to tailor the visit accordingly, providing essential information in both written and visual terms, depending on the age and needs of the child. The environment is then familiar both to the patient and the carer coming on the day of surgery. The play specialist takes time to find out his likes and interests, as well as things that make him more anxious or challenge his behaviour. Carers are an invaluable source of knowledge about their own child's needs.

Upon arrival, he is shown the areas of the department that he will visit including the ward, playroom and toilets. The play specialist gives him a booklet that she has designed with stepwise photographs of clinical areas, members of staff, anaesthetic equipment used, and useful information such as bringing a favourite toy or teddy, and some of the games he can play on her tablet device whilst going to sleep. The family take the booklet home and can refer to it before the day of surgery. The child can take this booklet to school if desired for his Special Educational Needs Co-ordinator (SENCO) teacher to also discuss and reinforce.

Day of surgery

On the day of surgery, the same play specialist, having liaised with the dental team, will be present to aid continuity of care. Clear simple instructions reinforcing the steps discussed at the visit can help reduce anxiety. The child's particular anxieties are discussed with the anaesthetist. Maintaining a calm and quiet environment can often be a challenge on a paediatric ward but placing the child first on the list (preferably in the morning to reduce the awake starvation time) and taking advantage of a corner space in the ward may reduce noise and sensory stimulus for the child if required.

Premedications may be given, for example midazolam 0.5mg.kg^{-1} (up to 40kg), mixed with paracetamol syrup or juice, and Ametop™ applied to the dorsum of both hands, if the child will tolerate its application.

Flexibility is key to managing children whilst maintaining safety. One example might be Plan 'A' - an intravenous induction of anaesthesia, Plan 'B' - an inhalational induction, and Plan 'C'- which may include the child coming on another day, if anaesthesia is not possible the first time. Minimising the number of members of staff in the anaesthetic room, as well as reducing unnecessary noise or stimulus can help. The play specialist's ongoing assistance can be vital in distracting and engaging the child whilst anaesthesia is induced. They can also support the carer after induction and accompany them back to the ward or waiting area, while the child has his operation.

Pre-operative assessment with child patient

Postoperative care

As with the pre-operative phase of care, children with autism may have specific difficulties understanding and processing the emergence and recovery of anaesthesia. It is important to communicate in advance with members of staff in paediatric recovery, to allow them to prepare the recovery room as much as possible. This may include minimising noise, reducing bright lights and ensuring the prompt arrival of a carer to minimise any distress or disorientation. Some children with autism may also find it difficult to communicate pain or nausea after surgery, and again the carer's presence may be invaluable in minimizing this.

In other respects the postoperative care is similar to that of any other child: regular and adequate analgesia and antiemetics; recovering the child with the carer as soon as is safe; and, ensuring the child receives food and drink once they are able to tolerate them. The continued presence of the same nursing staff and play specialist on the ward will also help the smooth postoperative recovery and discharge from hospital.

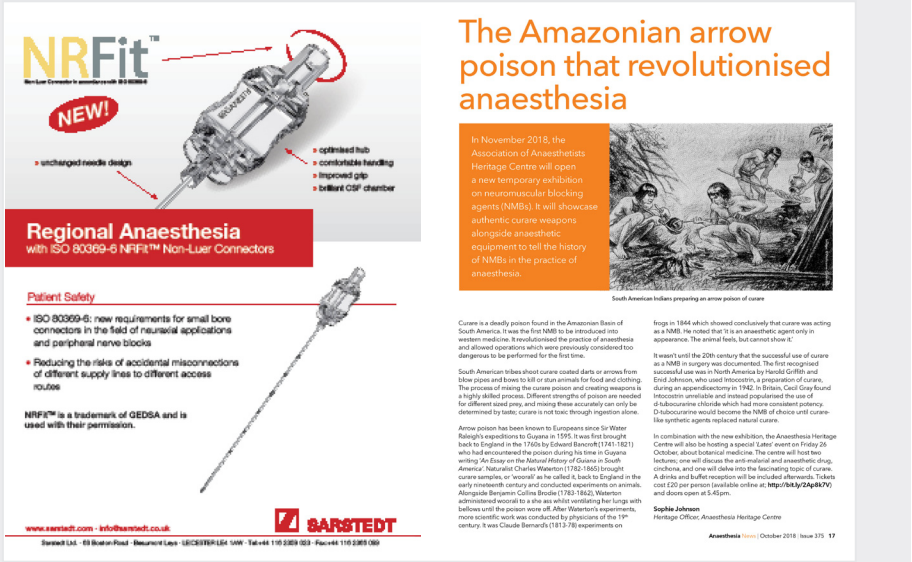
Summary

Children with autistic spectrum disorder present with a wide variety of needs and concerns, when attending for surgery. A pro-active and multidisciplinary approach to their care will minimize these worries and allow the child to have as positive experience as possible with their family.

Antonia Mayell
Consultant Anaesthetist, UHCW

10 Anaesthesia News | October 2018 | Issue 375

Anaesthesia News | October 2018 | Issue 375 11



The Amazonian arrow poison that revolutionised anaesthesia

In November 2018, the Association of Anaesthetists Heritage Centre will open a new temporary exhibition on neuromuscular blocking agents (NMBs). It will showcase authentic curare weapons alongside anaesthetic equipment to tell the history of NMBs in the practice of anaesthesia.

South American Indians preparing an arrow poison of curare

Curare is a deadly poison found in the Amazonian Basin of South America. It was the first NMB to be introduced into western medicine. It revolutionised the practice of anaesthesia and allowed operations which were previously considered too dangerous to be performed for the first time.

South American tribes shoot curare coated darts or arrows from blow pipes and bows to kill or stun animals for food and clothing. The process of mixing the curare poison and creating weapons is a highly skilled process. Different strengths of poison are needed for different sized prey, and mixing these accurately can only be determined by taste; curare is not toxic through ingestion alone.

Arrow poison has been known to Europeans since Sir Water Raleigh's expeditions to Guyana in 1595. It was first brought back to England in the 1760s by Edward Bancroft (1741-1821) who had encountered the poison during his time in Guyana writing *'An Essay on the Natural History of Guiana in South America'*. Naturalist Charles Waterton (1782-1865) brought curare samples, or 'woorali' as he called it, back to England in the early nineteenth century and conducted experiments on animals. Alongside Benjamin Collins Brodie (1783-1862), Waterton administered woorali to a she ass whilst ventilating her lungs with bellows until the poison wore off. After Waterton's experiments, more scientific work was conducted by physicians of the 19th century. It was Claude Bernards (1813-78) experiments on frogs in 1844 which showed conclusively that curare was acting as a NMB. He noted that 'it is an anaesthetic agent only in appearance. The animal feels, but cannot show it.'

It wasn't until the 20th century that the successful use of curare as a NMB in surgery was documented. The first recognised successful use was in North America by Harold Griffith and Enid Johnson, who used Intocostrin, a preparation of curare, during an appendicectomy in 1942. In Britain, Cecil Gray found Intocostrin unreliable and instead popularised the use of d-tubocurarine chloride which had more consistent potency. D-tubocurarine would become the NMB of choice until curare-like synthetic agents replaced natural curare.

In combination with the new exhibition, the Anaesthesia Heritage Centre will also be hosting a special 'Latex' event on Friday 26 October, about botanical medicine. The centre will host two lectures; one will discuss the anti-malarial and anaesthetic drug, cinchona, and one will delve into the fascinating topic of curare. A drinks and buffet reception will be included afterwards. Tickets cost £20 per person (available online at; http://bit.ly/2Ap8k7V) and doors open at 5.45pm.

Sophie Johnson
Heritage Officer, Anaesthesia Heritage Centre

Anaesthesia News | October 2018 | Issue 375 17

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Trade media pack 2019-2020

Advertising rates 2019-2020

All prices shown are exclusive of VAT Full colour	One month	Two months 10% Discount	Three months 10% Discount	Six months 15% Discount	Twelve months 25% Discount
Inside front cover	£1,609	£2,896	£4,344	£8,206	£14,481
Back cover	£1,940	£3,492	£5,238	£9,894	£17,460
Double page spread with advertorial	£1,733	£3,119	£4,679	£8,838	£15,597
Full page	£1,048	£1,886	£2,830	£5,345	£9,432
Half page	£760	£1,368	£2,052	£3,876	£6,840
Quarter page	£425	£765	£1,148	£2,168	£3,825

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Booking deadlines

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November 2019	1 September 2019
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January 2020	3 November 2019
February 2020	1 December 2019
March 2020	2 January 2020
April 2020	2 February 2020
May 2020	2 March 2020
June 2020	2 April 2020
July 2020	2 May 2020

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Advertisement sizes (width x height)

1/4 page	88mm x 124mm
1/2 page landscape	180mm x 124mm
1/2 page vertical	88mm x 256mm
Full page	180mm x 256
Full Page	210mm x 276mm 282mm x 216mm (with 3mm bleed) (type area 180mm x 256mm)

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Proofing

Via email	To ensure that you are happy with your advertisement a PDF proof will be emailed prior to publication.

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We aim to safeguard every anaesthetist – by educating, supporting and inspiring you throughout your career.

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