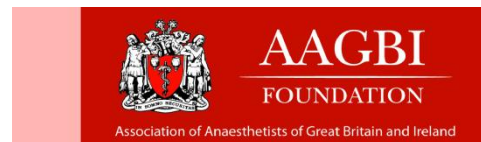


# CORE TOPICS

## Chester

### Friday 09 March 2018



Organiser: Dr Simon Ridler, Chester

Location: **Crowne Plaza Chester, Trinity Street, Chester, CH1 2BD**

#### Programme

- 08:45 Registration/tea & coffee
- 09:25 **Welcome**  
*Dr Simon Ridler, Chester*
- 09:30 **Peri-operative IV lidocaine, who, why & how? Domain 1, 1D02, 2E01, 2G01**  
*Dr Beth Perritt, Chester*
- 10:00 **Pre-operative anaemia & the use of IV iron Domain 1, 1A01-03**  
*Dr Lawrence Wilson, Chester*
- 10:30 Discussion
- 10:45 Tea & coffee
- 11:15 **Getting the patients fit for surgery before referral Domain 2, 2A03**  
*Dr Iestyn Harrod, Chester*
- 11:45 **Why spinals fail Domain 1, 2G02, 2G04, 3A09**  
*Dr Simon Bricker, Chester*
- 12:15 Discussion
- 12:30 Lunch
- 13:30 **Anaesthesia in a war zone – experiences of deployment with Medecins Sans Frontieres (MSF) Domain 3, 3I00**  
*Dr Sarah O'Neill, Manchester*
- 14:00 **TIVA's effect on cancer recurrence – what's the latest? Domain 1, 1A02, 2A07**  
*Dr Oliver Harrison, Preston*
- 14:30 Discussion
- 14:45 Tea & coffee
- 15:15 **Learning from excellence – reframing patient safety Domain 2, 1I02, 1I05, 3J00, 3J02**  
*Dr Adrian Plunkett, Birmingham*
- 15:45 **Lessons learned from the aftermath of the Manchester bomb Domain 3, 3A10**  
*Dr Sheila Tose, Manchester*
- 16:15 Discussion
- 16:30 Close of meeting

**Domain 1: Knowledge, skills & performance**

**Domain 2: Safety & quality**

**Domain 3: Communication, partnership & teamwork**

**Domain 4: Maintaining trust**

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#### Learning objectives

##### **Perioperative IV lidocaine, who, why & how? – Dr Beth Perritt, Chester**

1. Improved understanding of rationale for use of IV lidocaine.
2. Gain insight into suggested mechanisms of action.
3. Evaluation of the current evidence surrounding perioperative IV lidocaine.
4. Practical advice on use of IV lidocaine.

##### **Preoperative anaemia & the use of IV iron – Dr Lawrence Wilson, Chester**

1. Contextualise the competing risks of perioperative anaemia and perioperative transfusion.
2. Review of existing guidance and current research activity in this field.
3. Share our local experience of introducing perioperative intravenous iron infusion into a pre operative pathway.

##### **Getting the patients fit for surgery before referral – Dr Iestyn Harrod, Chester**

1. Don't be afraid to reach out and communicate with the CCG.
2. Be involved with the processes of change that are currently happening.
3. Protect patient interests and resist cost-reduction strategy (rationing) as the main driver for change.
4. Make sure what you do has an evidence base to back it up.

##### **Why spinals fail – Dr Simon Bricker, Chester**

1. The number of reasons why spinal anaesthesia may fail; some of them obvious and some of them less so.
2. The obvious include wrong place, wrong drug, wrong dose.
3. The less obvious include csf volumes, maldistribution and sodium channel mutation.
4. The causes may be less important than the management of a suboptimal spinal, which need not necessarily default to general anaesthesia and can include repeat subarachnoid block with isobaric local anaesthetic.

##### **Anaesthesia in a war zone – experiences of deployment with MSF – Dr Sarah O'Neil, Manchester**

1. Gain an understanding of some of the challenges of anaesthesia and critical care with limited resources.
2. Consider some of the difficulties of working in unfamiliar cultures and in conflict zones.
3. To understand the requirements for working with MSF and hopefully to feel encouraged to do so!

##### **TIVA's effect on cancer recurrence – what's the latest? – Dr Oliver Harrison, Preston**

1. Understand the basic mechanisms of tumour metastasis.
2. Understand the potential effects of volatile anaesthetic agents and propofol on tumour metastasis.
3. Review the evidence linking use of total intravenous anaesthesia to reduced recurrence of cancer.

##### **Learning from excellence – reframing patient safety – Dr Adrian Plunkett, Birmingham**

1. To understand our innate negativity bias and how it hinders learning from good practice.
2. To understand the concept of safety-II
3. To learn how to implement a Learning from Excellence initiative.
4. To understand the benefits of peer-to-peer appreciation as a quality improvement process.

##### **Lessons learned from the aftermath of the Manchester bomb – Dr Sheila Tose, Manchester**

1. Planning for a major incident.
2. Dealing with a major incident.
3. Managing the aftermath of a major incident.

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