

CORE TOPICS

Exeter

Friday 27 April 2018

Organisers: Drs Katharine Meikle & Bruce McCormick, Exeter



Location: Sandy Park Conference Centre, Sandy Park Way, Exeter, EX2 7NN

Programme

- 08:45 Registration/tea & coffee
- 09:25 Introduction
- 09:30 It's like falling off a bike: an update for the infrequent obstetric anaesthetist
Domains 1 & 2, 2B01-03, 2B05
Dr Mark Scrutton, Bristol
- 10:00 Anaesthesia & the developing brain **Domains 1 & 2, 2D02, 3D00**
Dr Nicola Disma, London
- 10:30 Stories on the Editor's desk **Domains 2, 3 & 4, 3J03**
Dr John Carlisle, Torbay
- 11:00 Tea & coffee
- 11:30 Anaesthetic fatigability **Domains 2, 3 & 4, 1H01, 2H02, 3J00**
Dr Laura McClelland, Cardiff
- 12:00 What's trending in anaesthesia **Domains 1 & 2, 3J03**
Prof Rob Sneyd, Plymouth
- 12:30 Lunch
- 13:40 Real peri-operative medicine **Domains 1 & 3**
Dr Sheena Hubble, Exeter & Dr Mike Swart, Torbay
- 14:40 Bariatric anaesthesia – what's the big deal? **Domain 1, 3A13**
Dr Nick Kennedy, Taunton
- 15:10 Tea & coffee
- 15:30 Old blood/new blood, sepsis & other ICM stuff **Domains 1 & 2, 2C01, 2C03-04**
Dr Mark Davidson, Exeter
- 16:00 Wheals & flares: an update on peri-operative anaphylaxis **Domains 1 & 2, 1B01, 1I01**
Dr Mark Pauling, Exeter
- 16:30 Close

Domain 1: Knowledge, skills & performance

Domain 2: Safety & quality

Domain 3: Communication, partnership & teamwork

Domain 4: Maintaining trust

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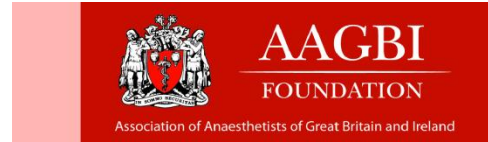
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Learning objectives

It's like falling off a bike: an update for the infrequent obstetric anaesthetist – *Dr Mark Scrutton, Bristol*

1. Core obstetric anaesthetic update.
2. Highlight recent developments in obstetric anaesthesia.
3. Signpost key learning resources.

Anaesthesia & the developing brain – *Dr Nicola Disma, London*

1. Understanding the relevance anaesthesia and long term neurological outcomes.
2. What are the implication of the recently published FDA Statement (<https://www.fda.gov/Drugs/DrugSafety/ucm554634.htm>) on daily clinical practice.
3. What is the evidence in humans of anaesthesia in children and long term neurocognitive outcome.
4. How to deal with anaesthetic neurotoxicity in the daily clinical setting.
5. How to inform parents/caregivers about risks of anaesthesia and long term outcome.

Stories on the Editor's desk – *Dr John Carlisle, Torbay*

1. To recognise that: authors of scientific papers lie as much as anyone else.
2. To know that: some cases of fabricated data have been discovered by analysing photographs, line graphs, text and numbers.
3. To learn: some of the methods that have been employed to identify fabricated data.

Anaesthetic fatigability – *Dr Laura McClelland, Cardiff*

1. The sobering truth about fatigue.
2. Shift work and a brief overview of the physiology.
3. Working together to ensure optimum safety and health.

What's trending in anaesthesia – *Prof Rob Sneyd, Plymouth*

1. Understand recent developments in anaesthetic pharmacology.
2. Identify priorities in anaesthesia research.

Real peri-operative medicine – *Dr Sheena Hubble, Exeter & Dr Mike Swart, Torbay*

1. Post-operative mortality and complication statistics.
2. Highlight emergency elderly general surgical patients as highest risk.
3. Aims of a post-operative care physician.
4. Exeter experience of peri-operative care.

Bariatric anaesthesia – what's the big deal? – *Dr Nick Kennedy, Taunton*

1. Weight and Body Mass Index are not good indicators of risk in the morbidly obese patient. Central obesity and metabolic syndrome should be identified and are better guides to comorbidity and risk.
2. Total Intravenous Anaesthesia (TIVA) in the morbidly obese patient is safe but should not be undertaken by novices. Depth of anaesthesia monitoring should be used, and algorithms to be discussed in lecture for derived weight are a sensible guide.
3. Transnasal high flow oxygenation is developing as an adjunct to safe preoxygenation in morbidly obese patients.
4. Morbidly obese patients are at higher risk of awareness under anaesthesia. Ensure adequate drug dosing and reducing "The Gap" will reduce risk of awareness in all obese patients.
5. Obstructive Sleep Apnoea (OSA) in morbidly obese patients is associated with higher risk of complications. Anaesthetists should actively look for undiagnosed OSA preoperatively.

Old blood/new blood, sepsis & other ICM stuff – *Dr Mark Davidson, Exeter*

Wheals & flares: an update on peri-operative anaphylaxis – *Dr Mark Pauling, Exeter*

1. Review pathophysiology and epidemiology of perioperative anaphylaxis.
2. Review common causative agents of perioperative anaphylaxis.
3. Understand the tests undertaken in the perioperative allergy clinic.
4. Review the pitfalls in testing procedures and mechanisms to improve allergy testing services.

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