

UVM Anesthesia News

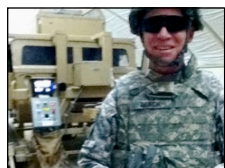
A Newsletter From The University of Vermont Department of Anesthesiology

Volume 7 Issue 1

Winter/Spring 2012

A Boring Thanksgiving

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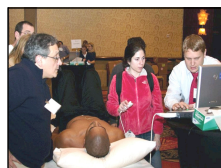
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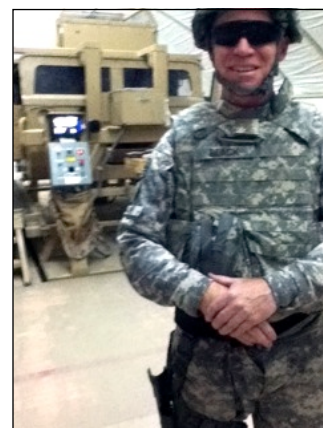


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A Boring Thanksgiving

It had been five years. Five years since my last Thanksgiving in Baghdad. Those years for me have been more kind than cruel. They have, as they always do, simply rolled into one another. I am back home in Vermont. Last time, I could not help comparing the war to home, the grass versus the sand, but this time I cannot help comparing this most recent deployment to my last. In 2006, during the surge, I was an Army anesthesiologist in Baghdad. It was, at the time, the busiest penetrating trauma hospital in the world. This time was different. This time I was simply an anesthesiologist with few patients waiting for the war to end. My operating clogs did not rot from standing in blood. I ran into another physician who was at the same hospital; we talked about 2006. We talked about people and personalities. Who was just crazy versus really crazy. A surgeon who threw things versus the mortuary officer who stopped eating because she grew tired of stacking the dead. We laughed at some of the shared lunacy and silliness. I forgot about the colonel and the kangaroo. Forgot about the robot in the ER. We mentioned a few patients. She reminded me that I wanted her to stop working on one patient but she would not. He died in the ICU minutes afterward. We stopped talking. Oddly, I do not remember much. I do not know if time or sorrow has blurred my memories. I remember it was bloody. It was bad. We both agreed.

(continued page 2)



CHAIRMAN'S LETTER



It is my pleasure to welcome you to the Winter/Spring edition of UVM Anesthesiology News. I have much to report. I wish all of it were good news, but sadly it is not. Last August, we learned of the death of one of the truly historic members of our anesthesia family, Gino Dente, MD. There is a wonderful obituary on page four that truly represents the great man that he was. And then in December, Jim Viapiano, MD left our department to work in Rock Hill, South Carolina. In moving to South Carolina, Jim gets to be close to his daughters and granddaughter, Emory. On many levels, I was sad to see Jim and Mary leave, however it is a completely understandable and positive move for them.

As many of you know from my last column, we held a celebration of the careers of Chris Abajian, Chris Chase, Riley Elliott, Heidi Kristensen, Jerry Shapiro, and David Smail on October 1st. Although most of them continue to work, we wanted to honor their individual service of over thirty years to our department.



We were also able to hold a going away brunch for Jim Viapiano in December. Again, the department knows how to enjoy

itself at social events and this was a great way for us to show Jim how much he meant to the department. For a modest donation to the Anesthesia Research and Development Fund, both Jerry Shapiro's and Jim Viapiano's "Last Lectures" are available on DVD. We are happy to accept your tax deductible contribution, and in return will send a copy of either of these entertaining DVDs to you.

We are currently in the midst of a very busy residency recruitment season. I expect that we will interview over seventy applicants when all is said and done, with applicants interviewing from all around the country. The applicants arrive in town the night before and have an informal and informative dinner with our current residents. They start early the next day, with each applicant having a series of seven interviews with our faculty, a tour, and lunch. The applicants then leave the main campus to visit our Center for Pain Medicine. It is a very busy schedule, but seems to work extremely well, mostly thanks to the efforts of our Residency Coordinator, Jennifer Poland. She handles every detail and the stress very well. She keeps us all in check, and I am very grateful to her for all her good work.

Finally, please read Dr. Kreutz's history article on page three. He presents the rich history of nurse anesthesia in our department, a history that is still alive and well in the department today.

Since I did not have an opportunity until now, I would like to wish all the readers of this newsletter, a happy, healthy and productive New Year.

Howard Schapiro MD

A Boring Thanksgiving (continued from page 1)

This time I simply waited for something bad to happen as the war wound down. I waited inside the routine of meals and sleep and meetings. I have seen the whole nine-year arc of the war and still do not have a good perspective. Perhaps one day. As a scientist, I know my perspective is biased. Can those who have served, who saw awful things, whose loved ones gave their last full measure,

ever give an unbiased view? If I say it was worth it, do I dismiss the inconceivable suffering? If I say it wasn't worth it, do I dishonor the dead?

There is a strange symmetry to witnessing a war from start to finish. Early in the war, I took care of service members burnt beyond recognition. Later in Iraq, during the surge, I saw a constant stream of casualties, American and Iraqi, many missing limbs. This time I saw troops packing up years of struggle in shipping containers, but few casualties. There were still random acts of violence. They were blissfully less frequent though equally felt. The lieutenant killed by a sniper's shot. The last US casualty who ran over an improvised explosive device. He died on our table weeks before he was to go home. A soldier's suicide a month before he was to go home. The car bomb against worshippers. The occasional public announcement, affectionately known as the giant voice, booming, "Incoming, incoming, incoming," as mortars fell.

There were few reminders of last time. An Iraqi custodian at the hospital recognized me. He commented that my hair was whiter and I commented that his belly was bigger. He told me that his family and country were well. I hope he is right. The mess hall had a picture of one of my previous patients who did not make it home. It was strange to see her every day. By and large the days were uneventful and the desert sky was often clear and beautiful at night.

But just because the war has ended does not mean it doesn't go on. Thousands of widows and orphans struggle on both sides of the Atlantic. The human cost is beyond reckoning. Afghanistan stays dangerous and bloody. Even if that war ended today, there are thousands dead, tens of thousands wounded.

I am lucky. I got to go home whole and intact. Many do not. I went home to a loving family and a good job. Many do not. Hundreds of thousands bear seen and unseen damage and scars. Soldiers and families bear heavy and grievous burdens. I wonder who will speak for these people? Who will remember them? Who will give them jobs? Who will be kind to them? Who will say thanks?

On this, like other Thanksgivings, I gave thanks for all those things I have, even on the far side of the world. I gave thanks for a bountiful table. More food than I could possibly eat, though I invariably tried to squeeze in another piece of pie. I watched some football. I gave thanks for my good health and fortune. Mostly, at least this Thanksgiving, I gave thanks that I was bored.

UVM anesthesiologist Ian Black, MC, USAR, 1878 Head and Neck Team Ian returned from Iraq in December.



Ultrasound In The ICU

UVM anesthesiologists (and intensivists) S. Patrick Bender and Mark Hamlin recently returned from the S.C.C.M. Critical Care Congress in Houston. Both presented at the "Fundamentals of Critical Care Ultrasound Course," which Patrick chaired. An interview with both:

Patrick, how is ultrasound useful in the ICU?

The application of ultrasound in the ICU has really moved beyond the performance of TEE in unstable post cardiac surgery patients. The ability to make rapid and accurate clinical diagnoses can change patient management in a quick and beneficial manner. Surface echocardiography for the differential diagnosis of shock, IVC evaluation to determine fluid status, pleural ultrasound to identify pneumothoraces and effusions, DVT screening, and FAST exam for abdominal trauma and paracentesis are all examples of how patients benefit from ultrasound in the critical care setting.

Tell me about the SCCM Ultrasound Course.

As Chair of the Ultrasound Committee for S.C.C.M., I organize several hands-on training courses, where we teach intensivists the skills necessary to properly use ultrasound in the ICU. Mark has recently become an integral part of our teaching faculty, and our other department intensivist, Chris Greene, has attended our most recent course, and has developed the same appreciation for ultrasound.

Mark, is TEE still used in the ICU as well?

Sure. I had a patient last night who went into profound shock in the OR during a craniotomy, had a liter-and-a-half blood loss from an epidural hematoma. I met them when they came out of the OR on high-dose epi and norepi with a blood pressure of 70 and a heart rate of 130. It wasn't clear what was going on, we thought it might be takotsubo cardiomyopathy. So I broke out the echo and evaluated the patient. I couldn't get good surface images due to patient habitus, so I placed a TEE. Turned out it was quite the opposite - he had a hyperdynamic heart with severe concentric left ventricular hypertrophy and S.A.M. causing dynamic outflow tract obstruction. So we

turned off the epi and norepi, gave him a couple of liters of fluid, and within twenty minutes he had a blood pressure of 140 and a heart rate of 100. The echo completely changed the management of the patient. There's nothing else we could have done that would have definitively given us the diagnosis, particularly as quickly. We're finding that a lot of the data from CVPs and PA catheters has very little correlation with patient's actual volume responsiveness. With ultrasound, we can look for respiratory variation in the IVC, look at the end diastolic area of the ventricle, give a bolus and get a very good assessment of someone's volume status and responsiveness. It's really changed patient care.

Patrick and Mark are speakers at next month's Stowe Conference (details page four).

New Residents And Pain Fellows For 2011 - 2012:

CA1 Residents

Brent Borodic MD

Cornell University - Animal Physiology
University of Massachusetts Medical School
Intern - St. Vincent's Hospital, Worcester, MA

Amanda Braaten MD

Montana State Univ - Biology & Chemistry
University of Washington School of Medicine
Intern - FAHC

Nicole Collins DO

Reed College - Biochemistry
Touro Univ College of Osteopathic Medicine
Intern - Danbury Hospital, Danbury, CT

Lyle Gerety MD

Bates College - Neuroscience
University of Vermont College of Medicine
Intern - FAHC

Cornelia Withington MD

U of Massachusetts-Amherst - Biochemistry
University of Massachusetts Medical School
Intern - MetroWest Med Ct, Framingham, MA

Pain Fellows

Michael Brown DO

University of Michigan - Cognitive Science
Chicago College of Osteopathic Medicine
Residency - Henry Ford Hospital, Detroit, MI

Abdulquader Khan MD

Ayub Medical College, Abbottabad, Pakistan
Residency - New York Methodist Hospital
Fellowships - Memorial Sloan-Kettering Cancer Center & Medical College of Wisconsin

Categoricals for July 2012 CA-1 Start

Amy Odefey MD

Williams College - Biology
University of Vermont College of Medicine

Kathryn Richard MD

University of Vermont - Nursing
University of Vermont College of Medicine

UVM Anesthesia 1942 To 1946

Part ten in a series on UVM anesthesia history.

When UVM Anesthesia Chief John Abajian joined the Army in July 1942, Betty Wells became de facto head of an Anesthesia Division of two. She and fellow nurse anesthetist Esther "Jackie" Roberts had barely a year of anesthesia experience between them. Working five days a week with call every-other night for two years, relief finally arrived with the addition of nurse anesthetists Frances Wool in 1944 and Peg Thompson in 1945. As Betty later wrote, "We survived the frequent call schedule and, more importantly, our patients did too. There were no fatalities due to anesthesia during that period. I probably would have resigned if there had been."

Others helped out as best they could. Interns rotated on the Anesthesia Service for two months at a time, working under the direction of the nurse anesthetists and surgeons, especially UVM Surgery Chief Al Mackay, who had received extensive anesthesia training during his surgery residency at Boston



City Hospital. Intern Ernie Mills, a 1942 UVM College of Medicine graduate, was particularly talented and worked in the three ORs as much as possible. Burlington internist Chris Terrien Sr., who did

anesthesia at Fanny Allen and DeGoesbriand Hospitals (and occasionally at Mary Fletcher Hospital) taught the nurses how to do spinals.

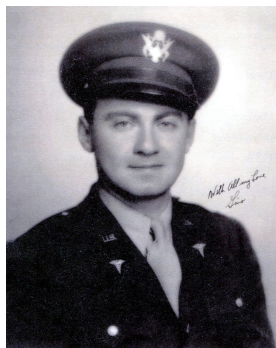
Anesthesia techniques were basic. Of the 1,687 anesthetics done at MFH in 1944, 50% were generals, 34% spinals, 10% intravenous, 4% blocks, and 2% rectal. Pediatric generals were done with an ethyl chloride induction followed by open drop ether. Adults were anesthetized with cyclopropane, nitrous, and ether, delivered via Foregger, Heidbrink, and McKesson anesthesia machines. Explosion was a constant danger due to the flammable agents, though luckily never occurred. Routine intubation and ventilators were still in the future. Procaine and tetracaine were used for spinals, but epidurals were abandoned due to several inadvertent total spinals (discussed in the Winter 2008 issue of UVM Anesthesia News). Pentothal and Avertin were given rectally. Curare, though available since 1942, was not used at UVM until 1946.

It was, as Betty later wrote, "a rather hectic time," and the nurse anesthetists were delighted when John Abajian returned to Burlington in 1946. His return was not without controversy, however...

Next Issue: Postwar - "Big John" is back.

In Memorium

Dr. Gino Aldo Dente, one of the founding fathers of the UVM Division of Anesthesiology, passed away at his home on August 14th, with his wife Carmen and other family members at his side. He was born April 12th, 1917, the son of Italian immigrants who owned a general store in Barre, VT. Interested in medicine since boyhood, Gino entered UVM College of Medicine after a two-year under-



graduate pre-med program at UVM, graduating in 1941. After a rotating internship at Greenpoint Hospital in Brooklyn, NY, he joined the Army in the summer of 1942, serving with the 24th Medical Battalion in the South Pacific for four years. As a general company medical officer at the initial landings in New Guinea and the Philippines, Gino learned the basics of anesthesia, administering open drop ether and Pentothal to wounded soldiers on the front lines. He also visited the Japanese mainland after

the war ended, witnessing firsthand the aftermath of the atomic bombing of Hiroshima. Returning to the U.S. in 1946, Gino intended to become a pediatrician but was unable to find a residency position, so he took a temporary job as Chief of the Outpatient Department at the VA Hospital in White River Junction. Visiting his brother Nelson (UVM's first pediatric resident) at Mary Fletcher Hospital later that year, Gino was "button-holed" by John Abajian, who suggested he consider an anesthesia residency here. "It's true I had administered anesthesia in the service, but I knew comparatively little about it," he later said. "Still, the more Dr. Abajian talked about it, the better idea it seemed to be." Gino completed his anesthesia residency at UVM from 1948 to 1950, then

joined the staff as a Clinical Instructor, becoming an Assistant Professor a few years later. In 1956, he was instrumental in obtaining UVM's first bottles of the then-new anesthetic Fluothane (halothane) and was a co-author of the landmark 1959 JAMA report on the first 5,000 halothane anesthetics. In 1960, he said, "As to the future of anesthesia, the only thing that's certain is change. And I'm glad to say that, all the way through, these changes are for the better. Fluothane is a case in point, though it's not the ultimate by any means." Gino served as an attending anesthesiologist in UVM's Division of Anesthesiology for thirty-six years. Greatly respected by his partners and surgical colleagues for his intelligence, clinical skills, and work ethic, Gino was also beloved for his sense of humor, affable nature, and generosity. After his retirement in 1986, he stayed active in local medical organizations and was a major benefactor of UVM College of Medicine, Fletcher Allen Health Care, and the UVM Department of Anesthesiology. He and Carmen divided their time between homes in Boca Raton, FL and South Burlington, and Gino became a fixture at the Burlington Country Club, golfing daily with his great friends, surgeon Gordon Page and urologist Platt Powell. Gino is greatly missed by all who were fortunate enough to have known him. Donations in Gino's memory may be sent to UVM College of Medicine, and correspondence to his family may be sent to Carmen's niece LouAnn Chafee, 371 Meadowrun Road, Williston, VT 05495.



Upcoming Events

17th Annual Vermont Perspectives In Anesthesia

March 7 - 11, 2012

Stowe Mountain Lodge, Stowe, VT

Johns' Fund Lectureship: Why Does General Anesthesia Make You Unconscious?

Emery N. Brown MD, PhD

Warren M. Zapol Professor, Harvard Medical School
Professor, Computational Neuroscience & Health, MIT
Anesthetist, Massachusetts General Hospital, Boston

March 10, 2012, 5:15PM

Stowe Mountain Lodge, Stowe, VT

The Johns' Fund Lecture is held in honor of John Abajian, Jr. MD and John Mazuzan, Jr. MD, distinguished former chairmen of the department from 1939 to 1995. Registration for the conference is not required to attend the lecture and cocktail reception. More information is available at:

<http://cme.uvm.edu>

Tax-deductible contributions to The Johns' Fund and the UVM Anesthesia Research & Development Fund are welcome and should be directed to Howard Schapiro MD, Chair - UVM Dept. of Anesthesiology, Fletcher Allen Health Care, 111 Colchester Avenue, Burlington, VT 05401.

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