

UVM Anesthesia News

A Newsletter From The University of Vermont Department of Anesthesiology

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Fall 2010

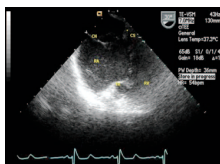
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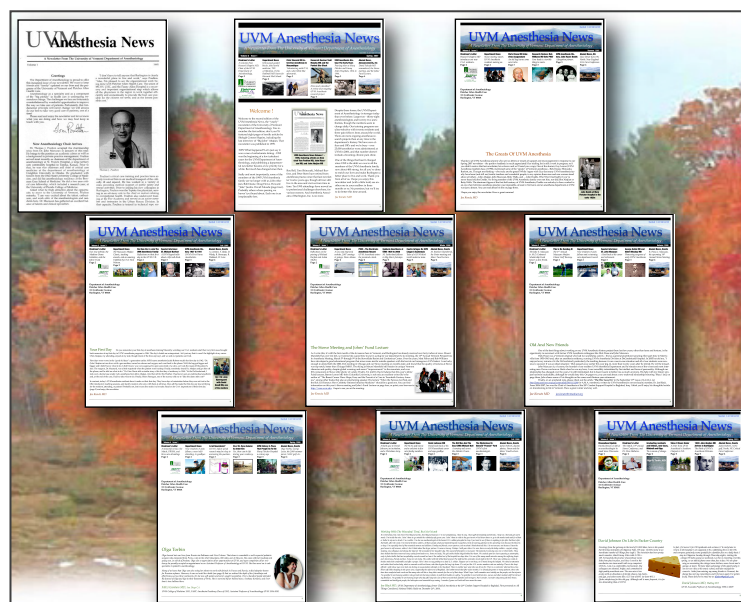
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Issue X

Welcome to the tenth issue of the UVM Anesthesia News. It's hard to believe that four years have passed since our newsletter was resurrected. Truly a team effort (and certainly a learning experience), we're grateful for the help and support received from all of you. In particular, submissions from friends and alumni (like Dr. Wasa Ueda's wonderful piece on page four) are greatly appreciated and have helped make our newsletter the success it's been thus far. Please keep them coming. Since the first edition of UVM Anesthesia News, we've tried very hard to publish a newsletter of quality and value, and hopefully we've succeeded most of the time. The feedback we've received has been overwhelmingly positive and we're thankful for that. But how are we really doing? What would you like to see more of? Less of? Are there topics of interest to you that we're missing altogether? Let us know (contact information is on page four), and let's make our newsletter even better. Thanks.

Joe Kreutz MD



CHAIRMAN'S LETTER



Welcome to the fall edition of UVM Anesthesia News. As many of you know, we had an absolutely magnificent Vermont summer.

For years, I've said that Vermont is perfectly positioned for global warming. I don't know if it was global warming, but I hope that the wonderful summer weather we had this year repeats itself next year! We were especially lucky that we had a beautiful day for our annual departmental picnic. It was, once again, great fun hosting this event and I remain truly fascinated by the love the young children in our department have for whacking the piñata.

I wish to point out two articles in this month's newsletter. The interview with Dr. Mathews, our new residency Program Director, and the excerpts from Dr. Ueda's letter remind us of one of the most important things we do around here, which is to train residents. This summer, we welcomed seven new first-year anesthesia residents to our program (Alison Fitzgerald MD, UVM, Weili Gray MD, University of Connecticut, Jessica Heath MD, Tufts University, Katherine Holley DO, Kansas City University, Scott McQuilkin DO, University of New England, Brian Monroe MD, University of Illinois, and Brian Turner MD, Michigan State University).

On Friday, September 24th, I was pleased to participate in the unveiling of a plaque to honor Joyce Martin, OR Secretary, who passed away in January 2010. Many of you will remember that, for 41 years, Joyce expertly answered the phone in the operating rooms at the Medical Center. She handled our messages, dealt with emergencies, and most importantly, was always a kind, pleasant sight to see so early in the morning. She was pleasant to one and all, no matter how brusque people could be with her. The plaque reads simply "Beloved OR Secretary, In honor of your 41 years of class and dedication, November 25, 1957 – March 6, 1999." At the gathering, I spoke with Gary, Joyce's son, who was also a loyal OR colleague for many years and retired in 2006. I told him that the plaque will remind me that, even though we take excellent care of our patients, it was Joyce who knew how to take excellent care of each and every one of us. I also wish to thank Charmain Wallace and Jim Parrotto, who were responsible for organizing the plaque project.

The speaker lineup for the 16th Annual Vermont Perspectives in Anesthesia and Johns' Lecture is just about final. It promises to be another great conference and I invite you to our new location at the Stowe Mountain Lodge this coming March 3rd through 6th. It is always great to see old friends attending this meeting.

In closing, I once again invite feedback

about this newsletter or your time spent in this department. Dr. Kreutz and I very much appreciate your emails, letters and phone calls. I wish to personally thank Joe Kreutz for his fine publishing work including this, the 10th edition of the Anesthesia Newsletter.

Howard Schapiro MD

UVM Anesthesiology Papers And Presentations In 2010

Yen C, Tsai M, Macario A. Preoperative Evaluation Clinics. Current Opinion in Anaesthesiology 2010;23(2):167-72

Teo E, Ittleman F, Hamlin M. A Chiari Network and Difficult Cannulation of the Coronary Sinus for Retrograde Perfusion. Anesthesia and Analgesia 2010;111(1):79-81

Schwartz A, Adams D. Hypocapnia Enhances the Pressor Effect of Phenylephrine During Isoflurane Anesthesia in Monkeys. Journal of Neurosurgical Anesthesiology 2010;22(2):155-7

Macdonald K, Sites B. Electron Microscopy Evaluation of Block Needle-related Trauma to the Tibial Nerve. Acta Anaesth Scandinavica 2010;54(4):426-9

Bergese S, Bender S, McSweeney T, Fernandez S, Dzwonczyk R, Sage K. A Comparative Study of Dexmedetomidine with Midazolam and Midazolam Alone for Sedation During Elective Awake Fiberoptic Intubation. Journal of Clinical Anesthesia 2010;22(1):35-40

Yen C, Tsai M, Ashikaga T, Kent E, Friend A, Macario A. POSTER: Response Times to Peer-to-peer Alerts Versus Alphanumeric Paging at an Academic Medical Center. International Anesthesia Research Society Annual Meeting. Honolulu; 2010

Tsai M, Yen C, Ashikaga T, Kent E, Friend A, Macario A. POSTER: Patient Satisfaction with a Telephone-based Preoperative Assessment and Screening System at an Academic Medical Center. International Anesthesia Research Society Annual Meeting. Honolulu; 2010

Serafini M. POSTER: Focused Observation and Evaluation of Endotracheal Intubation Skills During the First Month of Clinical Anesthesiology Residency and CA-3 Resident Assessment by Objective Structured Clinical Examination (OSCE) at 30 Months Training. Society for Education in Anesthesia Spring Annual Meeting. Pittsburgh; 2010

Teo E, Ittleman F, Hamlin M. PRESENTATION: A Chiari Network and Difficult Cannulation of the Coronary Sinus for Retrograde Perfusion. 4th Annual New England Anesthesia Residents Conference. Boston; 2010

Teo E, Black I. PRESENTATION: Airway Changes After Prone Spinal Surgery. 4th Annual New England Anesthesia Residents Conference. Boston; 2010

News From The Pain Clinic

An update from the Department of Anesthesiology's Center for Pain Medicine:

Dr. Clarence "Sonny" Ivie recently assumed the role of Pain Medicine Fellowship Director. New this year is a mentorship program pairing an attending with a pain fellow, to work together to develop a research study for publication; Dr. Melissa Covington is working with Dr. Daniel Gianoli and Dr. Mario Serafini is working with Dr. Terel Newton. The didactic lecture series continues, with weekly lectures based on the ACGME curriculum for pain medicine fellowship. Pain specialists and guest lecturers from many specialties within FAHC, including Neurology, PM&R, Psychiatry, and Orthopedic Spine, participate in this program. In addition, monthly problem-based learning discussions give residents and fellows the opportunity to present literature reviews of topics pertinent to pain medicine. Recently, CA-2 Thor Hallingbye discussed celiac plexus injections and neurolysis, and Neurology Chief Resident Irfan Jafree reviewed peripheral neuropathies.

On the research and publication front, UVM's I.R.B. recently approved a new clinical study comparing water soluble steroids to traditional particulate steroids. In addition, Drs. Tiffini Lake and Serafini are currently researching pain fellow learning of specific procedures as they progress through fellowship training. A study comparing two types of radiofrequency ablation is closed and statistical analysis of the data is underway. Dr. Ivie and I recently published a review of lumbar discography in the journal, Techniques in Regional Anesthesia and Pain Management, and a manuscript of a study looking at the role of digital subtraction in improving the detection rate of vascular uptake associated with cervical transforaminal epidural injections is near completion. I recently updated a chapter on Interventional Management of Chronic Pain for the upcoming new edition of Anesthesiology (a textbook edited by Drs. David Longnecker, David Brown, Mark Newman, and Warren Zapol), and Dr. Serafini co-authored two chapters in Essentials of Pain Management and Anesthesiology: Student Survival Guide with a Case-Based Approach.

Finally, as I write this, the clinic is about to go live with PRISM, FAHC's electronic medical record. Many people have contributed to this project, with special recognition due Dr. Ivie, who has done an incredible job writing and editing templates. Thanks also to Beverly Poquette, Deirdre La France, and Sharon Macguire, who have worked endless hours preparing clinical and nursing templates, document flowsheets, and preference lists. Many workflows will have to change with the move to PRISM, but the result should be expedited access to and transfer of clinical information, as well as improved patient satisfaction.

Carlos Pino MD
Director, FAHC Center for Pain Medicine

Equine Therapy

UVM anesthesiologist **Catherine "CC" Christenson** and her horse, **Paco**, compete in dressage. An interview (with CC, not Paco):

CC, how did you get started in dressage?

I always liked horses. It turns out that my grandfather was an international level champion horse trainer and shower. But my father hated horses, perhaps because of that, so as a kid I was essentially forbidden to have anything to do with horses, though I would sneak off and clean stalls or get a giddyup ride once in a while. It took me three months to tell my dad that I had bought my first horse. I started riding when I was about 40 years old and absolutely fell in love with it, despite falling off and getting injured multiple times.

Why dressage instead of another event?

I actually started by doing simple ground-work equestrian stuff, and then decided that I liked hunter jumper, which is the crazy people who jump over things. But I had a bad fall and broke my back, so I thought, well, I'm getting



kind of old, maybe I'll switch over to dressage. That's when I realized that dressage is actually very, very cerebral. You have to focus on it 100% when you're riding,

so it's a very strong outlet for my pent up issues and stressors. It's my therapy, both for my job at Fletcher Allen and life in general.

How long have you been in competition?

I became competitive about six years ago, when I bought my first competition horse, **Primeiro**, known as "**Paco**." He's a Lusitano stallion. We started at third level, which is basically high school level, and are now doing the low level of international competition, called FEI or pre-St. George. We compete regionally, mainly in New York, Massachusetts, Connecticut, and Vermont.

I assume it's an expensive sport?

Very expensive sport. The purchase of the horse is probably the least of the expense. There's the maintenance: boarding is around \$500/month, and then every six weeks your horse has to get his feet trimmed and perhaps get new shoes. You have to get a vet out at least twice a year, a dentist twice a year. And then, of course, are all their clothes. The horses are usually very well cared for.

And how much does a horse cost?

A good horse comes in anywhere from \$30,000 to \$200,000. (Long silence in the room.)

Meet Dr. Don Mathews

Don Mathews, who joined UVM's Department of Anesthesiology in May, succeeded **Ralph Yarnell** as Residency Director September 1st. Don is a graduate of Columbia University College of Physicians and Surgeons, and was formerly Residency Director at St. Vincent's Hospital in Manhattan.

Don, why did you decide to come to UVM?

Well, you get to a point in life where you start looking around and wondering, is this really what I want to do or where I want to be for the rest of my career? My wife and I talked about it a for a long time and really thought we wanted to leave NYC. We wanted to stay in the Northeast, so I looked around and contacted **David Adams** up here, who I knew from my residency at Columbia. When I first visited in June of 2009, I had a very favorable impression of the department and facility, and of course Burlington. A couple of months later, a position opened up, and **Ralph** expressed a desire to give up the residency program directorship, so **Howard** offered me the job.

What do you think of the residency here?

As an outsider coming into the system, I have to say that **Ralph** and prior program directors have created an extremely strong residency. In terms of the clinical material, everything you would want is here, so you don't have to send residents away to get subspecialty experience. The faculty here are excellent physicians and caregivers who care about patients and teaching residents, and who go the extra mile. And **Howard's** leadership has been instrumental in making teaching a priority.

How do our residents compare to those you worked with at St. Vincent's?

Actually, they're very similar. They come from the same educational backgrounds. The problem with a small program is, if you get even one resident who can't play well with others, that can really poison the well. The camaraderie of the residents here, and their care for each other and ability to work with each other, is really strong. I have to say that the residency selection people here have done a very nice job, and I hope to continue that. We've already got over 300 applicants to the program for this coming year, so it looks like we'll have a good pool to select from.

Do you plan any changes to the residency?

My initial instinct, in looking around here, is that nothing major needs to be changed. Maybe a little tweaking here and there. Down the road, there may some need to teach residents how to do office-based anesthesia. I think the move toward simulation is incredibly important, and what **Vince Miller** is doing with that here will prove to be very useful. Finally, I'm toying with the question of how you teach your residents to be good supervisors of nurse anesthetists.

1939 to 1942: Dr. John Abajian Builds An Anesthesia Division

Part eight of a series on UVM anesthesia history.

27-year-old **John Abajian**, just finished with his one year anesthesia "residency" under legendary anesthetist **James Gwathmey**, arrived in Burlington in December 1939 with one simple goal: create an Anesthesia Division at UVM. His salary was \$3000/year. The surgeons and nurses at quiet, 150-bed **Mary Fletcher Hospital** quickly realized that they had never met anyone quite like this vocal Armenian from New York City. **Abajian's** intellect immediately impressed everyone, as did his clinical skills, especially his innovative regional anesthesia techniques (including epidurals, detailed in *UVM Anesthesia News*, Winter 2008). He was not as successful at making friends with the OR nurses, however, and their nickname for him, "**Dr. Abrasion**," accurately describes their relationship in those early years. **Abajian** was feared, not loved.

In April 1941, **John Abajian** made one of the best decisions of his career. Replacing **MFH's** nurse anesthetist, **Anne Waite**, who left to join her husband in the military, he hired **Elizabeth "Betty" Wells** as her replacement. Born and



raised in South Sutton, NH, **Wells** was a 1939 **MFH** School of Nursing graduate with no previous anesthesia experience whatsoever. She was perfect, in **Abajian's** eyes - intelligent, personable, and motivated, with no preconceived

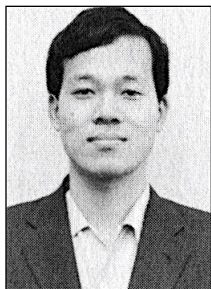
ideas about how anesthesia should be done. One of the last **CRNAs** to receive on-the-job training in Burlington, **Wells** became not only **Abajian's** assistant, but also a close friend and confidante, in a relationship that would last for over 35 years. Through 1941 and 1942, **Abajian** and **Wells**, assisted by interns and surgeons, performed most of the anesthetics in **MFH's** three OR's. Generals were done with ether, nitrous, and cyclopropane (anyone using chloroform was guilty of malpractice, **Abajian** said), but over half the patients were anesthetized with regional or local techniques.

By late-1942, World War II was raging and young men were drawn to their country's service. **John Abajian** felt the pull too and enlisted in the Army, leaving **Betty Wells** as de facto UVM Anesthesia Chief. He would return to Vermont, four years later, a war hero.

Next issue: Big John and the U.S. Third Army.

Yogurt And Honey

Dr. Wasa Ueda, a UVM anesthesia resident and attending from July 1972 to December 1974, retired from the faculty of Kochi Medical School, Kochi, Japan, in March 2009. He still assists in the training of anesthesia residents five days a week, which leaves him little time for his favorite hobbies. Excerpts from a recent letter:



Wasa Ueda in 1972

I graduated from Okayama Medical School in 1969, then did an internship at the Tachikawa U.S. Air Force Hospital in Tokyo, a stopping point for injured soldiers air evacuated from Vietnam. After a year of anesthesia training at Okayama (the Department Chair was Dr. Futami Kosaka, a 1958 UVM Anesthesia graduate), I arrived in Vermont, where I worked primarily in the heart room with Roy Bell and David Perkins. During that time, David had a special interest in beekeeping, and I had several opportunities to visit him at his home. One winter day, he told me, "Beekeepers take honey out of the hive and replace it with sugar water. In the winter, even in the very low temperatures of Vermont, bees must leave the hive to expel their waste. The more sugar the bees eat, the more often they leave the hive, and thus the greater chance they have of freezing to death." This story deeply impressed on me the importance of food with balanced nutrients.

In 1979 at Okayama University, I was responsible for the treatment of two severely burned children, a six-year-old girl and her younger brother. The girl had a 50% BSA burn, but the boy was unresponsive, with an almost 100% BSA burn. At that time, it was thought to be impossible to save the life of such a severely burned child - we had only to wait for his death to come. The girl was stable and alert, not complaining of her injuries at all, but repeatedly asking the nurses, "Is my brother all right? Please save him with my life." It was unusual behavior at her age, but eventually the reason became clear. She had taken her brother for a bath, but he had rushed into the tub, not knowing that the water was heated by a boiler without temperature control and was very hot. She hadn't been able to pull him from the tub, so paying the price of her own health, she had gone into the water to rescue him. Despite this, their parents severely blamed her for her carelessness. The boy's condition was too serious to do anything from a medical point of view, but the ICU nurses asked me to do everything possible to save him. By then, I had seen many burn patients die despite receiving the best treatment available, most killed by fungal infections, a side effect of antibiotic treatment. I had begun to believe that drugs were the real killer, and that diet might be a life saver - on rare occasions, severely burned adult patients had survived, especially when they had a good appetite immediately after the injury. Deciding that I couldn't lose anything by trying a little "magic" on him, I held the antibiotics and put the boy on a high calorie diet with balanced nutrients - he was intolerant of milk, so I fed him yogurt enriched with fresh honey. He survived, and both children eventually left the hospital in excellent condition. This yogurt-honey diet has saved many lives since then.

My wife and I, now both retired, enjoy gardening and keep two beehives in our garden. The bees produce honey and pollinate our vegetables and fruit all year long. I love beekeeping, but not removing the honey from the hive. Time passes like an arrow, and one of my favorite memories is the rescue of that little boy, and the magical help from Vermont.

Wasa Ueda MD, Kochi, Japan

Upcoming Events

16th Annual Vermont Perspectives In Anesthesia

March 3 - 6, 2011

Stowe Mountain Lodge, Stowe, VT

Johns' Fund Lectureship:

Myer H. Rosenthal MD

Professor Emeritus, Anesthesia

Stanford Univ. School of Medicine

March 5, 2011, 4:30PM

Stowe Mountain Lodge, Stowe, VT



New slopeside location!

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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