

ANESTHESIA NEWSLETTER



The University of Texas Medical School at Houston, Department of Anesthesiology, 6431 Fannin, MSB 5.020, Houston, TX 77030-1503
Web site address: <http://www.uth.tmc.edu/anes/> Anne Starr, Editor

Chairman's Corner

By Carin A. Hagberg, M.D.

1. Again, I would like to welcome those residents who have now joined us. It is an exciting time as you finally get to focus on your chosen career. Believe it or not, this time will pass quickly. I believe you will be extremely happy that you chose this program with its curriculum, patient population, faculty and fellow residents. Our faculty will serve as educators and mentors to help you become a consultant in anesthesiology, but it is up to you whether or not you will succeed.
2. As many of you already know, we have begun an acute pain service led by Dr. Krishna Boddu. There is no doubt that this a necessary service, not only for the patients of Memorial Hermann, but for you and your residency requirements. As this service is still in its infancy, we continue to make changes to further develop. We will provide 12/7 coverage and residents who rotate on the acute or chronic pain service will take in house call. We hope to begin providing this service at Lyndon B. Johnson Hospital, as well.
3. Participation in the FAER sponsored study regarding airway evaluation is well underway, and the new residents have been educated in this research. I would like for each resident to achieve a 90% compliance rate. I will give \$100 increase in book/meeting allowance for the best performer each month. I will notify residents of poor performance on a monthly basis. Please contact Ashley Feldman, my research nurse, if you would like to know your current monthly/overall performance. I appreciate your assistance in this important study.
4. Student CRNAS will begin to take call on nights and weekends. The plan is to integrate them into

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the call team by doubling up with residents for trauma cases and to help with preoperative assessments, as well as OR set-ups.

5. All residents must obtain their DEA as soon as they get their medical license. Methodist and other outside hospitals are now requiring this before you can rotate at their hospital. We expect Memorial Hermann will adopt the same policy.
6. Please adhere to proper gowning/gloving policies in the respective intensive care units. There has been a recent breakout of acinetobacter in the Burn Unit, and this is not uncommon. Please protect yourself, as well as our patients.
7. I would like to congratulate Dr. Lisa Kaplan for getting accepted into the pediatric CV fellowship program at Texas Children's Hospital and Dr. Andrew Allison for his acceptance as a fellow at Texas Heart Association. Although not necessary, I do encourage residents to continue their training in one of the subspecialty areas of anesthesia. We now have fellowship positions available in CV, Peds, Peds CV, and Neuroanesthesia. Soon we will have Regional Anesthesia, Acute and Chronic Pain and Obstetric anesthesia fellowship positions available.

(Continued on page 2)

*"Please protect yourself,
as well as our patients."*

Residency Director's Corner

By Mary Rabb, M.D.

1. T mode is over!! YEAH!! Congratulations to the most recent T mode class (Crystal Adams, Tanner Baker, Emily Boyd, Staci Cameron, Dana Grelhesl, Joseph Lovoi, Benton Marino, Gregory Opdahl, Trevor Peck, Hong Vo, Michael Yatsula, and Ahmed Zaafran).
Welcome to The University of Texas Medical School Department of Anesthesiology.
2. The ICU consult service has been dissolved effective September 1, 2009. Residents previously assigned to the ICU consult service will now rotate at Methodist ICU. One resident will be in the CVICU and one resident will be in the Neuro ICU.
3. Remember the standard deadline for the ABA August Part 1 examination is December 15, 2009. Please sign up via the ABA web site. Online applications will be available October 15, 2009. The late deadline is December 31, 2009. Regardless of the reason, applications received in the Board Office after the late filing deadline will not be accepted. The Board does not make exceptions to this policy.
4. Case logs are due October 1, 2009. Please do not wait until the last minute.

"Please do not wait until the last minute."

Chairman's Corner (cont.)

8. Please be more careful with your narcotic packs. Your narcotic pack is to stay on you at all times. Do not leave your narcotic in the top drawer of the anesthesia carts, unless you are in the room.
9. Finally, thank you for all your hard work, both residents, faculty and other members in this department. Your efforts are noticed and appreciated!!

Quote: "But a Constitution of Government once changed from Freedom, can never be restored. Liberty, once lost, is lost forever." John Adams

Political Corner

By Evan Pivalizza, MBChB

Since politically-driven debate about health-care reform is a constantly changing landscape, I advise following developments on either/or the ASA (www.asahq.org), TSA (www.tsa.org), Harris County (www.hcms.org) and TMA (www.texmed.org) websites who will more succinctly follow and summarize physician-relevant news. For lighter reading, see the AMA website (www.ama-assn.org) for their published "reasons" for the apparent rapid and unconditional acceptance of initial insurance reform proposals which many of us fear will impair the ability of anesthesiologists to practice and provide services to patients.

"Since politically-driven debate about health-care reform is a constantly changing landscape, I advise following developments..."

Faculty News

Articles

Khalil SN, Matuszczak ME, Maposa D, Bolos ME, Lingadevaru HS, Chuang AZ: Presurgical fentanyl versus caudal block and the incidence of adverse respiratory events in children after orchidopexy. Accepted. Ped Anesth 2009.

Grants Awarded

Doursout MF: Co-PI: Novel Molecular Countermeasures to Radiation Exposure (DARPA/ARMY); Co-Pi: Cardiovascular Outcomes of the Corrin-Mediated Activation of Soluble Guanylyl-Cyclase (American Heart Texas Affiliate).

Presentations

Hagberg CA: Current Concepts & Management of Difficult Airway, Chinese Society of Anesthesiology, Shanghai, China, Sept., 2009

Workshops

Hagberg CA: Difficult Airway, Chinese Society of Anesthesiology, Shanghai, China, Sept., 2009

WHEN THE EAST MEETS THE WEST ART EXHIBIT
by Ezatt Abouleish, M.D., Professor Emeritus

The opening of my art exhibit "When The East Meets The West" was great and well received. The venue is Freeman Public Library at Clear Lake. The address is 16616 Diane Lane (off Bay Area Blvd), Houston. It will be on display till 9.30.2009.

It gives me great pleasure to invite you, my friends, and colleagues to visit the exhibit. See some of the paintings shown below.



Coding/Billing Issues

By Shirley Hillman

ALWAYS SPECIFY THE EXACT LOCATION:

- *SKIN: lesion–benign or malignant, split thickness or full thickness graft,
- *REPAIR: simple, intermediate or complex
- *I & D: irrigation and debridement or incision and drainage
- *BURNS: degree of burn and % of total body surface
- *WOUNDS: specify if traumatic or post-operative, skin, muscle, nerve or bone
- *MASTECTOMY: simple, radical, or partial, if lymph excision was performed
- *DIAGNOSIS: abscess, cyst, hematoma, necrotizing, infection, or dehiscence

REMEMBER: IF YOU DID NOT DOCUMENT, IT DID NOT HAPPEN!!

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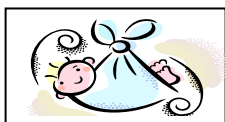
**Quote:** "Americans are a free people who know that freedom is the right of every person and the future of every nation. The liberty we prize is not America's gift to the world; it is God's gift to humanity."



## Announcements

### Highest Compliance Award: FAER Study

A resident from the experimental group for the month of August has been awarded. Ryan Toney, M.D. received 95% compliance on his FAER assessments!! The runner-up was Rhet Langley, M.D. with an also commendable 92%. Congratulations! Thank you to all the residents for their continued support of our study. The overall August resident compliance was 72%.



Congratulations to Katie Normand, M.D. and her husband, Martin, on the recent birth of their son, Luc Arthur Normand.



Carin Hagberg, M.D. in Shanghai, China on the occasion of her book, Benumof's Airway Management, translated into Chinese and presented at the Annual Meeting of the Chinese Society of Anesthesiology.

### FACULTY OF THE MONTH

Krishna Boddu, M.D. is our faculty of the month. He has elegant teaching and put forth an excellent effort for the acute pain service.

### RESIDENT OF THE MONTH

Mari Zavala, M.D. is our resident of the month. She stayed late one day to help one of the residents do preops when the resident "had no clue what he was doing." In fact, she helped several t-moders complete their preops.

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**Quote:** "Freedom is never more than one generation away from extinction. We didn't pass it to our children in the bloodstream. It must be fought for, protected, and handed on for them to do the same, or one day we will spend our sunset years telling our children and our children's children what it was once like in the United States where men were free."

## Protocol for Preoperative Platelets Inhibitors

These guidelines are based on current evidence and clinical findings. They need only be considered as suggestions for the physician and never a substitute for clinical judgment and professional patient case discussion between the anesthesiologist, cardiologist, and surgeon.

All patients with recent acute coronary syndrome (ACS) should be on clopidogrel (Plavix 75 mg) and aspirin (ASA 81 mg) for 6-9 months regardless, of whether a stent is placed or not. If the patient received a drug eluting stent (DES) placement as treatment of the ACS, the recommendation of being on dual therapy is for 12 months.

After one year, patients should be operated on with 81 mg ASA maintenance, and as a general rule, Plavix stopped 5 days prior to surgery. Alternatively, Plavix can be used up to three days prior to surgery (moderate-high risk patients) or even not stopped at all for high risk patients.

Depending on the number and location of the stents and patient risk factors, including replacement stents, restenosis, previous episodes of rethrombosis, stopping Plavix and aspirin therapy must be discussed between the anesthesiologist, cardiologist, and surgeon to advise the patient of the risks.

For bare metal stents (BMS) placed as treatment of an ACS, patients should be on Plavix and aspirin for at least 6 months unless surgery is urgent. In this second case allow at least 6 weeks of dual therapy (discuss with surgeon and cardiologist risk vs. benefit). Patients will be kept on aspirin 81 mg perioperatively. Plavix will be discontinued 5 or 3 days before, depending on the patient's risk factors and prior cardiology/surgeon discussion.

Patients with a history of coronary artery disease, diabetes and dyslipidemia, peripheral vascular disease should cautiously be operated on using 81 mg aspirin.

### Patients Requiring Absolute Antiplatelets Therapy Must Be Weaned Off

Patients can stop using Plavix 3-5 days prior to surgery. If critical CAD requires a maintenance of anti-platelet therapy, discuss with the cardiologist about preoperative GpIIb/IIIa infusion being stopped 4-8 hours prior to surgery. ASA maintenance should not be stopped. Alternatively, the use of intravenous NSAID (ketorolac) could replace perioperative aspirin.

### Point of Care Testing

Platelet aggregation studies with TEG-platelet mapping are available. Contact Dr. Pivalizza (Anesthesia Liver Team, Director) and alternatively Dr. Cattano (Preoperative Clinic, Director) for information. The platelet mapping studies need to be integrated with the clinical findings and the results analyzed carefully.

### Conclusions

In clinical care, multiple risk factors need to be considered before suspending anti-thrombotic therapy. In some cases, it is the responsibility of the anesthesiologist to initiate a consultation between the cardiologist and the surgeon and to maintain perioperatively antithrombotic therapy.

ASA maintenance of 81 mg should not be interrupted prior to surgery. Plavix should be interrupted 3 days prior to surgery in patients at high risk.

#### **Davide Cattano, M.D., Ph.D.**

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