



SNACC

SNACC News

Volume 32, Issue 2

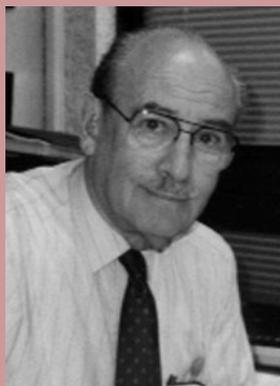
September 2004

Special points of interest:

- Reflection on the Future of Neuroanesthesiology from Dr. Albin, former President of SNACC
- Introduction of ASA Neuroanesthesia tract for 2005
- 2004 Annual Meeting Program and registration forms
- In memory of Jack Michenfelder, M.D.

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Maurice S. Albin, M.D.

President's Address:

Of the several functions of our Society, the Annual Meeting of the general membership is undoubtedly the most important. Our Annual Meeting will be held in Las Vegas on October 22, 2004. The program for this year's meeting, which has been developed and organized by members of the Board of Directors, is to a great extent based upon the feedback that we have received from our members. I am proud to say that the program is an excellent one and should be of considerable interest to both clinicians and scientists.

There are several aspects of the program that we wish, in particular, to which we can draw your attention to. There are few current issues that draw as much enthusiasm, or hostility for that matter, than the emerging field of stem cell research. Stem cells have shown a great deal of promise in the treatment of a variety of disorders that afflict our patients. This field is one of intense interest among scientists and the lay public alike. We are pleased to announce that a leading investigator in the field of stem cell research, Evan Snyder, M.D., Ph.D. will present this year's keynote lecture. Dr. Snyder is a

foremost authority in this field and his keynote should pique the interest of all our members. Use of stem cells for purposes of therapy generates a number of ethical and moral issues. Indeed, in this politically charged year,



Piyush M. Patel, M.D.

stem cell research has been at the forefront of political debate and it is highly unlikely that it will abate. We are indeed fortunate to have Patricia Churchland, B. Phil., a leader in the exploration of ethical issues that surround stem cell research, participate in our program. Her presentation on science, medicine and religion

vis a vis stem cells should put a proper perspective on the religious and moral issues about stem cell use.

There are a number of interactions between the central nervous system and other organ systems of the body. What has not been appreciated to date is the interaction of the lungs with the brain. Mechanical ventilation of the lungs can have a profound effect on the brain and this year, a leading authority in this field will address our members. Luciano Gattinoni, M.D. will discuss the "lung-brain" connection; this topic clearly is of direct relevance to our members.

As many of you are aware, the IHAST study has been completed. This study was borne out of the collaboration of many of our members and serves as a shining example of what our community can collectively achieve. An afternoon panel on the results of the IHAST will be presented by Michael Todd, M.D. and colleagues. If you are at all interested in IHAST, and I cannot see any reason why anyone with an interest in neuroanesthesia is not, the Annual Meeting is the forum in which to discuss the results of the study. (cont. page 2)

Thoughts About the Future of Neuroanesthesiology: Maurice S. Albin, M.D., M.Sc.

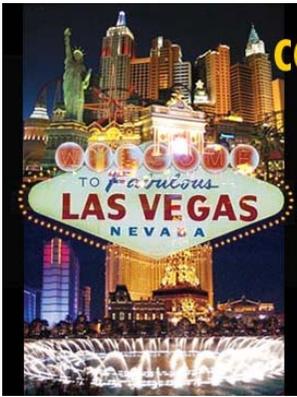
As you may know, I spoke on a panel at the 2003 ASA and discussed the history of neuroanesthesia. As I go over the abundant material in this area, I marvel at the quantum changes that have taken place in our anesthetic management of patients with neurological dysfunction since the termination of World War II. Most all of this progress was due to the science created to enhance our knowledge of the dynamics of brain and spinal cord physiopathology and its interaction with the anesthetic state.

As an indication of the progress, which has been obtained by the practice of neuroanesthesia, Ojemann, noted that, "The development of Neuroanesthesia and microsurgical techniques has reduced postoperative morbidity and mortality to the point at which surgical treatment may be the

safest course [even] in most patients with asymptomatic unruptured intracranial aneurysms." This quote was taken from an editorial for the first issue of the Journal of Neurosurgical Anesthesiology, written by the Editors, James Cottrell and John Hartung in 1989, and written by one of the leaders of academic neurosurgery. The establishment of our Journal is another example of the progress and level of attainment that neuroanesthesiology has been able to accomplish.

While I revel in our past accomplishments, I am also concerned about the future of our specialty. My concern is based on the tightening of the purse strings in academic anesthesia resulting in the demand for more clinical time on the part of the anesthesiologist and less empha-

sis on academic development; on the leveling off of the membership in SNACC; and in reality a decrease in the Neuroanesthesia Fellowship Programs during the past decade. These factors result not only in a contraction of the interest in neuroanesthesia by junior residents but also has led to a "desensitization" of the importance of neuroanesthesia in the management of the patient with neurological dysfunction. Dan Cole, a former President of SNACC has pointed out part of the problem in the Winter Newsletter of 2001 when he noted, "Of concern to me are recent comments by a SNACC member who stated that 'there is decreasing demand for a specialist in neuroanesthesia' and that there 'seems to be little that differentiates us from a general anesthesiologist' ". I've heard similar comments (cont page 8)



32nd Annual Meeting in Las Vegas: October 22, 2004:

Program Update:

E. Sander Connolly, M.D., Assistant Professor of Neurological Surgery, Columbia University, New York, NY will be joining the IHAST panel

Educational grant support provided by:

- Abbott Laboratories
- Aspect Medical System
- Axon Systems Inc.
- Baxter Healthcare
- Cincinnati Sub-Zero.
- Cook Critical Care
- DWL Systems
- ESP Pharma.
- GE Healthcare
- Hospira Worldwide
- Innercool Therapies
- Integra

President's Address:(cont. page 1)

The format of the SNACC Annual Meeting has remained fairly constant over the past few years. Given the success that we have enjoyed, we have seen no reason to change the format. However, recent changes to the manner in which subspecialty offerings at the ASA Annual Meeting will be presented will prompt a change in the planning of our meeting. Foremost amongst these changes is the development of subspecialty tracks. In ASA meetings past, a variety of refresher courses, problem based learning discussions, clinical panels and scientific sessions associated with any given specialty have been scattered throughout the course of the meeting. This has led to a considerable amount of inefficiency; those seeking exposure to one field have had to spend a lot more time at the meeting than is absolutely necessary. To streamline the presentation of subspecialty information, the ASA has developed subspecialty tracks. In this format, most, but certainly not all, of the subspecialty offerings will be presented over the course of two days. Hence, an individual will have the opportunity for the first time to get a focused exposure to the subspecialty of choice. This concentration of exposure is an extremely efficient manner in which to derive maximum benefit from the meeting. This year, Critical Care Medicine (CCM) and Obstetric Anesthesia will participate in the subspecialty tracks. The Neuroanesthesia Track will be offered during the ASA Annual Meeting in 2005 in New Orleans. What does the Neuroanesthesia Track entail for SNACC and for its members? The Neuroanesthesia Track will follow the SNACC meeting and will be held on Saturday and Sunday. The Neuroanesthesia Track will of course contain the "essentials" of the ASA meeting: refresher course lectures, problem based learning sessions, clinical panels and updates and, importantly, scientific sessions. In addition, several keynote lectures will also be presented. The inevitable question that arises is how the SNACC Annual Meeting will differ from the ASA Neuroanesthesia Track. It is our expectation that the Neuroanesthesia Track will essentially be a continuation of

the SNACC Annual Meeting. Over the course of three days, those interested in neuroanesthesia and in the neurosciences will be able to get a focused exposure to these disciplines.

It is essential that overlap between the SNACC Annual Meeting and the ASA Neuroanesthesia Track be minimized. I am therefore pleased to announce that SNACC will have significant input into the planning of the ASA NT. The ASA Committee that has been charged with the development of the Neuroanesthesia Track is chaired by a former President of SNACC, Daniel Cole M.D. Other representatives to the committee include Audree Bendo M.D. and Arthur Lam M.D. Karen Domino M.D. and I will serve as the SNACC representatives. Given the experience and the expertise of this committee, I am certain that the SNACC Annual Meeting program and the ASA Neuroanesthesia Track program will not only be outstanding but will also serve the needs of SNACC and neuroanesthesia communities. We are in the process of developing these programs and we will keep our members apprised of the progress that we make in a future issue of the SNACC Newsletter. Finally, I want to take this opportunity to express my gratitude to Gary Hoormann, of the ASA, and his excellent staff. As SNACC members know, we changed our management company last year. The decision to change our management company was not taken lightly. Such transitions are inevitably accompanied by disruptions in the function of the Society. Largely to the credit of Gary, we have avoided major problems, and the transition has been exceptionally smooth. There have been a few minor problems that have impacted some of our members; to those members I extend my apology and wish to indicate that these "glitches" have been rectified. We look forward to our Annual Meeting in Las Vegas with eager anticipation. The meeting should be an outstanding one and I strongly encourage our members, and those interested in neuroanesthesia, to attend.

On behalf of the Board of Directors of SNACC, I remain,
Yours sincerely,

Piyush Patel, M.D.

Jack Michenfelder, A Friend Passes On: by Harvey Shapiro, M.D.

John D. Michenfelder, M.D. died in his home in rural Oronoco, MN on May 2, 2004. His accomplishments as one of the patriarchs of Neuroanesthesia in clinical and laboratory science are well known. He was the first President of the Society of Neurosurgical Anesthesia and Neurologic Supportive Care.

I choose to explain my relationship with him as a measure of the loss I feel and know many of you share with me.

My first meeting with Jack was more like student meets hero than anything else. We met when he was a Visiting Professor at the University of Washington during my residency. I was well aware of his cerebral blood flow work with anesthetic agents. My questions were answered succinctly and we opened a dialogue which was to last the remainder of my professional life. I cherish those discussions as I remember him today.

Jack was always eager to engage in scientific argument. He expected rigor in these discussions and was always ready to embrace new ideas and make suggestions for my work. As time passed we went from distant colleagues to a professional friendship which frequently found us late at night in a bar discussing everything from brain resuscitation to the latest changes in our small circle of professional friends. His energy outlasted mine on those occasions.

We visited each others' laboratories on several occasions and traded the

secrets of our immediate mini-successes and failures. I found myself accepted by him as a peer. I even got to pitch a few horseshoes at his home on Lake Shady. There was no greater honor that he could have extended to me, especially coming from a man whose Rovenstine Lecture dealt with respect and integrity in clinical and bench science. I realized that without his leadership our Society would have had a tenuous start.

When I asked him to be our Society's first President, his first response was to decline. I persisted and he finally accepted out of his love for issues evolving around neuroanesthesia, a term he coined, and an opportunity to get the young people in our specialty on the right track. His connection with Professor Takeshita in Yamaguchi, Japan, spawned an entire generation of neuroanesthesiologists in that distant country. The best and the worst thing I can say about Jack relates to his intolerance for BS in any phase of his life. He set the tone for me as well as many others. I, among others, will miss the spirit of this man.

Jack, thanks for setting me straight on so many things.

Our loss of a colleague must be tempered with the bereavement his wife Monica and their family must feel, and my wishes to them for consolation at this time run deep.



John D. Michenfelder, M.D.

Harvey Shapiro, M.D

Nominations for SNACC Officers

The Nominating Committee (Karen B. Domino, M.D., M.P.H. Satwant Samra, M.D., and Verna Baughman, M.D.) is pleased to nominate Sulpicio (Sol) Soriano, M.D. for Secretary/Treasurer and Basil Matta, M.D. for Vice President for Communications, for election at the 2004 SNACC meeting.

Dr. Soriano is Associate Professor of Anaesthesia, Harvard Medical School, and Senior Associate in Anesthesia, Children's Hospital, Boston. He is currently Vice President for Communications. Sol has done an outstanding job updating the website, coordinating educational activities for SNACC, including chairing a subcommittee on education and development of educational material on the website, helping with newsletter publications and co-editing of the bibliography update.

Dr. Matta is Clinical Director of Perioperative Care, Associate Lecturer, University of Cambridge, Addenbrookes Hospital, Cambridge, U.K. He is currently a SNACC Board Member at Large, whose term expires at the annual meeting in 2004. Dr. Matta is a thoughtful and energetic member of the board. He organized SNACC's highly successful breakfast panel at the 2003 ASA in San Francisco. Basil chairs SNACC's subcommittee on international relationships and the Neuroscience Committee of the European Society of Anesthesiologists.

Nominations have been solicited for two members of the Board-at-Large and we have received nominations for the members listed below. Furthermore, former SNACC presidents, Drs. Daniel Cole (Mayo) and Jeffrey Kirsch (OHSU) have also been nominated for ASA Delegate and Alternated Delegate, respectively.

Karen B. Domino, M.D., M.P.H.

**Joint SNACC-ISAP Dinner Symposium:
Dexmedetomidine: Molecular Mechanisms of
Action and Clinical Application**
Thursday October 21, 2004
Las Vegas Flamingo Hotel
Sponsored by Hospira Worldwide, Inc.

Program

Moderators:

Steven L. Shafer, M.D. Vice President, ISAP

Piyush M. Patel, M.D., F.R.C.P.C. President, SNACC

6:00 p.m. Cocktail Reception

6:30 p.m. Dinner

7:30 p.m. Symposium

7:35 p.m. *The Molecular Mechanisms and Neural Substrates for the Sedative and Analgesic Actions of Dexmedetomidine*
Mervyn Maze, M.B.

Sir Ivan Magill Professor of Anaesthetics and Intensive Care Chair, Department of Anaesthetics and Intensive Care, Imperial College London Campus, Dean and Director of Research and Development Chelsea and Westminster Hospital, London

8:05 p.m. *New Comfort for the Critically Ill Patient?*

Robert N. Sladen, M.B.

Professor and Vice-Chair, Department of Anesthesiology Chief, Division of Critical Care,

College of Physicians and Surgeons of Columbia University

8:35 p.m. Panel Discussion and Question and Answer

Position Statements from Board-at-Large Candidates:

Susan Black, M.D. (University of Alabama, Birmingham, USA)

My clinical and research interests include anesthesia for spine surgery, venous air embolism, and anesthesia for cerebrovascular surgery. In addition, I play an active role in resident and fellow education program development. If elected to the board, I would like to participate in administrative functions as needed and in particular in development of educational programs and fellowship guidelines.

Winifred J Burnett, M.B.B.S., (Alfred Hospital, Melbourne, AUS)

My current clinical interests include neurotrauma, cervical spine injury/disease (including the difficult airway) and acoustic neuroma. I am involved in Continuing Medical Education through my role as Neuro SIG Chair and teaching neuroanaesthesia, neurophysiology and difficult airway management to trainee anaesthetists. I would like to see collaboration between interested Neuroanaesthesia groups with the pooling of educational resources in order to develop a coordinated educational approach to Neuroanaesthesia. I believe I could make a valuable contribution in this area.

Andrew Kofke, M.D. (University of Pennsylvania, Philadelphia, USA)

My initial research experiences were with organic synthesis and enzyme biochemistry. Since then my research has progressed with a consistent general orientation to basic and clinical neuroscience and a specific emphasis on interactions of anesthetics with neural disorders. Within this context three specific areas of interest are apparent: neuroexcitation, cerebral ischemia, and transcranial Doppler ultrasonography. In addition, I have developed an interest in ethical conflicts in cost containment. These interests are in the context of my clinical practice which emphasizes neuroanesthesia and neurointensive care. I have attended and presented at every SNACC meeting since 1983, participating in various SNACC roles including education committee and nominating committee and, more recently working on Neuro ICU and certification issues. I have a long standing interest in neuroanesthesia and neurocritical care and can contribute to growth of these areas through participation on the SNACC board of directors.

Martin Smith, M.D. (University College, London, UK)

I am a full time neuroanaesthetist and director of neurosurgical critical care at the National Hospital for Neurology and Neurosurgery, University College Hospitals London, UK. My clinical interests lie particularly in the management of acute brain injury. I also lead a multi-disciplinary research group with an interest in monitoring the injured brain. We have a particular focus on the clinical development of bedside optical techniques to monitor cerebral haemodynamics, oxygenation and cellular metabolic status non-invasively and, in collaboration with colleagues in neurochemistry, the introduction into clinical practice of biomarkers of evolving brain injury. In the UK, I am involved in many national neurocritical care projects, including recent initiatives led by the Department of Health, and am leading a review of guidelines for provision of neuroanaesthetic services for the Royal College of Anaesthetists. I have recently been elected President-elect of the Neuroanaesthesia Society of Great Britain and Ireland and begin my two-year term as President next year. I am a member of the editorial board of the Journal of Neurosurgical Anesthesiology.



32nd

Annual Meeting

Society of Neurosurgical Anesthesia and Critical Care

October 22, 2004

Flamingo Las Vegas
Las Vegas, Nevada

BOARD OF DIRECTORS

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Program Faculty

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University of Alabama
Birmingham, Alabama

Patricia Churchland, B. Phil
Chair, Department of Philosophy
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San Diego, California

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Adjunct Professor of Neurological
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University of Washington
Seattle, Washington

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Critical Care
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Ospedale Policlinico, Milano, Italy

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Seattle, Washington

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Professor and Director of the Stem
Cells and Regeneration Program
Burnham Institute
La Jolla, California

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Professor of Anesthesiology
University of Iowa
Iowa City, Iowa

Stella C. Tommasino, M.D.
Assistant Professor of Anesthesiology
Istituto di Anestesia e Rianimazione
Universita degli Studi di Milano
Milano, Italy

Christian Werner, M.D.
Professor and Chair
Klinik fur Anasthesiologie
Universitat Mainz, Germany

Lisa Wise-Faberowski, M.D.
Assistant Professor of Anesthesiology
Duke University Medical Center
Durham, North Carolina

William L. Young, M.D.
Professor of Anesthesiology,
Neurological Surgery and Neurology
University of California, San Francisco
San Francisco, California

Scientific Program

- 7:00 - 7:30 a.m. Registration, Continental Breakfast with Poster Viewing and Exhibitors
- 7:30 - 7:40 a.m. Welcome Address
Piyush M. Patel, M.D., SNACC President
- 7:40 - 7:45 a.m. **KEYNOTE LECTURES: BASIC SCIENCES**
Piyush M. Patel, M.D.: Moderator
- 7:45 - 8:30 a.m. **Stem Cells**
Evan Synder, M.D, Ph.D
Objective: The attendees will learn the biology of stem cells and its clinical application in degenerative disease and acute injury in the central nervous system.
- 8:30 - 9:30 a.m. **Ethics of Stem Cell Research**
Patricia Churchland, B. Phil.
Objective: The attendees will learn the bioethical implications of stem cell research and treatment modalities in today's society.
- 9:30 - 11:00 a.m. Coffee Break with Exhibitors and Poster Presenters
Objective: The attendees will learn from established investigators about cutting edge basic science and clinical research in the field of Neuroanesthesia and Critical Care.
- 11:00 - 11:45 a.m. **KEYNOTE LECTURE: CLINICAL SCIENCES**
Stella C. Tommasino, M.D.: Moderator
- Interaction of the Lung and Brain**
Luciano Gattinoni, M.D.
Objective: The attendees will learn about the interaction between the central nervous and respiratory systems in normal and disease states.
- 11:45 a.m. - 12:00 p.m. **Presentation of Young Investigator Award**
Rona Giffard, M.D., Ph.D.: Moderator
- 12:00 - 1:30 p.m. Recognition and Business Meeting Luncheon
Presentation - Distinguished Service Award and Distinguished Teaching Award
- 1:30 - 3:00 p.m. **PARALLEL SESSIONS:**
- A. Problem-Based Learning Discussions:**
Susan Black, M.D.: Moderator
- a. Head Injury: Martin Smith, M.D.
 - b. Prone Position: Lorri Lee, M.D
 - c. Craniopharyngioma: Lisa Wise-Faberowski, M.D.
- Objective: The attendees will learn about the clinical issues and develop approaches to these neurosurgical problems.*

SNACC Has Moved!!

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Phone: (847) 825-5586
Fax: (847) 825-5658
www.snacc.org
snacc@asahq.org

SNACC Annual Meeting Host Hotel:

Flamingo Las Vegas
3555 Las Vegas Blvd South
Las Vegas, Nevada 89109
Phone: (702) 733-3111
www.caesars.com/Flamingo

Hotel Reservations

Hotel reservations may be made through the ASA Web site at www.asahq.org. Reserving a hotel room via the Internet should only take a few minutes. A required hotel room deposit (\$200) will be charged to your credit card immediately to secure your room reservation. The Web site will also require an e-mail address with which to acknowledge your reservation.



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Society of Neurosurgical Anesthesia and Critical Care

October 22, 2004

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B. Hands-on Workshop: Ultrasound Applications in Neuroanesthesia and Neurological Critical Care

Objective: The attendees will rotate to each of the three workshops to provide hands-on introduction to use these technologies in the operating room and intensive care unit.

Moderator: Karen B. Domino, M.D., M.P.H.

a. Transcranial Doppler: Arthur Lam, M.D., and Christian Werner, M.D.

Objective: The attendees will learn the scientific basis and clinical applications of the transcranial Doppler (TCD) in the intensive care unit and in the operating room.

b. Ultrasound-Guided Vascular Access: T. Andrew Bowdle, M.D., Ph.D.

Objective: The attendees will learn to use vascular ultrasound to identify vascular structures and aid in central venous cannulation.

c. Transthoracic Echocardiogram: Donald C. Oxorn, M.D.

Objective: The attendees will learn to conduct a basic transthoracic ultrasound examination and applications in the neurosurgical patients, including assessment of left and right ventricular function and air embolism.

3:00 - 4:00 p.m.

Coffee Break and Poster Viewing

4:00 - 6:00 p.m.

IHAST RESULTS: DISCUSSION AND PANEL

Moderator: Piyush Patel, M.D.

Panel:

Neuroanesthesia

Michael M. Todd, M.D.

Bradley J. Hindman, M.D.

William L. Young, M.D.

Basil Matta, M.B., F.R.C.A.

Neurology and Neurocritical Care

S. Claiborne Johnston, M.D., M.P.H.

Neurosurgery

Peter J. Kirkpatrick, M.B., Ch.B., M.Sc., F.R.C.S.(SN)

Objective: The attendees will learn about the findings of the recent IHAST trial and learn to interpret the results from a multidisciplinary perspective.

6:00 p.m.

Annual Meeting Reception

Be sure to attend the ...

SNACC BREAKFAST PANEL AT THE ASA ANNUAL MEETING

TUESDAY, OCTOBER 26, 2004

7:30 - 8:45 A.M.

**LAS VEGAS HILTON
BALLROOM B**

Mark H. Zornow, M.D.

Moderator

Oregon Health and Science University
Portland, Oregon

Awake Craniotomy: An Overview

W. Andrew Kofke, M.D., M.B.A.

University of Pennsylvania

Philadelphia, Pennsylvania

Sedation Strategies for Awake Craniotomies

Alex Y. Bekker, M.D., Ph.D.

New York University Medical Center

New York, New York

Awake Craniotomy: What About the Airway?

Irene P. Osborn, M.D.

Mount Sinai School of Medicine

Mount Sinai Medical Center

New York, New York

Meeting Registration Form



SOCIETY OF NEUROSURGICAL ANESTHESIA AND CRITICAL CARE

Friday, October 22, 2004

Las Vegas, Nevada

32nd

Annual Meeting

Society of Neurosurgical Anesthesia and Critical Care

Please print or type

Name: _____ MD PhD Other: _____

Institution: _____

Address: _____

City: _____ State/Country: _____ ZIP Code: _____

Phone: _____ Fax : _____ E-Mail: _____

Meeting Registration	Early Bird by Sept. 10, 2004	After Sept. 10, 2004	Amount Paid
<input type="checkbox"/> SNACC Physician Member	\$250	\$320	\$ _____
<input type="checkbox"/> Physician Non-Member [^]	\$375	\$445	\$ _____
<input type="checkbox"/> SNACC Resident Member	\$95	\$125	\$ _____
<input type="checkbox"/> Resident Non-Member ^{^^}	\$150	\$190	\$ _____
<input type="checkbox"/> CRNA	\$250	\$320	\$ _____
<input type="checkbox"/> Thursday Dinner (SNACC Member)*	\$0	\$0	\$ _____
<input type="checkbox"/> Thursday Dinner (SNACC Non-member)**	\$35	\$45	\$ _____
Optional Workshop Fee <i>(meeting registration required; limit of 15 persons x 3 sessions per workshop)</i>	\$35	\$45	\$ _____
<p>Workshop A: Transcranial Doppler</p> <p>Workshop B: Ultrasound-guided Vascular Access</p> <p>Workshop C: Transthoracic Echocardiogram</p>			

Each workshop registrant (maximum of 15 persons per workshop; maximum 45 persons for this session) will receive a ticket for all three workshops. Attendees will rotate through each workshop accordingly. Each session will be 30 minutes.

Registration includes: continental breakfast, coffee breaks, luncheon, reception, and copy of the Journal of Neurosurgical Anesthesiology with abstracts.

[^] \$125 of this fee may be applied toward 2004 SNACC Membership. (Note: Does not include subscription to Journal)

^{^^} \$25 of this fee may be applied toward SNACC 2004 Membership. (Note: Does not include subscription to Journal)

* Reservation is required. On-site registration is **not allowed**.

** Attendee must register and pay prior to conference. On-site registration is **not allowed**.

Active members please send a copy of your curriculum vitae and your check for the first year dues made payable to SNACC. Residents dues and application must be accompanied by a letter from your residency program director as proof of status. Emeritus (retired) membership is available to members in good standing who have retired from active practice.

General Membership - Become a member for one year as you register and get member rates for the meeting.

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Thoughts About the Future of Neuroanesthesiology: (cont. page 1)

from other members. While this may or may not be the prevalent attitude within your institution, we must be willing to examine these comments with an open mind, one that seeks to challenge an issue with solutions - not denial of problems. We need a frank examination of the root of these comments to ensure that neuroanesthesia will continue to be an essential subspecialty, and SNACC a model society to serve the needs of the neuroanesthesiologists."

The problem referred to by Dr. Cole can be noted throughout the U.S. (I cannot speak about Canada or other countries) where a significant number of neurosurgical cases are carried out or supervised by those without specialized neuroanesthesia training. It is ludicrous, to say the least, when a complicated neurosurgical case is staffed by an anesthesiologist not familiar with the nuances of the surgical procedure and assisted by a resident who understands even less. Everyone would be up in arms if the same situation would occur during open-heart surgery where a trained cardiac anesthesiologist would not be in attendance.

To my mind, an examination of the root of this problem indicates the need for us to recognize two critically important deficiencies, the first being our diminished interaction with neurosurgical colleagues and the second concerning subspecialty recognition.

Neurosurgical Interaction - In the early days of the organization of our society (the seventies), there was an extremely close relationship with our neurosurgical colleagues. In fact, Thomas W. Langfitt, M.D., then Chairman of the Department of Neurosurgery, University of Pennsylvania, and a pioneer in the areas of intracranial hypertension and craniocerebral trauma, was one of the original founders of our neuroanesthesia group. Six neurosurgeons have held the presidency of our Society including distinguished individuals such as Donald P. Becker, M.D., Peter J. Janetta, M.D., Derek Bruce, M.D., Lawrence Marshall, M.D., Neil Kassell M.D. and Lawrence H. Pitts, M.D. Our Society actively participated in the educational program of The American Association of Neurological Surgeons as well as the Congress of Neurological Surgeons and to this day our SNACC programs feature many neurosurgical colleagues. Since the 1990's, this intense interaction has lapsed and it is important that these types of joint activities be reestablished again. By being actively involved with the nervous neurosurgical groups, helpful pressure can be exerted by them to insist on the high standards of anesthesia care rendered by a neuroanesthesiologist. On a more local level, we must try to find ways of interacting with our neurosurgical colleagues using joint conferences and seminars as the mechanism. We also have to realize that the neurosurgeon's themselves are having a "crunch" because of declining numbers caused by retirees and inadequate numbers of replacements from neurosurgical training programs. The 80-hour week proposed by the ACGME might also have an important impact on the available neurosurgical pool.

Subspecialty recognition. I believe that the time is ripe for us to start our advocacy for subspecialty certification. I realize that we are now living in a difficult economic period and that it appears the hierarchy of organized Anesthesiology is against it, but I can think of no better way to insure the propagation of the high standards of care, that we have fought for over the years, than to have the expertise that subspecialty certification will bring in its wake. This would force the teaching departments in academic centers to move resources to develop teaching fellowship programs in neuroanesthesia. Certification would eventually force a change in credentialing standards and thus widen the available pool of neuroanesthesiologists.

We do have models available and we can evaluate some of the policies used for specialization in Critical Care Medicine and Pain Medicine. We also might think about exploring the route of the Neurologists who have set up a United

Council for Neurological Subspecialties (UCNS), drawn from 5 parent organizations whose mission is to, "...provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurological subspecialties and the quality of patient care. The UCNS focus will be on subspecialties too small in number to meet the accreditation requirements through the Accreditation Council for Graduate Medical Education (ACGME) and the certification requirements through the American Board of Psychiatry and Neurology (ABPN)." Our first task at hand would be to bring this matter up for discussion with our SNACC membership. If there is agreement that subspecialty certification would be an important development in our continuum of patient care and resident education, then we should organize two study groups to evaluate the matter, one to look into the organizational aspects of the problem and touch base with the ASA, ABA, and other subspecialty groups. The other committee would be charged with developing some type of a standardized Neuroanesthesia Fellowship Program, delineating the basic exposure of the Fellow to the questions of clinical training and curriculum development. These two committees could start their work after this year's SNACC meeting, give a midyear progress report, and present their final findings at the 2005 SNACC meeting. A significant portion of the 2005 SNACC meeting should then be dedicated to a thorough discussion of this problem by our membership. I believe that at times, it is very important to take a bold step, regardless of the state of mind in the milieu that surrounds us. To my mind, the time to start this program is now!

Maurice Albin, M.D.

Addendum

Recently, the UCNS has examined applicants in the area of Pediatric Neurology, EEG and Movement Disorders. Three frequently asked questions were posed whose answers are pertinent to the problems we face in Neuroanesthesiology.

Q: Who is likely to participate in the UCNS program?

A: The UCNS program is designed to assist subspecialties that have matured to a point where accreditation of training programs and certification of program graduates is appropriate and yet have not grown to a size that would be acceptable for inclusion as subspecialty of ABPN.

Q: Why is the current system provided by the ABMS and the ACGME not feasible for some neurological subspecialty areas?

A: Gaining acceptance of a new subspecialty certificate through the ABMS is complex. Neither the ABNS nor the ACGME are subspecialty to support and nurture newly developing subspecialty areas. The UCNS will provide such an environment.

Q: What will be the impact on general neurologist?

A: Many believe that all neurologists are generalists with special expertise acquired through years of experience and training. Therefore, there is little need for a board certification process. However, the trend across all medical specialties has been toward subspecialization. This is driven, in part, by new science and technology, which expand both the need and options for subspecialization."

If our membership is interested in a similar type of route, we can either try and negotiate with the UCNS (I understand that some SNACC members have spoken to them) or, together with other anesthesia subspecialties petition the ABA-ASA to set up a similar examining system. Naturally, and above all, there must be a consensus established first by our members to push for this type of certification.