September was an interesting month as we continued to be reminded that the practice of medicine and anesthesiology is a local, national and international event. I had the privilege of accompanying the CA 1’s to the NC/SC Societies of Anesthesiologists meeting in Asheville, North Carolina. This year’s meeting had many informative lectures including Preventing and Treating Local Anesthetic Toxicity, Update of Perioperative Fluid Management and Top Ten Perioperative Interventions to Improve Outcome. Healthcare reform was discussed by our incoming ASA president, Dr. Alexander Hannenberg. Probably the most important events occurred after the lectures and during breaks. This was the time for the residents to interact with anesthesiologists across both states and to learn about the various practice models. Our residents, Drs. Tara Ahlberg and Tim Heinke, actively participated in the SCSA business meeting and will become more involved over the next three years. Dr. David Zvara (Chairman at UNC) and I brainstormed ideas for getting even more resident involvement in presentations and participation, especially from the North Carolina programs. Next year’s meeting will be September 24-26, 2010 in Pinehurst, North Carolina. I want to encourage as many faculty as possible to attend this weekend meeting. Networking regionally is important. Also, please join me in thanking our CRNA’s who took extra shifts to cover our residents’ clinical responsibilities including call on Friday, Saturday and Sunday.

Earlier in the month, I had the pleasure of representing our Department at the 8th Asian Society of Cardiovascular Anesthesiologists (ASCA) meeting in Tokyo, Japan. Speakers from 25 countries were present. Being selected to the ASCA executive committee was a special honor. Later in this edition is a Tokyo Times newspaper feature article on the meeting organized by Dr. Minoru Nomura. Can you imagine the New York Times doing a similar piece? Across the world many things are similar such as drug availability, TEE technology, etc while much is different as in the acceptance of evidence based medicine since it can be contradictory to the hierarchy training regimens imposed in Asian society. The SCA Foundation FOCUS initiative, which we are actively involved with, was well received and is currently being replicated in Japan.

Despite being separated by seven thousand miles, the two meetings had common themes -- the desire to give the very best care to our patients with the resources available, to inform our citizens and governments of exactly how we make surgery safer, and to educate the next generation. I encourage all faculty to become more involved in the specialty of anesthesiology through active involvement in our many professional organizations.
Joseph S. Redding Critical Care Lecture
Department of Anesthesia & Perioperative Medicine

“Improving the Care of Critically Ill Patients” Monday, October 5, 4:00pm and
“Current Risks and Benefits of Blood Transfusions”
Grand Rounds Tuesday, October 6, 6:30am

Michael A. Gropper, MD, PhD
Medical Director, Critical Care Medicine
Department of Anesthesia & Perioperative Medicine
University of California, San Francisco

Monday, October 5 and Tuesday, October 6
College of Health Professions, Room 204A
Enter through 2nd Floor Door by Ashley/Rutledge Parking Garage
Refreshments Provided

In honor of his accomplishments, the Joseph S. Redding, MD Critical Care Fund
was established to support the department and university in their missions of service
in patient care, research and education.
A Glimpse Back in Time as I Look Toward My Future.

The NC/SC Society of Anesthesiologists Annual Meeting

Recently, the CA-I class had the opportunity to attend the annual meeting of the North and South Carolina Society of Anesthesiologists, which was held in Asheville, NC. Although Asheville is well known for its beauty, I was not prepared for the loveliness of the Grove Park Inn and Spa. My four hour journey led me out of the low country and into the upstate. As I grew closer to Asheville, the hills began to appear as if out of nowhere. The blue rolling mountains were a magnificent sight as the clouds seemed to bathe the treetops. When I arrived in Asheville and climbed the narrow street marked "Grove Park Inn," I was astonished to see the historic Inn as it lay on the mountain top, appearing to grow right out of the ground. The rooftop had curves in such a way as to blend into those blue topped mountains I had just become acquainted with.

Stepping into the "great hall," otherwise known as the main lobby, I was flanked by two huge fireplaces, so big one could actually stand in them. There was subtle music anointing my senses as I made my way up to my room via a compact elevator hidden in one of the fireplaces. The Inn, built in 1913, held all of its historic charm of yesteryear with the myriad of vintage yellowed photographs surrounding me as I strolled down the hallway to my room. Each room looked out over the rolling hills and had rustic windows you could actually swing open. The rooms spared no luxuries of now, but many of the furnishings were original to the inn.

Friday night we had the pleasure of dining with Dr. Reeves and his wife, Cathy, on the Terrace overlooking the hills below us. It was magical to listen to the music, smell the aromas of fine wine and succulent steak as the wind tickled our cheeks. The company was wonderful and I have to say, a good time was had by all. As in tradition, after dinner, our class continued to enjoy ourselves into the wee hours of the morning in the dueling piano bar at the Inn. Visions of a growling bear crawling around the pianos seem to stick in my mind, although I can’t really say why...

Tim Heinke and I were fortunate to attend the annual business meeting of the South Carolina Society of Anesthesiologists along with Dr Reeves. I was humbled as I listened to all of the political connections these men and women from our state had obtained to better our interests. Kudos to Bassam Kadry and his sidekick, Becky Payne, as an applause was made for 100% resident contribution in the state. And it was obvious that Scott Reeves is well-respected in the anesthesia community, as many of the physicians in the state turned to him for guidance and his thoughts. It should also be noted that Dr. Guidry’s name only came up about six times during the various lectures at the meeting. Needless to say, MUSC is well represented, and I am both proud and honored to be a part of that.

Tara Ahlberg, MD

“Drug Company Lunches” Policy

The University, UMA, MUHA, and the College of Medicine have all subscribed to a new and vitally important “conflict of interest” policy. The College of Medicine has also embraced the American Association of Medical College’s position that there be no drug company provided lunches and this policy has been implemented in the College of Medicine. The reason for the policy is to avoid the real or appearance that drug companies are unduly influencing medical decisions something very important to the public and others’ perception of inappropriate influences on our professional conduct.

Dean Jerry Reves
A LETTER FROM OUR CONGRESSMAN

As you all know, the department has been very active over the past several years educating our congressmen and senators on what we do and the challenges we face. Congressman Henry Brown understands our concerns!

HENRY E. BROWN, JR.
1ST DISTRICT, SOUTH CAROLINA

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
NATURAL RESOURCES
VETERANS’ AFFAIRS

Congress of the United States
House of Representatives
Washington, DC 20515–4001

September 8, 2009

Dr. Scott Reeves
3857 Colonel Vanderhorst Circle
Mount Pleasant, SC 29466-8035

Dear Dr. Reeves:

Thank you for writing me about reimbursement rates in a proposed public insurance plan. Health care providers must be adequately compensated for the work they do in order to continue the high quality of care Americans currently receive. I appreciate hearing from you on this topic, and welcome every opportunity to be of interest.

Currently, Medicare reimburses the average health care provider at eighty-percent of what private insurers pay for services. However, anesthesiologists are only reimbursed at thirty-three percent of what private insurers pay. The tying of proposed payment rates in any future government run insurance plan to these Medicare rates is one of the reasons I strongly oppose H.R. 3200, the House Democrats’ health reform plan that would create a “public plan.” While an amendment to de-link reimbursement from Medicare rates was approved in the Energy and Commerce Committee, there is strong opposition to it, and there is no guarantee the provision will be included in the final version of the bill.

As we continue to discuss health care reform and other matters that will affect health care providers, you can be sure that I will keep your thoughts in mind. To have regular updates from my office sent to you by e-mail, please visit http://brown.house.gov/updates. I am honored to serve you in Congress and I look forward to hearing from you on other matters of interest or concern.

Sincerely,

Henry E. Brown, Jr.
Member of Congress
MEET THE FACULTY

Julie Ryan McSwain, MD, MPH

Julie Ryan McSwain was born in Pittsburgh, Pennsylvania (go Penguins!). She moved around a bit as a kid, and wound up in North Carolina by the late 1980s. She attended college at Duke University where she met her husband Dave, who then persuaded her to travel the long ten miles down the road to the University of North Carolina where she obtained an MD/MPH degree. She continued at UNC for residency and was an Assistant Professor there last year while waiting for her husband to finish his training in pediatric critical care. To clear up any confusion, both she and her husband are officially Duke basketball fans and cannot cheer for any UNC sport teams for fear of having their college diplomas confiscated. In her spare time, Julie enjoys running, reading popular fiction, fishing, and cooking.

UPDATE FROM RUTLEDGE TOWER

Rutledge Tower Anesthesia has had a very busy few months. We have opened a 9th operating room and continue to increase patient volume. Our regional program has had steady growth with the collaboration of the anesthesia team.

Patient satisfaction scores are on the rise. Peggy Kittredge, CRNA is our data “super-user”. She meets with the Press-Ganey representatives and brings information to a committee comprised of CRNAs, pre, post, intraoperative nurses, as well as the patient reception department. Together they discuss opportunities that are identified in the patient surveys and recommend improvement strategies. Robin Buchanan, CRNA and Kate Wendorf, CRNA, work with Peggy as our anesthesia representatives.

We welcome Stephanie Hodge, Anesthesia Tech 2 to our group. Stephanie has prior experience as a tech at Roper Hospital. She brings a new perspective and enthusiasm to our team.

Finally, we had the extraordinary privilege to celebrate with our breast cancer survivors, Peggy Kittredge and Jean Day. I want to thank my team, and members of the ART team, who were there when they needed them most. Dr. Grace Brown arranged for a sailing cruise on the Intracoastal Waterway to celebrate the end of a tough portion of treatment. We had food and wine and toasted the bright new horizon.

MESSAGE FROM YOUR COMPLIANCE MANAGER

Medicare randomly audits cases within our facility, and while we are certain we are meeting the required criteria we want to ensure we are adhering to their many guidelines. The UMA Compliance department is pleased to announce there will be an Anesthesia & Pain Management consultant from Perfect Office Solutions, Inc on campus November 4, 2009. Our goal is to ensure our anesthesia staff including physicians, CRNAs, residents, coders, and the revenue cycle team, has a clear understanding of medical record documentation and billing concepts. The consultant will conduct a review of our medical record documentation on random cases and report her findings during a seminar. She will also provide coding updates for 2010 and a question and answer session. Other high revenue departments on campus, such as Surgery, Interventional Radiology, and Emergency Medicine have benefited from a consultant coming in to review and possibly enhance our processes. I will provide more details pertaining to scheduled events as they are available. Although these events are voluntary, I would encourage you to attend if possible.
ICU 101 for Medical Students: 
A Required Course for Future Anesthesiologists?

Caroline Hunter Watson, Member-at-Large
Medical Student Component Governing Council

As a new third-year medical student this July, I would estimate that I have more experience in anesthesiology than most of my classmates due to a year spent doing clinical research in the Department of Anesthesia and Perioperative Medicine at the Medical University of South Carolina (MUSC) before starting medical school. During this encounter, I had the opportunity to observe the practice of anesthesiology in many settings, including the O.R., labor and delivery, pediatric cardiac catheterization, and GI endoscopy. At the risk of exposing my naiveté about the realm of clinical medicine, the role of anesthesiology in managing ICU patients isn't obvious to me yet. I feel very lucky to attend an institution that offers two selective rotations available to third-years in the Department of Anesthesia, one based in the O.R. and one in the ICU, and I look forward to gaining more perspective from each of these settings this year.

MUSC began offering a critical care selective to third-years this past spring. In an interview for this article with Larry Field, M.D., Chief of the Division of Critical Care and Medical Director of the Digestive Disease Intensive Care Unit (DDICU) at MUSC, he informed me of the background of the selective and nature of this particular ICU. The DDICU is one of two critical care units at MUSC's year-old cardiac and GI facility, Ashley River Tower (the other being the CTICU). The DDICU is staffed by the department of anesthesia and is a combination adult medicine/surgery ICU, serving mostly GI critical care patients. Fourth-year students pursuing anesthesiology often complete externships in the DDICU in the fall, leaving it unserved by students in the spring. Thus, the third-year selective, offered only in the spring, was established. Jenna Walters, a fourth-year medical student who will apply for anesthesiology residency, took the selective in the spring. She described the student's role as one of taking responsibility for several patients by rounding in the morning, creating a plan with the residents, writing orders, following up labs and helping with procedures. She said, "It really made me understand how important it is to know about all areas of medicine to be an effective anesthesiologist. It also showed me how stressful the ICU situation can be and the comprehensive care that is required."

From Dr. Field's perspective, the value of being exposed to critical care anesthesiology as a medical student lies in the fact that the O.R. and ICU are really extensions of each other. Both involve ventilation management and the maintenance of the patient's physiologic processes. However, the timeframe in each setting is different: the O.R. is rapid-paced and immediate, while the ICU may show changes more slowly and chronically. Therefore, principles learned in each setting may be utilized in the other. For example, a relatively "hot" topic in O.R. ventilation management is the use of low tidal volume ventilation with positive end-expiratory pressure. This technique is an outgrowth of ICU ventilation management. Skills learned and practiced in the ICU setting may serve to improve and expand one's O.R. skills in this way. Further, as anesthesiology patient care continues to expand what defines the perioperative period, and such efforts as the Lifeline Campaign seek to define the anesthesiologist's role in patient care and underscore its complexity, it seems that the presence of anesthesiology in the ICU can only increase.

As for me, I can't wait until January, when I will complete my two selective rotations in anesthesiology at MUSC. I know that each experience will help me better understand the other, and together they will allow me a more complete glimpse at the field of anesthesiology than one alone would present.
"OR Guardians" By: Bassam Kadry

"Ouch!"
Tragedy is the ultimate equalizer
In a blink of an eye life changes
For some it is trauma
For others it is simply knowledge of an unknown reality
For the fortunate, options are available
For the unfortunate, well...only time will tell
A realization of mortality is imposed on the formerly immortal
The magnitude may differ but the principle is the same
The strong is now weak

"Please...No more Ouch!"
The journey of wellness begins with sorrow
From INDEPENDENT to dependent
From "Do I look fat?" to sounds of a ventilator
For the victim, unconsciousness is a mercy
For the victim's tribe unconsciousness is torture
Love drives them through the worst of times
With each second the anxiety of the unknown gnaws deeper
Desperation has planted its roots
A weed fueled by the magnitude of the situation
Options are limited and choices need to be made

"Some Ouch now will prevent a lot of Ouch later?"
For those who are lucky surgery is an option
The desire to be healed trumps the fear of the knife
Risks and benefits are simply a blur for the victims of tragedy
Running away from illness is priority one
"If you understand all these risks please sign here."
Painless is but a sweet childhood memory

"Your Ouch is our Ouch"
The agony is felt by all those in the tribe
A reprioritization to accommodate the vulnerable is made
Love is the fuel that drives the tribe's sacrifice
Patience is being consumed with each sacrifice
Those left in support are the angels rich with endless love
A journey to wellness affects all

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IT'S A GIRL!

Please help me welcome the newest additions to the Department of Anesthesia! Congratulations to these wonderful families!

Charlotte Perrin McKillop was born on 9/14/09.
She weighed 6lbs, 15oz.
Congrats to the McKillop family!

Emily Reese Hand was born on 9/8/09.
She weighed 6lbs, 14oz.
Congrats to the Hand family!
cardiothoracic anesthesia meeting

Specialized surgical field requires special skills

ASCA meeting to open in Tokyo

The eighth meeting of the Asian Society of Cardiothoracic Anesthesia and Intensive Care will be held from Sept. 16 to 19 in Tokyo. In cooperation with the 14th Annual Meeting of the Japan Society of Cardiothoracic Anesthesia and Intensive Care, Tokyo Metropolitan Medical Center will host more than 700 participants from Asia and the world, including anesthesiologists, nurses, residents, researchers, and students, to exchange knowledge and expertise in cardiovascular anesthesia.

ASCA Members Board

Honorary chairman: Osamu Komotomai (Japan)
Yasu Oka (Japan)
Hiroshi Tsurumi (Japan)

Members:
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Weiping Wang (China)
Vatn Mehta (India)
Narmad Bhat (India)
Minom Nomura (Japan)
Junzo Taken (Japan)
Young-jun Kwon (South Korea)
Yon Woo Hong (South Korea)
Mohamed Hassan Arif (Malaysia)
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A total of 1100 posters will be displayed during the three days. The ASCA meeting is one of the largest meetings of its kind in Asia and is expected to attract a large number of attendees.

The report of the meeting is scheduled to be published in March 2013.

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**Future Events**

10/5 - Improving the Care of Critically Ill Patients, Redding Lecturer (Grand Rounds), Dr. Michael Gropper

10/6 - Risks and Benefits of Blood Transfusion “All Residents and Critical Care Staff”
Dr. Michael Gropper (UCSF)

10/12 - Common Pediatric Syndromes
Dr. Nicole C. Dobija (U Florida)

10/13 - Why is this baby blue? Congenital Heart Disease in noncardiac surgery (Grand Rounds),
Dr. Nicole C. Dobija (U Florida)

10/14 - Journal Club, Drs. Andrade, Looper, and Goodnight

10/19 - Peds ENT “All Residents” Dr. Marc Hassid

10/20 - M&M, Dr. Susan Harvey

10/21 - Neonatal and Pediatric Physiology “All Residents” Dr. Cory Furse

10/26 - Common Pediatric Pathology “All Residents”
Dr. Cory Furse

10/27 - Repair of the Cleft Lip and Cleft Palate (Grand Rounds), Dr. Krishna Patel

SAVE THE DATES:
- The Department holiday party will be Saturday, December 12, 2009 at the Old Exchange Building
- Next Year’s Resident Graduation will be Friday, June 4, 2010

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**I Hung The Moon!**

The departmental members below have been recognized by our patients and their peers. This month’s drawing winner is Cara Spaulding! Cara will receive a gift card to either the Boathouse or Carolina’s.

- **Rhiannon Davis** - Always exhibiting a positive attitude and exceptional care of patients. As one patient said, “best anesthesia I have ever had” after several surgeries. Rhiannon is an absolute pleasure!
- **Donna Hoffman** - Her persistence and hard work to get my computer working.
- **Micky Ballister** - Coming in on a Saturday to help after being here late on a Friday. Thanks so much!
- **Cara Spaulding** - Great attitude, frequently surpasses expectations and often provides critical assistance without even being asked to help. She’s a star! Outstanding!
- **Jay Motley** - Thanks for helping with breaks in your down time.
- **Matt Buck** - Staying to help get a room started after being on call the night before.

- **Shannon Lott** - Outstanding attending performance! Shannon promptly saw patients in holding, participated in computer pre-op, helped with positionng, and printed articles on pertinent anesthesia subjects discussed this day.
- **Karen James** - Covering the front desk and showing teamwork!
- **Kim Warren** - Eagerness to learn the morning relief list and covering the front desk, showing teamwork!

*It’s important that we recognize our fellow colleagues when they are going above and beyond the call of duty. “I Hung the Moon” cards can be found on the 3rd and 5th floors in the Department of Anesthesia administrative areas.

**Meet the New Nurse Practitioner in Pre-Op**

Sherrill Bradsher is a graduate of the University of Tennessee, E. Tenn. State University and St. Mary’s School of Nursing. She’s a native of Knoxville, TN and worked fulltime as Family Nurse Practitioner in Family Practice for the past 14 years. She was previously on Nursing Faculty in ETN for 8 years and Director of College Health at Univ. of So. Maine. Also, she worked as a RN from 1980-1995 in various hospital settings including Holding Room and Critical Care Float pool while working part-time for a Thoracic Surgeon in E TN. She resides in Charleston near her daughter, Mollie, a CPA with a local accounting firm (although she is an accomplished equestrian). She enjoys all types of outdoor sports, especially swimming, and is so excited to be a part of MUSC!!

**Sherrill Bradsher APRN, FNP**

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**We Would Love to Hear From You!**

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the November edition will be October 23, 2009.

**This Month’s Contributors:**
Scott Reeves, Julie McSwain, Nancy Kitten, Jennifer Simmons, Tara Ahlberg, Bassam Kadry, and Sherrill Bradsher