



SLEEPY TIMES

VOLUME 11, ISSUE 4 APRIL 2017



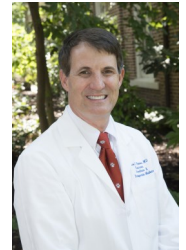
MESSAGE FROM THE CHAIRMAN: HOOKED ON YOUR CELL PHONE???

-SCOTT T. REEVES, M.D., MBA

Inside This Issue:

-Message from Chairman	1
-Meet the New Interns	2
-New Chief Residents	3
-Research Corner	3
-Greetings from Nicaragua!	4-6
-SPA Annual Meeting	7
-Rm2Cru Simulation	8
-Meet New Tech	8
-Annual MyQuest Training Due June 30th	9
-Charleston named 'The South's Best City of 2017'	10
-Grand Rounds	11
-I Hung the Moon	12

Recently, *The Post and Courier* did a feature on what could only be described as cell phone addiction. When asked in an interview when he is most creative, megahit *Hamilton* author Lin-Manuel Miranda responded, "The good idea comes in the moment of rest. It comes in the shower; it comes when you're doodling or playing trains with your son."



I think our downtime is greatly reduced due to the constant presence of our smart phones. Did you know that the average person checks their smart phone 150 times a day, or roughly every six minutes, and we send 110 text messages a day? I am guilty of the following and you may be as well:

- Checking my phone in the middle of dinner with Cathy or my kids. In the recent past (pre-cell phones), family dinnertime was sacred.
- Checking emails while crossing the street or walking across campus.
- Being distracted with my phone during Grand Rounds.

Jane Brody from *The Post and Courier* goes on to describe Nancy Colier's book, *The Power of Off*, when Ms. Colier states, "We are spending far too much of our time doing things that really don't matter to us. We are disconnected from what really matters, from what makes you feel nourished and grounded as human beings."

So what can we do about this addiction?

1. First, we have to recognize just how many digital devices we interact with daily. Is this interaction necessary or simply a habit? For example, we check every email and text message when the phone buzzes. Can you say Pavlov's dog?
2. Start small. Turn the phone off when you get home, are having dinner, attending Grand Rounds, etc.
3. Become conscious of why it is important to recharge. Take a walk in nature without any device. Go on a date and agree to leave all phones at home.



Hopefully, these simple steps will help improve our wellbeing.



WELCOME TO THE DEPARTMENT'S NEW INTERNS!

2017-18 Anesthesiology Interns



Mark Abumoussa

University of North Carolina



Jamie Adams

Mercer University



Armando Aguilera

Uniformed Services University



Keeland Bankhead

MUSC



Ana Castro

Nova Southeastern University



Andrew Dudas

University of Tennessee



Christopher Fatora

University of Texas



Parin Garg

Texas Tech



Ellen Hay

MUSC



Andreea Lazer

MUSC



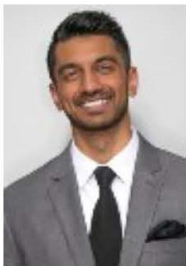
Krushikkumar Patel

Philadelphia College of
Osteopathic Medicine



Eugenia Pugach

New York Institute of Technology



Metul Shah

Virginia Common-



William Sumner

East Tennessee

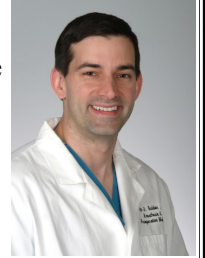


Daniel Young

MUSC

MEET THE NEW CHIEF RESIDENTS BY GJ GULDAN, M.D.

It is with great pleasure that I announce the results of the 2017 Chief Residents election. As we have grown as a department, so have the responsibilities and work of our chief residents, culminating in the department having three chief residents per year. It is a challenging and often thankless job that is essential to our department running smoothly, so I would like to take a moment to thank the outgoing chiefs. Loren Francis, Stefanie Robinson, and Jordan Friel, who did an amazing job, especially dealing with our rapid expansion into the CVICU and managing unexpected staff shortages this year. Please take a minute to thank them for all that they have done.



Without further delay, the chiefs for the 2017/2018 academic year will be Ashley Feeman, Joseph Abro, and Ryan Wilson. I know they will do an outstanding job and I look forward to working with them closely to continue to better our program.



Ashley Feeman, M.D.

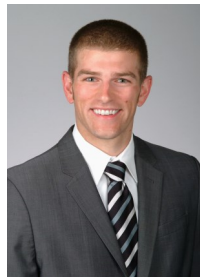


Joseph Abro, M.D.



Ryan Wilson, M.D.

RESEARCH CORNER



Journal of Anesthetic Research and Pain Medicine (JARPM)

Impact of continuous paravertebral blockade infusion type on pain management over time for video-assisted thoracoscopic surgery: a pilot study.

M. Gabriel Hillegass, MD^{1#}; Ryan H. Nobles, MD^{1#}; Bethany J. Wolf, PhD^{2#}; George J. Guldan, MD^{1*}

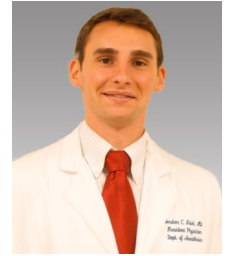
¹ Department of Anesthesia and Perioperative Medicine, Medical University of South Carolina

² Department of Public Health Sciences, Medical University of South Carolina

[#]Co-investigator, [‡]Statistician, ^{*}Principal Investigator & Corresponding Author

NICARAGUA ORTHOPEDIC MISSION DEBRIEF BY JORDAN FRIEL, M.D.

Greetings from Nicaragua! Drs. Wes Doty, Joel Barton, Kevin Shamburg, and I have had a tremendously busy, yet unbelievably rewarding week down here at the Hospital Escuela San Juan de Dios in Esteli. Combined, we have preformed 36 total knees – not counting several poly swaps – and have even completed the second leg of bilateral knee replacements in 4 patients! This is an increase in surgical volume of 8 patients over the previous year; all of which were completed utilizing only two ORs! We are tremendously happy to report that the average OR turnover time was 11 minutes, and that not a second of that time was due to an anesthetic delay.



Nicaragua has been a very interesting country in which to spend time. It is the second poorest country on earth when ranked by GNP, but you would never know it if given the chance to observe the vibrant domestic economy. The Nicaraguan people are very much tradesmen, and bartering is the rule of the day here. The people seem genuinely happy, and there has been no shortage of sincere gratitude expressed by each and every one of our patients. Some had knees worn out by years of intense labor, and others had experienced a life of suffering secondary to congenital or traumatic deformations. One gentleman in particular, perhaps the most appreciative and expressive patient of the week, suffers from acromegaly and had his left knee replaced last year. He returned again this year to have his left knee re-fitted as well as for a right total knee replacement. Both procedures were completed under the same spinal anesthetic and supplemented with bilateral adductor canal blocks. We are happy to report that he has done extremely well and is ready to resume life at home with restored mobility on post-op day two! The surgeons here use no tourniquet, and are able to complete most of the knee replacements in less than one hour skin-to-skin. Our average blood loss is 200-300 mL. It has been quite a change of pace from home!!

While in the country, we have had the opportunity to learn quite a bit about Nicaragua and its history, including that of the relatively recent civil war that took place between 1979 and 1990 when peace was finally brokered. Interestingly, the socialist party (FSLN), which was defeated in the conflict, has resumed power and now runs a democratic government in name only. The current president, in his second term, is married to the vice president and was recently successful in amending the Nicaraguan constitution to remove presidential term limits. There are statues of Hugo Chavez and Fidel Castro throughout the country and there is FSLN propaganda on every rock and street sign throughout the country. In talking to some of our translators, they described the government as a stable dictatorship – but were quick to say that the people are quite accepting as the current government has given back to the people, which could not be said about the previously elected government officials.

The Nicaraguan healthcare system is about what you would expect from a socialist country. It is a single payer system, and resources are extremely scarce. As a matter of fact, the hospital in Esteli in which we worked raises goats on the property for the single purpose of utilizing their blood to produce blood auger on which to plate cultures!!!! Our operating room doors will not close, and our anesthesia machines appear to be manufactured sometime in the 1970s. One machine has no capnography capabilities and the other has a pulse oximeter that works correctly about 30% of the time. Despite having 18.3 mg of fentanyl and 200 mg midazolam unsecured in the unlocked and unmonitored anesthesia cabinets in each of the ORs, there are no laryngoscopes or blades to be found. If needed, we would have to borrow them from the room reserved for caesarian sections. There is no scavenging system on either of the anesthesia machines, but each are equipped with a circle system for low flow anesthesia. We have the choice of 100% O₂ or O₂ plus nitrous as a carrier gas and sevoflurane is the only available volatile anesthetic. Thankfully, we brought LMAs with us as we had to perform general anesthetics on our first two patients of the trip. Both of their spinals were extremely slow to set up. We quickly diagnosed the problem as damaged bupivacaine – likely from setting on a warm tarmac while in transit from Charleston to Nicaragua. All subsequent spinals have been preformed with locally sourced bupivacaine without incident. The slow process to set-up Bupi has been utilized for our single shot adductor canal blocks. Despite their slow onset, the blocks have worked quite well. We average roughly 24 hrs per block without the addition of steroid or clonidine!

NICARAGUA ORTHOPEDIC MISSION DEBRIEF CONTINUED...

The anesthesia team working at the hospital in Esteli is extremely interested in our regional techniques and have been observing a majority of our blocks. They are all very inquisitive and eager to learn. We are more than happy to teach them anything that they want to learn. They inquired about purchasing an ultrasound of their own, but sadly seemed very defeated when told that a complete machine would likely cost in excess of \$30,000. They told us that they would have to appeal to the government for funding, and they felt it would be extremely unlikely that they would be able to secure that sum of money.

As a side note, Dr. Barton performed the anesthesia for what is likely the first surgery in Nicaragua performed entirely under peripheral nerve block! He volunteered to perform popliteal and saphenous nerve blocks for a patient who had suffered a distal tib/fib fracture in a motorcycle accident. The blocks set up so well that the patient gave up his bed in holding to be used for our knee patients!! The surgeon performing the surgery took the patient to the OR without the presence of any anesthesia providers much to our dismay. He could not quit telling us how unbelievably well the procedure went. The patient received ZERO medications aside from the local anesthetic. Word spread quickly, and our services were again requested for a finger amputation that was completed under supraclavicular block.

This experience has been life changing for all of us who have had the privilege of being involved. The work has been taxing, and the days have been extremely long. But we have all been blessed to share this experience with each other, our patients, and now you. I certainly have learned a tremendous amount about myself this week and have found a renewed enthusiasm for our profession. It is all too easy to forget what amazing things we do for our patients on a daily basis. The opportunity to provide care in an unfamiliar environment, for patients who have no knowledge or expectation of what they will experience in a hospital - let alone while awake under spinal anesthesia for a total knee replacement – has been a true blessing and a wonderful reminder that we have a positive impact on the lives of our patients each and every day! I couldn't be more proud of our work here, and hope that in the many years to come our residents and faculty will have the opportunity to continue this wonderful work in Nicaragua.

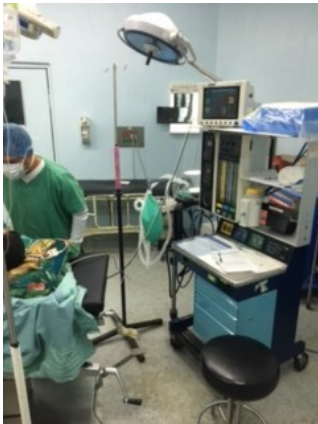
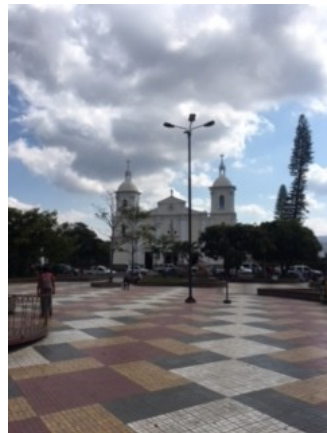
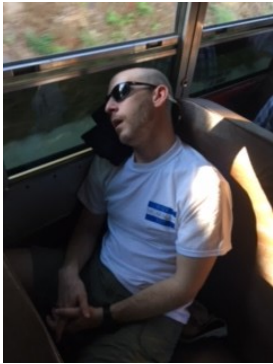
I know you probably don't care much for the coach, but a wonderful man, educator, WWII navy combat veteran, and humanitarian by the name of Wayne Woodrow Hayes taught all of his students that "you win with people" and that those of us who are more fortunate than others "can never pay back, but must always pay forward." Thank you for giving us all the opportunity to pay forward this week. MUSC has truly won with the people of Esteli, Nicaragua.

With sincere gratitude,

Wes, Joel, Kevin, and Jordan

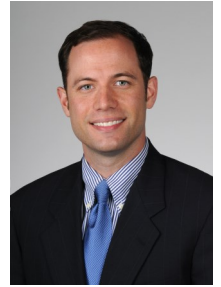


NICARAGUA ORTHOPEDIC MISSION DEBRIEF CONTINUED...

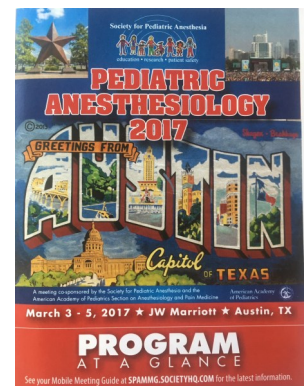


SOCIETY OF PEDIATRIC ANESTHESIA ANNUAL MEETING BY CHRIS HEINE, M.D.

The annual meetings for the Society for Pediatric Pain Medicine (SPPM), Congenital Cardiac Anesthesia Society (CCAS), and the Society for Pediatric Anesthesia (SPA) were held March 2-5, 2017 at the JW Marriott Hotel in Austin, Texas. Attendees had the opportunity to hear speakers from institutions all over the country and even a few from abroad. Topics such as enhanced recovery, neonatal cerebral autoregulation, and craniostomosis blood management were part of a very full schedule of lectures. Additional workshops and PBLDs were available to those that didn't get enough during the regular meetings and focused on interesting case management or skills, such as advanced ultrasound management for regional anesthesia.



One of the highlights of the meeting was watching Dr. Peter Davis of Children's Hospital of Pittsburgh give a talk on mentorship after receiving the Robert M. Smith Lifetime Achievement Award for his long career in research and educating residents and fellows (including a couple of our attendings). Several of our faculty, residents, and one MUSC anesthesia alum (Dr. Trevor Adams of Seattle Children's Hospital) enjoyed a group dinner at the Salty Sow, a local barbecue favorite. The meetings were enjoyed by all that attended and served as a great opportunity to learn and socialize outside of the confines of the hospital.



RM2CRU SIMULATION: ARTERIAL AIR EMBOLISM BY SCOTT WALTON, M.D.

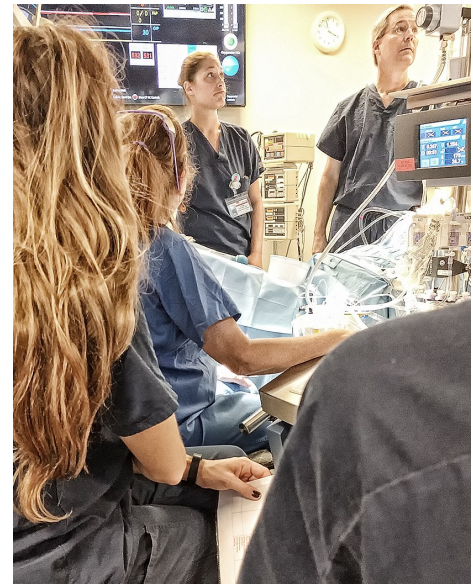
The pediatric cardiac surgery team recently conducted high fidelity simulation training to rehearse the proper response to a rarely experienced cardiopulmonary bypass disaster. Massive arterial air embolism rarely occurs due to layers of safeguards to prevent it. Unfortunately, on rare occasion these safeguards fail and the consequences are often devastating.

The steps in responding to massive arterial air embolism are complex, time sensitive, technically challenging and equipment specific. Only by practicing the response sequence in a realistic simulator can the team expect a good result, should the actual event occur.

The recovery sequence for this disaster requires:

1. Stop further air entrainment
2. Retrograde cerebral perfusion via the superior vena cava until cerebral arterial air is expelled
3. Cerebral protective maneuvers and drugs
4. Reestablishment of ante grade cardiopulmonary bypass
5. Controlled temperature management
6. Coordination of aftercare

These steps have numerous complex sub-steps and must be choreographed with the activities of other team members. The team's goal is to train in the perfusion simulator several times per year to prepare for pump power failure, pump clotting and air embolism.



WELCOME NEW ANESTHESIA TECH



Jaime Kenneth Sayers is one of our new Anesthesia Technicians with 15 years of healthcare experience. He comes to MUSC from a level one trauma center in the heart of New York City where he held the positions of ER technician, telemetry technician, and trauma technician. Jaime lived in New York but he is of Caribbean decent, hailing from the beautiful island of Grenada. He is the father of two lovely children and a dedicated husband. Jaime's passion for patient care and willingness to learn drives his desire to one day become a registered nurse here at MUSC.

ANNUAL MYQUEST TRAINING DUE BY JUNE 30, 2017

It is time again to complete our MUSC Annual Mandatory Training courses which can be accessed through MyQuest. Training modules are tailored for specific roles in the organization and are due on or before June 30, 2017.



To access your required training modules, use the MyQuest icon found on your desktop and login using your netID and password. Your specific modules will be displayed in the *Enrollments* section of your home screen as seen below.



Remember, these are mandatory and must be completed by June 30.

The screenshot shows the MyQuest user interface. At the top, there is a navigation bar with the MUSC logo, the MyQuest logo, a search bar, and a welcome message: "Welcome, Brenda Doman". Below the navigation bar is a horizontal banner image showing healthcare professionals. The main content area is divided into several sections:

- MUSC HEALTH**: A header section.
- BROWSE CATALOG**: A section with an icon of stacked books.
- MY TEAM**: A section with an icon of people around a table.
- REPORTS**: A section with an icon of a pie chart and documents.
- NEW COURSES**: A section with a "Logout" button and a course description for "Epic Research View Only Training for Current Epic Users".
- NEWS TICKER**: A section with a message: "Looking to improve your performance?—Check out the Career Development Catalog".
- ENROLLMENTS**: A section listing various mandatory training courses. Each course has a status indicator, mostly "Not Started".
- AVAILABLE LINKS**: A section with links to "MyQuest System Check", "MyQuest Website", "MyQuest Content Request Form", "MUHA Intranet", "MUSCP Intranet", and "University Distant Learning".
- COURSE**: A section header at the bottom left.

The **ENROLLMENTS** section lists the following courses:

- MUSC Annual Mandatory Training
- 2017 Clery Act Training # Not Started
- 2017 Code of Conduct and HIPAA # Not Started
- 2017 Culture of Safety # Not Started
- 2017 DeStaccation # Not Started
- 2017 Emergency Management Campus Security # Not Started
- 2017 Family Educational Rights and Privacy Act (FERPA) # Not Started
- 2017 Harassment # Not Started
- 2017 Infection Control # Not Started
- 2017 Information Security # Not Started
- 2017 Meeting the Unique Care Needs of Patients # Not Started
- 2017 MUSC Active Shooter # Not Started
- 2017 MUSC Health Compliance # Not Started
- 2017 OSHA Review # Not Started
- 2017 Stroke & Heart Early Recognition Signs # Not Started
- MUSC Imagine 2020 # Not Started

CHARLESTON NAMED 'THE SOUTH'S BEST CITY OF 2017' BY SOUTHERN LIVING BY CAITLIN BYRD FOR THE POST & COURIER



Charleston can now call itself the best city in the South.

The announcement came March 14, 2017 and the accolade comes from Southern Living magazine.

In the fall, the magazine invited readers nationwide to vote on their favorite Southern spots. All told, readers could vote on 13 categories in the South's Best poll — from bars to barbecue joints and everything in between.

The response was unbelievable, according to Sid Evans, the magazine's editor in chief.

"Our team poured over 20,000 submissions and one thing was clear: Southerners are passionate about their favorite places," Evans said.

While standing in Cannon Green, Evans announced the winners Tuesday morning in a Facebook Live video.

"It's just one of the most incredible cities in the South, if not the world," Evans said of Charleston.

And there was fierce competition.

Charleston beat out Savannah and New Orleans for bragging rights as best city in the South.

Along with the entire city of Charleston, some area restaurants and institutions were also selected as favorites by readers.

Husk was a clear favorite.

The restaurant run by James Beard Award-winning Chef Sean Brock was named the best restaurant in South Carolina and the third best restaurant in the South. Its bar was also voted the eighth best bar in the South.

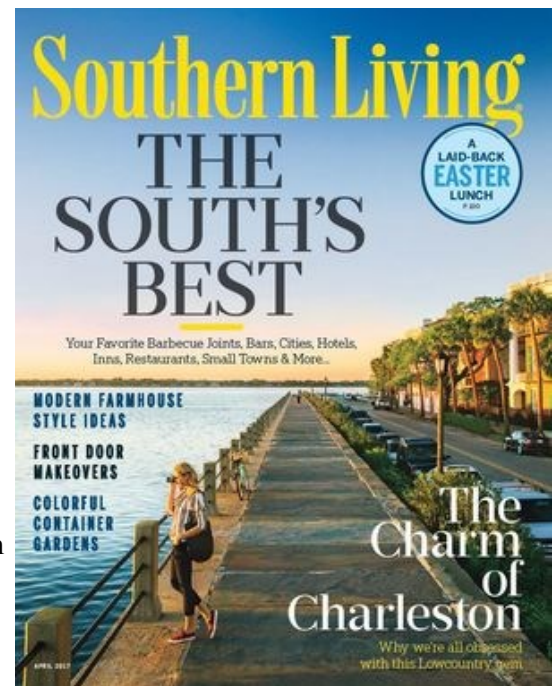
Other local winners include:

- Hominy Grill, sixth best restaurant in the South
- Fig, 10th best restaurant in the South
- Coast Brewing Co., 10th best brewery in the South
- The Inn at Middleton Place, eighth best inn in the South
- Wentworth Mansion, tenth best inn in the South
- Kiawah, sixth best island in the South
- The Sanctuary on Kiawah, fifth best resort in the South
- Charleston Gardenworks, sixth best shop in the South
- The Commons, eighth best shop in the South

Along with Charleston, another South Carolina locale was also highlighted by the magazine.

Readers named Beaufort the best small town in the South.

The full list of winners will be available in the April issue of Southern Living, which hits newsstands March 17, 2017.



GRAND ROUNDS FOR THE MONTH OF APRIL



“Liver Topic TBA”

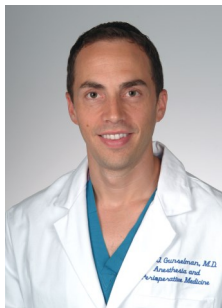
April 4, 2017

**Christopher Wray, M.D., Associate Clinical Professor
Dept. of Anesthesiology & Perioperative Medicine
UCLA—David Geffen School of Medicine**

**“TEE for Liver Transplants &
Other Non-Cardiac Surgeries ”**

April 11, 2017

**Robert Harvey, M.D., Assistant Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**



“Morbidity & Mortality Conference”

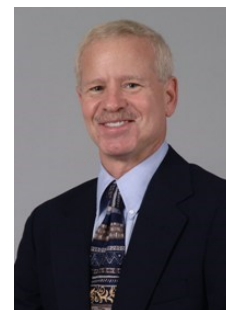
April 18, 2017

**George Guldán, M.D., Assistant Professor
Ryan Gunselman, M.D., Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**

“History of our Department”

April 25, 2017

**Calvert Alpert, M.D., Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**





DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

Email: fisherja@musc.edu
Phone: 843-792-7503
Fax: 843-792-9314

CHECK OUT OUR WEBSITE AT:
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

Future Events/Lectures

Intern Lecture Series

April 6th—Hematologic Disorders,
Dr. Finley, SEI 314

April 20th—Obstetrics, Dr. Hebbar, SEI 314

CA 1 Lecture Series

April 5th—Pediatric Anesthesia PBL,
Dr. Redding, CSB 429

April 12th—Anesthesia for the Trauma Patient,
Dr. Jeziorski, CSB 429

April 26th—Basic Statistics for the Boards,
Lecturer TBA, CSB 429

CA 2/3 Lecture Series

April 3rd—Visiting Professor Lecture, All
Residents, Dr. Wray (UCLA), CSB 429

April 10th—Chronic Medical Problems &
Management in Vascular Surgery Patients PBLD,
Dr. Guldan, Moodle

April 17th—Anesthesia for Liver Transplantation
PBLD, Dr. Stoll, Moodle

April 24th—Anesthetic Management of Kidney
Transplantation PBLD, Lecturer TBA, Moodle

Grand Rounds

April 4th—Visiting Professor Lecture, Liver
Topic TBA, Dr. Wray (UCLA)

April 11th—TEE for Liver Transplants &
Other Non-Cardiac Surgeries, Dr. R. Harvey

April 18th—Morbidity & Mortality Conference,
Drs. Guldan and Gunselman

April 25th—History of our Department,
Dr. Alpert



I HUNG THE MOON

Please don't forget to nominate your co-workers for going 'Beyond the Call of Duty.' I Hung The Moon slips are available at the 3rd floor front desk and may be turned in to Kim Pompey. Thank you!

Lisa Crusenberry, Anesthesia Tech—Being mentioned several times on the Tech-Interdepartmental Survey! Great job!

Kevin Massey, Anesthesia Tech—Being mentioned by several providers on the Tech-Interdepartmental Survey! Thank you!

Darrell Jenkins, Anesthesia Tech—Being recognized many times on the Tech-Interdepartmental Survey! Great job!

Jamie Sayers, Anesthesia Tech—Getting the poles moved out of workroom and keeping things organized! Thanks!

Save the Date!



Resident Graduation 2017
Friday, June 23, 2017
Founders Hall

Holiday Party 2017
Friday, December 1, 2017
Carolina Yacht Club



[Imagine 2020 Strategic Plan](#)

We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the May edition will be April 21, 2017.