DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

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Inside this issue:

Message from the Chairman: Merry Christmas

-SCOTT T. REEVES, MD, MBA

I just love this time of year. Soon our house will be decorated for Christmas. Cathy does a phenomenal job. Townsend will be home from Clemson and my daughters, Catherine and Carolyn, will be around more for different family events. It is also a lot cooler in Charleston, so I can actually have a fire in the fireplace without having to turn on the air conditioner.

December is also a slower month at MUSC, which allows us all to catch our breath after another very busy year. I like to reflect on just how blessed my life and family are during this slower time. I am healthy, my kids are growing into fine adults, and I have a very rewarding and exciting career. Life is Good.

The past year has highlighted how fortunate we all are to live in such a growing community, and the unique opportunities we will have as the Children's Hospital and Women's Pavilion get built. Below is the latest architectural drawing of the building. I am excited that most of our pediatric anesthesia locations will be together allowing for better consolidation of care and improved work camaraderie. The pediatric multispecialty office building and ambulatory surgical center are also gaining momentum. Once the state's certificate of needs program is adequately addressed, we will be breaking ground with an expected completion time of 2018. How cool will it be to have two new state of the art facilities in just a few years?

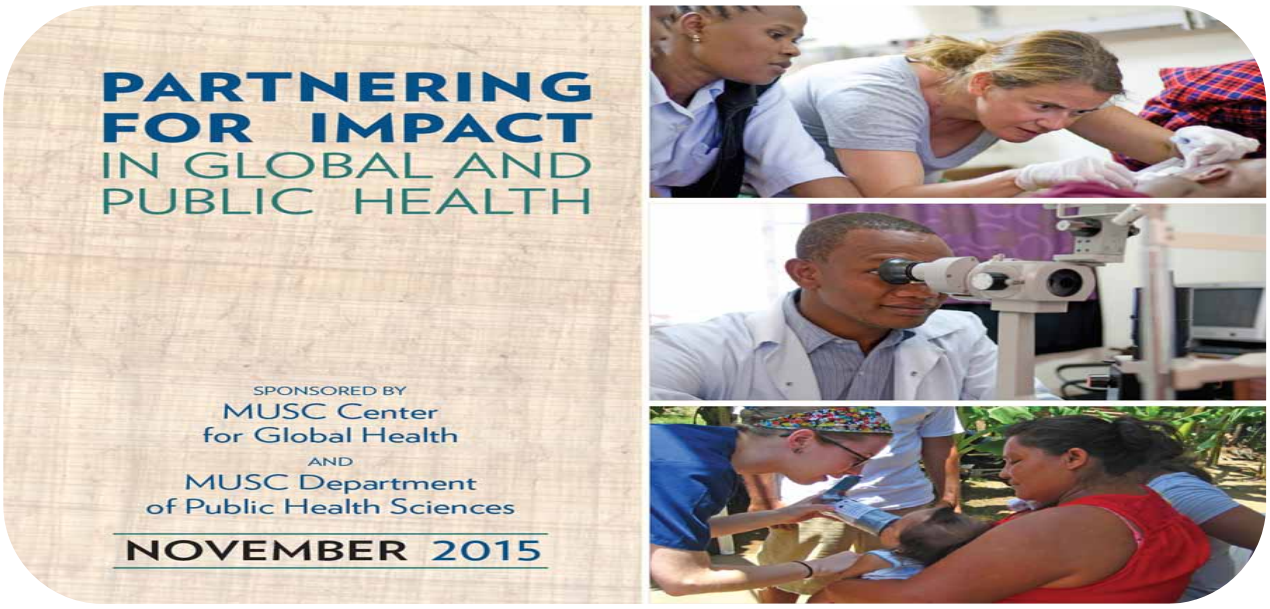
As I close, I would encourage us all to slow down this holiday season. Tell your love ones just how special they are. Visit distant family and friends.

I hope to see everyone at our departmental Christmas party on December 4th.

PARTNERING FOR IMPACT IN GLOBAL AND PUBLIC HEALTH

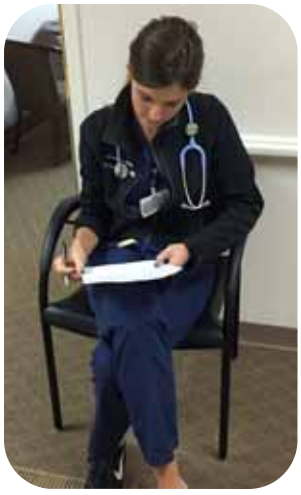
The MUSC Center for Global Health sponsored a symposium November 3-4 in Charleston. The department participated in two panels:

1. Scott Reeves; Anesthesia Training in Tanzania: The Challenge of Sustaining and Strengthening Health Systems in Low and Middle Income Countries
2. Ebony Hilton; Anesthesia in Low Resource Settings: Global Surgery in Low and Middle Income Countries



RESIDENT MOCK ORALS

BY: DR. GJ GULDAN



An essential part of the department's resident education program is our bi-annual mock oral board exam. We are fortunate to have both junior and senior ABA examiners in our department to provide our residents with an authentic experience. It is very rewarding to see residents progress in how they perform as they have more experience with the format. By the time our residents graduate they have undergone six separate realistic exams, so the real thing becomes much less daunting. I would like to thank all the faculty who participated in this round, with special thanks to Dr. Abernathy for preparing this round stems.

MEET RETURNING FACULTY MEMBER, STEVE DIERDORF, MD

Dr. Dierdorf completed his anesthesiology residency in 1976 and served in the United States Navy until 1978. Since 1978, he has done mostly pediatric anesthesia at Indiana University. Dr. Dierdorf also worked at the Indianapolis VA from 1988 until 1997 and then returned to pediatric anesthesia. He was on the faculty at MUSC from 2003 until 2008. From 2008 until 2015, he returned to the faculty at Indiana University. His primary interests are pediatric anesthesia, management of patients with difficult airways, and education. Dr. Dierdorf is especially interested in helping the department establish a pediatric anesthesia fellowship. He and his wife, Helen, love living in the Charleston area.

CONGRATULATIONS DR. RYAN NOBLES FOR BEING NAMED TO THE BOARD OF THE PAIN SOCIETY OF THE CAROLINA'S

CONGRATULATIONS RAY WHITE, CRNA FOR RECEIVING THE CLINICAL INSTRUCTOR AWARD

MUSC
ANESTHESIA for NURSES

Anesthesia for Nurses Division
Department of Health Professions
151-B Rutledge Ave, MSC 962
Charleston, SC 29425
Tel: 843 792 4067
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Dear Mr. White,

Clinical instructors perform a crucial role in the ability of nurse anesthesia programs to educated excellent CRNA practitioners. They not only teach students the art and science of nurse anesthesia practice but also serve as role models, mentors, and supporters. For each MUSC AFN class, one instructor stands above the rest for exemplary service to the education of nurse anesthesia students

In recognition for your distinction in all of these roles, the MUSC Anesthesia for Nurses Class of 2015 selected you to receive the Award for Excellence in Clinical Instructor at Medical University of South Carolina- Main OR

On behalf of the program faculty, I would like to thank you for the considerable part you play in the quality of our graduates. Please join us and be recognized at the Class of 2015 Graduation Ceremony at 3pm on December 4th , 2015. Following the ceremony, a reception will be held honoring the graduates. The graduation ceremony will take place at St Luke's Chapel on the MUSC campus at the corner of Bee Street and Ashley Avenue. The reception will be held at the College of Health Professions, 151A Rutledge Avenue

RSVP by December 2nd, 2015 to mund@musc.edu

Respectfully,

Angela Mund

Angela Mund CRNA DNP
Program Director
Anesthesia for Nurses

"An equal opportunity employer, promoting workplace diversity."

CONGRATULATIONS DRS. JOSEPH ABRO, STEPHANIE CHISMAR, AND JORDAN FRIEL ON RECEIVING THE RESIDENT EXCELLENCE AWARD

Dr. Joseph Abro

Dr. Stephanie Chismar

Dr. Jordan Friel

DAY OF CARING, NOVEMBER 13, 2015

This year for the *Day of Caring* the department decided to take on a project for the MUSC Hollings Cancer Center, "Hollings Cancer Center Survivor Support Sacks & Snacks." Hollings Cancer Center asked the Lowcountry community to participate by collecting Survivor Support Sacks & Snacks to hand out to their patients to put a smile on their faces. Their Patient Courtesy Cart is available to patients and their friends and/or family members while visiting the cancer center. They also have a courtesy cart which contains individually wrapped snack items to distribute to patients. These items are always in demand and they rely completely on the help of the community to provide these items to patients. As a department we collected numerous items on the list:

individually wrapped snacks, new blankets to give patients to provide warmth and comfort during their chemotherapy treatment, tissues, hand sanitizers, biotene gum, mouth rinse, puzzle books, hard candy, hot tea, hot chocolate, unscented lotion, bottled water, scarves, journals, and tote bags.

The mission of the Hollings Cancer Center is to reduce the cancer burden in South Carolina through the highest quality of care, innovative research, outstanding professional education, and statewide cancer prevention programs with a focus on reaching underserved populations. We were very happy as a department to be able to provide these things. We greatly appreciate everyone's support to make this happen!!

WELCOME NEW CRNA, BRITTANY BENSON

Brittany is originally from Pennsylvania, went to college in North Carolina, and has not been back north since. After graduating from nursing school at UNC-Charlotte, she, her husband, and their ten-year-old boxer named Jackson moved to Charleston where her husband's family lives. Brittany worked in the Neuro ICU at MUSC for two and a half years until she left to attend nurse anesthesia school at Wake Forest University. As she was approaching graduation, Brittany and her family really wanted to return to Charleston where their family is and to the place they love so much. She was fortunate to have been offered a position as a new grad back at MUSC. Since they have been back, Brittany has been enjoying the warm weather of the fall and the beautiful scenery. She has really enjoyed seeing familiar faces every day and again being part of the MUSC family.

WELCOME NEW CRNA, SHANNA BLACK

Shanna Black and her husband, Elvis, both grew up in Walterboro, SC. They recently moved back to the area from New Orleans. Her husband is finishing his 20-year military career with the US Coast Guard, and this is his final assignment before retiring. They have lived in Connecticut, Virginia, Louisiana, and previously here in Charleston for an extended assignment. They are so excited to be back home and close to their families again! Shanna and her husband have three children: Tyler, 17; Austin, 11; and Chloe, 7. They love spending time together as a family, and all of their children are involved in sports; therefore, they spend a lot of time at a variety of ballfields. Shanna managed to squeeze her education in where she could when they were stationed somewhere long enough for her to start and finish. She finished her Bachelor's Degree in Nursing at Old Dominion University in Norfolk, Virginia. Shanna worked as an ICU nurse for 10 years before completing the anesthesia program at Louisiana State University Health Sciences Center in New Orleans in May. She is so excited to be working here and is looking forward to working with everyone!

Welcome New ART Anesthesia Tech Zach Halewood

Zach Halewood was born in Fall River, Massachusetts, but has lived in Charleston since he was four years old. He currently lives downtown with his girlfriend and dog, Romeo. Zach graduated from College of Charleston with a Bachelor's in Exercise Science. He is a big movie fan and loves watching football, basketball, and baseball. Since 2012 he has worked at MUSC, first as a patient transporter, then as patient care tech on 6 East in ART. Zach is very excited to work in anesthesia and to meet everyone.

The Ronald McDonald House

By: Dr. Chris Heine and Dr. Michelle Rovner

Most of us see our pediatric patients and their families from the holding room to the recovery room, but we don't always appreciate what is going on outside of the hospital when one of these kids needs to visit MUSC. The Ronald McDonald House Charities of Charleston runs a 27 bedroom house across Calhoun Street and a family room in the Children's Hospital that attempt to provide comfort and support for these families at little to no cost, whether it be for one night or several months. In an attempt to make their environment as "home-like" as possible, groups from around the city provide dinner seven days a week in their newly renovated kitchen and dining area. A group from the MUSC OR prepared a taco dinner for the families on Monday, November 2nd in what will hopefully be the first of many monthly visits by different members of the surgical care team. We are currently planning on preparing one meal per month, alternating the first Monday or Wednesday of the month with the next dinner scheduled for Wednesday, December 2nd. Although we have currently coordinated with people primarily from the pediatric services, if you would like to help out, we would love an extra hand!

American Society of Anesthesiologists®

Resident Component

On October 25th in San Diego, Dr. Jordan Friel and I (Dr. Loren Francis) were honored to attend the ASA Resident Component House of Delegates Meeting as representatives of the state of South Carolina. The meeting featured a keynote address by Dr. Jerome M. Adams who is an advocate of anesthesiologists stepping up to greater leadership roles throughout the country. It was an interesting and inspiring speech and left the audience feeling motivated to find new leadership opportunities in everyday life. We had the opportunity to hear speeches and vote for next year's House leadership. Several awards were presented, the most interesting of which was the winner of a patient safety competition given by the Anesthesia Patient Safety Foundation Quality Improvement Recognition Program. MGH won with an initiative to standardize which emergency drugs are drawn up in ORs and where they are kept. They actually designed and used a 3D printer to create drug holders to be kept clipped on the side of the anesthesia machine, which seem incredibly practical. Dr. Stoelting presented the award. After the meeting adjourned a lunch was provided with an opportunity to meet and mingle with delegates from other states.

As Dr. Loren Francis and I (Dr. Jordan Friel) learned, the Resident Component of the ASA has been working extremely hard to extend all of the benefits of full ASA membership to the current resident members. In the past year, they have been able to establish the ASA Career Center - a central location that allows residents to post their CV and view available anesthesiologist positions around the country. This central location allows for easier networking between anesthesiologists finishing training and practices searching for new partners. The Resident Component was also able to secure access to the ASA Education Center free of charge for resident members. This gives access to the 2015 Practice Management Resident Track recordings and courses - an invaluable tool as we begin to appreciate the business aspect of our profession and how it will impact our future careers.

ANESTHESIA RISES TO THE CHALLENGE, AFTER MUCH SMACK, THE MUSC ANESTHESIA *FULL COURT PRESSORS* DEFEATED THE DEPARTMENT OF NEUROSURGERY

Wellness has been associated with improved productivity, job satisfaction, and obviously health, and thus employer based wellness programs are popping up across industry. Not to be outdone, more and more clinical departments at MUSC have embraced "feeling the burn" of working out together. One such example is our neurosurgical colleagues, who have a weekly wellness program "La Sierra" that we hear about in the OR all the time. After weeks of banter, a group of the anesthesiologists challenged the newly-fit neurosurgeons to a basketball game. The Neurosurgical team *(Nothing but Netters)* trotted out a veteran group of attendings with every expectation of winning. Their roster was filled out with residents and fellows, including the fare-weather fan, Pat Brittel, an anesthesiologist completing his neuro-critical care year. Despite losing the recruiting battle for Dr. Brittel, the Anesthesia team (*Full Court Pressors*) assembled the motley crew of players including: Greg Schnepper "El Tre," Chris Heine "Rainman," Ryan Gunselman "Guns," Will Hand "of the King," and missed GJ Guldan "BFS" and Wes Doty "the 'Crat." We augmented our roster (and chance of winning) with the same number of residents, including Jordan Friel "THE OSU," Tyler Keena "Keener," and Carey Brewbaker "Brew."

The game started at a torrid pace of missed mid-range jump shots, likely due to sensational defense at both ends of the court. Despite the slow start, your Anesthesia Full Court Pressors amassed a 13-4 first quarter lead. The second and third quarters saw more and more faculty succumb to relative-oxygen-deprivation and at least one resident took a shoulder to the sternum, temporarily rendering him useless to the team. In the fourth quarter, with the Nothing but Netters making a furious comeback, a critical three point jumpshot and excellent defensive rebounding secured the win for the Anesthesia Full Court Pressors. The final score was 44-36, with no long-term injuries sustained!

Immediately following the game a rematch was proposed. The event was a complete success as it mobilized groups from both departments and will likely strengthen the camaraderie already present within MUSC. The team has received interest from several more players, and we hope to put together similar events in the near future. No agreement has been signed, but we're exploring endorsement deals with Baxter and Pharmedium to become the Official (prepackaged) *Full Court Pressors* of MUSC.

HISTORY OF ANESTHESIOLOGY AND MEDICINE: A BRIEF COLLECTION OF *RECOLLECTIONS* FROM DR. LAURIE BROWN

We continue our monthly series of Recollections learning about use of carbon dioxide in anesthesia and resuscitation.

USE OF CARBON DIOXIDE

During the early 1950's, carbon dioxide was a gas which was on many of the anesthesia machines in this area. It was used by the nurse anesthetists near the end of an anesthetic procedure in order to make the patient breathe deeply to "get rid of the ether." I was told by Dr. John Brown, and it was easily realized, that the reason that patients were not breathing deeply enough at the end of the anesthetic procedure was due to the fact that they were so deeply anesthetized and the body was saturated with the anesthetic gas, mainly ether. The patient's respirations were rarely assisted and therefore, the deeper the anesthetic, the more shallow the respiration, leading to a higher and higher concentration of carbon dioxide in the body. During the next decade, most of the anesthesia machines were then made without facilities for administering carbon dioxide.

Carbon dioxide was also utilized in patients who had atelectasis following anesthesia, to stimulate the patient to breathe deeply and attempt to re-expand the lung. It was also administered in postoperative patients in order to attempt to prevent atelectasis because the patient's respiration was depressed due to pain or medications. It was utilized in a 5% or 10% concentration in oxygen. The tanks containing this mixture were green with a small area of silver paint at the top of the cylinder. The deep and rapid respiration caused by this mixture apparently helped many patients to prevent atelectasis even though it was most uncomfortable for the patient. During the early 1950's, carbon dioxide was utilized by the psychiatrists occasionally, administered by the anesthesiologist, to cause convulsions or grand mal seizures in the mental patient who was thought to benefit from "convulsive" therapy. Even though I was called on to do this only three or four times, that was adequate! During the early 1960's, carotid endarterectomy was beginning in Charleston, the first of these operations performed by Dr. Louie B. Jenkins. Elevation of the patient's blood pressure by utilizing neosynephrine was first utilized during the procedure to "perfuse the brain better" during the time that carotid artery was clamped or occluded. Soon, reports began appearing in the literature concerning the use of the carbon dioxide during the procedure in an attempt to dilate the cerebral vessels. Of course, now there was no carbon dioxide on our anesthesia machines and the Ohio Chemical Company manufactured machines onto which carbon dioxide could be added for utilization during these procedures. In the meantime, the surgeons would insist that the soda lime canister be excluded from the circuit in order that the patient could build up carbon dioxide during respiration. This bothered me very little due to the fact that I simply used a higher flow of anesthetic gas and sort of non-breathing system during this period of occlusion. This affected the patient's body physiology very little. On a few occasions I did utilize the carbon dioxide inhalations to increase the amount within the patient's body during that period of time. This made little sense to me, and over a period of time, many experiments were performed and reports began appearing in the literature again which were showing that carbon dioxide was of little value during this procedure and, in fact, might exert harmful effects. This was the beginning of the end of carbon dioxide use in carotid endarterectomy.

Alcohol Use in Anesthesia: This drug was often self-administered to the point of analgesia by some "Saturday Night Warriors" prior to their admission to the operating suite. It was utilized at times as a drop (mixed in saline) for analgesia in painful dressing changes. A few drops of whiskey were added to a small amount of sugar wrapped in gauze to make an analgesic "sugar tit" for infants undergoing local anesthesia. I found no method of alcohol administration satisfactory for analgesia.

RESUSCITATION

In the late 1940's and early 1950's there was little known in Charleston about resuscitation. Early efforts that I can recall having seen was mouth to mouth resuscitation in newborns, always by the obstetrician when it was necessary. Mouth to mouth resuscitation was not used in adults until later when it was made popular by Dr. Joseph S. Redding and others.

History of Anesthesiology and Medicine: A Brief Collection of *Recollections* from Dr. Laurie Brown

Methods of resuscitation which I saw in my early time in the operation rooms consisted of very little. When a patient was deeply anesthetized and unable to breathe and had large overdoes of anesthetic agents, sometimes metrazol or picrotoxin or coramine (nikethamide) were utilized in an attempt to stimulate respiration. Carbon dioxide has been mentioned previously and it was sometimes used but was of no value whatsoever in the depressed and dying patient. These analeptics did have a somewhat stimulating effect on some patients when the respiration was depressed fairly much, but not on the apneic patient. In residency training, we were taught that these drugs were of little value and that a patient should not get to the point in anesthesia where such drug might be necessary.

(Note: metrazol was used at one time for inducing convulsions in "shock" therapy.) When I was still a student working on anesthesia, I was sent to the office of the psychiatrist, Dr. Jennings Kleckley, to administer coramine in an attempt to diagnose a questionable convulsive state that the patient allegedly had had previously. I had an oxygen tank available but no method of positive pressure for respiration. Coramine was administered intravenously rather rapidly, the patient immediately had a full blown grand mal seizure which scared the living daylights out of me. The patient's wife was sitting calmly watching the procedure and I thought that the seizure would never end. When the seizure ended, all I could think to say was, "Is this the type of seizure that your husband has had before?" and she assured me that it was exactly the same. The patient soon became conscious again and I felt that I was fortunate to have survived the whole ordeal.

One method of resuscitation which I witnessed was administered by one of the long-time practicing surgeons and it was in the operating room at old Roper Hospital. The patient had been anesthetized by one of the nurse anesthetists and had eventually become apneic and had little blood pressure about the time of the end of the operation. The surgeon put three fingers into the patient's rectum and suddenly dilated the sphincter. There was a little respiratory movement, but as I recall the patient did not survive. Apparently, the sudden dilation of the anal sphincter would cause the patient to gasp and that would take in enough oxygen to give the respiratory center another chance at resuming respiration. The surgeon told me that this was an old method which they always used when the patient "could not take the ether."

Early in our training, Dr. J. Ray Ivester and I learned how to administer positive pressure respiration to patients on the floor and in the emergency room by using an oxygen tank and an anesthesia bag and mask. This was not easy because if the mask did not fit the face properly, positive pressure inflation of the lungs was difficult. Attempting to teach others this method was very difficult indeed. Another reason which made teaching this method difficult to those who were not familiar with anesthesia equipment was the fact that there no standard anesthesia connectors or adaptors from one type of tank or bag to another. Invariably, somebody would lose the correct connectors and the job was made very difficult.

Cardiac resuscitation was essentially unknown at that time and the few attempts at resuscitation were made on people who died of heart attacks or for any other reason. The first attempt to start a heart that was not beating was pounding on the sternum. This apparently sometimes would stop a fibrillating heart or it would stimulate one which was in standstill to resume beating. Then in the early 1950's, open chest cardiac massage became popular. In young people who some reason had sudden death, or in selected patients who were thought to have a good chance of survival, the chest was opened and the heart manually massaged. Occasionally, a patient could be resuscitated by this method. Hazards, of course, were that the patient was dying of asphyxia because there was no respiration, sometime an intercostal artery was cut and not recognized until the chest was closed and the patient essentially bled to death, and in those who survived, there was always the hazard of infection to take the life a little later. Results were better when a patient could be ventilated and the chest opened and the heart massaged simultaneously, and the chest then closed with the lung expanded. There were a few of us in the residency program at the time that, at one time or another, did open a chest for administering cardiac massage. Hazards to the "surgeon" during this procedure included an awfully sore wrist if the ribs were not retracted properly and another hazard was discovered by a surgery resident, Dr. J. D. Ashmore, when he almost severed a finger of his left hand while opening a patient's chest with his right. This gave the house staff something to talk about for a few days.

HISTORY OF ANESTHESIOLOGY AND MEDICINE: A BRIEF COLLECTION OF *RECOLLECTIONS* FROM DR. LAURIE BROWN

Note: With the development of closed chest cardiac massage by Dr. James R. Jude, with the help of Guy Knickerbocker, and Dr. William B. Kouwenhoven-who studied the electrical activity of the heart and developed the defibrillation device, cardiac resuscitation became more of a reality. Combine with a better understanding of respiratory physiology and methods of delivering oxygen to the lungs, such as mouth to mouth resuscitation, mouth to tube resuscitation, and the re-expandable "ambu" bag cardiac resuscitation became essentially as we know it today. To the best of my knowledge, the first demonstration and practical application of the new CPR technique was developed by me for physicians at Roper Hospital in early 1965. Other anesthesiology colleagues participated in this and we helped to train each physician who desired to take part in the training, over the period of one week. The movies of the technique and the equipment and booklets for all participants were furnished free of charge by the Smith-Kline-French pharmaceutical company which was doing this as a public service. A copy of the first film on closed chest CPR which was developed by Dr. Jude, a copy of the article from JAMA on the first successful use of cardiac massage, and a book entitled "Fundamentals of Cardiopulmonary Resuscitation" by James R. Jude and James O. Elam have been donated to the Library of the Department of Anesthesiology by Dr. L.L. Brown. Copies of the book and paper are autographed by Dr. Jude for me. Likewise, a copy of the booklets and posters from Smith-Kline-French are also together in the library.

Although there have been many "additions, subtractions, and variations," CPR, as developed more than twenty-five years ago, is almost identically the same in 1991 as it was more than quarter of a century ago. Early in my training Dr. Brown had me teaching airway management and what was then known about resuscitation to the Sullivan's Island -Isle of Palms Volunteer Rescue Squad and Fire Department. The experience was good for me, but there is no way that I could have done this without his help and "back-up."

WELCOME NEW BABIES IN THE DEPARTMENT

Congratulations Kari Platts, Anesthesia Tech
on Kaiden John Platts
born November 17, 2015
6lb 6oz 20.5in

HOME COOK LOYAL TO LOUISIANA AND CAJUN EATING, THE POST AND COURIER

BY: TERESA TAYLOR, COLUMNIST

As the saying goes, you can take a person out of (insert place here), but you can't take (the place) out of the person.

That is so true for today's home cook, as I imagine it is for nearly everyone born and raised in Louisiana. He is Cajun to the core, and like every Cajun we've ever met, food is a primary identifier.

Name: Patrick Tobin
Occupation: Nurse anesthetist at MUSC since 1992
Family: My wonderful wife of 30 years, Cecilia Franko and three beautiful daughters, Amanda, Laura and Emily Franko-Tobin

Q: When we spoke on the phone, you were actually in your Louisiana hometown of Natchitoches (pronounced Nakatush) and were making a local treat, Natchitoches meat pies. What are they and do you know their origin?

A: The meat pie is a staple in every household and restaurant in the Natchitoches area. It's popularity has spread throughout Louisiana and is tweaked by each person that creates these delicious treats. Depending on the household, spicy versus mild, baked versus fried. The meat pie is similar to the Spanish empanada and probably originates from the Spanish occupation of Louisiana. It is a crescent-shaped turnover with a savory meat filling of ground beef, pork, onions, peppers, garlic.

Q: You like food and cooking, so what or who stimulated that interest in your past?

A: I grew up on a cattle farm and spent a lot of time with my mother cooking and sharing stories of the day. She is still an excellent cook and inspired me to learn and experiment with many styles of cooking. She still inspires me today.

Q: In your opinion, which is better, crawfish or shrimp? Make a case for your choice.

A: This is probably the hardest question for me to answer. I love the fresh shrimp from our coast, but the first meal I crave when we travel to Louisiana? CRAWFISH. Do I really have to pick?

Q: Most people are familiar with the Cajun classics etouffee, jambalaya and gumbo. Tell us about a couple of tasty lesser-known dishes or specialties that also are part of Cajun cuisine.

A: Red beans, rice and andouille sausage with fresh French bread. A hallmark of Louisiana cooking primarily served on Mondays because leftover Sunday ham and sausage combined with rice and beans could simmer all day on the stove while chores were finished.

Corn macque choux is a traditional dish of Southern Louisiana and is thought to be from the blending of Creole and Indian cultures. It contains okra, bell pepper, onion, garlic and tomatoes that are braised in butter and simmered in chicken stock. Macque choux is usually served as a side dish or can become a main meal with the addition of crawfish or chicken.

HOME COOK LOYAL TO LOUISIANA AND CAJUN EATING, THE POST AND COURIER

BY: TERESA TAYLOR, COLUMNIST

Q: If someone was traveling to Louisiana and could eat anywhere across the state, what are three places you would send them to?

A: Only 3???
1. Crabby Jack's in NOLA for a po'boy and seafood stuffed mirliton.
2. Lasyone's in Natchitoches for a meatpie and red beans.
3. K Paul's in NOLA, you can't go wrong there no matter what you order.

Q: Celebrity chef Paul Prudhomme just died. What do you think he should be most remembered for?

A: Chef Paul Prudhomme held a deep, abiding love for the people, the tradition and of course the food of Louisiana. He grew up on a sharecropping farm and understood the importance of flavor and fresh, local, seasonal ingredients. I believe his legacy will be helping to popularize Cajun cooking and using his fame to spread this cuisine across the world. Recipes used to be printed on the tablecloths in K Paul's, and even today waiters are willing to go in the back and write down a recipe for diners. Paul Prudhomme took care of people, the people who worked for him and the people who ate his food. He shared his love to his staff and patrons alike.

Q: Let's say you're having special guests for dinner. Without regard to time or cost, what would on your menu from start to finish?

A: Appetizer 1: Fried oysters with a spicy remoulade sauce
Appetizer 2: Crisp green salad with fresh tomatoes, bacon and Clemson bleu cheese
Main: Crawfish etoufee and toasted French bread
Dessert: My mother's yellow cake with pecan icing and, of course, a cup of strong, black Community coffee

Red Beans, Rice, & Sausage

Ingredients
1 pound bacon
2 teaspoons red pepper
1 to 2 cloves garlic or 1 teaspoon garlic powder
1 medium bell pepper, chopped
1 medium onion, chopped
2 to 4 ribs celery, chopped
1 (16-ounce) package red beans
1 teaspoon parsley flakes
2 tablespoons sugar
2 teaspoons salt
10 cups of water or 1/2 chicken broth, 1/2 water)
1 pound of good sausage (Savoire's smoked)
Cooked white rice and French bread for serving

Directions at this link: Click Here

MOOSEWOOD RESTAURANT, COOKBOOKS SET A COURSE FOR A LIFETIME OF COOKING

BY: TERESA TAYLOR, COLUMNIST

Today's home cook is described by her friend and colleague Alice Michaux as a renaissance woman who focuses on healthy foods and ingredients. Her story just goes to show that an herb-rich small garden can do wonders for elevating one's cooking and eating. So think big and grow small!

Name: Grace Badorek Wojno
Residence: Mount Pleasant
Occupation: Pediatric anesthesiologist
Family: I have a daughter Jacki and a son Geoff, both are full-time college students.

Q: You took to cooking while you were in medical school. Why? What were some of your meals back then?

A: I started cooking in medical school to save both time and money. On weekends when I was home studying, I would make my favorite recipes in a big Crock-Pot or Dutch oven, then divide them into dinner-sized portions for the freezer to eat later when I was too busy to cook. Some of my favorites were classic mulligatawny soup, Louisiana shrimp gumbo, split green pea soup, lentil soup and tomato sauce. Since there weren't Internet recipes back then, inspiration came from my well-worn "Fannie Farmer Cookbook," my beloved Moosewood cookbooks, and recipes from the local Philadelphia newspaper's food section.

Q: You grew up on Long Island, N.Y., in a large family. How did the family dinners come together?

A: Family dinners growing up were a group affair — my mom was the inspiration because she was into healthy eating. Since we lived only minutes from the fishing boat docks of the Great South Bay, we ate a lot of fresh seafood. My dad was the grill master, so he would do the actual cooking after my mom did the preparations. A favorite was freshly caught bluefish stuffed with brown rice and diced fresh vegetables baked in foil on the grill. My sister and I would help by making ... salads with lettuce from the local farmers market or grown in our backyard.

Q: The Moosewood cookbooks and chef-author Mollie Katzen were an inspiration to you. In what ways? What is a favorite recipe from the Katzen portfolio and why?

A: I had a personal connection with the Moosewood cookbooks (the original "Moosewood Cookbook" and subsequent "Enchanted Broccoli Forest") because I spent part of my undergraduate years at Cornell University in Ithaca, NY. The Moosewood Restaurant was (and still is) located just off campus, and I loved eating there on special occasions with my vegetarian sister, also a Cornell student. I still have my original cookbook purchased at the restaurant. They just published a 30-year anniversary edition — yikes!

I loved the creative vegetarian cooking in the books and learned the cuisine of different cultures from them (Middle Eastern, Greek, Asian, Italian, etc). My love of cooking with fresh herbs is also rooted in those books. Two of my favorite recipes from the original "Moosewood Cookbook" are tabouli (a bulgur wheat salad with garlic, lemon juice, olive oil, fresh parsley and mint) and their version of pesto (pureed fresh basil, garlic, pine nuts, parmesan, olive oil). Other more recent favorite cookbooks are Mary McCartney's "Meat Free Monday" and "Food."

Q: You grow a small garden. What's in it and what are some favorite ways you use them?

A: In my small kitchen garden, I love to grow greens and fresh herbs to use in giant fresh salads, homemade pizza and many other recipes. My favorite greens are Swiss chard, collards, kale, arugula, and baby lettuces (speckled red sail, romaine, and oak leaf).

MOOSEWOOD RESTAURANT, COOKBOOKS SET A COURSE FOR A LIFETIME OF COOKING

BY: TERESA TAYLOR, COLUMNIST

I always have a fresh supply of herbs from the garden, including flat leaf parsley, basil, sage, thyme, rosemary, oregano, chives, cilantro, bay leaf and mint. I'll occasionally foray into growing tomatoes, eggplant and peppers with help of a friend's garden. Thanks Phil!

Q: For you, what has been a great food experience in the Charleston area?

A: My favorite Charleston food experience is about she-crab soup. I discovered really delicious locally canned she crab soup at the Red and White Supermarket on the Isle of Palms where I lived a few years ago. One day when I went back to buy more, I was told by the store manager that the company had temporarily stopped production because they were moving into a new expanded kitchen factory. I had been counting on the soup for a special event and must have looked really disappointed because the store manager offered up the possibility that the chef might still have a few cans for sale at the Tuesday Mount Pleasant Farmers Market where he usually had a booth. Elated, I found the booth the following Tuesday only to be disappointed again when no soup was to be found. After chatting a few minutes with the chef/owner of the company while he was manning his booth, he volunteered his secret recipe and told all. Shocked and ecstatically happy that he told me the recipe, I ran to my car, wrote it down, and made it the next day. It was absolutely delicious.

Q: That being said, if there's one food you could transplant from New York to Charleston, what would it be?

A: If there's one food I could bring to Charleston from New York it would be the fresh caught bluefish straight off the fishing docks in my hometown. There's nothing quite like it on the grill.

Q: What are you having for dinner tonight?

A: This week I made mushroom moussaka, which is a lovely baked Greek dish consisting of layers of eggplant (from my friend Phil's garden), parmesan, an herb- and mushroom-based tomato sauce with cinnamon, and a delicious smooth bechamel layer over the top. Needless to say, this is a recipe for the weekend because it takes a little time!

A recipe to share

The recipe I'd like to share is my fresh tomato sauce. I normally make it without measuring anything, but I figured out specifics for you. This sauce may be kept in the refrigerator for several days and also freezes well.

Fresh Tomato Sauce

Ingredients
3 tablespoons extra-virgin olive oil (black or white truffle olive oil is my favorite)
1 large Vidalia onion, chopped
4 cloves fresh garlic, thinly sliced or minced
1/4 cup fresh chopped rosemary
3 fresh bay leaves
12 to 15 large tomatoes (or approximately 8 pounds), chopped
1/2 cup dry red wine
3 to 4 tablespoons dark balsamic vinegar (fig balsamic is my favorite)
3 tablespoons honey
1 cup tightly packed whole fresh basil leaves; chop just before adding to the sauce
1/4 cup fresh oregano leaves
1/4 cup fresh chopped flat leaf parsley leaves
Salt and pepper to taste (I use 1 teaspoon of each)

Directions at this link: Click Here

Grand Rounds for the month of December

“Emergency Interventions in Anesthetic Practice ”
December 8, 2015
Shannon KilKelly, DO
Assistant Professor
Vanderbilt University Medical Center

“Morbidity and Mortality Conference”
December 15, 2015
Andrew Kottkamp, MD and Andrew Powelson, MD
Residents
Medical University of South Carolina

Happy Holidays!
No Lecture December 22 or 29, 2015

MUSC
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CHECK OUT OUR WEBSITE AT:
HTTP://WWW.MUSC.EDU/ANESTHESIA

Future Events/Lectures

Intern Lecture Series

3/Dec—Spinal Cord Protection, Dr. Redding
17/Dec—GI Morbidity (liver, pancreas), Dr. Stoll

CA 1 Lecture Series

2/Dec—Respiratory Physiology: The Effects of Anesthesia, Dr. Nelson
9/Dec—Anesthesia for Patients with Respiratory Disease
16/Dec—Cardiovascular Physiology & Anesthesia, Dr. McSwain

CA 2/3 Lecture Series

7/Dec—Anesthetic Considerations of Traumatic Cardiac Tamponade, Dr. KilKelly (Vanderbilt)
14/Dec—Post Anesthesia Recovery (Barash Ch. 55), Dr. Stoll

Grand Rounds

8/Dec—Emergency Interventions in Anesthetic Practice, Dr. KilKelly (Vanderbilt)
15/Dec—Morbidity & Mortality Conference, Drs. Kottkamp & Powelson

Happy Holidays!!!

I HUNG THE MOON

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 Crisp. Thanks so much!!

Keara Cox and Shelley Richardson, CRNAs; Rob Ingram and Lisa Crusenberry, Anesthesia Techs— Thank you for pitching in on a difficult trauma case! Excellent work!

Rhianna Davis, CRNA—Staying late to help me transport my critically ill patient. Thanks so much! Also, made sure everything was ready to go!!

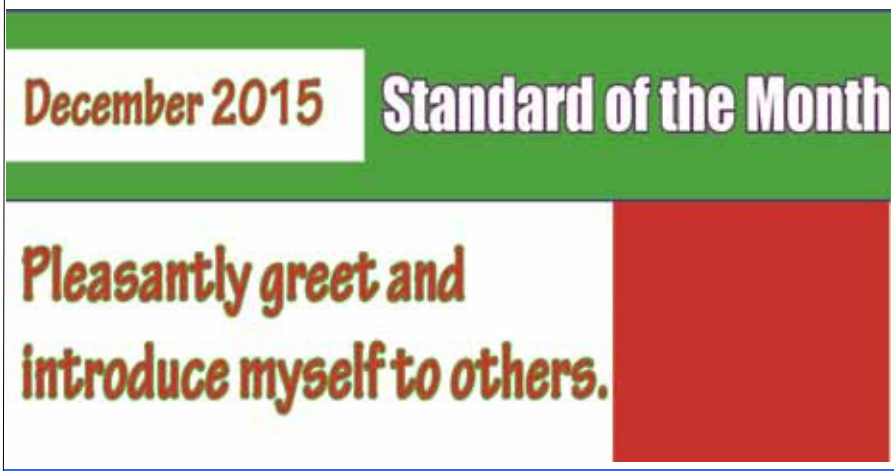
Beth Jennings, CRNA—Staying late on separate occasions to help with an epic issue and stabilizing /transporting a critically ill patient to IR that was not even her patient. Thank You!

Keara Cox, CRNA—Excellence– as a co-worker and as a practitioner, she played a major role during a very difficult, complex trauma.

Ashley Haselden, Anesthesia Tech—Staying to help with 1st inductions when we were short staffed and waited until we had relief. Thank you!

Alexis Davis, Anesthesia Tech—Picking up a last minute call shift that came up on her day off! Thanks so much!

Department Holiday Party: December 4, 2015, Carolina Yacht Club



We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times,* the deadline for the January edition will be December 21, 2015.