



SLEEPY TIMES

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MESSAGE FROM THE CHAIRMAN: LIFE IS FRAGILE

-SCOTT T. REEVES, MD, MBA

Recently, I took a long planned fishing trip with a close friend (let's call him John) to Bimini. For those that don't know, Bimini is a small island which is part of the Bahamas, fifty miles off the coast from Fort Lauderdale. I would also take the opportunity to visit my son, Townsend, and his wife, Megan, for a few days on the way home. Townsend is an Emergency Medicine resident in Aventura, Florida which is in between Ft. Lauderdale and Miami.



On an early Monday morning, we flew to Ft. Lauderdale, transferred to the seaplane and took a 30-minute flight to Bimini. It is pretty cool landing directly on the water. A day of relaxing on a tropical island was exactly what I needed. On Tuesday, off we went to fish the single large flat of Bimini. Beautiful day but no fish on the fly. Well, that is why it is called "fishing and not catching."

At 4:30 pm we started to head back to the hotel. Since the tide was up, we took the shortcut through the mangroves. The tide being up is a relative term. The water depth in the narrow mangrove channel was between 1.5-2 feet but the boat was on plain, and we were cruising at about 20 miles/hr. As we rounded a blind bend in the grove, another flat boat was coming straight at us at 20 miles/hour as well. There was literally nowhere to go. To our immediate right was the 6-foot-high mangrove wall, and to our left was 3 feet of channel and then 2 inches of water across a broad flat. Both captains steered outward. My brain responded with "prepare for impact." A second later, I was having an out of body flying experience. I went up in the air and watched as I flipped over my friend and continued to turn as I sailed over the other boat and ultimately landed 25 feet away on my back in two feet of water. John took the bow of the other boat in his right chest and was ejected as well.

I sat up in the water and tried to assess whether I was significantly injured. I could move and everything seemed intact, so I concentrated on John who was in substantial pain. He had at least multiple ribs fractured. Our fishing guide was also ok. The other boat's individuals did not do as well. Both boats got everyone back on board and headed immediately for the island. In Bimini, no one is coming to get you. You are on your own.

Jumping forward to 5:15 pm, we have made it with a lot of difficulty to the Bimini medical facility which consists of a single room building with two cots, a noninvasive blood pressure machine, a pulse oximeter, some gauze and IV supplies, simple medications and that is it. It is run by a nurse. There are no doctors on the island, well except me. I felt like I was back in Tanzania with even more limited resources.

My friend's vitals were stable on arrival, with bilateral breath sounds but right chest splinting with breathing and a saturation of 96% on RA. He obviously had fractured ribs. Would he continue to be able to breathe? There was no ability to do any further non physical exam evaluation, i.e., no chest Xray, ultrasound, lab work, etc. Having both just suffered a high speed collision with ejection, John needed definitive evaluation and treatment.



OPENING STATEMENT CONTINUED

Lesson number one. Know where you are traveling and always prepare for the worse. Typically, we both travel with med evac insurance, but with COVID and no travel, we had not renewed it.

I started working with the nurse to try to evacuate off the island. The difficult process to get air lifted off was just getting started when the other boat passengers arrived. The first had a significant facial laceration with loss of consciousness. His wife could not bear weight on her left leg and probably had a hip fracture. The nurse appropriately turned her attention to them. I also got involved to make sure they both were at least “stable” for the short term. They would ultimately travel to Nassau.

Triage...What are our options? At that moment, I remembered Townsend 50 miles away. He was working in a trauma ER center seeing patients. I texted him. We talked and God found a way. The faculty member working in the ER that day was an expert in air medical evacuation with multiple contacts. He initiated the process. I was able to talk with the company representative and start the necessary paperwork documentation i.e., medical history, emergency authorization, passports, payment. The list was massive. In the meantime, my friend had gotten an IV and IV Tordol and was breathing better with less pain. By 6:00 pm, the air evacuation team had been activated but there was a problem. Were the runway lights active at the South Island airport? We had arrived by seaplane on the North Island. Night was coming soon and the answer to that question was critical. Unfortunately, we learned that the runway was being replaced and was almost like landing on a dirt strip. The plane could not come at night.

The other option was to try to get to Nassau, the capital, but we were both concerned with flying in a non-sea level pressured plane due to the possible expansion of any subclinical pneumothorax and the level of care there as well. Ultimately, my friend decided to go back to the hotel. We have an extremely competent group of physicians, CRNAs and nurses in our department. About a dozen times in my 30 plus years as a physician have, I reached my ultimate limit. This was one of them. At those times and many less critical, I prayed for Divine help.

The night was awful, but we made it through. John was increasing having chest pain, but the pain was “bearable” with nonsteroidals and he could walk with assistance. We discussed our limited options. He had made it through the night. Could he fly on the seaplane, if we could get a flight? Could we take the 6 pm ferry, which was a 1.5-hour trip back to Ft. Lauderdale? Could we reactivate the med evac jet? We looked into all the options, and they gradually dropped off the list as available with the exception of the air evac jet. I reactivated the jet with the help of the ER faculty physician at Aventura. Now we had to get to the South Island airport.

We left via taxi and were taken to the ferry landing for the short ferry ride to the South Island. We were in luck, it was there and actually running. Off we went. On the other side we took another taxi to the airport. After arriving, I understood the landing issue. The runway was full of partially filled potholes. It looked like a poorly maintained single lane rural road in the United States. We had done our part. Could the plane get US and Bahaman clearance to land? I got the following video as it left Ft Lauderdale. [\(video\)](#) I thought I was going to cry.

The next two hours were rough. An increasing oxygen requirement was occurring on the plane then ambulance ride to the hospital. We made it to the trauma bay and within 5 minutes John was diagnosed with a 40% pneumothorax. He received a chest tube and 30 minutes later a complete spiral CT. Diagnosis ultimately was 7 fractured ribs, cracked sternum and pulmonary contusion with no vascular injuries. He was extremely tough. He was in the trauma ICU for two days and eventually was discharged for the 8.5-hour drive home to Charleston.

As I updated my family and our fishing guide back in the Bahamas that initial day, two separate events were described. My son in law, David, told me that he felt a sudden urge to pray for my safety Tuesday morning. “Dr. Reeves, you travel a lot, and this was the first time I have ever felt that need.” In addition, our guide’s youngest daughter told her 72 year old father that she also felt the need to pray for her father that day. I truly believe God heard our prayers.

As we enter the Christmas season, I hope this story makes us all remember that life is fragile. We both could have easily died that day. One of us without injuries was necessary for the other to survive as well. This has been an especially hard year for all of us. Celebrate with your family and loved ones. Men, especially make a special point to tell your children you love them.

I wish you all a Merry Christmas and Happy New Year!

GLOBAL SMILE FOUNDATION MISSION TRIP BY MICHELLE ROVNER, MD

In September, Tina Davis CRNA and I joined an outreach medical mission with Global Smile Foundation (GSF) to Guayaquil, Ecuador. The team consisted of 5 surgeons, 2 fellows, 8 nurses (OR and PACU), one pediatrician, one anesthesia resident and 3 other pediatric anesthesiologists. The team came from all over the United States as well as 2 anesthesiologists from South America. Global Smile Foundation repairs 50% of the cleft lips and palates in all of Ecuador. GSF was founded 34 years ago and today each year they spend 4 weeks in Ecuador, 2 weeks in Lebanon, and 1 week each in El Salvador and Peru. In Ecuador in 2012, GSF opened a Cleft Center to provide year-round care for patients. The Center is located at Hospital Leon Becerra, a facility dedicated to pediatric care for children and families of low socioeconomic status. Many former GSF patients have become volunteers with the GSF and provide critical support such as patient communications, public relations, and logistical help during outreach programs. We were in Ecuador for a week and all supplies (circuits, IV supplies, endotracheal tubes, laryngoscopes, etc) were brought from the United States. If it wasn't packed by GSF we didn't have it. We used a closet for all the supplies and that became our anesthesia and surgical store-room. By the end of the week if we ran out of a specific supply, we made it work with something else. The hospital allowed us to use 4 of the 5 operating rooms Monday to Friday to provide care for 60 children while we were there. Most of the anesthesia machines were older as I used the identical equipment during my residency in the mid 90s. The bells and whistles that we have on today's machines were not present, but we were able to give safe anesthesia to the children, nonetheless. Many of these families came from extremely far distances, but GSF is well known to the low socioeconomic families, and they willfully make the long trek. Part of the GSF mission is also to teach the local surgeons how to do the complicated cases so they can provide better care in Ecuador. Thus, we had 2 local surgeons participating as well. The experience was amazing, and having never been on a medical mission before, this will not be my last. There is a spirit of connectedness and bonding among team members, local volunteers and patients that is very rewarding. We know we really are making a difference in someone else's life. <https://gsmile.org>



RESEARCH CORNER



Dr. Pat Britell

Neurocrit Care
<https://doi.org/10.1007/s12028-021-01371-5>



ORIGINAL WORK

Use of Helicopter Medical Transportation to the Neuroscience Intensive Care Unit

Julio A. Chalela¹, Melissa Hill and Patrick E. Britell

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> *Am J Disaster Med.* 2020 Spring;15(2):137-140. doi: 10.5055/ajdm.2020.0363.

Adapting Ebola training to educate healthcare workers during the SARS-2-CoV pandemic

Lacey MenkinSmith¹, Ken Catchpole², J G Reves³



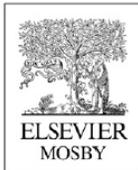
Dr. Ken Catchpole



Dr. J.G. Reves



Dr. Julie McSwain



Advances in Anesthesia ■ (2021) ■-■

ADVANCES IN ANESTHESIA

Perioperative Considerations for Patients with a Known Diagnosis of Dementia

Julie R. Mcswain, MD, MPH^{a,*}, Joel M. Sirianni, MD^b, Sylvia H. Wilson, MD^b

> *Clin Transplant.* 2021 Oct 12;e14504. doi: 10.1111/ctr.14504. Online ahead of print.

Adult liver transplant anesthesiology practice patterns and resource utilization in the United States: Survey results from the society for the advancement of transplant anesthesia

Cara Crouch¹, Tetsuro Sakai², Stephen Aniskevich³, Daniela Damian², Lorenzo De Marchi⁴, Michael Kaufman⁵, Sathish Kumar⁶, Michael Little⁷, Stuart McCluskey⁸, Evan Pivalizza⁹, Daniel Sellers⁸, Srikanth Sridhar⁹, William Stoll¹⁰, Cinnamon Sullivan¹¹, Adrian Hendrickse¹



Dr. Sylvia Wilson



Dr. David Stoll

WELCOME TO THE DEPARTMENT!



Rebekah McKenna

I am so thrilled to be part of such an amazing team after years of working in the service industry. I am the new Administrative Assistant on the 3rd floor of SEI, and I can't say how much I have loved my first few months here. In my free time, I love to spend time with my family and my puppies. I have a feisty little chihuahua that is 7 years old and a 10 month old lab/Staffordshire terrier mix. They are a handful, but my everything! Animals are my love language! I love to read as well, my favorite book being *The Secret Life of Bees* by Sue Monk Kidd, it is an incredible story with so many lessons and metaphors that I find to be helpful in any walk of life. I can't say how blessed I am to have the opportunity to work alongside such impressive and hard working people! I look forward to the days, months, years to come! My door is always open, so if you need assistance with anything, please feel free to stop by or reach out.

My name is Molly Saxon and I'm a new Physician Assistant Fellow in the Interventional Pain Management clinic. I grew up in the upstate of South Carolina and completed my Bachelor of Science in Health Science at Clemson University (Go Tigers!). I then moved to Charleston and completed my Master of Science in Physician Assistant Studies at MUSC. I'm looking forward to being part of the Anesthesia team!



Molly Saxon

WELLNESS WALKS BY CARLEE CLARK, MD



We had a great turn out for our November Wellness Walk at the Folly Beach County Park. Was a little windy, but a beautiful day to explore the beach. We had two furry friends join us, Charlie and Oscar, and we did an early donut celebration for Dr. Stephanie Whitener's birthday. For December we are planning a pickleball activity on December 18th, so mark your calendars! It is such a fun sport and don't worry if you don't know how to play. I'll have several expert pickleball players, my husband and aunt, there to help teach others how to play. We will have the supplies as well.

SHAWN JENKINS CRNA AND TECH OF THE QUARTER



Congratulations Lisa & Shanna

Leadership awarded CRNA and Tech of the Quarter plaques to our very deserving Care Team Members, Shanna Black and Lisa Vargo.

Remember to congratulate these hardworking team members when you see them!

Be on the lookout in December's Anesthesia ICCE newsletter for your chance to nominate the next CRNA and Tech of the Quarter!



INAUGURAL MUSC ANESTHESIA ALUMNI CHARITY GOLF TOURNAMENT

Through coordination between the MUSC Anesthesiology Department's Wellness Committee and the City of Charleston's Municipal Golf Course, we are happy to offer you the Inaugural MUSC Anesthesiology Alumni Charity Golf Tournament. Details of the event include:

Date: **Saturday, February 12th, 2022**

Location: **City of Charleston Municipal Golf Course**

Time: **9:00am**

Format: **Scramble (no handicaps), Shot-gun start; teams of four (4) individuals**

Cost: **\$50/person**; (includes catered BBQ lunch + 18holes golf + carts + range balls + taxes)

Prizes: **TBD** (private donations and contributions from local businesses/individuals will determine what prizes can be allocated)

Beneficiary: **Lowcountry Food Bank** (financial contributions and canned good donations are encouraged)

All individuals associated with the Anesthesia and Perioperative Medicine Department are welcome to participate and form teams of four (4) individuals. We ask that at least three (3) members of each team have direct ties to the department (ie: current or previously employed technicians, residents, fellows, CRNAs, and attendings).

How to sign up: An online signup sheet will be provided within the next two (2) weeks. Please use this time to organize your teams and designate one member of each team as your "contact person." Any questions or concerns can be emailed directly to either Dr. Jim Papadea (papadea@musc.edu), Dr. Jake Huntzinger (huntzing@musc.edu), or Dr. Dudley Colhoun (colhoune@musc.edu)

For those interested in participating, additional details will be provided with the online signup within the next two (2) weeks.



THE CURTAIN DRAWS BACK BY DAVID GUTMAN, MD

MIND TO MIND

Creative writing that explores the abstract side of our profession and our lives



Stephen T. Harvey, M.D., Editor

The Curtain Draws Back

David A. Gutman, M.D., M.B.A.



The curtain draws back,
An agonizing scene begins to unfold.
A father is struggling to be stoic,
the mother's eyes are cold.

Their child lays in the stretcher,
a veteran of many a procedure.
The bruises on her innocent skin,
a most prominent feature.

They look quite surprised,
even a bit startled to see my face.
"Don't worry," says my colleague,
"This is not his first case."

"We've heard of your services," says the mom,
while barely holding back her tears.
"We're so glad you could stop by," says the dad,
while he struggles to confront his fears.

I know my role and calling,
I've trained for it extensively.
I aim to help calm the soul,
and do so inexpensively.

Surgery is a very scary time,
the anxiety tends to run high.
"We have no choice to proceed,"
the parents exclaim with a sigh.

I bravely approach the child,
I comfort her as she ponders her future.
Her failing chest and heart
will soon meet the scalpel and the suture.

I channel all of my strength, empathy, and affection,
straight into that innocent child.
She sheds a tear and accepts what is coming,
with a long road ahead, her recovery won't be mild.

Alas it is time for me to leave,
the surgery is about to start.
I jump off the bed and wag my tail rigorously,
I am a good boy and have hopefully done my part.

TOYS FOR TOTS DONATION DRIVE

It's that time of the year. The holidays are almost here. With this being said, we will start our annual Toys for Tots Donation Drive. This is sponsored by the U.S. Marine Corps Reserves.

The goal is to collect as many **new, unwrapped toys** before our holiday party on December 10th. You can bring a toy to the holiday party or weeks leading up to the party, whichever is easier. There will also be a marine at our party to collect all the toys!

There will be donation boxes at the following locations on campus:

Storm Eye Building- Suite 301
Hospital Extension- Suite 525
SJCH- Suite 2190
ART- Suite 4200

These toys will be distributed as Christmas gifts to less fortunate children in our community. You can find information on the program at <https://charleston-sc.toysfortots.org/local-coordinator-sites/lco-sites/about-local-toys-for-tots.aspx>.

Please help us fill these boxes to help those in need within our community.



DOOR DECORATING CONTEST

Don't forget about the annual door decorating contest! You can decorate your office door or a shared door in any fashion you'd like. The doors will be judged on **Wednesday, December 15th**. Let Trey Hiott know if you plan to participate!

LAST YEARS WINNERS

1st Place: ART CRNAs



2nd Place: Jenny Ann Smoak



3rd Place: Research Office



GRAND ROUNDS- NOVEMBER 2021



**“Diversity & Inclusion”
December 7, 2021**

Willette Burnham-Williams PhD, Assistant Professor

**College of Health Professions; Office of Diversity
Medical University of South Carolina**

**“M&M”
December 14, 2021**

**Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**

Christmas Week—No lecture



New Years Week—No lecture



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

Email: hameedi@musc.edu
Phone: 843-792-9369
Fax: 843-792-9314

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

12/2—Spinal Cord Protection—Chris Wolla
12/16—Management of CVA—Tracy Wester

CA 1 Lecture Series

12/1—Acid-Base Balance; Renal Physiology & Anesthesia—Jared McKinnon
12/8—Anesthesia for the Trauma Patient—Burke Gallagher

CA 2/3 Lecture Series

Per Rotations

Grand Rounds

See Page 9



Follow us on Facebook, Instagram, and Twitter:

<https://www.facebook.com/MUSCAnesthesia/>

<https://www.instagram.com/musc.anesthesiology/>



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

Sam Tripp—Thank you for staying long after scheduled to cover cases. Really appreciate your call to duty.

Aaron Huber—Thank you for staying long after scheduled to cover cases. Really appreciate your call to duty.

Joey Seymour—Thank you for staying long after scheduled to cover cases. Really appreciate your call to duty.



[ONE MUSC 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 December edition will be November 22, 2021.