



SLEEPY TIMES



VOLUME 9, ISSUE 7 JULY 2015

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MESSAGE FROM THE CHAIRMAN:

-SCOTT T. REEVES, MD, MBA

Farewell to the Class of 2015

I would like to include a portion of my chairman address to our graduating residents and fellows in this month's Sleepy Times opening statement.

As many of you know, I have two children at Clemson. Carolyn just graduated with a degree in nursing and Townsend is a rising junior in Chemical Engineering. For those of you that have made the trip to Clemson, there is not much to see on the journey. Recently, I was returning home alone listening to the radio and just thinking about how quickly my children are becoming the adults God wants them to be. On the radio was one of the best known self-help gurus in the world who passed away on June 25, 2009 at the age of 50, Michael Jackson. I found myself concentrating on the words of his song, *A Man in The Mirror*. I would encourage you all to listen to it on You Tube. (<https://www.youtube.com/watch?v=b8ajkPp75PQ>). Michael has an excellent message for all of us and especially for our new graduates as you step out to finally enter the world as physicians with unlimited potential.

I'm gonna make a change.

For once in my life

It's gonna feel real good

Gonna make a difference

Gonna make it right

The song continues by describing the struggles of this world:

Hunger, Homelessness, Hopelessness.

These are the root causes of many of the ailments in our patients. His solution to the problem for us as individuals is very profound in its simplicity.

I'm starting with the man in the mirror

I'm asking him to change his ways

And no message could have been any clearer

If you want to make the world a better place

Take a look at yourself then make that

Change!

As each of you leave the structure of postgraduate education you will experience both triumphs and heartbreaks. The way you handle the hard times will be critical in determining your personal and family's overall happiness.



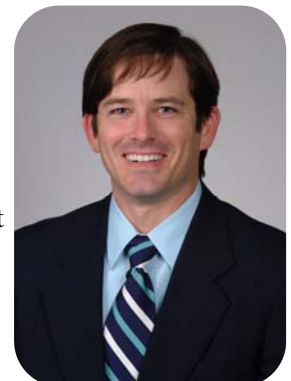
FAREWELL TO THE CLASS OF 2015

As I finish, I, along with the faculty, staff and junior residents want to thank you for these past years. Each one of you truly will make a difference in this world. To the class of 2015, good luck and God bless you.



SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS SAFETY AND QUALITY COMMITTEE

The SCA Safety and Quality Committee was created to address the overwhelming need for cardiac anesthesiologists to enlarge our footprint in the realm of quality definitions and metrics. As payers move toward measuring quality and rewarding only value-based care, it will be increasingly important that anesthesiologists be primarily involved in outcomes assessments, database participation, and guideline development. Our own Dr. Jake Abernathy was chosen by SCA President, Linda Shore Lesserson to be the committee's first chairman. Congratulations!



RESIDENT GRADUATION 2015 AT FOUNDERS HALL, JUNE 19, 2015



MUSC Dept. of Anesthesia
CA1 Teacher of the Year
2014-2015
Joel Barton, MD



MUSC Dept. of Anesthesia
CA2/3 Teacher of the Year
2014-2015
Will Hand, MD

MUSC Dept. of Anesthesia
CA1 Teacher of the Year
2014-2015
David Stoll, MD



MUSC Dept. of Anesthesia
CA2/3 Teacher of the Year
2014-2015
Latha Hebbar, MD



MUSC Dept. of Anesthesia
The Dr. J. G. Reves
Resident Research Award
2014-2015
David Hall, MD



MUSC Dept. of Anesthesia
The Dr. Laurie Brown
Resident Teacher of the Year
2014-2015
Walead Hessami, MD



MUSC Dept. of Anesthesia
The Dr. John E. Mahaffey
Resident of the Year
2014-2015
Bryan Covert, MD

RESIDENT GRADUATION 2015 AT FOUNDERS HALL, JUNE 19, 2015



**RESIDENT GRADUATION 2015 AT FOUNDERS HALL,
JUNE 19, 2015**



**RESIDENT GRADUATION 2015 AT FOUNDERS HALL,
JUNE 19, 2015**



RESIDENT GRADUATION 2015 AT FOUNDERS HALL, JUNE 20, 2015



MEET THE NEW INTERNS OF 2015

Welcome to the Department: 2015-2016 Intern Class



Cip Ayala
MUSC



Gregory Foster
Medical College of Georgia



Sam Luebbert
University of Virginia



Lee Cumbee
MUSC



Alex Golovlev
University of Tennessee



Ian Osburn
University of Southern Florida



Kirsten Dahl
UT San Antonio



Geoffrey Kilgore
University of South Carolina



Hannah Purcell
University of South Carolina



Brooks Duff
Medical College of Georgia



Ali Lataille
MUSC



Anne Wanaselja
Indiana University



Clay Foret
Virginia Commonwealth



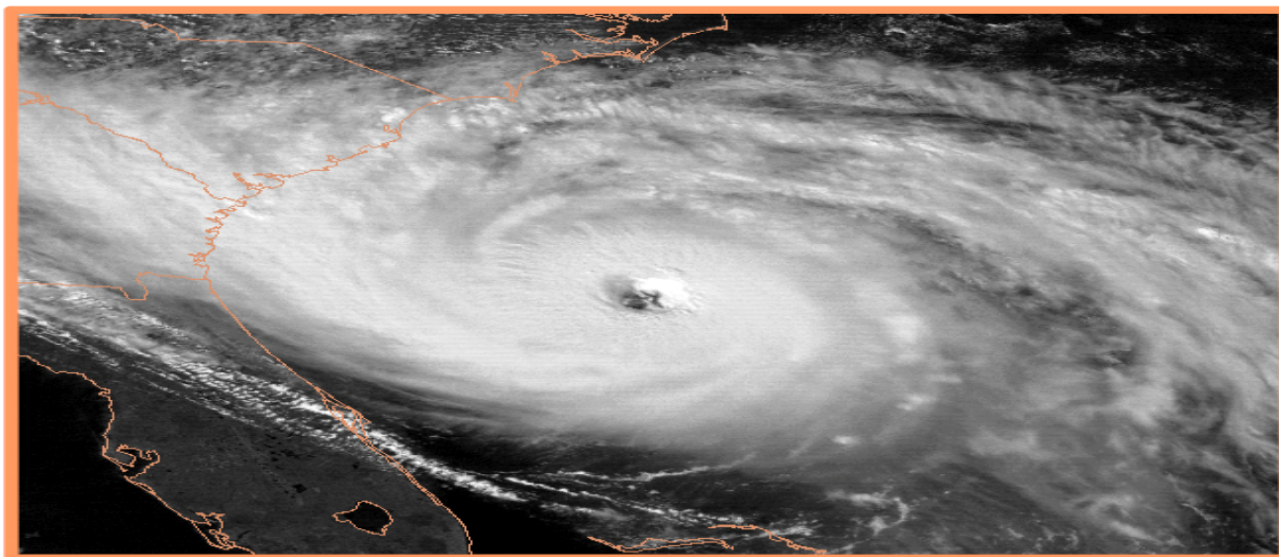
Anthony Lehn
Medical College of Georgia



Sherry Zhou
MUSC

HURRICANE PLAN

Department of Anesthesia and Perioperative Medicine



Hurricane Plan

http://clinicaldepartments.musc.edu/anesthesia/intranet/clinsections_p/disaster/files/HURRICANE%20PLAN%202012-Updated%205-19-15.pdf

CONGRATULATIONS TO CATHERINE TOBIN, MD FOR RECEIVING THE SAFETY STAR AWARD

Dr. Catherine Tobin, is the recipient of the MUSC Safety Star Award for the month of June. Lester Kitten, ART CRNA, nominated Catherine after she recognized that a patient in DDC might have a pseudocholinesterase deficiency. She made sure that the patient was tested for this deficiency, and it came back positive. The patient had required post-procedural ventilation in the MSICU twice, and because of Dr. Tobin's pick up, the patient recently returned and had an uneventful procedure. He will not receive succinylcholine, and he shouldn't have unexpected prolonged intubations or re-intubations. This was a great pickup of a rare problem, which is why Dr. Catherine Tobin received the award.



NURSING MAGNET UPDATE: MARILYN J. SCHAFFNER, PHD, RN, ADMINISTRATOR FOR CLINICAL SERVICES & CHIEF NURSING OFFICER

Our Magnet site visit is scheduled for July 20-23rd. There will be four surveyors for four days! Please review the following information to be prepared for possible questions.

Have you heard the *great news*?

The Magnet® Recognition Program has requested a site visit, Monday, July 20 through Thursday, July 23, to verify all of the remarkable stories documented in our application for our first Magnet designation for MUSC Medical Center. Below are a few of the most frequently asked questions related to Magnet®:

Q: What is the Magnet® Recognition Program?

A: The Magnet® Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide. (source: <http://www.nursecredentialing.org/Magnet>)

Q: Why was the Magnet® Recognition Program created?

A: The ANCC created the Magnet Program in 1994 to acknowledge healthcare organizations that provide the very best in nursing care. The Magnet® Program aims to raise awareness of the importance of the nursing profession. It provides nurses with up-to-date information on evidence-based practices and promotes workplace standards and behaviors that support nurses to do their very best.

Q: What steps are involved in the applications process?

A: The Magnet® Recognition Program uses the American Nurses Association's *Scope and Standards for Nurse Administrators* as its guide. It is built upon the characteristics of Magnet Hospitals; the classic research project published in 1983 and has evolved into a model based upon outcomes. Magnet Hospitals are expected to be above the 50th percentile in nurse sensitive indicators, patient satisfaction and RN satisfaction. Healthcare organizations are asked to submit evidence of their compliance with these standards as well as exemplars related to the following domains:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements

NURSING MAGNET UPDATE: MARILYN J. SCHAFFNER, PHD, RN, ADMINISTRATOR FOR CLINICAL SERVICES & CHIEF NURSING OFFICER

After an application and supporting documents have been submitted, the Commission on Magnet® Recognition will conduct a site visit, evaluate the application, and make its decision.

Q: What happens during a site visit?

A: Four appraisers will tour units, hold interview sessions, and hold breakfast and lunch sessions with staff and leaders from all areas including administration, nursing, physicians, clinical and nonclinical support areas.

Q: Who will the appraisers talk to during the site visit?

A: In addition to nursing staff, the appraisers could talk to any physician or staff member about how he/she interacts with nursing. The visit is very relaxed and the appraisers are here to verify that all the great work highlighted in the document is truly alive at our organization.

Q: What are the benefits of becoming a Magnet® designated facility?

A: Magnet® Designation...

Improves patient outcomes

Promotes patient satisfaction

Recognizes the value of nursing

Attracts high-quality nurses, physicians, and other healthcare providers to the MUSC Medical Center

Fosters positive working relationships diversity and inclusion

Reinforces the MUSC Medical Center outcomes and creates a quality “Magnet® Culture”

Enhances pride and job satisfaction

Expands consumer base (both individual patients and healthcare plans)

Strengthens nursing recruitment and retention

Improves the organization’s competitive edge

Q: What questions will the appraisers ask? (They may ask the following)

Why do you work at MUSC?

What does Magnet® mean to you?

How do you collaborate with nursing to keep patients safe?

CA 1'S LEARN BASIC CARDIAC LIFE SUPPORT (BCLS)

The department would like to thank Joey Seymour, CRNA for training our incoming CA 1s in BLS. It was a great example of multidisciplinary training.



MUSC PEDIATRIC CT PROGRAM RECOGNIZED AGAIN! BY: ANDREW ATZ, MD



We are once again honored to be recognized as one of the top pediatric cardiology and heart surgery programs in the country. Our program has been ranked since 2007; each year that the US News and World have assigned rankings in pediatric subspecialties. We are the only program in South Carolina, adult or pediatric, to have achieved this streak of consecutive rankings. This year we are ranked #31. Although this may seem like a disappointment compared to some of the past rankings, we must be cognizant of the fact that the scoring methodology changed fairly dramatically last year. An increased amount of points in each subspecialty survey (including cardiology/heart surgery) are now devoted to overall hospital characteristics. This has benefited stand-alone Children's Hospitals who have very well supported infrastructure but may not have the finest outcomes. Thanks to all of you, our outcomes remain some of the best in the country. We appreciate that none of this would be possible without the outstanding collaboration that exists within the state. This coordinated approach is unique to our state and we are proud to work so closely with our statewide colleagues to provide it.

Congratulations to all! <http://health.usnews.com/best-hospitals/pediatric-rankings/cardiology-and-heart-surgery>

#31 Medical University of South Carolina Children's Hospital
Charleston, SC

NATIONALLY RANKED HOSPITAL
in 1 specialty

Cardiology & Heart Surgery Scorecard	
Overall	57.9/100
Reputation	10.3%
Volume	7/12
Full Scorecard	



CHILDREN'S HOSPITAL AND WOMEN'S PAVILION UPDATE

The Children's Hospital and Women's Pavilion continues to move towards reality with the latest development being the establishment of a mock operating room, L&D suite and ICU room being built in the McClennan Banks building. Modular Services Company has created very rough drafts of the rooms to scale with some large pieces included, such as booms.



ROBERT HARVEY, MD JOINS TRANSPLANT TEAM

Although pretty much common knowledge at this point, the Liver team is proud to officially add Robert Harvey to our team starting this month. Robert is certainly no stranger to the department. Originally from Columbia, SC, Robert arrived at MUSC as a medical student after completing his undergraduate work at Duke University. He stayed with us to complete his anesthesia residency and followed this by completing our first ever regional fellowship offering. In addition to completing his Basic TEE certification, Robert has already expressed interest in improving transplant related educational components for the residents. He is a welcome addition, and we look forward to the new ideas and enthusiasm.



TRANSPLANT QUALITY IMPROVEMENT

BY: DR. STOLL



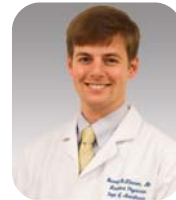
The Introduction to Liver Transplantation manual and Room Setup documents have been updated by Drs. Harvey, McKinnon, and Terry. This includes ordering medication infusions via EPIC. All residents should familiarize themselves with these documents prior to assuming liver transplant call.



Dr. Josh Terry



Dr. Robert Harvey



Dr. Jared McKinnon

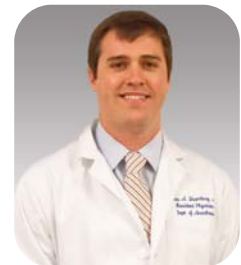
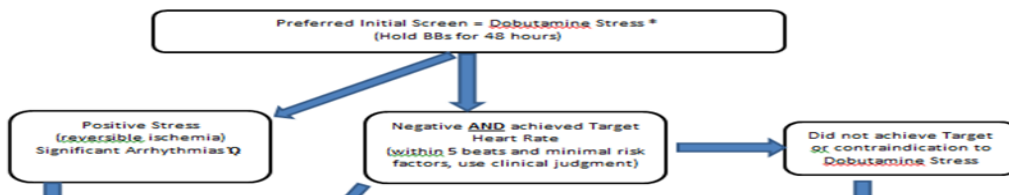
Please look for updates that will be added to the website within the next month at this link:
http://clinicaldepartments.musc.edu/anesthesia/intranet/clinsections_p/liver/livertx.htm

Pre-Transplant Cardiac Assessment Guideline

Dr. Shamburg took ownership of this Quality Improvement project by reviewing the most recent literature on cardiac disease and assessment in the cirrhotic population. Having a guideline that all involved parties are comfortable with has reduced delays in listing liver recipients.

Liver Transplant Cardiac Ischemic Evaluation
 Required for patients over 40 years of age or for patients with more than one risk factor:

<p>Risk Factors: Age > 65 (inherent as above) HTN Obesity Diabetes</p>	<p>Smoker Family History of CAD Hypercholesterolemia/Hypertriglyceridemia Sedentary Lifestyle</p>
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Dr. Kevin Shamburg

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

In this installment Dr. Brown discusses the diseases of the early 1950's and laboratory investigations and research

DISEASES OF THE EARLY 1950'S

The residence years were most interesting. Some of the diseases which we saw and some which were brought to the operating room at that time are hardly mentioned now – Poliomyelitis, typhoid fever, diphtheria, meningitis, scarlet fever, pertussis (whooping cough), and parasitic diseases such as hook worm and ascariasis. Poliomyelitis was the real dread disease at the time because there was no real treatment and no prevention, and nobody knew how it was contracted. A section in the isolation building was set aside for paralyzed patients confined to the large Drinker respirators (“Iron Lung”). Anesthesia was called upon to manage the airway when the patient had to be removed from the respirator for any reason. This was never real easy and many of the nurses and nurse anesthetists were terribly afraid of catching the disease. Not only did we manage the airways on the acute patients, but we also anesthetized many crippled children and adults for orthopedic procedures to attempt to straighten or otherwise stabilize paralyzed and deformed limbs. Dr. F. M. Ball, an internal medicine specialist and Dr. J. Ray Ivester, my fellow resident, were sent to Dallas, Texas, to a polio center to learn as much about care of these patients as possible. Within a very short time of this trip, the Sabin oral vaccine became available and knowledge concerning the treatment of acute poliomyelitis became almost obsolete. Physicians, nurses, and other medical personnel volunteered to dispense the vaccine at schools and essentially all people in this area received the oral vaccine. A drop of the vaccine was dispensed on a sugar cube. This was repeated throughout the country. The world can be grateful to Dr. Sabin for developing this oral vaccine which has virtually eliminated poliomyelitis. (Dr. Sabin was honored at MUSC with a “Distinguished Professorship” and the street between the hospital and the former medical College is named “Sabin Street” in his honor. The last “Iron Lung” in use in Charleston was “rescued” by Dr. L. L. Brown and Roper Hospital donated it to the Waring Historical Library).

Tuberculosis was another dread disease which we saw all too frequently. Many operations, such as draining abscesses, rib resections, and thoracoplasties were performed on many tuberculosis patients. Anesthesia for these operations was difficult due to the fact that there were no double-lumen endotracheal tubes at that time and any type of endotracheal tube was nothing to compare with the ones which are available today. Several members of the house staff contracted the disease and were treated in Pinehaven Sanitorium in the North Charleston area by Drs. W. Atmar Smith, B. Gregg and Edward F. Parker.

One might wonder how the anesthesiologist would be involved with a patient who had ascariasis (round worm infestation), but the answer is simple. Often children had so many round worms in their intestines that intestinal obstruction would be the result. This was often resolved without operation, but occasionally operation had to be performed to prevent severe bowel disorder. Often when these children would become obstructed or have high fever for any reason, many of the large round worms would abandon their habitat and it was not unusual to see on in the mouth or upper esophagus.

I had the distinction of anesthetizing a lady who had Elephantiasis due to filarial worms. I believe that she was the last patient in Charleston who has Elephantiasis, which most probably came to this country from Africa. Charleston was one of the few places in the United States in which the disease existed. The lymphatics of the lower extremities were occluded and the legs became edematous, the skin thickened and wrinkled and therefore the name “Elephantiasis.”

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

LABORATORY INVESTIGATION AND RESEARCH

Opportunity and encouragement of research activities came early at the Medical College. Dr. Melvin H. Knisely had recently come from Chicago to be Chairman of the Department of Anatomy and he had designed a "quartz rod" technique of lighting the conjunctiva of the eye or the webbed foot of a frog in order to look at the circulation flowing in the alive subject. He encouraged anybody and everybody who had any kind of ideas concerning research projects to talk to him and he would give them opportunity in the laboratory to carry out whatever experiments that they might. During the time of my student training and anesthesiology residency training, I utilized the quartz rod and microscope in studying the circulation of various types of patients. It was so interesting that the circulation in a normal patient appeared so different in one who was ill, specifically with chronic diseases such as cancer and tuberculosis, sickle cell disease, and burn patients as well as many others. The circulation in the ill patient was sluggish and the red blood cells seemed to stick together, forming what Dr. Knisely called "sludge" or "sludging of the blood". I started several projects with this technique of research, particularly in some burned animals, in an atmosphere of ionized air.

I designed a study to observe the effects of various anesthetic agents on the circulation, but this was never carried out due to lack of time in my residency training.

While I was still a student working in anesthesia, Dr. Walton, Chairman of the Pharmacology Department, some of his students and Dr. John Brown carried out many experiments in the Pharmacology laboratory. Mr. Oliver Brodie had designed, in conjunction with Dr. Walton, a strain gauge which could be sutured directly to the myocardium and measure the contractile force of the heart. This was a revolution in the study of the pharmacology of many drugs and anesthetic agents. (Due to the foresight of Dr. John Brown, papers concerning these experiments are in our Anesthesiology Department Archives.) I was working with Dr. Kenneth Boniface who was in the Pharmacology Department, helping him to analyze records from experiments with the strain gauge and different drugs. Dr. Boniface later became an anesthesiologist. He had what I believe to be several miles of unanalyzed records which were stored in an attic of an old house which he had, but unfortunately the attic caught fire and the records were destroyed at the time. Otherwise, it probably would have taken decades to analyze these records, and, of course, it never would have been done. These strain gauge experiments in the laboratory led to the same type of work within the operating room when Dr. John Mahaffey and Dr. William H. Lee used the gauges on the human hearts to measure contractibility utilizing different anesthetic agents and under various circumstances. Prior to this, in 1953, when Dr. John Brown had the S.C. Society of Anesthesiologists (which had been formed on January 21, 1952) meeting in Charleston, he impressed all of the physicians present with the amount of depression which large doses of barbiturate would depress the heart. This gave them all something to think about during the administration of intravenous barbiturate for induction of anesthesia.

Hypothermia: During my early training in anesthesia, the use of hypothermia to cause a cessation of the respiration, slowing of the heart, and a greatly reduced metabolism which protected the central nervous system, was developed. This was due in large part to experiments on hibernating animals by Dr. Bigelow in Canada. I, along with Drs. Edward F. Parker and two surgery residents, Drs. John D. Ashmore and Vernon Jeffords, went to the laboratory and learned the technique of hypothermia very well. I purchased a galvanized oblong tin tub in which the experimental animals were immersed in a bath of crushed ice and water.

When the low temperature was reached, the animal was removed from the bath and Drs. Parker and the two surgery residents mentioned above operated on the animal to create and then close intra-atrial defects. As soon as this technique was mastered, we began heart operations on patients under hypothermia anesthesia in "Old Roper" Hospital.

During these experiments Mr. Robert A. Brown, who along with his colleague, Ethel McMinn, later to be his wife, was the Audiovisual Department of the Medical College of South Carolina, made a film of our experiments and the operation. His film won 1st Prize in their photography division nationally. The film (or a video copy of it) is in our Departmental Archives.

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

Extra-Corporeal Circulation: The next step in our laboratory was the development of a simple bubble oxygenator for putting oxygen into the blood as it was taken from patients and then reinfused. Dr. Ashmore constructed this oxygenator in the laboratory and we used it until confident that it could be used in the operating room suite on a human patient. He and Dr. Parker built this oxygenator after they had gone to Rochester, Minnesota and other places looking for ways to build an oxygenator. This one was the De Wal version of the oxygenator, patterned after Dr. De Wal's oxygenator at the Mayo Clinic. This then led to our open heart program utilizing extra-corporeal circulation of the blood. These early experiments and heart operations put us in the forefront of the open heart operations programs in the United States and essentially the first in the Southeast United States. This time in the research laboratories was well spent, and added not only to our satisfaction, but to the prestige of the Medical College of South Carolina and the advancement of patient care throughout the country.

Clinical investigation: Also, during the residency years in conjunction with Dr. John Brown, I carried out the first clinical investigations of muscle relaxants which was done in this area. These were drugs, "mediatinal" and "brevatinal", the duration of action as noted by the names. These drugs might have been of use during anesthesia had they had a much larger study and in various institutions. Our results were reported at the Southern Society of Anesthesiologists in New Orleans in 1956.

Along towards the end of my residency, I attempted to apply for a grant from the national institutes of health to assist with some hypothermia experiments. This was a disaster. I really didn't know how to prepare the request and after it was completed, it was rejected. It was requested that it be submitted in a different form. I had neither the time nor the inclination, and that was the end of me ever considering application for another government grant during my entire career.

ADDUCTOR CANAL BLOCK: A GREAT BLOCK, BUT NOT A PANACEA BY: DR. WILSON AND BARTON

Adductor Canal Block *A Great Block, But Not A Panacea*

Accepted for publication: January 26, 2015.

To the Editor:

We applaud the recent study by Grevstad et al¹ comparing the differential effects of adductor canal and femoral nerve blocks on quadriceps muscle strength, patient mobilization, and pain after total knee arthroplasty (TKA). The data are compelling with both subjective (pain scale) and objective (maximum voluntary isometric contraction) end points. It is also particularly interesting that the adductor canal group demonstrated increased strength with improved analgesia. Although this study will help shape postoperative TKA pain management, certain points warrant further discussion.

First, this study examined patients after primary TKA. These data may not be generalizable to revision TKA. The saphenous nerve, branches of the obturator nerve,



Dr. Joel Barton



Dr. Sylvia Wilson

MEET OUR SUMMER 2015 SUMMER FAER STUDENTS

KELLIE BINGHAM



Kellie Bingham is one of the two Foundation for Anesthesia Education and Research students working with the MUSC Department of Anesthesia this summer. She is currently a rising second year medical student at MUSC. Originally from Cayce, South Carolina, Kellie attended Furman University to receive her Bachelor of Science degree in Biology with a minor in science education. She held a number of leadership roles at Furman. At MUSC she is a member of Phi Chi Medical Fraternity, the Medical Student Alumni Council, and a Co-director for the CARES Clinic. She has been involved in research at the University of South Carolina School of Medicine, Furman University, and the Medical University of South Carolina, and has published in the Journal of Molecular Immunology and the Journal of Visualized Experiments. Outside of work, she enjoys running, skiing, painting, baking and spending time with her dog Sam.

Currently, Kellie is working with Dr. Sylvia Wilson to determine the efficacy of intravenous acetaminophen when compared to oral acetaminophen following elective cesarean delivery. She is very excited to be working with the Department of Anesthesia and would like to thank everyone for being so welcoming!



KAYLA BINGHAM

Kayla Bingham recently completed her first year of medical school at MUSC and is delighted to be working as a Foundation for Anesthesia Education and Research summer fellow under Dr. Latha Hebbbar. She is a native of Cayce, South Carolina. She graduated from Furman University *magna cum laude* in 2014 with a B.S. in biology and a minor in science education. While at Furman, she held leadership positions in many student organizations. She also worked as a student researcher at the University of South Carolina School of Medicine, Furman University, and in the Neuroscience Department at MUSC. Her hobbies include playing soccer, running (she recently completed the Disney Princess Half Marathon in February), and shamelessly binge-watching Netflix. Currently, Kayla is an executive board member for the CARES Clinic, a member of MUSC's Medical Student Alumni Council, and a College of Medicine Team Leader for the incoming M1 students.

Kayla became interested in anesthesia and perioperative medicine while shadowing anesthesiologists at MUSC her junior year of college. She hopes to gain more knowledge about anesthesia and looks forward to meeting and working with everyone in the department. She would like to thank the Department of Anesthesia and Perioperative Medicine for the opportunity to participate in research this summer.



MEET OUR NEW RESEARCH ASSISTANT, BRITTAN CARTER



Brittan Carter is a recently hired Research Specialist working in both the Anesthesia and Psychiatry Departments. She is from the small town of Walterboro, South Carolina. For her undergraduate career, she attended the University of South Carolina where she earned a degree in Biological Sciences. While in school, she was a member of Phi Beta Kappa, and she pursued her interest in medicine by volunteering at Palmetto Health Baptist Hospital and the Free Medical Clinic of Columbia. Upon graduating this past May, Brittan sought the opportunity to get involved in research to gain experience toward her ultimate goal of attending medical school at MUSC.

As a new Research Specialist, Brittan currently works in the Brain Stimulation Lab participating in research oriented around transcranial direct current stimulation and brief cognitive intervention as a means of increasing pain tolerance. She hopes to learn as much as possible, and looks forward to assisting the faculty of the department in any way that she can. Outside of work, Brittan enjoys playing tennis, attending group exercise classes, and gardening.

MEET OUR SUMMER 2015 DR. LAURIE BROWN AND DR. JG REVES RESEARCH STUDENT

HILL FELTON

Hill Felton just completed his first year of medical school at MUSC and is thrilled to be back with the Anesthesia and Perioperative Medicine department as the J.G. Reves summer research fellow. He is originally from the small town of South Boston, VA. Hill graduated from College of Charleston *cum laude* in 2011 with a B.S. in biology and a minor in music. During his time at CofC he was actively involved with the College of Charleston EMS unit, working there for 3 years overall and as the Chief of Operations for his last year and a half. He then came to work with the Anesthesia department as an Anesthesia Technician before matriculating to the MUSC College of Medicine. His hobbies include playing ice hockey, fishing, and homebrewing beer.



Hill became interested in anesthesia and perioperative medicine during his time as an Anesthesia Technician. He is hoping to continue learning about anesthesia and research as much as possible during the summer. He will be working on the Blood Flush study investigating the efficacy of portal blood flush with caval venting by way of the infrahepatic vena cava in preventing post-reperfusion syndrome and hyperkalemia in liver transplants as evidenced by real time TEE. He would like to thank the department for this opportunity and for hosting him, and he is thrilled to be back for the summer.

MEET THE NEW CRNAS

AMY FRATTAROLI, CRNA

Amy Frattaroli recently moved back to Charleston after being gone for several years. She and her husband, Andrew, have two daughters, Giana (4) and Gabriella (2), and live in Mt. Pleasant. Andrew is a firefighter and works for the North Charleston Fire Department. They met many years ago in trauma bay 3 in 1 West. Amy previously worked at MUSC in the ED, MICU, and STICU. She has a degree in Environmental Policy and Planning from Appalachian State University, Nursing from MUSC, and Anesthesia from the University of South Carolina. Andrew was a firefighter for Washington, DC while Amy was in anesthesia school. After graduating she worked at the University of Maryland Medical Center in Baltimore. She loved working and living there, but with having a little one they wanted to move closer to family. For the past three years Amy has worked as a CRNA at Lexington Medical Center in Columbia. She also loved working there, but her family really missed being in Charleston and all that it has to offer. In Amy's spare time she loves being outdoors, going to the beach, trying to garden, and yoga. She loves it here at MUSC and is very happy to be here!

RICHARD BILLINGS, CRNA

Richard Billings trained at Erlanger Medical Center in Chattanooga, TN and graduated 1997. He is married and has a 14 year old girl. Richard's most recent job was running several outpatient centers in Charlotte, NC, and Greenville, SC. He loves living here in Charleston. He has worked in trauma centers, rural hospitals and outpatient surgery centers and is looking forward to working in an academic medical center.

JULIE EASTMAN, CRNA

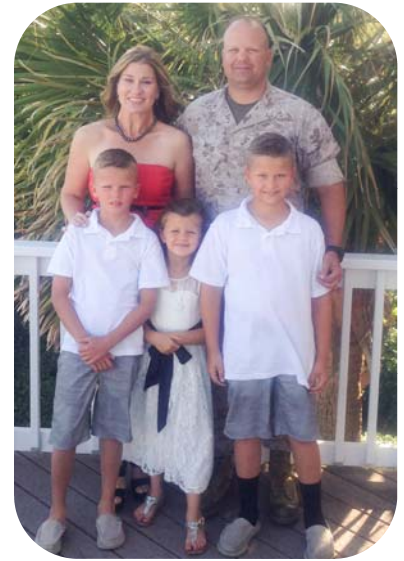
Julie Eastman was born and raised in West 'By God' Virginia. She obtained her BSN from West Virginia University in 2007. Julie worked in the CCU at Carolina Clinic in Roanoke, VA for two years before moving to Charleston, WV, where she worked for a year at Thomas Memorial Hospital, in the Cath Lab. Julie then obtained her Doctor of Management Practice in Nurse Anesthesia from Marshall University/CAMC School of Nurse Anesthesia in June of 2013. Since that time she has worked at West Virginia University's hospital and Ruby Memorial Hospital. She is very excited and grateful to have the opportunity to work for MUSC's Department of Anesthesia and would like to thank all those that have made her transition such a pleasant experience. Julie and her husband enjoy spending time outdoors with friends and family.



MEET THE NEW CRNAS, CONTINUED . . .

TAMMY WEIS, CRNA

Tammy was born in Poland, Ohio and completed her undergraduate degree at The Ohio State University in 1995. She did her MSN at UNCG and then nurse anesthesia school at Wake Forest University Baptist Medical Center, finishing in 2001. Tammy has been a CRNA for over 14 years and her experience is varied depending on where she was stationed. She and her husband have lived in North Carolina 3 times; Virginia 2 times; Japan; and South Korea. This is their 10th move in 20 years, and they plan to move to Mt Pleasant to stay and raise their family. They love to travel and experience new things. Together they have traveled to China, Thailand, Cambodia, Vietnam, Hong Kong, and Italy over the last couple of years. Tammy can speak a little Japanese, a little Korean and is a huge foodie. She has been married to her husband, Andy for 19 years, and they have three children, Chad (10), Ryan (9), and Mia (6 1/2). She has followed her husband's career the last 20 years all over the world. Tammy's husband recently retired from the US Marine Corps as a Lieutenant Colonel after 24 years of service. They love to cook and entertain, so as soon as they can find themselves out of boxes they want everyone to be prepared for an invite. Tammy wanted to give a thank you in advance for everyone's patience, as everyone has truly been wonderful. She is very excited to join the anesthesia team!

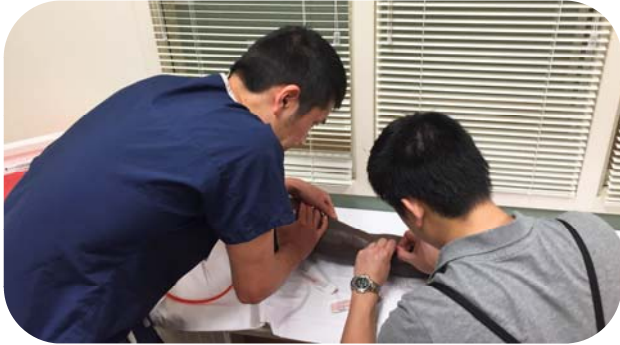


RESIDENTS PLAY VOLLEYBALL



MEDICAL STUDENTS ANESTHESIA INTEREST GROUP AT IV AND AIRWAY MANAGEMENT WORKSHOP

Ben Kightlinger, MD, coordinated an IV and airway management workshop for the medical students who are a part of the anesthesia interest group. The workshop demonstrated basic IV and airway management skills in anesthesia.

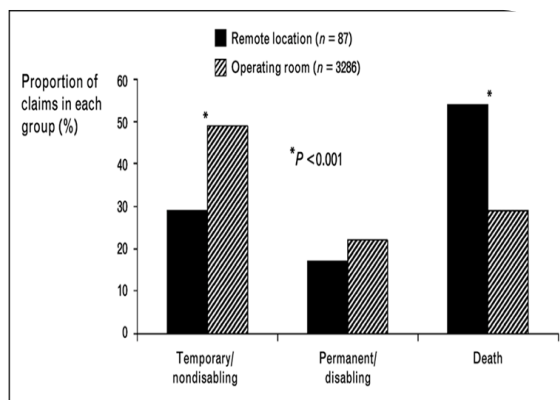


CONGRATULATIONS TO JORDAN FRIEL, MD FOR A JOB WELL DONE IN THE PRE-OP CLINIC



SAMBA MEETING AND AMBULATORY UPDATE BY DR. CATHERINE D. TOBIN

I attended the Society for Ambulatory Anesthesia (SAMBA) annual meeting in Scottsdale, Arizona this year. Although the society was celebrating its 30th anniversary, I am a new member, and it was my first SAMBA meeting. It will not be my last, because I really enjoyed the meeting! I joined the education committee of SAMBA, and we have exciting new online tools and modules for CME credit we are developing. General sessions of most interest to me were NORA and MAC Sedation Safety. Analysis of closed claim data show rare but significant adverse events with the death rate higher when you are having a procedure in NORA environment versus in the traditional OR. (See table below) A reminder was given to consider general anesthesia with endotracheal tube over deep sedation in patients with obesity and in the prone position. Think ERCPS! Stay tuned for a Grand Rounds I am giving on this topic in August.

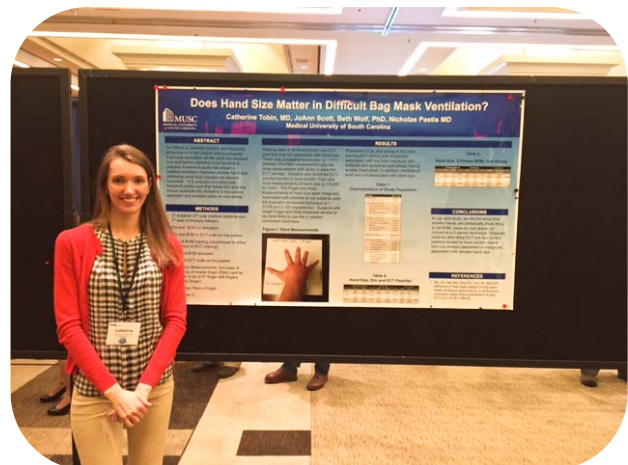


*claim with missing data excluded; P < 0.001 by Fisher's exact test.

It is also interesting to learn about cases such as total hip replacements and anterior cervical disc fusions (ACDF) where the patient is discharged the same day of surgery. Heated discussions were had among members especially with the dangers of ACDF's in terms of airway swelling and neck hematomas that could occur post op if the patient was at home. As more complex cases are done in an outpatient setting, infrastructures with home health and PT, patient with good multimodal pain control, proximity to the hospital if return needed, support by family or friends at home, and patient willingness all have to be considered.

During our journal club session a recent article published in April 2015 in *The New England Journal of Medicine* titled "Preoperative Medical Testing in Medicare Patients Undergoing Cataract Surgery" was brought to our attention. At least one routine test, such as an EKG, CBC, or BMP, was done in over 50% of the patients despite that practice not being evidence based. Of note, it was usually the ophthalmologist ordering these tests, not the anesthesiologist. It is estimated by the year 2030 that 4.4 million cataracts surgeries will be done annually. Huge costs are involved, as one can imagine. As anesthesia providers we can educate others about these tests are not needed. Often they are ordered because they think we want them!

Lastly, I presented a poster on "Does Hand Size Matter in Difficult Bag Mask Ventilation?" My hypothesis is that if you have smaller hands you are more likely to ask for a 2-person technique, place an oral airway, or fail at bag mask ventilation. My study population is 3rd year medical students. They perform bag mask ventilation at the simulation center and in the ECT suite. So far I see a trend towards my hypothesis, but it is not statistically significant.



AMERICAN SOCIETY OF REGIONAL ANESTHESIA ANNUAL MEETING BY: ERIC BOLIN, MD



The department was well represented at the 40th Annual Regional Anesthesia and Acute Pain meeting in Las Vegas this year. Dr. Jason Taylor presented an abstract for a novel regional anesthesia technique, the thoracolumbar interfascial plane block (TLIP). The presentation of a novel regional anesthetic technique is a rare and prestigious opportunity. Dr. Epperson presented an abstract for a study entitled “Effect of Single Dose of Ketorolac on Postoperative Opiate Consumption Following Knee Arthroscopy: A Randomized, Double Blinded, Placebo Controlled Study”. Dr. Eric Bolin and Dr. Robert Harvey presented a poster entitled “Ethical Dilemmas in Multimodal Narcotic Sparing Anesthetic Techniques”. Dr. Eric Bolin represented Dr. Syliva Wilson at the Regional Anesthesia Fellowship Directors meeting where he presented data collected by Dr. Wilson regarding the financial implications of ACGME certification of regional anesthesia fellowships. Dr. Ryan Gunselman and Dr. Maria Yared were also in attendance.



FUN AT PURE BARRE!



NEW BABIES IN THE DEPARTMENT



Congrats Leslie Ancrum, CRNA
Marley Rayne
Born May 29, 2015
5lbs, 4oz



Congrats Amanda Redding, MD
Jack Townsend Redding
Born June 23, 2015
5lbs, 15oz



Congrats Kanika Parrish,
Anesthesia Tech
Noah Christopher Parrish
Born June 15, 2015
7lbs, 3oz

GRAND ROUNDS FOR THE MONTH OF JULY

“Racial and Ethnic Disparities in Analgesic Management”

July 7, 2015

Paloma Toledo, MD, MPH

Anesthesia

Northwestern University Feinberg School of Medicine



“Morbidity & Mortality Conference and Epic Update”

July 14, 2015

Dr. John Fox

CA3 Resident

Medical University of South Carolina

“State of the Department Address”

July 21, 2015

Scott T. Reeves, MD, MBA

Anesthesia Chairman

Medical University of South Carolina



“The Difficult Pediatric Airway”

July 28, 2015

Ilka Theruvath, MD

Assistant Professor, Anesthesia

Medical University of South Carolina



DEPARTMENT OF ANESTHESIA AND
PERIOPERATIVE MEDICINE

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CHECK OUT OUR WEBSITE AT:

[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

Future Events/Lectures

Intern Lecture Series

30/July—Ischemic and Valvular Heart Disease, Dr. Guldan

CA 1 Lecture Series

8/July—Perioperative Emergencies and ACLS, Dr. Rieke

15/July—Patient Preop and Handoff PBL, Dr. Clark

22/July—Airway Management, Dr. Skorke

29/July—Mechanics and Ventilator, Drs. Hand/Guldan

CA 2/3 Lecture Series

6/July—Advances in the Maintenance of Labor Analgesia, Dr. Toledo (Northwestern)

13/July—Management of the High Risk Parturients & Anesthetic Implications, Dr. Roberts (Moodle)

20/July—Pregnancy—Associated Diseases, Dr. Warters (Moodle)

27/July—What's New in OB Anesthesia, Dr. Hebbbar

Grand Rounds

7/July—Racial and Ethnic Disparities in Analgesic Management, Dr. Toledo (Northwestern)

14/July—Morbidity & Mortality Conference and Epic Update, Dr. John Fox

21/July—State of the Department Address, Dr. Reeves

28/July—The Difficult Pediatric Airway, Dr. Theruvath



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!!

Don't Forget To Nominate Your Co-Workers For Going Above and Beyond!!



Department Celebration and New Resident Welcome Party: July 18, 2015 at 7pm, Blackbaud Stadium

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

July 2015

Standard of the Month

Help others when asked or communicate the need for assistance if I cannot be of help.



We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the August edition will be July 20, 2015.