DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

VOLUME 16, ISSUE 6 JUNE 2022

Inside This Issue:

MESSAGE FROM THE CHAIRMAN: HURRICANE SEASON BEGINS JUNE 3

-SCOTT T. REEVES, MD, MBA

Each year, Charleston could have a hurricane and other severe weather events. It is one of the few downsides of living on the coast. Fortunately, these events are uncommon, but we all need to take some time to prepare. Please talk with your spouse and family to create an evacuation plan. Get supplies now while they are available and cheap.

The Department Hazardous Weather plan can be accessed HERE. It is an excellent resource for your planning.

Departmental leadership has been working on our Department Hazardous Weather Staffing assignments. We all must understand how we fit into hospital staffing during emergencies. If you have any questions, now is the time to seek clarity.

A brief summary follows, but if you are activated, you need to plan to possibly stay up to 72 hours.

During weather emergencies, the **Rutledge Tower, West Campus, East Campus and Summey Medical Pavilion** facilites will be closed to surgical procedures.

The **University Hospital Operating Room** will be staffed by the following members of the Primary Response Team:

Faculty: Three faculty scheduled to cover the date of the anticipated Weather Emergency will be determined based on type of weather emergency.

Each Division has determined their Team A and Team B (with alternates in case of travel or other issues). UH Team will consist of TX attending, RAPS attending and a General attending.

Residents: The designated CA 3, 2 CA 1s call residents and the Liver resident scheduled for duty on that date will also come in-house.

CRNAs: The scheduled 24-hour call CRNA. A second 24-hour CRNA volunteer will be designated. The Chief CRNA will make this determination during the Step 1 (weather watch) planning stage.

Anesthesia Technicians: Two anesthesia technicians will remain in the hospital commencing with Step 3 conditions. These individuals will be named by the Anesthesia Technician supervisor from anesthesia tech "Team A" during the Step 3 planning phase.

MUSC Health
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OPENING STATEMENT CONTINUED

The **Ashley River Tower/Shawn Jenkins Operating Room** will be staffed by the following members of the Primary Response Team:

Faculty: 5 attendings, 1 from each of the following teams: PedsCT, Pediatrics, Cardiothoracic (CT), General, and ICU. Each Division will determine their Team A and Team B (with alternates in case of travel or other issues).

Residents: Art Call resident, OB resident, late shift resident. For the ICUs, 2 residents for MSICU and 1 for CVICU.

CT and Critical Care Fellow: The on-call CT and Critical Care fellows will stay in house. If no CT or Critical Care fellows are assigned on call, one of the fellows will be assigned as determined by the CT and CC Fellowship Program Directors.

CRNAs: The scheduled 24-hour call CRNA for ART and SJCH. Two additional 24-hour CRNA volunteers will be designated for both locations. The Chief CRNA will make this determination during the Step 1 (weather watch) planning stage.

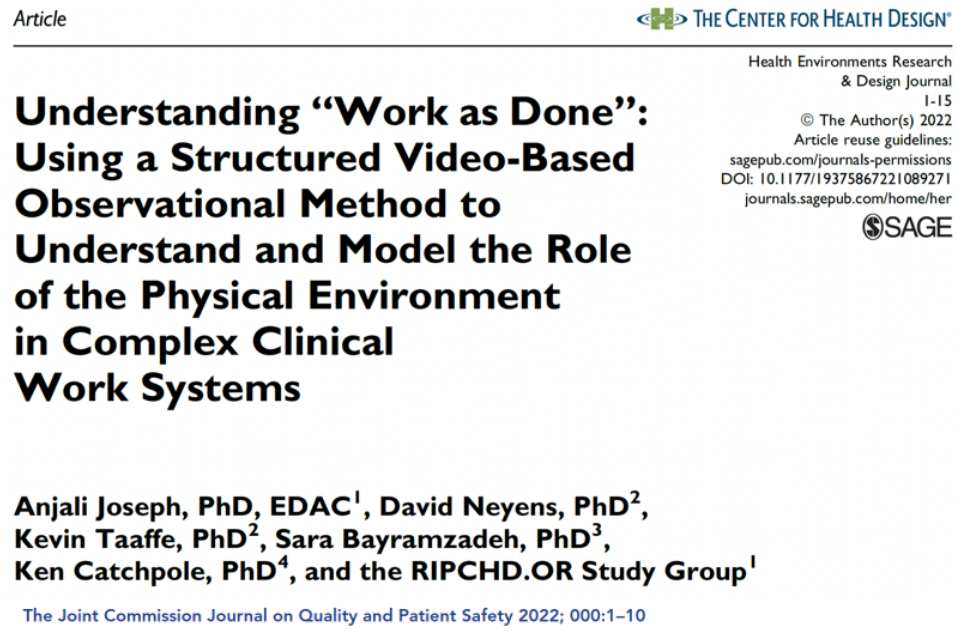
Anesthesia Technicians: two anesthesia technicians will remain in the hospital commencing with Step 3 conditions. This individual will be named by the Anesthesia Technician supervisor from anesthesia tech "Team A" during the Step 3 planning phase.

APPs for ICU: 2 APPs for the MSICU and 3 APPs for the CVICU will remain in the hospital commencing with Step 3 conditions. These individuals will be named by the Critical Care division.

Please contact your manager or Division Chief for each area's specific Team A/B Staffing plan.

Our faculties are built to withstand hurricane force winds and flooding. By working together, we can protect our patients and each other during any event.

RESEARCH CORNER



Article

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SAGE

Understanding "Work as Done": Using a Structured Video-Based Observational Method to Understand and Model the Role of the Physical Environment in Complex Clinical Work Systems

Anjali Joseph, PhD, EDAC[1], David Neyens, PhD[2], Kevin Taaffe, PhD[2], Sara Bayramzadeh, PhD[3], Ken Catchpole, PhD[4], and the RIPCHD.OR Study Group[1]

The Joint Commission Journal on Quality and Patient Safety 2022; 000:1–10

Ken Catchpole, PhD

RESEARCH CORNER

Pritee Tarwade, MBBS

WJCCM World Journal of Critical Care Medicine

Submit a Manuscript: https://www.f6publishing.com World J Crit Care Med 2022 January 9; 11(1): 33-39

DOI: 10.5492/wjccm.v11.i1.33 ISSN 2220-3141 (online)

MINIREVIEWS

Endotracheal intubation sedation in the intensive care unit

Pritee Tarwade, Nathan J Smischney

EDITORIAL

Intensive Care Unit Nurses and Ethical Attitudes

Pritee Tarwade

Keywords: Ethics, Intensive care unit, Medical education, Moral, Nursing.
Indian Journal of Critical Care Medicine (2022): 10.5005/jp-journals-10071-24161

Ann Surg Oncol
https://doi.org/10.1245/s10434-022-11724-9

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

REVIEW ARTICLE – BREAST ONCOLOGY

The Use of Pectoralis Blocks in Breast Surgery: A Practice Advisory and Narrative Review from the Society for Ambulatory Anesthesia (SAMBA)

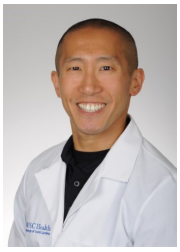
Alberto E. Ardon, MD, MPH[1], John E. George III, MD[2], Kapil Gupta, MD[3], Michael J. O'Rourke, MD[4], Melinda S. Seering, MD[5], Hanae K. Tokita, MD[6], Sylvia H. Wilson, MD[7], Tracy-Ann Moo, MD[6], Ingrid Lizarraga, MBBS[5], Sarah McLaughlin, MD[1], and Roy A. Greengrass, MD[1]

Sylvia Wilson, MD

Case Report

Reexpansion Pulmonary Edema following Tube Thoracostomy in a Pediatric Patient with Anterior Mediastinal Mass

Sung-Wook Choi,[1] Deborah A. Romeo,[1] David A. Gutman,[2] and Jennifer V. Smith[1]



Sung Choi, MD

Deborah Romeo, MD

David Gutman, MD

Jen Smith, MD

RESEARCH CORNER

Preoperative Quadratus Lumborum Block Reduces Opioid Requirements in the Immediate Postoperative Period Following Hip Arthroscopy: A Randomized, Blinded Clinical Trial

Sylvia H. Wilson, M.D., Renuka M. George, M.D., Jennifer R. Matos, M.D., Dulaney A. Wilson, Ph.D., Walter J. Johnson, M.D., and Shane K. Woolf, M.D.

Sylvia Wilson, MD

Renuka George, MD

Jennifer Matos, MD

Dulaney Wilson, PhD

NICOLE MCCOY, MD HIGHLIGHTS WHAT IT MEANS TO BE A PEDIATRIC ANESTHESIOLOGIST

Click here to watch video

NEW BABY IN THE DEPARTMENT!

Lauren Gillespie Johnson and James Johnson welcomed James Henry Johnson V on May 10th, 2022. Congratulations!

SAMBA RETURNS TO IN PERSON—BY CATHERINE TOBIN, MD

Drs. Catherine Tobin, Carey Brewbaker, and Katie Bridges attended the Annual Society of Ambulatory Anesthesia (SAMBA) Meeting at the Biltmore Waldorf Astoria Hotel in Phoenix Arizona May 12th to 15th 2022. This was the first SAMBA meeting in 2 years due to COVID. It was wonderful to meet in person!

Dr. Bridges is a member and past chair of the Scientific Papers Committee. She moderated the poster session, reviewed research abstracts for the meeting, and served as a White Mountain award judge. A favorite lecture of Dr. Bridges was "Cases from the Real World," in particular the robust discussion surrounding a patient with systemic mastocytosis. She also enjoyed the lively discussion surrounding the management of newly discovered atrial fibrillation, namely that, unless the case is expected to involve significant blood loss or major hemodynamic derangements, case cancellation is not indicated. This represents a major change from historical practice.

Dr. Brewbaker is a member of the Resident Committee and was able to network with residents and medical students trying to increase member and education. A favorite of Dr. Brewbaker's was networking with other anesthesiologists from across the country and sharing experiences and knowledge. He found the lecture "How to practice Peri-operative medicine in the ASC" to be particularly useful.

Dr. Tobin is a Board Member of SAMBA. The Board's finances, future goals, and other business of the society were all discussed. Dr. Tobin is chair of the Education Committee. The Committee has updated a bibliography that can be found on the SAMBA website. They also organize monthly webinars and content to be SAMBA endorsed at the ASA Annual Meeting.

Dr. Tobin gave two lectures at the annual meeting.

One, was titled Hot Topics in Ambulatory Anesthesia-Update on Sugammadex.

Pearls from this lecture:

- Avoid Sugammadex in 1st Trimester of Pregnancy (It binds to Progesterone)
- Sugammadex is OK in 2nd Trimester
- Sugammadex is OK in established breast-feeding patients
- Avoid Sugammadex if term/delivery due to lack of evidence of risk in newly lactating women not established
- For more information see Society of Obstetrical Anesthesia (SOAP) Guidelines released April 2019
- https://www.soap.org/assets/docs/SOAP_Statement_Sugammadex_During_Pregnancy_Lactation_APPROVED.pdf
- Sugammadex is ok in Pediatric patients (It is only approved in children over 2 years of age) but experts agree it is safe in those younger and even neonates.

The other talk was more like an oral board! "Cases from the Real World" so she had to think on the spot. She "nailed it!"

There was a heated Pro/Con Debate on Perioperative Pregnancy Test: should it be mandatory in all patients? Meeting participants had strong views on this with numerous individuals joining the debate.

SAMBA RETURNS TO IN PERSON—BY CATHERINE TOBIN, MD

We reviewed Preoperative Care for Cataract Surgery: The Society for Ambulatory Anesthesia Position Statement

Highlights from this are…

Don't cancel based solely on high blood pressure.

Don't reduce BP immediately prior to surgery as hypotension can be more detrimental.

Don't stop anticoagulation.

Patient can have surgery 30 days after PCI (bare metal or drug eluting) as long as they stay on dual antiplatelet therapy.

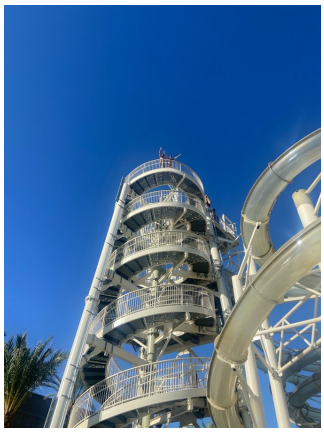
You don't have to delay surgery for new onset atrial fibrillation as long as patient is asymptomatic and hemodynamically stable.

Delay for 3 months after acute stroke, TIA, uncontrolled epilepsy, or acute increased intracranial pressure.

I recommend reading the full document. It is fantastic and may challenge your thoughts and/or current practice.

https://journals.lww.com/anesthesia-analgesia/Fulltext/2021/12000/Preoperative_Care_for_Cataract_Surgery__The.11.aspx#

Lastly, this hotel had enormous slides at the pool. The brave Drs. Brewbaker and Bridges went first with Dr. Tobin being the photographer and making sure they survived! Finally, all three did it together. Make sure to ask us about this slide. You stand upright with arms across your chest and on the count of 3,2,1 the floor flaps open and you drop down!!!!!



SAMBA Social
Dr. Bobbie Jean Sweitzer (SAMBA President), Dr. Beverly Phillips (Immediate Past President of ASA), Dr. Katie Bridges
Dr. Catherine Tobin , Dr. Hanae Tokita (Sloan Kettering Cancer Center), Dr. Tina Tran (John Hopkins)

SOAP RETURNS TO IN PERSON—LATHA HEBBAR, MBBS, MD

SOAP 2022 was held this year in Chicago May 11-15. The theme of the meeting was Maternal and Neonatal Healthcare Inequities: How We Can Do Better for Our Patients.

Chicago, the Windy City, truly was at her best with temperatures in the 80's and clear sunny skies. Our department was represented by Katie Herbert, David Gutman and myself. We also had participation from one of our upcoming interns, Daniel Couper, who did an outstanding presentation on racial disparity with the incidence of primary GA in African American parturients at MUSC. Dr(s) Gutman, Herbert, Marotta and Sirianni were very productive and had 7 abstracts on interesting case reports. This is a very important contribution to OB literature as we can learn a lot from the clinical management of these rare cases. Dr. Gutman also served as a moderator for a poster session by residents and fellows.

The Gerald Ostheimer lecture titled 'What's New in OB Anesthesia' which is the jewel in the crown of the meeting was presented by Michaela K. Farber, Brigham and Women's Hospital and this years theme was Excellence in Peridelivery Care.

Our Division's presentations included one retrospective study and eight case reports

General anesthesia for cesarean delivery in African Americans: The needle has not moved.
Daniel Couper, Katherine Herbert, Beth Wolf and Latha Hebbar.
This was an interesting retrospective analysis of all deliveries performed under general anesthesia between Jan 2019 and December 2020. The rate of primary GA for Cesarean section was found to be higher in the African American population. A strong reminder that work needs to be done to avoid this disparity.

Cesarean Section in a Parturient with Profound Tracheal Stenosis and Placenta Increta
Katherine Herbert, David A. Gutman, Michael Marotta, Joel Sirianni.

Bronchoscopy and Laser Resection at 8 Months of Pregnancy for Proximal Subglottic Tracheal Stenosis
David A. Gutman, Katherine Herbert, Michael Marotta, Joel Sirianni

Cesarean Section in a Parturient with Profound Tracheal Stenosis and Placenta Increta
Katherine Herbert, David A. Gutman, Michael Marotta, Joel Sirianni

Delayed treatment of accident dural puncture in the setting of parturients with hypertensive disorders – perfect storm for PRES
Katherine Herbert, Latha Hebbar

Post-Delivery Epidural Removal with Platelet Count of Thirty Two Thousand
David A. Gutman, Jaffer Ali MD, Katherine Herbert, Michael Marotta, Joel Sirianni

Acute and Profound Immune Thrombocytopenia in Pregnancy– Are we Sure a Routine Platelet Count Isn't Necessary?
Katherine Herbert, David A. Gutman, Michael Marotta, Joel Sirianni

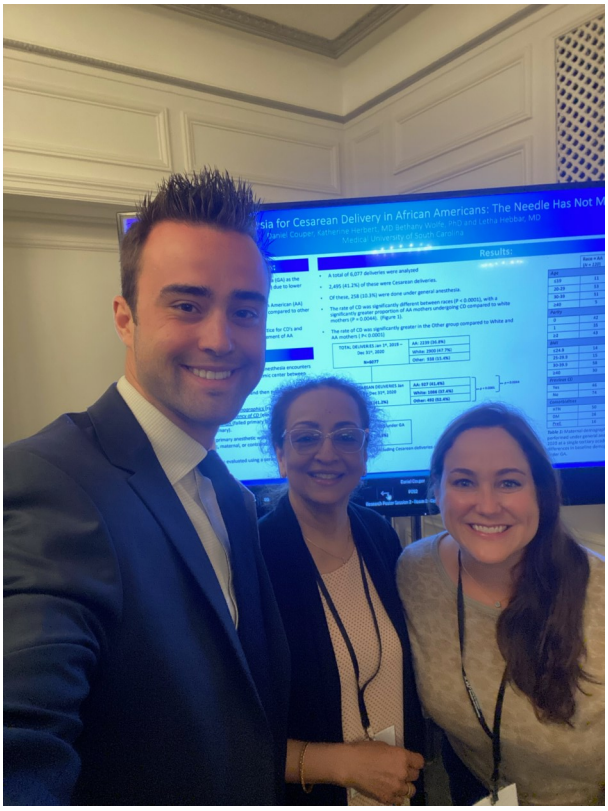
Facial itching to facial blisters: reactivation of herpes simplex virus after neuraxial opioids
Katherine Herbert, Christopher Goodier, Latha Hebbar

Cesarean Section in a Parturient with Placenta Accreta Complicated by Uterine Torsion and Incarceration
Alexandra Latham, Katherine Herbert, David A. Gutman, Mike Marotta, Joel Sirianni

We walked away with some practice changes which we hope to incorporate, found our speaker for GR in September - Dr. Meng from Duke – she gave a good talk on pregnancy and the cardiac pt which is what she will be talking about for GR. We also are going to begin our process of getting a Certificate of Excellence in OB Anesthesia – this is awarded by SOAP to OB divisions which meet outstanding metrics in clinical practice. We are REALLY EXCITED about it, and we will be the first in the state to get this certification.

SOAP meeting, 2023 is in New Orleans, May 3-6th. We are hoping to have a robust participation in the scientific presentations and hopefully have our residents present at the meeting.

SOAP RETURNS TO IN PERSON—LATHA HEBBAR, MBBS, MD



MEET OUR NEW CA1s

MUSC Medical University of South Carolina

2022-2023 CA-1 Class

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MUSC PEDIATRIC ANESTHESIOLOGY PAIN INITIATIVES FEATURED

Serenity after surgery

MUSC's pediatric pain management team tailors regional anesthetic techniques to each patient's needs to offer maximum comfort and pain control

by Shawn Oberrath

Natalie Barnett, M.D., performs an epidural on a young patient prior to surgery

When seven-year-old Bayleigh arrived at the MUSC Shawn Jenkins Children's Hospital for reconstructive urologic surgery, she was already a seasoned patient, like many other children with complex medical conditions. Armed with her iPad, hot pink unicorn and cozy blanket, she knew the routine. But like many similar children, she also remembered the fear and distress she experienced after poorly managed pain from former procedures at other institutions. So she was willing to cooperate, but only up to a point.

This time was different, everyone assured her. With a dedicated pediatric pain management team at the Children's Hospital, she would be more comfortable and stress-free both during and after her procedures. This time her doctors would start regional anesthesia during surgery and continue that pain control after surgery to keep her pain-free. They would plan a strategy with her parents ahead of surgery and then follow up regularly to monitor her comfort afterwards. And they would keep her epidural in place for as long as her body needed, anywhere from 3-7 days, and then transition her care to oral or IV pain medication as she continued to recover.

Tracy Wester, M.D., codirector of the MUSC Pediatric Anesthesiology Care Team, explained that the team optimizes pain control for kids having surgeries by using regional nerve blocks and neuraxial techniques (things like spinal and epidural anesthesia). This makes patients more comfortable and eliminates or minimizes the need for narcotics.

She recently placed an epidural in an eight-month-old baby with a Wilms tumor while the baby was asleep for surgery. "The epidural was in place for surgery as well as part of the postoperative recovery," she said. "And the surgeon was really satisfied with it, the kid was super comfy, and the family was really happy."

This type of surgery can be very painful and normally requires a lot of narcotics, but instead the child was able to be awake and interactive with the family after surgery and start their recovery quickly — without reliance on narcotic medicine alone.

Natalie Barnett, M.D., administers an epidural to Bayleigh before surgery. This pain management approach kept her comfortable during recovery without requiring narcotics or other painkillers. credit: Tom Givens

Natalie Barnett, M.D., a pediatric anesthesiologist on the MUSC Pediatric Anesthesiology Care Team, is an advocate of regional pain management for pediatric surgical procedures. She and her former colleagues at New York's Icahn School of Medicine recently published a review in the Journal of Pediatric Urology in which they examined this approach specifically for urologic procedures, some of the most commonly performed procedures in children.

In their most recent guidelines, the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists revealed that less than half of surgical patients reported adequate pain control after surgery. And since many children, especially very young ones, cannot communicate their pain effectively — and because physicians are reluctant to risk adverse side effects from opioid medications — the historic tendency leaned toward an overall undertreatment of pain in children.

MUSC PEDIATRIC ANESTHESIOLOGY PAIN INITIATIVES FEATURED

Wester concurred that the common practice up to about 15 years ago was to use IV medications such as morphine or fentanyl and possibly oral acetaminophen as the mainstays of surgical pain control. But with the risks of both side effects and narcotic tolerance, finding the right balance between effective pain control and safety was a challenge.

And while caudal nerve blocks administered near the tailbone have been used for decades for urologic procedures in kids, it has been far less common to use things like pudendal nerve blocks that target the perineum or other peripheral nerve blocks in children.

In their review article, Barnett and her coauthors examined the safety and efficacy of regional anesthesia options in children, and while there was no consensus around specific techniques or the choice and dosage of anesthetic, the results showed that regional anesthesia is a safe option for pediatric patients.

“The one common conclusion is simply that regional anesthesia works,” Barnett said. “And it decreases the amount of narcotic pain medication that kids get afterwards as well as lessens side effects, which in the time of the opioid epidemic is a huge bonus.”

Barnett concluded that at the end of the day, regional anesthesia should be a part of the pediatric anesthetic plan when possible. She stresses that there are benefits and contraindications to each of the many available options for this type of care. Therefore, she believes that the anesthesiologist, surgeon and parents should decide on the exact type of block, choice of anesthetic and medication dosage for their unique situation.

In Bayleigh’s case, Barnett and Wester — along with the surgeon, Shumyle Alam, M.D., and her parents — decided that an epidural would be the best approach to pain management. Bayleigh would be in surgery for a full day to repair multiple complex urologic needs, so she and her parents met with Barnett and Alam beforehand to chat and prepare. When it was time for the day to begin, Bayleigh received general anesthesia for surgery, and Barnett placed the epidural and administered a neuraxial anesthetic perioperatively.

After a successful surgery, the epidural remained in place for about a week while Bayleigh recovered, until she was comfortable without it. Barnett visited her during her postoperative stay, and the pediatric anesthesia team made daily clinical rounds to make sure that she was not in pain. Soon Bayleigh was able to move forward with the business of playing games, watching cartoons and snuggling with her unicorn.

Barnett and Wester are part of a full roster of fellowship-trained pediatric anesthesiologists that serve on the pediatric anesthesia team at MUSC. These attending physicians manage regional and general anesthesia for surgical procedures, but they also lend support in other ways: discussing options with patients and their families, providing care to patients who need sedation for nonsurgical procedures like MRIs, and advising other physicians on pain management strategies for their patients.

Having a pediatric pain management team means that parents can meet the doctors who will perform anesthesia and epidurals or nerve blocks on their children and have their questions answered in advance. credit: Tom Givens

Many children with complex conditions have an ongoing relationship with their surgeon, but access to the pain team as well can be a game changer. The anesthesiologists on the team understand that with chronic medical conditions come situations where the child may respond differently to some medications, and they work with the family and the surgeon to come up with a customized pain control strategy.

“These families aren't new customers to a hospital system,” said Barnett. “They’ve landed in the hospital for procedure after procedure, and they really appreciate being seen every day by someone from the anesthesia team.” Wester has seen the same impact, where patients and families say that their experiences with and without regional anesthesia have been like night and day, with a new level of comfort when pain is under control. “I’ve had young patients tell me that they’ve never been this comfortable after surgery,” she said. “And it's always lovely to hear that, when people are that satisfied.”

RIVERDOGS WELCOME PARTY

2022 ANNUAL MANDATORIES

The process of assigning the 2022 annual mandatories began mid-January. Click here for a breakdown of the mandatory assignments based on role.

Note that all care team members are required to complete the four hour DEI education requirement. Courses are available for self-enrollment via MUSC's Diversity & Inclusion MyQuest Catalog.

All of the annual mandatory training modules and requirements must be completed no later than June 30, 2022. If you have any questions, please email Jenny Ann Smoak.

MYQUEST

2022 Annual Mandatories

2022 MUSC General Mandatories (Enterprise-wide)	**2022 MUSC Health Mandatory Training** (MUSC Health Care Team Members Only) All Divisions
• Active Shooter • Crime Prevention and Jeanne Clery Act Training • Code of Conduct and HIPAA • Family Educational Rights and Privacy Act (FERPA) • Prohibited Discrimination and Harassment • Information Security • OSHA Review • Tuberculosis **(Charleston only)** • OneMUSC • Conflict of Interest training	• MUSC Health General Compliance (+ Billing) • Patient Safety: A commitment to zero harm • Emergency Management Campus Security • Infection Prevention and Control • Meeting the Unique Needs of Patients • Stroke, Heart, and Hypoglycemia: Early Recognition • Workplace Violence • MR Safety for Healthcare Workers • Patient and Family Centered Care and Patient Engagement

Diversity, Equity, and Inclusion Training

- All MUSC employees are required to complete the four hour education requirement. Unless your supervisor or HR has assigned specific modules to you, there are no set courses. Courses are available for self-enrollment via MUSC's Diversity & Inclusion MyQuest Catalog.

2022 Annual Clinical Education (MUSC Health Clinical Care Team Members Only)

- COMPLETION DATE VARIES BASED ON CLINICAL REQUIREMENTS

2022 MSO Mandatories (Credentialed Providers Only)

- To be assigned dependent upon Medical Executive Committee approval.

Overview of Research at MUSC (Role-based Only)

- University only

All of the annual mandatory training modules must be completed no later than **June 30, 2022**.

CONSEQUENCES OF NOT COMPLETING ANNUAL MANDATORY TRAINING?

- You will be ineligible for pay for performance.
- You will be subject to disciplinary action.
- Your employment will be terminated if not completed by **11:59 pm** on **July 14.**

GRAND ROUNDS– JUNE 2022

"Anesthesia Teams Independently Managing CIEDs for the Perioperative Period: enhanced patient safety and improved workflows.
June 7, 2022

Marc Stone, MD

Professor

Anesthesia, Perioperative & Pain Medicine
Mt. Sinai

" Diversity and Inclusion: Microaggressions and the Operating Room"
June 14, 2022

Beth Ladlie, MD, MPH

Assistant Professor

Anesthesiology & Perioperative Medicine
Mayo Jacksonville

"Determining Readiness to Wean Mechanical Ventilation"
June 21, 2022

Rishi Patel, MD

Assistant Professor

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

"Emergent Trach Management"
June 28, 2022

Brenden Moore, DO

Anesthesia Resident

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Medical University of South Carolina

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Check out our website

Future Events/Lectures

Intern Lecture Series

None

CA 1 Lecture Series

None

CA 2/3 Lecture Series

Per Rotations

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

Follow @MUSC_Anesthesia

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

Andrew Iglesias and Dan Young—Excellent clinical care overnight in the CVICU despite a last minute illness callout. Drs. Iglesias and Young rose to the occasion.— Dr. Jeff McMurray

Joseph Abro and Rachel Fox—Excellent care of a very sick patient. Really appreciated their skills and their grace under fire.— Dr. Renuka George

Chris Fludd—Dr. Wilson and I could not have done Gamma Knife without your awesome help. Thanks so much! - Beth Jennings

Holiday Party
Saturday, December 3rd, 2022
Carolina Yacht Club

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 July edition will be June 20, 2022.