



## MESSAGE FROM THE CHAIRMAN: JUNE MARKS THE 200TH EPISODE OF SLEEPY TIMES

-Scott T. Reeves, MD, MBA



### Inside This Issue:

Opening Statement	1-2
New Neuroanesthesia Division	3
Academy of medical educators	3
SOAP	4-5
New Human Factors Textbook	5
ASRA	6-7
Safety Hero	7
EPIC Updates	8
Research Corner	9
Grand Rounds	10
I Hung the Moon	11

In November 2007, the department launched our newsletter, *Sleepy Times*. June marks the 200th edition. This is quite a milestone. As a new chairman, I was being mentored at the time by Dr. Jack Feussner, Chairman of the Department of Medicine. At one of our sessions, he stated that I should start a departmental newsletter. It was an opportunity to highlight all the accomplishments that were occurring within the department. Initially, I thought it would be quarterly, but with our rapid growth across the clinical, educational and research domains it necessitated a monthly cadence. Below is a sampling of the chairman messages over the past 200 editions. I think it will serve as a reminder of the issues we faced and our steady progress as a department.

**ENJOY THE MEMORIES!!!**

### DEPARTMENT OF ANESTHESIA & PERIOPERATIVE MEDICINE



## SLEEPY TIMES

VOLUME 1, ISSUE 1 NOVEMBER 2007

### MESSAGE FROM THE CHAIR -SCOTT REEVES, MD, MBA

It is my pleasure to introduce our first edition of *Sleepy Times* our new monthly departmental newsletter. Much of the credit for its development goes to Carl Kennedy our new Administrative Coordinator. The purpose of the newsletter is to continue to improve departmental communication and to highlight our extensive monthly accomplishments. It is expected that our Monthly Newsletter will expand in the coming months and years. In addition, our web page is also undergoing revisions; please check it out frequently. As you read our first edition, you will see many new faces that will have a significant impact upon our department. Please welcome Michael Hay, MD (Assistant Professor of Anesthesiology), Carl Kennedy (Administrative Coordinator), Suzanne Long (Residency Coordinator) and Alice Gurley (Charge Entry Specialist).



### SPECIAL POINTS OF INTEREST:

- Welcome to the *Sleepy Times*
- Messages from the Departmental leaders
- Departmental Information
- ASA Updates
- Excellence

### MESSAGE FROM THE VICE CHAIR OF CLINICAL OPERATIONS -SUSAN HARVEY, MD

Autumn is a symphony of change. The long, hot days of summer give way to cooler, shorter days, leaves turn to crimson and gold. This season, unlike any autumn in our department's history, there is pervasive, heightened sense of change within. The symphony of change this autumn, embodies the tremendous change in us as a department. We have had the good fortune to welcome five new anesthesiologists, seven CRNAs, five anesthesia technicians, an administrative coordinator, and a charge entry specialist since early summer. Many others will be joining the department prior to the opening of Ashley River Tower (ART) in January. Our newest colleagues signify growth and diversification, and the enhanced ability to pursue the departmental excellence in our clinical, educational, and research missions. Our clinical areas are in a perpetual state of change, both operationally and through the evolution of improved processes of care. Both the opening of ART and the PICIS Anesthesia Manager roll out are soon to become reality. The tentative Anesthesia Manager start date is November 30th, barring further technical problems. ART is scheduled to open in early to mid January. Continued on page 2.



### MESSAGE FROM THE ADMINISTRATOR -BRENDA DORMAN, MBA

We've heard your comments and are working hard to improve communication within the department. To that end, Carl Kennedy (see Administrative Highlight), who many of you have met, has taken on the challenge of putting together this newsletter as well as enhancing our website to provide information and tools to better serve us all. As each of these initiatives is rolled out, please let us know what you think. You can also help to make future editions entertaining and insightful by contributing your articles or ideas. You are our biggest asset and we need your help to make US great.



### INSIDE THIS ISSUE:

RESIDENTS	2
CRNAs	2
HIGHLIGHTS	3
TECHS	3
BILLING DEPT	3
ASA	4
WELCOME	4
MUSC EXCELLENCE	5

### DEPARTMENT OF ANESTHESIA & PERIOPERATIVE MEDICINE



## SLEEPY TIMES

VOLUME 2, ISSUE 12 DECEMBER 2008

### MESSAGE FROM THE CHAIR -SCOTT REEVES, MD, MBA

December is upon us. I really love this time of year as the weather cools down and we decorate our home. Family and friends visit and we reminisce about the accomplishments of the past year and other more distant happy memories. For all of us, a similar process should occur when thinking about the department. We have all contributed to the substantial progress made this year in regards to patient care, education and research.

We will have the opportunity to come together to celebrate at our annual Holiday Party on December 6 at the Citadel Beach House at 7pm. Sally and David Warren will again be opening the party with their wonderful singing. The food and raffle prizes this year are excellent. It will be another memorable event. If you have not RSVP as of yet, please do so today.



### DEAN RECEIVES AAMC INSTITUTIONAL LEADERSHIP DIVERSITY AWARD

Dr. Jerry Reeves, College of Medicine Dean and Vice President for Medical Affairs at the Medical University of South Carolina (MUSC) was honored with the Association of American Medical Colleges (AAMC) Institutional Leadership Diversity Award on November 3, 2008 at the annual meeting in San Antonio, Texas. The significance of this award is paramount in light of the consideration of College of Medicine Deans from 125 medical schools as well as several University Presidents for the award.

Dr. Reeves is a native of Charleston, South Carolina, a graduate of Vanderbilt University (B.A.), University of Alabama Birmingham (M.S.) and the Medical University of South Carolina (M.D.). Prior to his return to MUSC, Dr. Reeves spent 17 years at Duke University where he served as Chairman of the Department of Anesthesiology for two years. He also served as Director of Cardiothoracic Anesthesia and Director of the Duke Heart Center during his tenure.

Diversity became a priority for Dr. Reeves when he joined MUSC in 2001, and he systematically integrated diversity into the fabric of the College of Medicine. The results of Dr. Reeves' efforts are unprecedented. By fall 2008, the College of Medicine had increased the number of minority faculty by more than 100% (from 23 to 46), almost quadrupled the number of minority residents/fellows (from 16 to 58), and minority students now account for 17% of the College of Medicine's student body. Almost 100 minority faculty have been invited to present at grand rounds and seminar series over the past five years, and diversity is now integrated into the medical school curriculum. The College of Medicine matriculated 10 African-American males in the 1<sup>st</sup> year class for three consecutive years since 2005, a time when majority medical schools matriculated an average of 1.5 African-American men in a class.

The College of Medicine has achieved national prominence in the area of diversity and is recognized as a "Model for Diversity." The AAMC Institutional Leadership Diversity Award is presented to an individual who has made extraordinary contributions toward enhancing total diversity at his or her institution. The concept of "total diversity" goes beyond the numbers to embrace the integration of diversity into the institution's culture—from students and faculty to curriculum and leadership.

Dr. Reeves promotes, "As a College of Medicine we are committed to making diversity a hallmark of our medical education at all levels—faculty, residents, and medical students. Our state will reap the benefits in the coming years."



### SPECIAL POINTS OF INTEREST:

- Messages from the Departmental Leaders
- Rashad University
- FOCUS
- Cost Containment
- Department's Holiday Party

### INSIDE THIS ISSUE:

Updates	1
FOCUS	2
Rashad University	5
Renovations	6
Cost Containment	7
Excellence	8
Events	8

## OPENING STATEMENT CONTINUED

DEPARTMENT OF ANESTHESIA &amp; PERIOPERATIVE MEDICINE



## SLEEPY TIMES

VOLUME 3, ISSUE 7 JULY 2009

MESSAGE FROM THE CHAIR  
-SCOTT REEVES, MD, MBA

This edition of *Sleepy Times* is dedicated to the residency class of 2009. The class of 2009 is the largest graduating class that the department has had in over a decade. I am happy to report that they are ready for the future. In the pages that follow please read the resident graduation address, learn about their first practice locations and see photos of their graduation banquet.

July also marks the beginning of a new academic year bright with promise. We have an excellent entering PGY-1 class. Our CA-1s have been busy with us learning the basics of anesthesiology through the month of July and are ready to administer anesthesia always under the vigilant eye of our faculty. Dr. Matt McEvoy has assumed the responsibility of Vice Chair for Education and Residency Program Director. Drs. Tommy Burch and Matt McEvoy have developed a robust Grand Rounds lecture schedule which will feature Dr. Michael Gropper from the University of California at San Francisco as the department's Joseph Redding lecturer this year. Dr. Joanne Courroy, Chief Medical Officer of the AAMC, will be lecturing on *Healthcare Reform and How It Affects You*. These are just a few of the excellent lectures that we can expect from our faculty and visitors this year. Enjoy this month's edition of *Sleepy Times* and I look forward to another wonderful year.



## SPECIAL POINTS OF INTEREST:

- Resident Graduation and Where They are Going
- Matt McEvoy Appointed Vice Chairman for Education and Residency Program Director
- Hurricane Season 2009
- Meet the New Residents

## RESIDENT CLASS OF 2009



## INSIDE THIS ISSUE:

Graduation	2
Awards	2
New Faculty	4
Applauses	5
New Residents	7
Events	8
Excellence	8

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

## SLEEPY TIMES

VOLUME 11, ISSUE 7 JULY 2017



## MESSAGE FROM THE CHAIRMAN: WHAT A GRADUATING CLASS!

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

## Inside This Issue:

-Message from Chairman	1
-Graduation Celebration	2-3
-Research Corner	6
-Resident Welcome Party	7-9
-Welcome Interns	10
-Dept. Current Events	11-14
-GYN ONC IRAS Wins	15
-MUSC Annual Employee Appreciation Week	16
-Awards and Pictures	17-18
-Grand Rounds	19
-I Hung the Moon	20

This year, we celebrated the graduation of 15 residents plus two critical care, two adult cardiothoracic, and two regional anesthesiology fellows.

I am going to really miss this class of residents for a variety of reasons. This class scored the highest ever on the American Board of Anesthesiology In Training Examination. They scored in aggregate at the 99<sup>th</sup> percentile. This was a huge accomplishment for them personally and for the residency as a whole.

In addition, this class holds the current Faculty/Resident Bowling Competition trophy. I am glad that Tony Lawson is graduating so maybe the faculty will have a chance again.

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. I know everyone who attended the graduation enjoyed the night's celebrations. To the class of 2017, good luck and God bless you.



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE



## SLEEPY TIMES

VOLUME 9, ISSUE 5 MAY 2015

## Special Points of Interest

- Annual SCA Meeting
- IARS Meeting 2015
- In-Training Exam Scores
- New MUSC Children's and Women's Hospital

## Inside this issue:

-Annual SCA Meeting	2-3
-Dr. Furse and Dr. Wilson Promoted to Associate Professor	4
-Annual IARS Meeting	5
-SCCA Poster Session Moderated by Dr. Rhee	5-6
-Anesthesiology During Surgical Operations Produced by Inhalation	6
-Heather Highland, CRNA Selected as MUSC Employee of the Quarter	7
-Joseph Ables, MD, Selected as Physician of the Month	7
-Christopher Fortner, Anesthesia Tech Receives, National Anesthesia Tech Certificate	7
-In Training Examination Scores	8
-Research Corner	9
-ASA Policy Research Rotation in Political Affairs	10
-Administrative Professional's Day	11
-How Did We Miss This?	11
-MUSC Leaders Thrilled About Legislative Support, The Catalyst	12-13
-Mock Operating and Labor Delivery Rooms Built	13
-Facts Face, Dr. Walton	14
-Grand Rounds	15
-I Hung the Moon	16

## MESSAGE FROM THE CHAIRMAN:

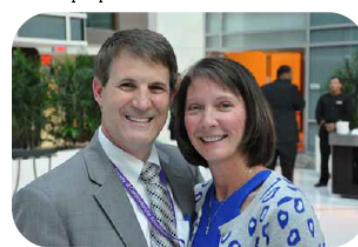
-SCOTT T. REEVES, MD, MBA

37<sup>th</sup> Annual SCA Annual Meeting/15<sup>th</sup> ICCVA: A Global Celebration of Cardiothoracic and Vascular Anesthesia

In 1994, I joined the Society of Cardiovascular Anesthesiologists (SCA). It was at a critical moment in the history of the society as transesophageal echocardiography was just beginning. The first advance perioperative examination would not occur for another 4 years. During these early years, I participated initially as workshop faculty and was eventually appointed as vice chairman of the scientific program in 2003. In 2007 and 2008, I had the honor to be program chairman for our annual meetings, which occurred in Montreal and Vancouver, respectively.

In 2008, I was elected to the board of directors. To this day I still think I won secondary to our international members especially in Brazil and Germany who shared a global vision along with me for the society. I became a member of the executive committee in 2009 that started my ascension to president. On April 11, 2015 the SCA hosted its annual meeting along with the global cardiothoracic and vascular community's ICCVA in Washington DC. I could not have been more proud to end my presidency with this global celebration as 1,193 people participated in the largest scientific meeting in SCA history. I was able to share this experience with many members of our department who presented original scientific work and lectured.

It has been an incredible twenty-one years with twelve involved in some form of leadership position. I am looking forward to joining Jerry Reeves and John Waller as a member of SCA past presidents.



DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE



## SLEEPY TIMES

VOLUME 14, ISSUE 4 APRIL 2020

## MESSAGE FROM THE CHAIRMAN: ALL THINGS COVID-19

-SCOTT T. REEVES, MD, MBA

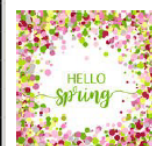
## Inside This Issue:

-Message from Chairman	1-2
-New Interns	3
-Hand Hygiene, Donning and Doffing	4-7
-COVID-19 Echo Recommendations	7
-COVID-19 Intubation Kits and Protocols	8-13
-PPE Reuse Guidance	14-16
-Management of COVID-19 in the OR	17-19
-COVID-19 Cohort Units	20-26

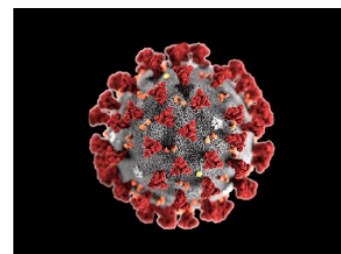
The April edition of *Sleepy Times* is coming out a little early in order to use this platform as a resource for education for COVID 19. There are only a few events that tend to ultimately get burned into our consciousness as healthcare providers. I still remember treating young frail men in Houston as an Internal Medicine resident while they presented with strange purple skin lesions (Kaposi sarcoma) whitened out chest X-rays (tuberculosis and pneumocystis carinii pneumonia) and head ache (cryptococcal meningitis). This new disease would eventually be discovered to be caused by HIV. We knew nothing about this new disease but healthcare workers stayed safe by returning to the basics, proper hand washing with soap and water and isolation of airborne patients while wearing masks.

Fast forward two decades and we all know where we were on September 11, 2001 when the Twin Towers fell in New York City. The current COVID 19 pandemic will be similar for all of us and maybe the first such event for our young trainees and our children.

Our department will ultimately become either the front line of defense or where the last stand is made depending upon how you look at it. Our rapid response and ICU teams have done a remarkable job preparing and responding. Under the guidance of Jerry Reeves, Stephanie Whitener, Catherine Tobin and Jeff McMurray, we have developed multiple protocols dealing with things as simple as proper hand washing, how to appropriately putting on and taking off our Personal Protective Equipment and urgent intubations. These protocols have been constantly updated over the past several weeks based on emerging data and updates from the CDC and WHO. Videos have been developed that show step by step how to do a particular process. It is the purpose of this edition of *Sleepy Times* to bring everyone up to speed on what we know, what resources are available and how to prepare for the COVID 19 patient.



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**NEW NEUROANESTHESIA DIVISION LED BY AMANDA FAULKNER, MD**

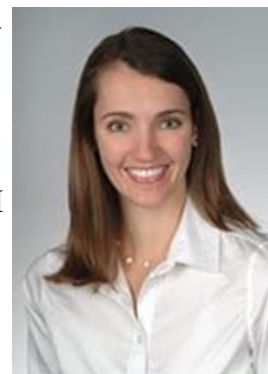
The Department of Anesthesia and Anesthesia ICCE are pleased to highlight the early beginnings of a division of Neurosurgical Anesthesia at MUSC, which plays a key role in the care of patients undergoing brain and spine surgery. In close collaboration with neurosurgery, neurology, intraoperative neuromonitoring, and neurocritical care, our anesthesiologists provide specialized perioperative care for patients with stroke, intracranial vascular pathology, brain tumors, traumatic brain injury, degenerative spine disease, and complex conditions such as Ehlers-Danlos syndrome. These patients often require nuanced anesthetic management tailored to protect neurologic function, minimize complications, and support safe recovery.



Guided by our mission—enhancing the delivery of neurosurgical anesthesia through innovative clinical care, educating others, and engagement in neurosciences community outreach—the division aims to actively develop coordinated perioperative care pathways. These efforts will emphasize thoughtful preoperative evaluation, intraoperative neuromonitoring, and collaborative postoperative care that may only improve through careful investigation and iterative quality improvement. In addition to the clinical work, there is commitment to advancing education for all learners and to fostering a culture of collaboration within the neurosciences community. For those interested in learning more or becoming involved, please reach out to Amanda.

**ACADEMY OF MEDICAL EDUCATORS BY CATHERINE TOBIN, MD**

I am a recent inductee into the Academy of Medical Educators (AME). The Academy was established in 2012 thru the College of Medicine. It is not new to MUSC, but I just learned about this valuable academy; so, I wanted to share and promote AME to everyone in our department. Directors for AME are Paul McDermott, PhD. and Mary Ellen Gusic, MD Professor in Pediatrics. Currently there are 60+ members. I am the only member from the Department of Anesthesia. I would love others to join! I wish I had known about and joined this group a decade ago! It is free to join and offers member benefits that are priceless!



The mission of AME is to promote excellence in education and to support educators to grow in ways that allow them to show up fully as they collaborate with learners and prepare them for their future careers. Bringing people together who are passionate about education contributes to the College of Medicine and University's missions.

The AME hosts journal clubs, lectures, workshops, and medical education grand rounds. They also offer a fellowship for applicants seeking educational innovation and teaching topics with up to a \$10,000 stipend. I recently attended sessions on "How to Give Feedback to Learners" and "Career Paths for Educators." "I am looking forward to the June session titled "Engaging Gen Z Learners." All AME sessions are recorded and can be watched again on the AME website.

Other member benefits are helping to improve your teaching portfolio, mentoring opportunities, peer review and guidance, collaborative project opportunities and faculty development and leadership training.

Here is a link to current members.

<https://medicine.musc.edu/faculty-affairs/academy-of-medical-educators/ame-members>

To apply and read more about AME, please visit the website below. There are two membership categories Developing Teacher (medical residents, fellows, faculty) and Teaching Scholar (more experienced faculty and education specialist)

<https://medicine.musc.edu/faculty-affairs/academy-of-medical-educators>

## SOAP 2025 BY LATHA HEBBAR, MD

The theme of the 2025 Annual SOAP Meeting was **“Leveraging Technology for Better Outcome: Improving Lives of Patients & Clinicians.”** It featured high-quality research presentations, and a dynamic program focused on the latest advances in the practice of obstetric anesthesia. The keynote speaker was Ashley Duque Kienzie - a leader and expert in the ethical application of artificial intelligence (AI) for behavior change. The much anticipated and attended session of the annual SOAP meeting is the Gerald W Ostheimer lecture titled ‘What’s New in OB Anesthesia’ – a compilation of clinically significant and relevant articles published in the past academic year. The speaker this year was Emily Sharpe from Mayo Clinic. MUSC’s representation and participation this year was from Nikke Bowerman CA-1 and Paris Thompson MS 3. Unfortunately, the OB faculty had time conflicts and were unable to attend. Nikke and Paris did an outstanding job presenting at SOAP. They presented a total of 4 abstracts – one of them presented by Nikke was chosen for Best Case Reports (Tyler Kalajian, the first author, was unable to attend)



### A Narrowing case of Subglottic Stenosis in Pregnancy: multidisciplinary approach for optimal maternal and fetal outcomes

Kalajian TA, Bowen R, and Hebbar L (Presenter:

Nikke Bowerman, MD)

#### Background

- Subglottic stenosis (SS) while rare can be life threatening and challenging to manage in pregnancy
- Multidisciplinary approach includes obstetricians, otolaryngologists and anesthesiologists.
- Most cases of SS in the literature report intervention during pregnancy with balloon dilation and/or CO2 laser with inherent risks of uteroplacental compromise and fetal hypoxia.
- We report a case of SS treated with radial incision and balloon dilation immediately after cesarean delivery [CD].

#### Management

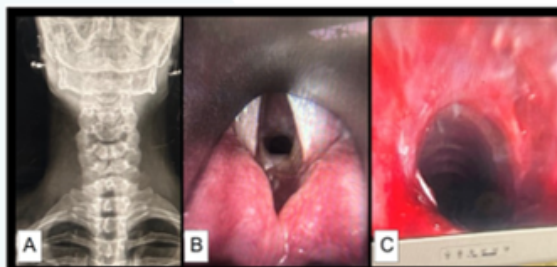
- Prioritized CD prior to airway intervention due to the risks of airway surgery during pregnancy
- At 37 weeks a healthy breech baby was delivered uneventfully via CD under spinal anesthesia.
- Patient's neck was infiltrated with lidocaine for an emergency awake tracheostomy if needed.
- Following CD and incision closure, general anesthesia was induced and maintained with propofol, rocuronium for relaxation and jet ventilation commenced.
- Suspension laryngoscopy revealed the circumferential stenosis (B), which was successfully treated with Kenalog injection, sickle knife radial incisions and balloon dilation x 2 to 12 atm [C].
- Patient tolerated the procedure well and emergence was uneventful.

#### Take home points

- This case highlights the challenges of managing SS in pregnancy, where airway obstruction and the need for surgery are complicated by maternal and fetal concerns.
- Although difficult intubation rates are similar in pregnant and non-pregnant patients, the rate of failed intubations is higher in pregnant patients
- Pregnancy-induced anatomical and physiological changes increase the risk of rapid desaturation with hypoxia due to reduced FRC and increased oxygen consumption.
- Hormonal changes can cause upper airway edema, making intubation challenging.
- Given these risks, delaying airway surgery if possible until after delivery is recommended.
- While multidisciplinary approach is critical to the management of these cases, patients' participation in the decision making is *pivotal* for optimal outcomes.

#### The Patient

- 29-year-old G1P0 at 36 weeks gestation
- Recurrent subglottic stenosis of traumatic etiology
- Worsening exertional dyspnea, biphasic stridor and chronic hoarseness. Admitted to antepartum service, and ENT consult obtained.
- Chest X-rays: severe tracheal stenosis (A).
- Nasopharyngeal fiberoptic revealed circumferential 80% SS with a roughly 2mm aperture of airway patency. (B)



## SOAP 2025 BY LATHA HEBBAR, MD



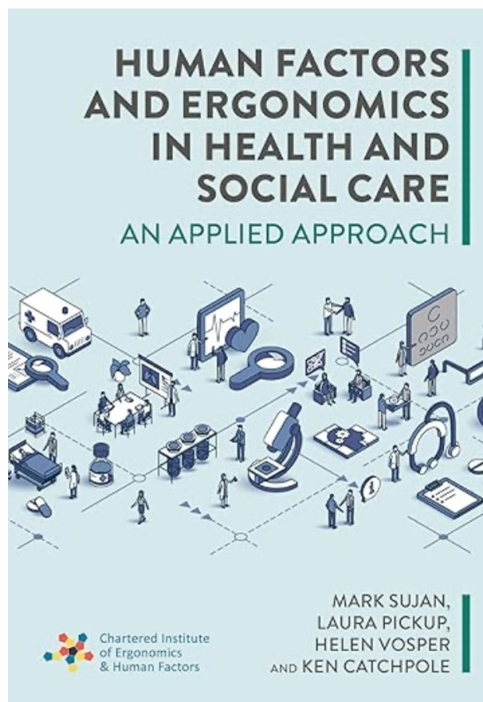
### A Student's Perspective: Paris Thompson, MUSC COM Class of 2026

"Attending the Society for Obstetric Anesthesia and Perinatology (SOAP) 2025 Annual Meeting in Portland, Oregon—my first medical conference and first solo trip—was an unforgettable experience. I explored a new city, discovered the close-knit world of obstetric anesthesia, and even got to visit the iconic setting of my favorite movie, *The Goonies*. #GooniesNeverSayDie

The conference theme, "Leveraging Technology for Better Outcomes," highlighted advances like new developments in ultrasound-guided neuraxial techniques and AI-assisted general anesthesia. Still, the most impactful moments came from passionate discussions among experts—debating differences in anesthesia plans, when they would switch to GA, how BMI influences their ultrasound use in neuraxial, their preferences for CPAP vs. HFNC when extubating certain populations. These conversations underscored that while technology is advancing rapidly, it serves not to replace, but to enhance the foundational skills and clinical judgement that remain essential. I'm incredibly grateful to Dr. Hatter and Dr. Hebbbar for making this opportunity possible and supporting my journey."

**A Resident's Perspective: Nikke Bowerman CA-1.** "SOAP 2025 was a valuable opportunity to learn more about various approaches in managing complex obstetric anesthetic cases and advocating for the health of pregnant patients through hearing from other institutions, developing research and obstetric anesthesiologists. The MUSC Obstetric Anesthesia Department had several cases that contributed to these discussions, and I am so grateful to have attended and take part of the discussion."

## NEW HUMAN FACTORS TEXTBOOK—CONGRATS TO KEN CATCHPOLE, PHD





**ASRA 2025 BY CHRIS WOLLA, MD**

The 50th Annual Regional Anesthesiology and Acute Pain Medicine Meeting was held in Orlando, FL from May 1-3. Attended by Sylvia Wilson and Chris Wolla (with cameo appearances by the wonderful Renuka George and Emily Nelson), this years installment of the premier regional anesthesia conference was deemed by many as a great success! Dr. Wilson continued in her role as ASRA Faculty with heavy involvement throughout the meeting. She bounced to and fro with grace and poise between four workshops (two as Lead Faculty) in addition to serving as the Chair of Educators in Regional Anesthesia SIG while also serving on the Meeting Planning Committee for the 2026 meeting in Phoenix, AZ. Dr. Wolla displayed grit working through a right foot injury to present his research on GLP-1 agonists and its effect on preoperative gastric volume which won awards including Best of Meeting abstract and the President's Choice Award. He had the honor and privilege to give the first podium presentation of the conference which was followed by a panel discussion that included the "Mother of gastric volume assessment" Dr. Anahi Perlas (of the Perlas grading system). Both Drs. Wilson and Wolla were involved in the regional anesthesia fellowship meet and greet and regional fellowship directors meeting in lieu of Dr. Tara Kelly.



## ASRA 2025 CONTINUED

**Ultrasound assessment of preoperative gastric volume in fasted diabetic surgical patients:  
A prospective observational cohort study on the effects of GLP-1 agonists on gastric emptying**

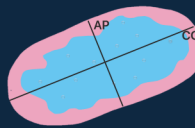
Wolla CD, Pecha TJ, Sirianni JM, Schorg LM, Wolf BJ, Wilson SH | JCA

<https://doi.org/10.1016/j.jclinane.2025.111853>**Study Population**

- Fasted patients with type 2 diabetes undergoing elective surgery
- N = 206
  - 106 on GLP-1 agonist
  - 100 control
- Exclusion = previous gastric surgery, abnormal gastric anatomy

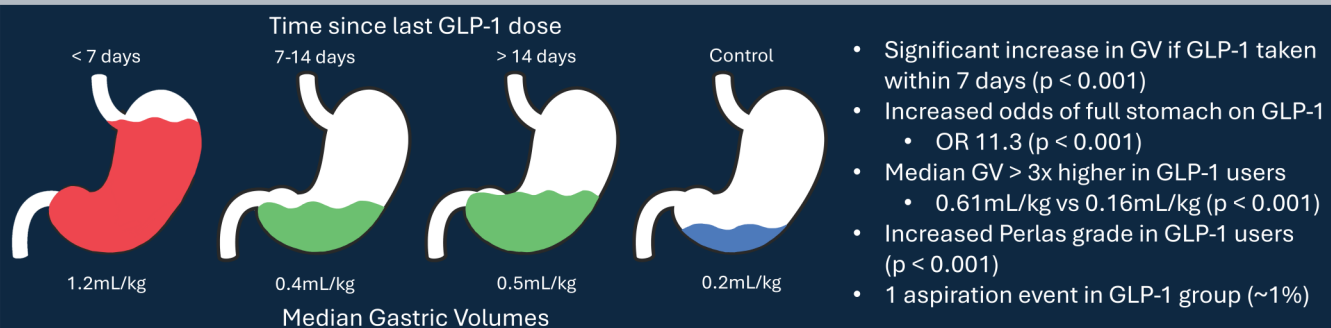
**Methods**

- Preoperative gastric ultrasound
- Gastric volume assessed at the antrum in RLD position



$$CSA = \frac{\pi \times CC \times AP}{4}$$

$$GV = 27 + 14.6 \times CSA - 1.28 \times age$$

**Results**

## SAFETY HERO—DR. MARIAH TANIOUS


**Safely Speaking™  
MUSC Health Daily Safety Tip**
**Safety Hero: Dr. Mariah Tanious, Anesthesia Provider**

Dr. Mariah Tanious, an anesthesia provider in the SJCH OR/Procedural Area, has consistently demonstrated exceptional effort in maintaining and enhancing emotional safety for our pediatric surgical patients. A toddler-aged patient presented with a quiet but playful affect, and the mother elected to participate in our parental presence at induction program, choosing to forgo additional premedication to assist with anxiety and coping during the patient's mask induction.



As the team transitioned to the OR, the patient became increasingly quiet and less interactive—drastically different from the child's earlier playful and bright affect. Once in the OR, Mariah helped minimize unnecessary environmental stimuli and slowed down the induction process. She built rapport through play, used a gentler voice and physical interactions, and incorporated the patient's mother as the primary source of comfort.

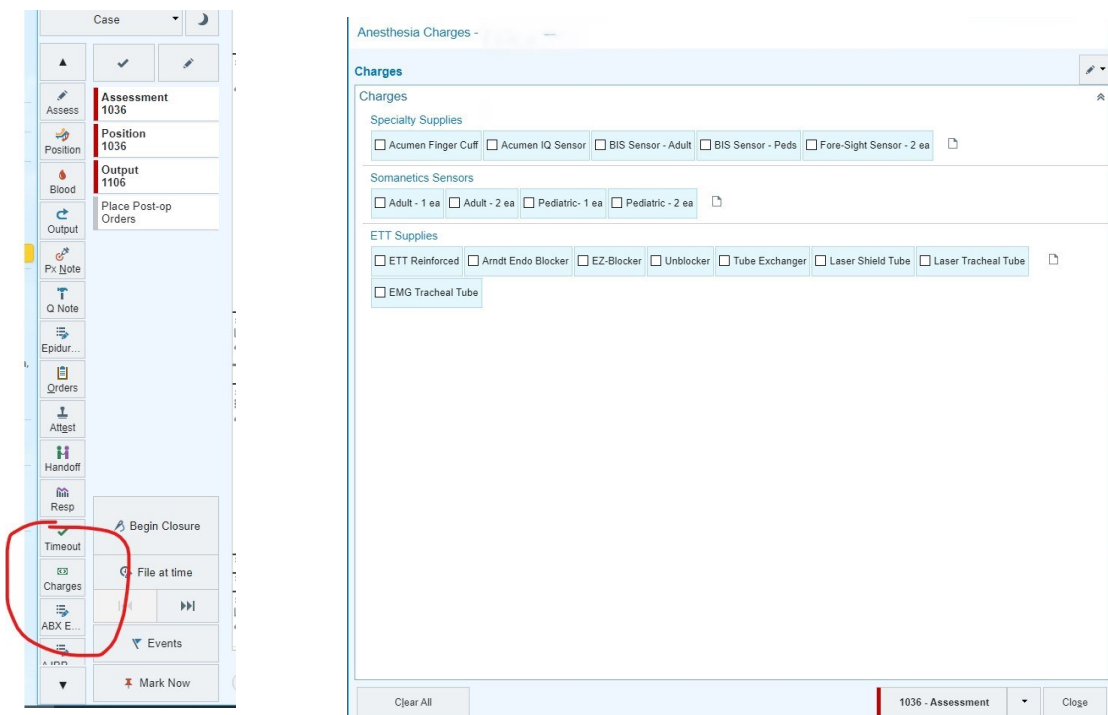
Mariah's ability to meet patients and families where they are—regardless of their comfort level, situational anxiety, or perceptions of medical experiences—is one of her greatest strengths. She is an invaluable asset in developing and implementing coping plans for children and their families.



## EPIC UPDATES

### New Specialty Supply Charges Menu by Tim Heinke, MD

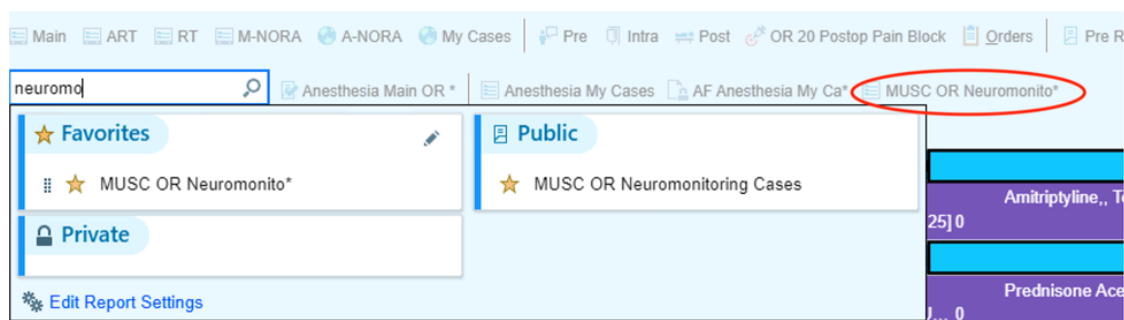
A new epic feature recently went live. It is a menu that allows for charges for supplies that can't be captured via our procedure notes. Take a few minutes to familiarize yourself with the items on this list. Many are high dollar supplies that we don't want to miss the opportunity to submit billing charges for. So please remember to select the items in this menu when you use them for a case. Reach out to your medical director or CRNA manager with questions regarding which supply charges are relevant to your area.



### Intraoperative Neuromonitoring by Amanda Faulkner, MD

In ongoing efforts to continue to improve awareness of cases that will utilize intraoperative neuromonitoring, our IOM colleagues have implemented a new, easily accessible, IOM dashboard within Epic. If the case has been posted correctly, all IOM cases will now both have the pre-existing neuron icon and appear on the dashboard. This should hopefully facilitate assignments as well as decrease incidences of miscommunication. If there are cases routinely being incorrectly posted (read: IOM requested, but no advance notice through current channels mentioned previously), please let me know via a (Secure) email with surgeon name, case, and MRN. My hope is that we are always in iterative improvement until we find what works best for the entire team.

The new dashboard name is 'MUSC OR Neuromonitoring Cases;' for interested team members, it can be searched for and favorited as shown below.





## RESEARCH CORNER



Neuroscience

## Adolescent alcohol exposure promotes mechanical allodynia and alters synaptic function at inputs from the basolateral amygdala to the prelimbic cortex

Reviewed Preprint

v2 • April 2, 2025

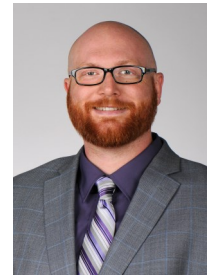
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Michael Scofield, PhD

Open Access Article

## Impact of Single-Lumen Versus Double-Lumen Endotracheal Tube on Postoperative Swallowing Function in Lung Transplantation Patients: A Single-Center, Retrospective Cohort Study

by Rishi Ashok Patel <sup>1,\*</sup> ✉, Haley Nitchie <sup>1</sup> ✉ , Bethany J. Wolf <sup>2</sup> , Cecilia Taylor <sup>1</sup> and Loren Francis <sup>1</sup> <sup>1</sup> Department of Anesthesiology and Perioperative Medicine, Medical University of South Carolina, Charleston, SC 29425, USA<sup>2</sup> Department of Public Health Sciences, Medical University of South Carolina, Charleston, SC 29425, USA

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Rishi Patel, MD



Haley Nitchie, MHA



Bethany Wolf, PhD



Loren Francis, MD

## GRAND ROUNDS—JUNE 2025



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Medical University of South Carolina**



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**TBD—**

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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



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Holiday Party  
Saturday, December 6, 2025  
Carolina Yacht Club

**ONE MUSC Strategic Plan**

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If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the July edition will be June 18, 2025.