

# CAS

## ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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## MESSAGE FROM THE PRESIDENT

### *Dear Colleagues:*

Happy New Year! I hope you, your families, and your colleagues are doing well, as we navigate through the second wave of the COVID-19 pandemic. These unprecedented times have taken a toll on us all, professionally and personally. As anesthesiologists, we are leaders in the medical community, pillars of strength worldwide. However, it is important to remember that we are not infallible, and that we are human. Our long working hours and high-stress working environments make us uniquely susceptible to many mental health-related issues, including depression and suicide. In many cases, we struggle with these problems alone, and fail to recognize that there is **help available**. Despite the isolating nature of the pandemic, and the difficult period we are facing, I encourage you to make your mental health a priority.

The pandemic has also created new and unique concerns for our anesthesia profession. As we announced at the end of 2020, one of CAS' major goals is to establish a member-driven advocacy approach on anesthesia provider issues. Our approach will shape the future of our profession and anesthesia in Canada and will play a leading role in shaping the anesthesia scope of practice. We want every CAS member to be heard, so **your feedback** is always welcome. This advocacy plan will culminate in a CAS national advocacy position that supports the provision of safe, timely, equitable Canadian anesthesia care. We will also be targeting the anesthesia shortages faced by many provinces, and the future of anesthesia care in remote and rural communities. Please visit our **advocacy page** for a collection of the work CAS has done on behalf of anesthesiologists.

Having your interests represented is a key part of CAS membership. I strongly urge those who have not already done so to renew their **membership now**. Membership is a collective investment in your professional citizenship. Please familiarize yourself with the **extensive membership benefits** available to CAS members; there is something for everyone! We have a lot of exciting initiatives on the go, including the ongoing expansion of our online learning platform. CAS (in conjunction with the *Canadian Journal of Anesthesia*) recently released a continuing professional

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development module titled “The incidence, risk, presentation, pathophysiology, treatment, and effects of perioperative acute kidney injury,” available free to members. When renewing your membership, please also consider donating to one of CAS’ foundations. Both the Canadian Anesthesia Research Foundation (CARF) and the Canadian Anesthesiologists’ Society International Education Foundation (CASIEF) are dependent on generous donations to continue to their important mandates. Every donation is appreciated and recognized in *Anesthesia News*.

A new year also signals increasing preparations for the CAS Annual Meeting. This year we will again host it virtually, June 12-13. Building on the 2020 meeting, the 2021 Virtual Annual Meeting will be a conference-style program, with multiple concurrent sessions. We have confirmed several important speakers and sessions, and the [program is available](#) on the CAS website. I am pleased to announce that our opening keynote speaker is Dr Kevin Smith, President & CEO of the University Health Network in Toronto, as well as a professor at both the University of Toronto and McMaster University.

The CAS Annual Meeting provides an opportunity to be on the cutting edge of anesthesiology research, best practice, and hands-on learning experiences. This year, we are expanding our program to include specialty-focused presentations, section events, Problem-Based Learning Discussions, a *Canadian Journal of Anesthesia* symposium, networking opportunities, and a Virtual Exhibit Hall. Topics include management of anticoagulants in the perioperative period, management of surgical patients with cerebrovascular disease, threats to safety in anesthesia practice, and quality improvement challenges. Although a virtual setting will never truly replace the experience of an in-person annual meeting, we are confident that our program (coupled with the presence of our valued colleagues) will make it an engaging and educational event.

[Registration is available on the CAS website.](#)

I wish everyone a safe and happy 2021 and I hope to see you (virtually) in June! Please feel free to contact me at [president@cas.ca](mailto:president@cas.ca).

Sincerely,  
**Dr Dolores McKeen**

## 2020-2021

# BOARD OF DIRECTORS

*As of March 2021*

### EXECUTIVE COMMITTEE

**Dr Dolores McKeen**, President  
**Dr Lucie Filteau**, Vice-President  
**Dr Andrew Nice**, Secretary  
**Dr James Kim**, Treasurer  
**Dr Daniel Bainbridge**, Past President  
**Debra Thomson**, Executive Director (non-voting)

### DIVISIONAL REPRESENTATIVES

**Dr Angela Ridi**  
**Dr Jean-Yves Dubois**  
**Dr Dennis Drapeau**  
**Dr John Murdoch**  
**Dr Giuseppe Fuda**  
**Dr Monica Olsen**  
**Dr Jennifer Plester**

**Dr Mateen Raazi** (Interim)  
**Dr Saifee Rashiq**  
**Dr Annike Vrana** (Interim)

### EX-OFFICIO MEMBERS (Voting)

**Dr Colin McCartney**, ACUDA President  
**Dr Maria Salman**, Resident Representative

### INVITED GUESTS (non-voting)

**Dr Doreen Yee**, CARF Chair  
**Dr Dylan Bould**, CASIEF Chair  
**Dr Stephan KW Schwarz**, CJA Editor-in-Chief  
**Dr H el ene Pellerin**, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)



# ADVOCACY UPDATE

## MINISTRY OF HEALTH PLANS FOR CERTIFIED REGISTERED NURSE ANESTHETISTS IN BRITISH COLUMBIA

As you may know, our profession is facing significant issues in British Columbia (BC), with the provincial government exploring different measures to address the province's surgical backlog. Among these measures are changes to the scope of practice within the field of anesthesia – specifically, the addition of Certified Registered Nurse Anesthetists (CRNAs) with the ability to practise independently. Unfortunately, the government has not conducted broad discussions on the topic, but rather only focused discussions with select stakeholders only.

As an organization, we have serious concerns about these potential discussions and the implications for both our profession and the patients we serve. We have taken quick action to address the issue, including working closely with the BC Anesthesiologists' Society to demand the ability for our profession to provide meaningful input to the policy process. We have sent correspondence to the BC Ministry of Health,

seeking a fully transparent and accountable stakeholder engagement process.

We will continue to engage decision-makers and identify and propose policy solutions that allow government to take action while ensuring patient care remains the top priority. We will also provide you with the tools required to advocate as an individual to elected officials in your respective province as issues arise.

At CAS, we are wholly committed to advocating on behalf of our members and our profession with respect to Health Human Resources issues across the country. We are actively rolling out our member survey on the topic and will report our findings in the months to come.

As always, we will continue to provide you with the most up-to-date information on what is happening in BC and across the country.

# 2021 VIRTUAL ANNUAL MEETING REGISTER NOW!

## Registration for the 2021 CAS Virtual Annual Meeting (VAM) is now open!

The VAM will take place on **June 12-13, 2021** in a new and highly modernized virtual conference setting. Join your colleagues for another outstanding scientific/educational program and highlights!

The platform for the 2021 VAM will be robust and engaging, including some of the best, high impact speakers and content available, while also ensuring the safety of our members and guests. Some preliminary highlights of the VAM include:

## VIRTUAL MEETING HIGHLIGHTS

- Annual Business Meeting
- Award Ceremony
- Chat with attendees
- EPosters
- Exhibits and Sponsor Showcase
- Residents' Oral Competition
- Richard Knill Competition
- Problem-Based Learning Discussions (PBLDs)
- Specialty Focused Presentations
- Section Events
- Test-Enhanced Learning Sessions

## A full program is now available on our website.

We are also very pleased to announce Dr Kevin Smith and Dr Jane Philpott as our keynote speakers. Dr Smith is the President & CEO of the University Health Network in Toronto, as well as a professor at both the University of Toronto and McMaster University. Dr Jane Philpott is the Dean of the Faculty of Health Sciences, Director of the School of Medicine at Queen's University, and CEO of the Southeastern Ontario Academic Medical Organization. She is a medical doctor and former Member of Parliament.

Our next (June) newsletter will have many stories on sessions, speaker bios, PBLDs, networking details and more. Register today and stay tuned as we build on our exciting 2021 program!

[www.cas.ca/annual-meeting](http://www.cas.ca/annual-meeting).



CANADIAN  
ANESTHESIOLOGISTS'  
SOCIETY

**JUNE 12-13, 2021**

## KEYNOTES

# Make plans now to attend!

The planning for the CAS 2021 Virtual Annual Meeting is well underway and the scientific program is outstanding.

**The multi-tiered agenda will offer:**

- ★ Concurrent Streams
- ★ Specialty Focused Presentations
- ★ Section Events
- ★ PBLDs
- ★ Exhibits and Sponsor Showcase
- ★ Eposters
- ★ Award Ceremony
- ★ Chat with attendees

**AND much more...**

**Full program now available online**

Contact us at: [info@casmeeing.com](mailto:info@casmeeing.com)

[www.cas.ca/annual-meeting](http://www.cas.ca/annual-meeting)



**Dr. Kevin Smith, KSG**

President & CEO of  
University Health Network



**Dr. Jane Philpott**

CEO, Southeastern Ontario  
Academic Medical Organization  
Dean, Faculty of Health Sciences,  
Director, School of Medicine at  
Queen's University

# MEMBER NEWS



Congratulations to **Dr Fahad Alam (@DrFadiTO)** on his new academic leadership role as the Sunnybrook Canadian Simulation Centre (SCSC) Medical and Research Director.

As chair of the Simulation and Education Section of the Canadian Anesthesiologists' Society, Dr Alam leads innovative education initiatives across Canada. He is the co-founder and Director of the Collaborative Human Immersive Interactions Lab (CHISIL), an immersive reality (virtual reality and augmented reality) academic creation and research laboratory with a special focus on enhancing patient and learner experience and delivery of care.

Full article available on the [Sunnybrook website](#).

**Join the conversation on Twitter!** Several of your colleagues and fellow members are leading the conversation. According to the medical blog, The Rounds, there are several CAS members in the top 10 Canadian anesthesiologists to follow on Twitter.

These include [Dr Laura Duggan](#), [Dr Dolores McKeen](#), [Dr Colin McCartney](#), [Dr Greg Bryson](#), [Dr Alana Flexman](#) and [Dr Vishal Uppal](#). [Full list here](#).



**Dr Alike Lafontaine**, an award-winning physician practising anesthesia in Grand Prairie, Alberta, has been voted in by Canadian Medical Association (CMA) members as a nominee for CMA president in 2022–23.

Dr Lafontaine will serve as president-elect until August 2022, when he will become CMA president.

Full details available on the [CMA website](#).

**Congratulations to Dr Lafontaine!**



**Dr Rob Whyte**, who led the undergraduate medical program of the Michael G DeGroot School of Medicine for the past decade, has been appointed Vice-Dean, Education for the McMaster University, Faculty of Health Sciences.

**Congratulations, Dr. Whyte!**

[Full article is available on the McMaster website.](#)



# 2021 CAS MEMBERSHIP RENEWAL

2020 has been a challenging year, adding the stressors that come with a global pandemic to an already high-stress industry. As always, CAS was there at the start to support our members.

We prioritized the safety of the anesthesiology community with COVID-19 supports for our members and the healthcare community at large, shifted the Annual Meeting to a virtual setting, and added new online educational offerings and member resources.

CAS wants to ensure you have everything you need to stand out in your field, and in 2021 we will be bringing you:

- 
- A member-driven advocacy plan outlining our formal position, strategies, and solutions to ensure equitable access to safe physician-led anesthesia care
  - New educational modules, including but not limited to Royal College accredited programming
  - Virtual Annual Meeting (June 12th - 13th), promising a fulsome educational program, all accessible from wherever you are
  - Expanding the member exclusive forums to connect you to the wealth of knowledge available within our membership

**HELP SHAPE YOUR ASSOCIATION AND THE FUTURE OF YOUR PROFESSION!**

## RENEW NOW!



**[WWW.CAS.CA/MEMBERSHIP](http://WWW.CAS.CA/MEMBERSHIP)**

# UPDATED MEMBERSHIP BENEFITS

## Advance Your Career, Advance the Profession

For over 75 years, the Canadian Anesthesiologists' Society has been serving its members and the profession as a whole.

To ensure you get the most out of membership, we have revamped the member benefits webpage to provide a broader view of all that CAS has to offer. In addition to listing member exclusive benefits and **discounts**, you'll find details on how CAS is advancing the "careers" **profession** for the benefit

of all anesthesia professionals. We invite you to find out what we have to offer, and encourage you to **reach out** with any feedback you have.

### Not yet a member?

**Join now** and start taking advantage of all CAS has to offer. If you have yet to renew, continue your professional citizenship with CAS by **renewing online now**.

## COMMITTEE FOCUS: PHYSICIAN WELLNESS PEER SUPPORT GROUP EVENT RECAP

On Saturday February 6, 2021, the CAS Physician Wellness Committee hosted a virtual workshop, focusing on the practical aspects of forming a peer support program. This event was an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Anesthesiologists' Society.

### Attendees learned valuable information from this workshop, including:

- Describing how to implement a peer support program for anesthesiologists at their institution
- Explaining factors which lead to the success of such programs
- Applying the latest evidence to the development of such programs
- Identifying and evaluating potential barriers and enablers to setting up peer support programs at their institution



More information and resources are available to members at [www.cas.ca/en/about-cas/committees/physician-wellness](http://www.cas.ca/en/about-cas/committees/physician-wellness).

To be part of similar membership exclusive accredited workshops and events like these, please make sure to have your **CAS membership renewed!**

*...continued on page 9*

## What attendees said...

“

Excellent workshop and hopefully other resources can be made available to help support physicians who wish to take program ideas back to their institutions.

”

“

What an amazing workshop, so well chaired with generative discussions and memorable poems.

”

“

Great workshop:  
Engaging and insightful.

”

“

I wanted to take the chance to commend Dr Saroo Sharda and her work on creating/promoting peer support networks. I think the effects of the pandemic have highlighted the stress that our anesthesia colleagues have faced and the lack of peer support that exists across the country. I attended the peer support workshop today and was very impressed with the quality of speakers and the information that was presented.

”

### EVALUATION STATS:

- 93% of evaluation respondents felt that the workshop addressed the challenges, related to peer support, that they face in their practice.
- 93% of evaluation respondents reported that the workshop encouraged them to consider changes to their practice.

# SECTION FOCUS: NEUROANESTHESIA TWITTER JOURNAL CLUB

The Canadian Anesthesiologists' Society (CAS) NeuroAnesthesia Section, The **Society for Neuroscience in Anesthesiology and Critical Care (SNACC)**, and the *Journal of Neurosurgical Anesthesiology (JNA)* co-hosted a **Twitter Journal Club** on January 12, 2021. It was held as a free 'open-to-all' forum on Twitter to facilitate scientific and clinical discussion, and to advance perioperative neurosciences amidst the COVID pandemic. All members from the CAS NeuroAnesthesia Section, SNACC, and the readers of the *JNA* were welcome to participate over a 24-hour time period.

The article chosen for discussion was from the *JNA* January 2021 issue and was the editor's choice entitled "Patient-specific ICP Epidemiologic Thresholds in Adult Traumatic Brain Injury: A CENTER-TBI Validation Study".

Commencing with an introductory video from Dr Tyler Oswald, NeuroAnesthesia Fellow, Western University, London, Canada. Questions were posted every six hours to stimulate opinions and discussions. Anesthesiologists, neuro-intensivists,

and neurosurgeons in different time zones around the world tweeted their comments and sent "likes" for their favourite tweets. There were great debates on individualized brain monitoring techniques, individualized and epidemiological intracranial hypertension thresholds, and the differences among institutional protocols. Despite the challenges presented by the pandemic, we are very pleased with the tremendous participation and interest from members around the world, and using this new virtual format to maintain our learning in the neurosciences.

To follow the activities of the CAS NeuroAnesthesia Section, please visit: [www.cas.ca/en/about-cas/sections/neuroanesthesia](http://www.cas.ca/en/about-cas/sections/neuroanesthesia) or Twitter: [twitter.com/cas\\_neuro](https://twitter.com/cas_neuro).

## CAS NeuroAnesthesia Section

**Dr Jason Chui**, Chair (London)

**Dr Tumul Chowdhury**, Vice Chair (Toronto)

**Dr Melinda Davis**, Secretary and Treasurer (Calgary)

**Dr Alana Flexman**, Past Chair (Vancouver)



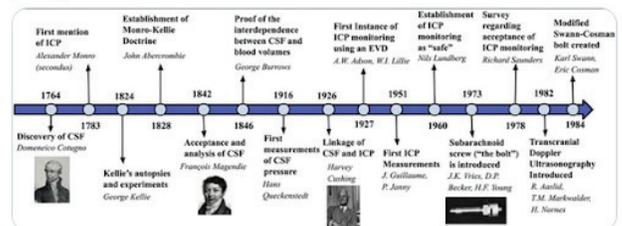
**#NeuroAnesJC Q1** Which ICP monitors are commonly used in your center for patients with TBI?

▶ Do indications for monitoring follow BTF guidelines at your center?

▶ What ICP do you target? 20 mm Hg? 22?

Individualized?

[@SNACCNeuro](https://twitter.com/SNACCNeuro) [@JNeurosurgAnes](https://twitter.com/JNeurosurgAnes) [cas\\_neuro bit.ly/ICP\\_NeuroAnesJC](https://twitter.com/cas_neuro)



**Dr Tyler Oswald**, FRCPC, NeuroAnesthesia Fellow from Western University, London, Canada, introduced the *Journal* article on Twitter (right). Questions were posed from Tweeters around the world.

# CAS MEMBERS EXPRESS THANKS

**CAS thanks and recognizes generous donations received this year from members  
– In Memoriam and In Honour.**

## **In Memoriam**

**Dr John Murdoch  
Dr John J L Crosby**

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## **In Honour**

**Dr Marie-Jo Plamondon  
Dr J F Asenjo**



**OUR DONORS ARE OUR  
SUPERHEROES.**



**THANK YOU FOR SUPPORTING THE  
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**CARF**

Canadian Anesthesia Research Foundation  
La Fondation canadienne de recherche en anesthésie

# ANESTHESIA HISTORY CORNER

## Anesthetic Equipment Standards in Canada

By Dr Michael J Wong, FRCPC, Dr Steven L Dain, FRCPC

While easy to take for granted, equipment standards are essential for promoting patient safety. Only decades ago, equipment inconsistencies rendered the practice of anesthesia frustrating and hazardous, and this was particularly vexing for anesthesiologists working at multiple facilities, each with a different assortment of machines and monitors. Collaboration between the Canadian Anesthesiologists' Society (formerly, Canadian Anaesthetists' Society; CAS) and the Canadian Standards Association (now, CSA Group) has been instrumental in anesthetic equipment standardization in this country. Table 2 highlights some individuals who have been influential liaisons between CAS and CSA Group in drafting anesthetic equipment standards. Over the years, CAS members have also helped shape equipment standards around the world through their work with the International Organization for Standardization (IOS) and the International Electrotechnical Committee (IEC).

Some early proponents of equipment standards include Dr Roderick Gordon and Dr Russell Fraser, whose efforts in the 1950s led to the Canadian adoption of colour-coding for compressed gas cylinders based on existing ISO specifications (i.e., white for oxygen, blue for nitrous oxide). In addition to working on numerous equipment standards, Dr Gordon also founded what would become the *Canadian Journal of Anesthesia*.

Dr Gordon Wyant is also a noteworthy figure who chaired the first CSA Group technical committee on anesthetic equipment standardization in 1962 and later served as CAS President from 1971 to 1972. A successor to his technical committee remains active today, focusing on anesthesia and critical care equipment in Canada. His 1978 textbook, *Mechanical Misadventures in Anaesthesia*, remains a seminal work and offers many sobering reminders of the importance of equipment standards.

Presently, there is a diminishing need for home-grown standards drafted entirely in Canada, since the ISO produces international standards with input from representatives of many national bodies. CSA Group remains active in recommending international health standards be recognized by the Standards Council of Canada for domestic use. Additionally, CAS members continue to be involved in standardization efforts within CSA Group, ISO, and IEC.

A few examples of early equipment standards are presented here. For a list of current standards in use, interested readers are encouraged to refer to the *Guidelines to the Practice of Anesthesia*, Appendix 1.

### Highlighted Anesthetic Equipment Standards

#### Flammable Anesthetic Agents

From the earliest introduction of volatile anesthetics, operating room fires were a dangerous and dramatic hazard to patients and operating room staff. With flammable anesthetics such as cyclopropane and ether, the risk of operating room explosion was as high as one in 50,000. The CSA standard Z32.1963 "Code for use of flammable anaesthetics" provided guidance around electrical safety best practices, encouraging dissipation of electrostatic charge and prevention of flammable anesthetic accumulation. Fortunately, the introduction of safer modern anesthetic agents would later render this standard obsolete.

#### Medical Gas Pipeline Systems

In 1973, a new expansion wing was added to a large hospital in Ontario, where both old and new parts of the facility were served by medical gas pipelines. Several months later, a child's unexpected death during closed reduction of a humeral fracture led to an inquiry uncovering 22 other suspicious deaths potentially

...continued on page 14

related to improper connections between oxygen and nitrous oxide pipelines in the new structure. Although the National Fire Protection Association in the United States had previously issued guidance for testing medical gas pipelines a decade before the tragedy, even the consulting engineers investigating the incident were initially unaware of these documents. This was an important impetus for CAS and CSA Group to more effectively showcase the existence and utility of their burgeoning medical equipment standards. CSA standard Z305.1.1975 “Non-Flammable Medical-Gas Piping Systems” would offer further measures to avert disasters involving medical gas pipelines.

### **Anesthetic Workstations**

In quintessential Canadian fashion, anesthetic equipment standards in this country were torn between conflicting influences from Britain and the United States. Among early British anesthetic machines, a convention had developed for the oxygen flowmeter to be placed at the left of the bank of flowmeters, while American-designed machines had the oxygen flowmeter on the opposite side. With both configurations in use across Canada, there were many opportunities for confusion. Thus, CSA standard Z168.3.1978 “Continuous flow inhalation anaesthetic apparatus (anaesthetic machines) for medical use” was published in 1978, which made Canada the first country with a comprehensive standard for anesthetic machine function. Its authors saw fit to side with our neighbours to the south. Additional requirements of this standard were for oxygen to be delivered downstream from all other gases, for the oxygen flow control knob to be distinct from other knobs, and for all anesthesia machines to have an oxygen supply failure alarm.

### **Endotracheal Tubes**

CSA standards Z168.1.1963 “Endotracheal tubes” and Z.168.2.1967 “Endotracheal Tube Connectors and Adaptors” were the first to address matters of endotracheal tube construction and connector sizing. Historically, numerous endotracheal tubes of differing dimensions were commercially available, especially in the era of reusable, opaque red rubber endotracheal tubes. This situation resulted in a large assortment of adaptors that also varied in shapes and sizes. The multitude of available connectors continually threatened disaster, prompting some

anesthetists to personally carry a set of equipment they knew to be compatible. Because mismatched circuit components were commonplace, anesthetists were known to resort to creative “MacGyver” solutions with potential to backfire, for instance, wrapping under-sized connectors with adhesive tape to coerce a more snug fit into larger tubes. The current use of a universal 15 mm tapered connector for endotracheal tubes has fortunately made such measures unnecessary.

**Table 2.** Anesthesiologist members of CSA Group technical committees.

- David Bevan
- Karen A Brown\*
- Arthur Conn
- Daniel Chartrand
- Douglas B Craig
- Steven L Dain\*
- A Drysdale
- Russell J Fraser
- Robert Friesen
- Simon Galloon
- Roderick Gordon
- Harold R Griffith
- F Haley
- Matt Kurrek
- Claude Laflamme
- Ken M LeDez\*
- Iain MacKay
- David A Pelton
- Donald Reimer
- Larry Roy
- Arthur A. Scott
- Gordon R. Sellery
- Jeremy Sloan
- Anthony C. Webster
- Gordon M Wyant

\* Current member

# ORDER OF CANADA RECIPIENT DR EARL WYNANDS SPEAKS ON WORLD ANESTHESIA DAY 2020



Link: [youtu.be/-\\_8Ayssb7As](https://youtu.be/-_8Ayssb7As)

**Dr Earl Wynands** was a guest speaker in an online World Anesthesia Day 2020 panel, joined by physicians from the Schulich School of Medicine & Dentistry and the Department of Anesthesia and Perioperative Medicine, Western University.

A former CAS President, Dr Wynands has had an extensive career in anesthesia, including having initiated the first professional assistance program in Canada for physicians with disabilities. Dr Wynands is Professor Emeritus in the Department of Anesthesia at the University of Ottawa, former Chair of Anesthesia at the University of Ottawa, and former Chief of Anesthesia at the Civic Hospital and at the University of Ottawa Heart Institute. He received the Order of Canada in 1998.

# OFFICE NEWS

## The CAS office is moving!

After three decades at the 1 Eglinton Ave., Suite 208 location in the heart of historic Yonge and Eglinton in Toronto, CAS has shifted to a new virtual setting!

When the COVID-19 pandemic exploded in March 2020, CAS office staff were required to stay home and continue to work as before, until further notice. Early expectations were that the pandemic could be resolved in months. History has proven otherwise, unfortunately, as much of the world remains under a pandemic cloud.

CAS' move from the 1 Eglinton Ave. physical offices is not without a heavy heart. Over the decades, the office saw many staff, volunteers, and visitors pass through its doors. The office also hosted a treasure trove of anesthesia artifacts, all of which have been archived by anesthesia historians. The office provided countless memories, and a key location from where to complete CAS' ongoing mandate, projects, and evolving initiatives.

As we bid farewell to our office, we also excitedly look forward to our virtual setting and our continued dedication to members and anesthesiologists across Canada.

Members are encouraged to reach out to our national office. CAS staff can be reached by email and phone at the information to the right:

**General inquiries:** [anesthesia@cas.ca](mailto:anesthesia@cas.ca)

**Accreditation inquiries:** [accredit@cas.ca](mailto:accredit@cas.ca)

**Membership inquiries:** [membership@cas.ca](mailto:membership@cas.ca)

**Research inquiries:** [research@cas.ca](mailto:research@cas.ca)

**Education inquiries:** [education@cas.ca](mailto:education@cas.ca)

**Communications inquiries:** [communications@cas.ca](mailto:communications@cas.ca)

**Full staff listing is available on our website**  
[www.cas.ca/en/about-cas/national-office/who-we-are](http://www.cas.ca/en/about-cas/national-office/who-we-are)

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### Our mailing address is:

**Canadian Anesthesiologists' Society**  
455 Danforth Avenue, Unit 469  
Toronto ON M4K 1P1  
Canada

**Telephone:** 416 480 0602



Australian Society of Anaesthetists



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**ACE**  
ANAESTHESIA  
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23-25 JULY 2021**

## CONJOINT ASA NSC & QLD ACE MEETING

### INVITED SPEAKERS

#### ASA NSC



**Clinical A/Prof.  
Andrew (Andy) Lumb**  
UNITED KINGDOM



**A/Prof. Kerstin  
Wysusek**  
BRISBANE



**Dr Viren (Vern)  
Naik**  
CANADA



**Dr Jo  
Rotherham**  
BRISBANE

#### QLD ACE



**A/Prof. Laurence  
Weinberg**  
MELBOURNE



**Mr Sean Lowry**  
BRISBANE



**Dr Suzi Nou**  
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**A/Prof.  
John Loadman**  
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**1-888-476-8737**



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# THE SELF ASSESSMENT PROGRAM FROM THE CANADIAN JOURNAL OF ANESTHESIA - CPD ONLINE

## Latest CPD Module:

**NEW!** The incidence, risk, presentation, pathophysiology, treatment, and effects of perioperative acute kidney injury - **March 2021**

## Also Available:

- An updated introduction to electroencephalogram-based brain monitoring during intended general anesthesia - **November 2020**
- Environmentally sustainable perioperative medicine: simple strategies for anesthetic practice - **August 2020**
- Synopsis of the point-of-care ultrasound assessment for perioperative emergencies - **April 2019**
- Updated guide for the management of malignant hyperthermia - **June 2018**
- Anesthetic implications of recreational drug use - **December 2017**
- Massive hemorrhage and transfusion in the operating room - **September 2017**
- Managing the Perioperative Patient on Direct Oral Anticoagulants - **June 2017**

## How to Access the Modules:

Instructions can be found on the Canadian Anesthesiologists' Society website at: [www.cas.ca/cpd-online](http://www.cas.ca/cpd-online)

All modules are an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Anesthesiologists' Society.

Successful completion of a module entitles readers to claim up to four hours (credits are automatically calculated), for a total of 12 maintenance of certification credits.



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SOCIETY**

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