

CAS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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www.cas.ca



MESSAGE FROM THE

CHIEF EXECUTIVE OFFICER

It's an honour and a privilege to take the helm of the Canadian Anesthesiologists' Society (CAS) and support the work of our members, who play an essential role in Canada's health care system. These last few months, working together with senior volunteers and staff to deliver our mission pillars have been extremely rewarding.

2023 marks a very special year for CAS as we celebrate our 80th anniversary. In 1943 CAS was established with a membership of five. Since then, we have grown to represent close to 3,000 members and affiliates, sharing best practices, acting as the voice for the profession, and providing leadership. CAS is committed to providing excellent service to our members. To ensure ongoing improvement, we will begin a new strategic planning process this year, taking a 360-degree view of the organization with input from our board, members, partners, and staff. This plan will allow us to assess, prioritize and develop a strong, clear, and measurable map to lead CAS into the coming years.

We continue expanding our advocacy efforts, including the creation of a new Board Subcommittee on Public Affairs that will encompass different geographical perspectives when developing position statements and key asks. We aim to build collaborative relationships with government at the federal, provincial, and territorial levels, and are moving forward with our issues management work focusing on health human resources and safety concerns.

The CAS team continues to focus on membership value and are currently implementing several initiatives to serve you better. We recently upgraded our **online member portal**, which houses member resources, exclusive event videos, access to education initiatives, and profile information. The first phase of the implementation of the new system is complete, and further improvements and functionality will be implemented throughout the year.

We are increasing accredited education offerings, striving to provide monthly events so members can gain CME credits and advance their professional development. We started 2023 with a **National Neuroanesthesia Round**, followed by the **Medication Safety Webinar** led by our Quality and Patient Safety Committee. As we look

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ahead, we plan to offer quarterly **Neuroanesthesia rounds**, a themed **Earth Day webinar in April**, and an event about the **2023 Guidelines to the Practice of Anesthesia** led by the CAS Standards Committee.

In addition, the *Canadian Journal of Anesthesiology (CJA)* is offering two special editions for 2023. In April, the CJA will release "Defining and Determining Death in Canada," and a June issue, "Equity, Diversity and Inclusion in Anesthesiology and Critical Care."

We look forward to welcoming everyone at the 2023 CAS Annual Meeting conference, **in Quebec City, June 9 – 12, 2023**. For those unable to travel, a selected virtual stream is available. Registration is now open – early bird rates are available until April 19th. We are expanding member involvement in the Annual Meeting this year and are currently in the process of expanding our Annual Meeting Scientific Committee. This expansion will allow us to include more perspectives, with the goal to further develop a great annual event. We have confirmed that our 2024 conference will be held in Victoria, BC, June 7 – 10. Mark your calendars and plan to attend.

If you are already involved with CAS, we thank you for your ongoing contributions. CAS truly has a wonderful roster of volunteers, contributing to our committees, sections, governance and more. If you aren't part of the Society community, please consider playing an active role. We are now **recruiting both leadership and members for our sections and committees**. There will be an opportunity for all members to provide feedback during the strategic planning process.

In the months ahead, we encourage you to keep informed of CAS activities through the joint updates our CAS President, Dr Lucie Filteau, and I will be providing regularly in this newsletter. If you have not done so, please **renew your membership** to continue member services seamlessly. As we move forward members will continue to have input on everything we do at CAS.

If you would like to get in touch please contact me directly at vforan@cas.ca. I look forward to hearing from you.

Vanessa Foran
CAS Chief Executive Officer

BOARD OF DIRECTORS

AS OF MARCH 2023

EXECUTIVE COMMITTEE

Dr Lucie Filteau, President
Dr Giuseppe Fuda, Vice-President
Dr Andrew Nice, Secretary
Dr Hilary Grocott, Treasurer
Dr Dolores McKeen, Past President
Vanessa Foran, CEO (Non-Voting)

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Dr Tim Maxwell
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Dr Melanie Orvold
Dr Saifee Rashiq
Dr Annika Vrana

EX-OFFICIO MEMBERS (Voting)

Dr Mateen Raazi, ACUDA President
Dr Joel Sardinha, Resident Representative

INVITED GUESTS (non-voting)

Dr Doreen Yee, CARF Chair
Dr Joel Parlow, CASIEF Chair
Dr Stephan K.W. Schwarz, CJA Editor-in-Chief
Dr Michael Cummings, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)



CAS MEMBERSHIP RENEWAL

RENEWAL FOR 2023 IS OPEN! Membership in CAS is an investment in your future and your personal success. It ensures that you, along with your national colleagues, remain on the cusp of the latest clinical and technical innovations, research and political developments.

Review the many benefits of membership and renew today!

WWW.CAS.CA/MEMBERSHIP





CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

CAS 2023
ANNUAL MEETING
Québec City
June 9-12



Plan to join us in
Québec City!



We're very excited to host this year's CAS Annual Meeting in beautiful, historic Quebec City! Our planning team has put together an excellent lineup of speakers and thought-provoking, interactive sessions. Our fun social events will allow you to unwind with old friends and make new connections along the way. Looking forward to seeing you in June 2023!

– Dr Lucie Filteau, CAS President

#CASAM2023

www.cas.ca/annual-meeting

SPOTLIGHT ON CAS MEMBER BENEFITS

CAS members benefit from a wide range of services and savings, including (but not limited to):

Education and Professional Development

- CPD modules and other accredited CME opportunities at a significant discount to members
- Professional and personal development through specialty-specific and soft skills focused webinars, available either at a discount or provided exclusively to members
- Attend the renowned **CAS Annual Meeting**, the largest anesthesia conference in Canada, and enjoy savings greater than the cost of membership

Information and Knowledge-Sharing

- Complimentary monthly subscription to the online *Canadian Journal of Anesthesia (CJA)*, and receive regular updates on sector initiatives and news
- Exclusive member to member survey service (at a cost, and pending approval)

Advocacy and Specialty Growth Initiatives

- Be a voice in CAS advocacy on the national stage, both in relation to immediate concerns (i.e. epidural shortage), and for larger, ongoing impacts such as HHR.
- Membership dues support the annual updates to the **Guidelines to the Practice of Anesthesia**, a highly valued in guide in the latest on patient health and safety in our specialty.

Anesthesia Research & Recognition

- Nominate or be nominated for an **Honour Award**, and elevate the profession and your colleagues by recognizing excellence in the profession.
- Compete in the abstract competitions at the CAS Annual Meeting, and highlight your research to the anesthesia community
- Put your name forward for one of our many **research grants**, providing funding for expanding innovation and patient safety in the profession.

There are many more benefits available to you – we encourage you to **review our benefits** and take advantage of all CAS has to offer.

Thank you to all our members – you're the reason we do what we do.

Not yet renewed?

You can do so **now online** or email **membership@cas.ca** to request your membership invoice.

CAS is celebrating our 80th anniversary in 2023,

signaling a tremendous milestone in our organization's history.

Our commitment to excellence in anesthesiology, perioperative care, and patient safety will continue to grow and evolve. Our members are an important part of our history and future, and we thank you for your continued support. Stay tuned as we have plans to commemorate this occasion, including articles in future editions of *Anesthesia News*.

EDUCATION – 2023 SPRING RECAP AND UPCOMING EVENTS

The start of the 2023 year has been a busy one at CAS, with several education and event opportunities available. Our team is hard at work to bring you education throughout the year, so stay tuned as our program expands.

CAS National Virtual Round #1 - 2023

February 1, 2023

The CAS Neuroanesthesia Section continued its popular National Round series in February. Moderated by Chair Dr Tumul Chowdhury, the round covered several important topics. Dr Simone Schiavo, from the University Health Network/Toronto Western Hospital, discussed Hyperbaric Oxygen Therapy in Neurology and Neurosurgery, from an anesthesiologists' perspective. Dr Eduardo Mendoza, from London Health Science Centre, outlined the Basics of Frontal EEG Anesthetic Management.

The round series continues April 5 – [details are listed below](#).

[VIEW A VIDEO ON THE CAS MEMBER PORTAL](#)

CAS Medication Safety Webinar

February 16, 2023

Anesthesia departments throughout Canada are facing growing concerns over drug shortages, multiple short-term replacement solutions and their contribution to/potential for harmful medication errors. In response growing concerns over drug shortages, multiple short-term replacement solutions and their contribution to/potential for harmful medication errors, the CAS Quality and Patient Safety Committee organized a webinar on medication safety. The webinar served as both a high-level discussion led by senior representation from national organizations such as Health Canada, the Institute for Safe Medication Practices Canada, HealthPRO Procurement Services and CAS, and as an 'ice-breaker' introduction to future strategic directions pertaining to medication safety within CAS.

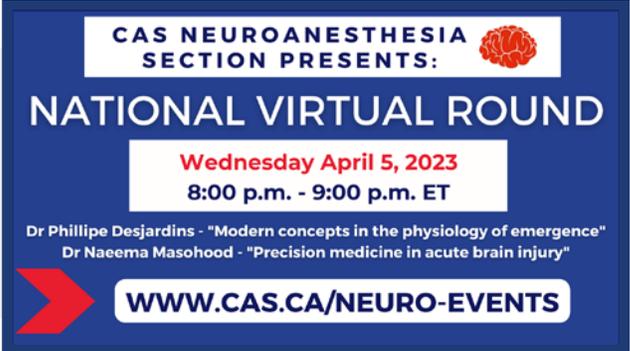
This webinar was a continuation of a [recent CAS Anesthesia News Patient Safety bulletin](#) and a stepping stone towards the plans for future CAS Annual Meeting patient safety content.

[VIEW A VIDEO ON THE CAS MEMBER PORTAL](#)

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REGISTER NOW – UPCOMING CAS EVENTS

Neuroanesthesia
National Virtual
Round #2
April 5, 2023



CAS NEUROANESTHESIA
SECTION PRESENTS:

NATIONAL VIRTUAL ROUND

Wednesday April 5, 2023
8:00 p.m. - 9:00 p.m. ET

Dr Philippe Desjardins - "Modern concepts in the physiology of emergence"
Dr Naeema Masood - "Precision medicine in acute brain injury"

WWW.CAS.CA/NEURO-EVENTS

Join us as we continue the Neuroanesthesia National Virtual Round series. Dr Philippe Desjardins will discuss modern concepts in the physiology of emergence, while Dr Naeema Masood will speak about precision medicine in acute brain injury. Visit www.cas.ca/neuro-events for full details. This is a member exclusive event.

Earth Day Webinar
April 24, 2023



**EARTH DAY
WEBINAR**

April 22, 2023
12:00 p.m - 1:30 p.m ET

featuring

Dr Richard Hixson (Keynote Speaker), County Durham and Darlington NHS Foundation Trust and co-founder Healthcare Ocean
Dr Deirdre Kelleher, Weill Cornell
Dr Timur Ozelsel, University of Alberta

www.cas.ca/earth-day-webinar

The CAS Environmental Sustainability section will host a webinar on Earth Day. The webinar will aim to raise awareness of ocean sustainability and what it means for healthcare. It will also examine how changes in climate affect the care we provide as anesthesiologists. Furthermore, they will discuss sedation techniques over general anesthesia. For full details, visit www.cas.ca/earth-day-webinar.

CAS Annual Meeting
– Quebec City, QC
June 9-12, 2023



Québec City 2023

**CAS
2023**
ANNUAL MEETING
JUNE 9-12

CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

We invite you to join us June 9-12 in beautiful Quebec City, a place well known for its historic attractions. The CAS Annual Meeting is not an event to miss, with an engaging scientific program and plenty of networking opportunities. For those unable to attend in-person, there will be a selected program streamed virtually.

Early bird rates are available until **April 19, 2023** - register today at www.cas.ca/annual-meeting to save. Follow us on social media for updates - **#CASAM2023**.

2023 GUIDELINES TO THE PRACTICE OF ANESTHESIA

The 2023 Guidelines to the Practice of Anesthesia are now available. The Guidelines are subject to revision and updated versions are published annually. The Guidelines to the Practice of Anesthesia Revised Edition 2023 supersede all previously published versions of this document. Although the CAS encourages Canadian anesthesiologists to adhere to its practice guidelines to ensure high-quality patient care, the CAS cannot guarantee any specific patient outcome.

ACCESS GUIDELINES NOW



A Free, Internet-Based Activity

Best Practices in the Management of Neuromuscular Blockade CME

MODERATOR



Orlando Hung, MD

Professor
Department of Anesthesia, Pain Management,
and Perioperative Medicine
Dalhousie University
Staff Neuroanesthesiologist
QEII Health Sciences Center
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FACULTY



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Professor Emeritus
Mayo Clinic College of Medicine and Science
Rochester, Minnesota, United States



Supported by an independent
educational grant from Merck & Co, Inc.

Medscape
EDUCATION CANADA

www.medscape.org/interview/neuromuscular-blockade

Equity: The Forgotten Element



The 6 domains of healthcare quality include:
Safety, Effectiveness, Patient-Centeredness,
Timeliness, Efficiency and *Equitability*



What is Equity?

Equity in healthcare is defined as “care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.”*

Quality = Equity, is this a balanced statement?

When we improve quality of healthcare we also expect to close the the disparity gap.

Unfortunately, despite our well-intended efforts often the gap remains, and sometimes worsens (see examples below).

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Gaps in Application

For example, QI initiatives significantly improved time to diagnosis and management of autism using the novel "arena" model. However, for non-English-speakers, the wait time remained the same or longer due to delays with interpreters.*

Gaps in Methodology

According to a secondary analysis of a systematic review, less than 1/3 of diabetes quality improvement trials included considerations for equity.*

Lapse in Accessibility

Similarly, new initiatives for bilirubin screening in newborns brought modest improvement in follow-up time. But this changed occurred primarily in families of higher SES, and little to no change was seen in lower SES families. This is likely due to competing demands which prevented them from attending the more frequent follow-ups.*

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How do we bridge the difference?



BUILD A BETTER BRIDGE

A functional bridge overcomes an obstacle to bring two communities together

We know we cannot improve what we do not measure, but *why do certain metrics go repeatedly unmeasured?* In order to 'build a better bridge' we need to model **Recognition, Acknowledgement, and, Engagement**, as part of our foundational work

Language-capabilities and socio-economic status can no longer be 'exclusion criteria', instead, such inequities should be considered **opportunities to include**

We also know there is a paucity of data around the extent of disparities, both known and unknown. Moving forward, we should aim to bridge those known paucities through inclusion, while identifying, clarifying and addressing new unknowns whenever we discover them; in doing this we will ...

...tend the bridge

Through active close listening, reflective consideration and critical forward thinking we can commit to address the neglected domain in Quality Care by identifying areas that need strengthening and actively seeking opportunities across all of our communities

Our Quality Improvement interventions, and the way we implement them, should be routinely re-examined to ensure the bridges we build reach the people who need them most: equitable interventions begin with inclusive recruitment, and implementation is not complete until all patients have equal opportunity and access to all improvements

★ Develop & Evolve the Landscape

"Guideline Recommendations" should not be direct results of exclusion criteria
"Unexpected gaps" are an opportunity to do better next time around
By placing equity central to the primary objective,
we improve quality in healthcare across Canada for all

CAS QPSC Commitments:

- QPSC is hosting workshops at 2023 Annual Meeting in Quebec which address equity considerations when designing QI projects
- Collaborative efforts between QPSC and CAS Ethics committee will foster conversation, collaboration and healthcare development
- Increased focus on promotion & support of remote-community QI projects which address under-resourced departments & patients



*REFERENCES



Developed by: Drs. Esther SH Kang (QC) & Conor Mc Donnell (ON)

ANESTHESIA HISTORY CORNER – DR RICHARD KNILL AND ANESTHESIOLOGY RESEARCH: A LEGACY OF EXCELLENCE



Dr Richard Knill⁴

Article by: Kush Patel, Medical Student, University of Ottawa

The Richard Knill Competition Award is the most prestigious anesthesiology research award presented by the the Canadian Anesthesiologists' Society (CAS), and all abstracts accepted for the Annual Meeting are considered for the award. Each abstract is scored by the Scientific Affairs Subcommittee, with up to six of the top authors invited to give a podium presentation. These oral presentations are scored by the Editorial Board of the *Canadian Journal of Anesthesia (CJA)*; based on the combined presentation and abstract scores, a winner then receives a plaque in honor of the late Dr Richard Knill (1943-1995).⁵ But, who was Knill and what were his other impacts on Canadian anesthesiology research?

Knill attended medical school at Western University and completed his anesthesiology residency at the University of Toronto in 1974, where his passion for research was nurtured. The following year, he returned to London and began pursuing academic research as an independent investigator at Western University. Dr Knill recognized the historical significance and instrumental role of research in advancing anesthesiology as a specialty and its scope. He aimed to focus on clinically relevant questions of his time and utilize novel methods, including pneumotachography using a flow transducer and analysis of gas concentrations by a mass spectrometer,⁹ to generate practice changing research. Much of our current understanding on hypoxic response to volatile anesthetics stems from Knill's studies,^{10-13, 15} and he was a leader in investigating postoperative outcomes, such as myocardial injury and sleep disturbances.^{2,14}

Those who worked with Dr Knill remember him as a supportive colleague and an inspirational mentor, who left a positive, lasting impression on many lives. Dr Adrian Gelb, one of his first research residents, recalls asking him a seemingly naïve question about the suppressive effects of inhaled anesthetics on ventilation in the post anesthetic care unit (PACU). At the time, it was widely accepted that these effects ceased after emergence, yet Knill listened to him attentively and

respectfully, sparking a productive discussion about relevant literature and theoretical postulations; after which Knill encouraged and supported Gelb to design a safe and methodologically sound experiment to observe the residual effects of halothane in healthy volunteers – including themselves!¹⁷ Their study showed profound ventilatory depression with subanesthetic doses of volatile anesthetics that lasted up to an hour after surgery.⁶ These findings highlighted the value of pulse oximetry and careful monitoring in the PACU, which were not commonly used in 1980s. This is one of many examples that illustrate Knill's attitudes about the utility of carefully conducted human studies, receptiveness to different perspectives, and empowering mentees to flourish.

During his career, Knill advocated for original and progressive research. While there was a growing body of literature in anesthesiology, he was mindful that its overall quality was declining due to what he considered a focus on trivial variations of previously examined themes rather than contribution of new knowledge.⁸ He took it on himself to actively collaborate with the *CJA* and lead by example through this own work. Additionally, he took the initiative to establish Medical Research Council (MRC) fellowship awards through the CAS to attract and train talented trainees, who could elevate anesthesiology in the broader academic community.³ Knill's unwavering commitment to research through his leadership, mentorship, and advocacy played a critical role in the future provision of safe perioperative patient care.

After Knill's untimely passing, CAS christened the award for the Annual Meeting's best scientific paper as a tribute to him. The award seeks to recognize individuals who emulate his dedication to meaningful and innovative research to advance the field of anesthesiology. **Table 1** lists the past winners of the Richard Knill Award over the last ten years; their novel contributions include metabolic profiling in patients with

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malignant hyperthermia, perioperative interventions to avoid opioid overprescribing, a sustainable 3D-printed thermal laryngoscope, and consideration of the impact of COVID-19 testing on patient outcomes. Knill would have been proud to see that many investigators continue to explore a broad range of topics and fundamental scientific questions using new research tools. The Richard Knill Award is a testament to the lasting impact of Dr Richard Knill's work and continues to inspire excellence in the anesthesiology community.

Table 1. Winners of the Richard Knill Award over the last ten years.¹

Year	Winner
2022	Dr Clyde Matava
2021	Dr Ruediger Noppens
2020	Dr Kyle Chin
2019	Dr Sanjho Srikandarajah
2018	Dr Michael Dinsmore
2017	Dr Nikhil Mistry
2016	Dr Sheila Riaz
2015	Dr Thomas Mutter
2014	Dr Daniel Mclsaac
2013	Dr Jose Carvalho

Announcements

- Follow us on social media for updates and interesting glimpses from yesteryear!
- Twitter (@CAS_History)
- Instagram (cas_history)
- Mastodon (@CAS_History@med-mastodon.com)
- If you have suggestions on future History Corner topics, please contact history@cas.ca

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REGIONAL AND ACUTE PAIN SECTION – GREETINGS AND UPDATES

Greetings from the Regional Anesthesia and Acute Pain Section!

As our section grows to over 175 members, our executive team has also grown in the past year to welcome Dr Garrett Barry as the Member Engagement Officer and Dr Peter Rose as Member At Large. We trust that they will make beneficial contributions to our section and CAS in these positions.

Spring-boarding off the success of the Regional Anesthesia and Acute Pain program at the past Annual Meeting in Halifax, we look forward to offering another stimulating program at the Annual Meeting in Quebec City, June 9-12, 2023.

Three main themes of the program include: controversies in regional anesthesia, hot topics in regional anesthesia, and challenges in perioperative pain management. We are pleased to be welcoming prominent international presenters such as Dr Rebecca Johnson from Mayo Clinic, Rochester, Minnesota, Dr Rakesh Sondekoppam from University of Iowa Hospitals and Clinics, and current ASRA Pain Medicine president Dr Samer Narouze from Western Reserve Hospital, Cuyohoga Falls, Ohio.

Dr Johnson will debate Dr Rakesh Sondekoppam on the balance between infection control measures and environmental impact of regional anesthesia, as well as present on evidence-based practice of upper limb regional anesthesia: what is the best “spinal of the arm”?



Dr Rebecca Johnson



Dr Rakesh Sondekoppam



Dr Samer Narouze

Dr Narouze will be presenting the most up-to-date evidence regarding cannabis for acute pain management.

Numerous of our esteemed Canadian speakers will be presenting on broadly relevant and interesting topics such as

- spinal anesthetic drugs and recipes for ambulatory surgery
- acute pain management of patients with substance use disorders
- perioperative management of patients with a history of chronic pain
- long-term outcomes after regional anesthesia
- multimodal monitoring to prevent nerve injury during nerve blocks

We are also hosting live ultrasound scanning workshops and PBLD sessions on topics of rebound pain and prevention and management of nerve injury after peripheral nerve block.

Lastly, the CAS Archives and Artifacts committee will be hosting a session with Dr Colin McCartney, who will share his perspectives on the growth and development of regional anesthesia in Canada throughout his illustrious career.

We warmly invite our CAS Annual Meeting delegates to engage with our program during the annual meeting, follow/subscribe to our twitter handle [@CAS_RegAnes](#), and tag [@CAS_RegAnes](#) on all your [#CASAM2023](#) tweets during the Annual Meeting 2023!

CAS Regional Anesthesia and Acute Section Executive:



Dr Vishal Uppal



Dr Vivian Ip



Dr Patrick Wong



Dr Ushma Shah



Dr Garrett Barry



Dr Peter Rose

PERIOPERATIVE SATISFACTION IN PATIENTS UNDERGOING AN ELECTIVE HIP AND KNEE ARTHROPLASTY IN AN AMBULATORY CARE CENTRE

By Dr Mahesh Nagappa, Chair, CAS Ambulatory Section

Surgery results in some level of patient discomfort and disorientation. Depending on the type of surgery, recovery protocols and support mechanisms, patients and care partners often experience anxiety upon discharge. Today, there is increasing interest in earlier discharge, for multiple reasons, including patient safety (reduced iatrogenic harms), reduced bed block, and reduced health system costs, but this may result in some trade-offs of increased patient anxiety and some unintended damages displaced to the community. In addition, this early discharge can leave medical providers with several concerns, including patient preparedness, expectations, support at home, and overall patient satisfaction with their experience.

With earlier discharge, postoperative recovery care is transferred to patients and their informal care partners, who can feel overly burdened and anxious.^[1-3] However, patient satisfaction and outcomes can also be positively affected as patients recover at home while easing into activities of daily living with family and friends.^[3] The course of postoperative recovery is influenced by many factors, including patient characteristics, patient expectations, type of surgery and anesthesia, and social aspects.^[4,5] The most common reason for unplanned contact with the health care system after discharge is troublesome postoperative symptoms, such as pain or disability, which can delay the patient's return to normal daily function.^[6-9]

For a subset of patients, postoperative home care needs to go beyond medication prescriptions and maintenance instructions; for these patients, care needs to be broader to include appropriate and adequate support for addressing recovery at home. Using technology, patients and their care partners can be empowered with the assurance of

continuity and integration of care.

Two hundred thirty-nine patients and care partners were interviewed to understand the preoperative needs/expectations and postoperative satisfaction. The postoperative satisfaction scores (mean score = 4.19 ± 0.2) were higher than the preoperative needs/expectation scores (mean score = 3.45 ± 0.4). This indicates that patients could cope better than they felt they would be able to when asked before surgery.

Hip arthroplasty patients reported better satisfaction scores concerning well-controlled postoperative pain than knee arthroplasty patients (hip arthroplasty vs. knee arthroplasty: 4.07 ± 1.11 vs. 3.37 ± 1.51 ; $P < 0.001$), sufficient pain medications prescribed (hip arthroplasty vs. knee arthroplasty: 4.36 ± 1.01 vs. 3.73 ± 1.30 ; $P < 0.001$) and pain medicines having worked effectively (hip arthroplasty vs. knee arthroplasty: 4.30 ± 0.88 vs. 3.84 ± 1.17 ; $P = 0.002$)^[10].

Most care partners (90%) felt comfortable managing patients at home after discharge from the hospital. However, 51% of care partners reported sleep disturbance, and 23% of care partners experienced physical strain while caring for these patients at home during the postoperative period.

It is essential to recognize that early discharge for joint replacement surgery remains a relatively new shift in practice, and patients who are now discharged into the community would have, in the recent past, been observed in the hospital for several days before discharge. While early discharge represents a significant opportunity for improved resource utilization and outcomes overall, this also leads to new concerns about the potential for some adverse events arising in the community and displacing responsibility and care into the community without adequate understanding of

...continued on page 17

what supports the patients will require.^[11] It is expected that the number of unsupported discharged patients will increase as earlier discharge becomes the norm.^[12] Even though patients are satisfied with perioperative care, it is important to understand the distinct needs and expectations regarding perioperative medication and postoperative pain management. In future, virtual postoperative care may be a helpful tool during postoperative care to address many of patients' concerns.

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ST PAUL'S HOSPITAL (VANCOUVER) PERIOPERATIVE MEDICINE GROUP

In British Columbia, the St. Paul's Hospital (Vancouver) Perioperative Medicine group has headed the formation of a new Provincial Perioperative Medicine Subgroup. The subgroup is led by Dr Su-Yin MacDonell, who is also the Head of the newly established Division of Perioperative Medicine of the University of British Columbia's Department of Anesthesiology, Pharmacology & Therapeutics. It aims to function as a forum to discuss perioperative topics as well as to provide access to local expertise and resources. The subgroup provides access to a mailing list, monthly virtual perioperative rounds and the St. Paul's Hospital Perioperative Medicine website (www.sphpom.com). Members act as points of contact for their home departments and currently include individuals from sites across the lower mainland and on Vancouver island. The subgroup is open to new members practicing in British Columbia. Future goals include recruiting members from all regions of the province and to expand perioperative networking activities. Membership can be requested by contacting **Dr MacDonell** (suyinmacdonell@gmail.com).



Dr Su-Yin MacDonell

CANADIAN ANESTHESIOLOGISTS LEADING THE WAY IN PREHABILITATION

Article by Dr Daniel Mclsaac

Prehabilitation is a hot topic for patients, perioperative clinicians, and health system leaders around the world. With surgical wait times continuing to present a challenge to effective perioperative care, prehabilitation represents a golden opportunity to turn wait times into optimization. By helping patients to build physical, nutritional and psychosocial reserve before surgery, Canadian anesthesiologists are supporting patients to arrive at the operating room door healthier than they were when their surgery was booked. Preliminary evidence suggests that prehabilitation is likely to translate into better clinical and health system outcomes after surgery, however, substantial work is still required before prehabilitation becomes standard of care for Canadian patients preparing for surgery.

Working to bridge the gap between promising preliminary data and health system implementation are a number of Canadian anesthesiologists. These physicians are helping to understand what types of prehabilitation interventions (e.g., exercise, nutrition, psychosocial or cognitive) are most efficacious in improving outcomes, as well as what types of program delivery models are feasible and effective in Canadian healthcare systems. This ongoing work, supported in part by the Canadian Anesthesiologists' Society, Canadian Anesthesia Research Foundation, numerous Canadian University Departments of Anesthesia and a variety of local, provincial, national and international funders, represents the cutting edge of prehabilitation science.

From its humble beginnings in a room in the Department of Anesthesia at the Montreal General Hospital in 2009, the McGill Perioperative Program (POP) is at the forefront of the global prehabilitation movement. Moving from the traditional pathology-focussed approach, the prehabilitation clinic, adjacent to the preoperative clinic, mitigates the major risks associated with surgery by providing at-risk patients with an integrated, personalized, and structured intervention. At McGill, anesthesiologists Drs Franco Carli, Janius Tsang and Miquel Coca Martinez are

involved in patient risk assessment and evaluation, and coordinate care together with the prehab team which includes a nutritionist, a physiotherapist, kinesiologists, exercise physiologists, and nurses trained in stress mitigation. They assess 1) medical conditions, 2) functional capacity, 3) nutritional status, 4) psychosocial stressors, 5) harmful habits (smoking/alcohol/opioid), 6) pain status and 7) hematinic status. Internal Medicine, Geriatrics and the smoking cessation unit are consulted as needed. The findings are knitted into a coordinated intervention designed to reduce surgical risk to patients.

Currently, the McGill POP coordinates preoperative optimization for patients across almost all surgical specialties, seeing approximately 200 patients per month and over 2000 visits per year. Each patient is provided an exercise, nutrition, and mental preparation prescription to follow until surgery (anywhere from 4 weeks to several months). Additionally, the POP is actively involved in research, with leadership from Dr Chelsia Gillis, and has published extensively with work supported by CIHR and other national and international societies.

At the University of Ottawa, the Aging Innovations in Perioperative Medicine and Surgery (AIMS) program, led by anesthesiologist Dr Daniel Mclsaac, is also blazing new trails in prehabilitation science. Ottawa's AIMS program is developing and evaluating remotely supported prehabilitation programs with an aim to support implementation of effective prehabilitation services that can support a variety of high-risk patient groups preparing for surgery. In collaboration with anesthesiologists, surgeons, exercise and nutrition scientists, and patients from across Canada, Dr Mclsaac's program has mapped the evidence for prehabilitation across perioperative populations and is evaluating prehabilitation interventions in several CIHR-funded multicenter randomized trials.

Through the of support and collaboration of the Canadian Perioperative Anesthesia Clinical Trials (PACT) Network, along with anesthesiologist-scientists

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at the Universities of British Columbia (Dr Susan Lee), Calgary (Dr Rosaleen Chung), Toronto (Dr Duminda Wijeyesundera), Ottawa (Dr Mclsaac), Queen's (Dr Tarit Saha), McMaster (surgeon Dr Pablo Serrano) and their affiliated hospitals, the AIMS program is leading the PREPARE Trial, which will enroll 750 patients with frailty across 12 Canadian hospitals to determine if home-based, remotely supported prehabilitation can improve function and decrease complication rates after surgery. As one of the largest prehabilitation trials ever done, the PREPARE Trial reflects the increasing opportunities for multicenter trials for Canadian anesthesiologists. The 750th patient is expected to be enrolled in December 2023, with results available in 2024.

Building on this experience, the AIMS program is set to launch a new multicenter prehabilitation trial led by Canadian anesthesiologists. In partnership with surgeons, internists, and patients, the STRIVE Trial is an innovative pragmatic trial will test a referral-based, online prehabilitation program for all adult patients preparing for elective inpatient surgery. By linking trial conduct to validated health system data, the AIMS team, with leadership from Drs. Mclsaac and Wijeyesundera, will test the feasibility and effectiveness of a prehabilitation

model that could immediately scale across an entire health care system. In addition to foundational background research supported by the Canadian Anesthesiology Research Foundation and the CAS Career Scientist award, the STRIVE Trial is supported by both CIHR and Physician Services Incorporated in Ontario through the Inaugural Mid-Career Knowledge Translation Fellowship, recognizing the potential of this anesthesiologist-led work to transform key aspects of healthcare delivery.

Thanks in part to support from CAS, CARF and ACUDA centers, Canadian patients are arriving at the operating room door better prepared for the multidimensional stresses of surgery thanks to prehabilitation programs led by Canadian anesthesiologists. While early data suggest this multifaceted approach to optimization will yield substantial benefits for patients and the healthcare system, it will be work led by anesthesiologists here in Canada that leads to key answers about what patients will benefit most, what programs will be most effective, and where and how prehabilitation can be most effectively deployed, helping to define this core aspect of perioperative medicine moving forward.



Dr Daniel Mclsaac, anesthesiologist at the University of Ottawa's Aging Innovations in Perioperative Medicine and Surgery (AIMS) program.

RESIDENTS REPORT – ANNUAL MEETING AND 2023 ACTIVITIES

Dear CAS Residents:

We hope you are all doing well and we wish good luck to all of the residents preparing for the Royal College oral examination.

The Residents Section is keen to foster a thriving resident community. Along with National Office, we are planning to make a space for residents on the website and strive to have more frequent communication with our residents nationally. Currently preparing for the 2023 CAS Annual Meeting is our priority. We hope you can take some time from residency and join us at the conference to network and learn from residents and anesthesiologists from all over Canada.

Registration is open for the CAS Annual Meeting occurring in Quebec City on June 9-12, 2023. There will be several sessions aimed at the Resident Section. On Saturday there will be the Residents' Oral Competition, which will include presentations by up to six residents with the highest scoring abstracts. Watch the competition and cheer on your peers! Last year's winner was Dr Russell Christie for their abstract *Introduction of the Serratus Anterior Plane Catheter with Programmed Intermittent Bolus for Minimally Invasive Cardiac Surgery: A Retrospective Study*. This year we are also preparing a panel talk entitled "Life Beyond Residency: An Exploration of Career Paths and Lifestyle" which will occur over the weekend.

After a day of learning on Saturday we invite you to join us at the President's Party to relax. The Residents Section will be supporting free entry to the party to residents attending the entire conference. Tickets will be given on a first-come first-served basis. Details on how to redeem this will be announced in the coming weeks. We're excited to meet you!

We explored the possibility of holding the SIM Olympics at the conference, but unfortunately it wasn't feasible this year. Hopefully we can hold the competition in future years.

Please don't hesitate to reach out if we can support you in any way or if you have any ideas you'd like to propose to us. We can be reached at casresidents@gmail.com.



Adam Hsieh, MSc MD
PGY3 Anesthesia Resident
University of Toronto
Co-Chair, Residents Section



Melissa Liu, MD
PGY3 Anesthesia Resident
University of Toronto
Co-Chair, Residents Section

CASIEF – SPRING UPDATE



During the latter part of 2022, Canadian anesthesiologists have resumed regular visits to our partner programs in Rwanda, Ethiopia and Guyana. Both new and returning volunteers report the rewarding feeling of making such important contributions to our colleagues overseas, who in turn are highly appreciative of our work. Our schedule for visits to Rwanda is almost full for 2023, and spots are open for trips to Ethiopia and Guyana. Our partner anesthesiology training programs are growing rapidly, and the need for volunteer teachers is increasing! In addition, CASIEF sponsors Global Health Fellows to providing education in our programs in Ethiopia for longer stays. Virtual teaching continues as well, although the pandemic taught us all that there is no substitute for in-person teaching. Finally, we have had sponsored trips for our overseas partners to Canada for courses and fellowship training.

If you would like to contribute your time with some virtual teaching, or eventually travelling to our partner countries, please contact us at info@casief.ca!

CASIEF Volunteer Visits are Back on Track!

Once again, CASIEF would like thank the organizers of the Lower and Upper Canada Anesthesia Symposium (LUCAS) for offering complimentary registration to all of our overseas partners for the 2023 virtual meeting.

CAS Annual Meeting

Two exciting CASIEF events are planned for **the CAS Annual Meeting in Quebec City**, June 9-12, 2023. The CASIEF Symposium on Saturday afternoon will include two dynamic speakers addressing the impact of the climate crisis on

global health, and the impact of our medical practices on climate change. The CASIEF dinner will be a fun, casual event at Pub Irlandais Chez Murphy's on Sunday night - an evening of socializing, good food and drinks, music and stories about our work overseas.

We need YOUR help to improve access to safe anesthesiology in areas in need!

CASIEF thanks all of our **generous donors in 2022!** Please consider a gift to CASIEF on our monthly program. You can even give **CASIEF charity gift cards** to colleagues, friends or family on special occasions. In addition, it is worth exploring gifts of **securities** and **legacy donations**- these provide large tax advantages, as well as helping improve the lives of so many. Please click **HERE** to donate, and for further information!

If you haven't yet seen the fantastic **videos** about CASIEF's partnerships, produced just before and during the pandemic, please visit our YouTube channel **HERE**.

Through CASIEF and its partners, Canadian anesthesiologists are known around the world for their charity and dedication to promote safe anesthesia for all. Thank you for continuing or considering your support of YOUR charity!

Joel Parlow, MD, FRCPC
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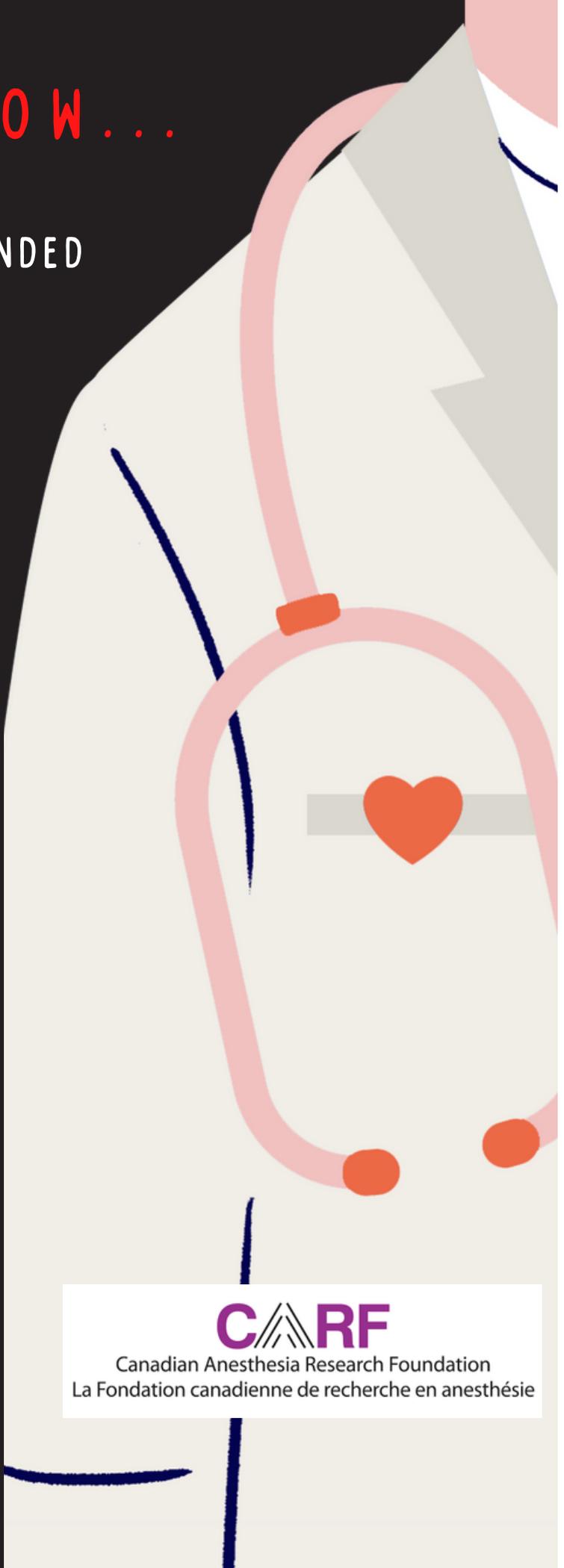
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