

Obesity, obstetrics and professionals in distress on agenda Saturday May 1, 2010

Anaesthetising obese patients and obstetrics anaesthesia are just two of the sessions on the program **today (Saturday, May 1)**, day one of the Australian and New Zealand College of Anaesthetists' Annual Scientific Meeting at the Christchurch's Town Hall and Convention Centre.

Program highlights include:

- Whether at home or work, in the operating theatre or on the flight deck, miscommunication leads to distress and predictable mismanagement that can end in human error and, sometimes, disaster. So says former Swiss airforce pilot and commercial airline captain **Mr Werner Naef** in the session "Medical professionals in distress". Now a stress management specialist, he talks about recognising the warning signals and how to stop a stressful situation spiralling out of control.
- A New York study on pain experienced by women in labour has found some interesting genetic links. **Dr Pamela Flood**, from Columbia University is speaking about a study modeling the time course of labour pain and progress. It has found that women having slower labour report less pain and predicts, for e.g. Asian women and heavier patients have significantly slower labour. Ultimately it is hoped this information will help enable labour pain to be treated/relieved more effectively.
- In a **session on bariatric anaesthesia**, Dr Tony Burn from the Alfred Hospital, Melbourne looks at the specific problems anaesthetising the obese patient while Christchurch surgeon Mr Steve Kelly looks at the different kinds of bariatric surgery and Wellington anaesthetist Dr Graham Sharpe at anaesthetising them.
- A technique that involves pumping local anaesthetic into a wound after surgery through a catheter has many advantages. **Professor Richard Rosenquist**, visiting from Iowa in the US, says the use of continuous local anaesthetic infusions has resulted in improved analgesia, reduced opioid use (and therefore reduced side effects), increased patient satisfaction and often reduced hospital stay.
- An Auckland team is doing some pioneering work in Australasia in helping patients recover more quickly from major surgery. Auckland colorectal surgeon **Associate Professor Andrew Hill** will talk about the Auckland Enhanced Recovery After Surgery (AERAS) team which has halved the length of hospital stays for people having major bowel surgery, reduced complications, reduced recovery times and proven to be cost-effective in the

process. They are expanding into other areas of surgery – bariatric first, then vascular, orthopaedic, gynaecology and urology.

- A session titled **“Unusual patients you may be asked to anaesthetise”** looks at particular issues relating to patients who are HIV positive, a heart and lung transplant patient, a patient who has just had chemotherapy or radiotherapy and a patient with haemophilia or von Willebrands disease.

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The program and abstracts from today’s sessions can be found at www.anzca.edu.au