

# PROBLEM BASED LEARNING DISCUSSIONS/QUALITY ASSURANCE SESSIONS

The PBLDs at this ASM are based on common clinical challenges and popular demand at previous meetings. They are all 60 minutes duration and run concurrent with the main scientific program.

The Quality Assurance (QA) sessions allow a discussion of real clinical cases among participants from varying backgrounds. The concept was developed at the 2007 ASM and was extremely popular. All participants are required to bring a case for discussion.

A ticket is required for entry to all PBLD/QA sessions. Only one PBLD/QA session will be allocated to each delegate up to the early bird closing date (15 March 2008) after which all registrants will be emailed the remaining available sessions and be permitted to make a second choice on a first come first served basis. Bookings for PBLD/QA sessions will be as follows:

## On line

Delegates should make their PBLD/QA choice when they register on line from the available sessions. If their first selection is already fully subscribed, they can continue to make a selection until a free session is chosen. After 15 March all delegates will be notified by email of the remaining available PBLD/QA sessions so that a second session can be selected.

## On paper

Delegates who wish to make their selection on paper should indicate their top 10 preferences on the form provided. They will be allocated their highest preference from the available PBLD/QA sessions. They will also be emailed the remaining available PBLD/QA sessions after 15 March to allow them to make a second choice ON LINE. There will be no second round paper offers.

Cost per PBLD/QA: \$22.00

Maximum number of participants for all PBLD/QA sessions: 15

## Obstetric trauma

**Facilitator:** Dr Jonathan Gibson

**Time:** PBLD01 Saturday 3 May 1030-1130

A 28 year old female is involved in a motor vehicle accident. She is the front seat passenger and was restrained, but the vehicle has sustained major structural damage. She is approximately 28 weeks pregnant. You will be involved in her care at a major trauma centre. This PBLD aims to promote a lively discussion on the priorities of care of both the mother and foetus.

## The underperforming trainee

**Facilitator:** A/Prof Genevieve Gouling

**Time:** PBLD02 Saturday 3 May 1030-1130

This PBLD will use a scenario to explore the steps to be taken if a trainee is noted to be significantly underperforming compared to his/her peers. The usefulness of in-training assessment forms and other forms of assessment will be discussed. How and when can the College help?

## Anaesthesia and analgesia for knee replacement surgery

**Facilitator:** Dr Maroun Mallat

**Time:** PBLD03 Saturday 3 May 1030-1130

A 65 year old obese man with obstructive sleep apnoea is having a total knee replacement. He is not keen on 'having a needle in his back' because of a story on 'A Current Affair'

which showed a man who "got paralysed". How do you allay his fears, and what are the analgesic/anaesthetic options?

## Problems in the management of patients with subarachnoid haemorrhage

**Facilitator:** Dr Tim Costello

**Time:** PBLD04 Saturday 3 May 1030-1130

A 56 year old non-insulin dependent diabetic patient presents following a proven subarachnoid haemorrhage. On examination he is drowsy and has left arm weakness. Discussion will centre on the issues relating to current literature-supported best practice for this man.

## Anaesthesia for bariatric surgery

**Facilitator:** Dr David Goodie

**Time:** PBLD05 Saturday 3 May 1030-1130

You are asked to cover a list where the surgeon wants to do a laparoscopic gastric bypass on a morbidly obese patient. How are you going to prepare yourself and the patient for the procedure?

## Modern management of the obstructed paediatric airway

**Facilitator:** Dr Harry Koumoukelis

**Time:** PBLD06 Saturday 3 May 1030-1130

An 18 month old child with Down's Syndrome presents with stridor after a choking episode and possible foreign body aspiration. The child had cardiac surgery as an infant.

He is booked for urgent laryngoscopy, bronchoscopy and oesophagoscopy (LBO) by the ENT team. Objectives of this PBLD will be discussion of the risks associated with paediatric anaesthesia, including the risk of perioperative cardiac arrest, management of a critical incident and desaturation during the LBO, parental presence and management of postoperative stridor.

## Managing obstetric haemorrhage

**Facilitator:** Dr Kylie King  
**Time:** PBLD07 Saturday 3 May 1330-1430

You are faced with sudden, unexpected and severe haemorrhage in the immediate post partum period. What is the possible aetiology of such haemorrhage and how are you going to differentiate between the causes and get the situation under control?

## The difficult airway – “the expected and the unexpected”

**Facilitators:** Dr Pierre Bradley and Dr Joel Symons  
**Time:** PBLD08 Saturday 3 May 1330-1430

This PBLD will utilise a series of cases to explore the options for managing difficult airways including the ‘can’t intubate, can’t ventilate’ scenario.

## Preparing patients with chronic lung disease for general surgery

**Facilitator:** Dr Alistair Norton  
**Time:** PBLD09 Saturday 3 May 1330-1430

You are asked to see a 63 year old man in preparation for a booked hemicolectomy for cancer. He has a 50 pack year smoking history and looks a bit blue around the edges. This PBLD will discuss the work-up of a patient with chronic lung disease for abdominal surgery and target the use of appropriate investigations and new therapeutic agents for optimising lung function.

## Postoperative nausea and vomiting

**Facilitator:** Prof Michael Paech  
**Time:** PBLD10 Saturday 3 May 1330-1430

Your patient booked for laparoscopic hysterectomy next week tells you she felt sick for several days after a cholecystectomy and was admitted to hospital from the day surgery centre because of persistent vomiting after her recent sterilisation. She says she is allergic to morphine and fentanyl. Her major concern this time is that she will be as sick again. She is also scared about waking up during the operation. In this PBLD a plan for risk assessment, and the prevention and management of postoperative nausea and vomiting will be discussed.

## Managing the patient on alternative medical therapies

**Facilitator:** Dr Penny Hodges  
**Time:** PBLD11 Saturday 3 May 1330-1430

A 70 year old man is at the Preadmission Clinic two days before his open radical prostatectomy. He has a background history of atrial fibrillation, for which he takes digoxin and aspirin, and osteoarthritis, for which he takes glucosamine. Upon further questioning, the patient reveals his wife has him taking some other “herbs and vitamins”. This PBLD will look at a range of herbal medicines and vitamin supplements that patients are taking. The discussion will include their adverse effects, drug-herb interactions and potential perioperative issues associated with their use.

## Anaesthesia for patients undergoing carotid stenting

**Facilitator:** Dr Nick Robson  
**Time:** PBLD12 Saturday 3 May 1530-1630

This clinical scenario will involve the preoperative assessment and perioperative management of an elderly, ASA III female with a symptomatic high-grade left carotid stenosis who presents for endovascular carotid stenting in a private hospital. She has cardiac disease and has been flagged by the surgeon as “not being the ideal candidate” for an open carotid endarterectomy using his preferred local anaesthetic technique. The objectives of this PBLD will be to develop an understanding of the anaesthetic management of patients undergoing this increasingly widely practiced endovascular technique.

## Reducing risks with eye blocks

**Facilitator:** Dr Robert Fry  
**Time:** PBLD13 Saturday 3 May 1530-1630

This PBLD, in the setting of case-based scenarios, will look at the literature and practicalities of choosing and executing eye blocks with an emphasis on reducing the risk of complications.

## Managing the patient with cardiac disease for non-cardiac surgery

**Facilitator:** Dr Vida Viliunas  
**Time:** PBLD14 Saturday 3 May 1530-1630

This PBLD will offer an algorithm directed cardiac risk assessment and an evidence-based approach to mitigating that risk. Such assessments and remedies are only of value when they can be applied practically to clinical life in emergency and elective contexts. It is hoped that this session will be painless and of use to busy practitioners.

## Thoracic case scenarios

**Facilitator:** Dr Richard Smith  
**Time:** **PBLD15** Saturday 3 May 1530-1630

The case scenarios in this PBLD will centre on patients with large mediastinal masses and critical airway narrowing. Management of these patients for palliative airway stenting will be explored, including the decision of whether or not to proceed.

## Obstetric analgesia and anaesthesia in the obese patient

**Facilitator:** Dr Elizabeth Ward  
**Time:** **PBLD16** Sunday 4 May 1030-1130

A 26 year old morbidly obese primigravida (BMI 60) presents to the high risk obstetric clinic at 37 weeks gestation with worsening hypertension and poorly controlled gestational diabetes. The obstetric team wants to deliver her within the next few days. You are asked for advice regarding options for labour analgesia and anaesthesia for Caesarean section. This PBLD will consider the anaesthetic management of the morbidly obese parturient, including the importance of antenatal assessment, the need to anticipate and plan for potential complications including inadvertent dural puncture and difficult intubation under emergent conditions, and strategies to ensure effective postnatal care.

## Early management of complex regional pain syndrome – bridging the gap between postoperative care and the pain specialist

**Facilitator:** Dr Malcolm Hogg  
**Time:** **PBLD17** Sunday 4 May 1030-1130

You have been consulted regarding a 42 year old female patient. She has developed increasing pain, numbness, swelling and stiffness of her hand following a routine carpal tunnel release. Your surgical colleague is considering manipulation under anaesthesia. You are asked to consider potential management strategies including intraoperative and postoperative options. This discussion will consider recent literature on pathology and clinical diagnosis of Complex Regional Pain Syndrome including new criteria and management approaches.

## Up to speed with trauma

**Facilitator:** Dr David Daly  
**Time:** **PBLD18** Sunday 4 May 1030-1130

A male patient arrives in the Accident and Emergency Department following blunt chest trauma. He is haemodynamically unstable and having bradyarrhythmias. As this PBLD evolves the patient's initial resuscitation, assessment and management will be followed.

## Choosing a regional technique for eye surgery

**Facilitator:** Dr David Scott  
**Time:** **PBLD19** Sunday 4 May 1030-1130

A 78 year old woman presents for cataract surgery. She has a history of TIA, AF, adult onset diabetes mellitus, IHD and CAL. She is an exsmoker with an exercise tolerance limited by osteoarthritis. What preoperative investigation is needed? What is the safest way to proceed with the anaesthetic?

## Anaphylaxis to muscle relaxants – are we any further ahead?

**Facilitator:** Dr Helen Currow  
**Time:** **PBLD20** Sunday 4 May 1330-1430

What's the real incidence of anaphylaxis to muscle relaxants? Does anyone really know? Are some muscle relaxants safer than others? The answers to these questions and the management and investigation of possible allergic reactions to muscle relaxants will be explored in this PBLD.

## ENT – laryngeal masks and throat packs

**Facilitator:** Dr Alan Kaplan  
**Time:** **PBLD21** Sunday 4 May 1330-1430

This PBLD will explore the pros and cons of the LMA/Proseal in ENT anaesthesia. Common ENT cases will be discussed by way of example. In addition the controversial throat pack will be discussed.

## Analgesia for labour

**Facilitator:** Dr Suzanne Bertrand  
**Time:** **PBLD22** Sunday 4 May 1330-1430

A 28 year old G2, P1 woman requests regional analgesia in labour and would like to be mobile if possible. Her previous epidural did not work well. She is currently 6cm dilated. This PBLD will address many common questions about regional analgesia in labour and let us share some tips on how to manage epidurals that are not working. What is the current evidence for epidural and spinal anaesthesia in labour, and what are the various options for maintaining good analgesia? How can you improve your chances of a successful block? Does your regional block alter the progress and outcome of labour?

## Managing the impaired colleague

**Facilitator:** Dr Elizabeth Darbar  
**Time:** **PBLD23** Sunday 4 May 1530-1630

This PBLD will use case scenarios as a springboard to discussion for dealing with the impaired colleague. Problems for consideration will include drug and alcohol abuse, mental illness and life crises. The discussion will focus on

recognising, investigating and managing impairment and the use of available resources in this difficult area.

## **Malignant hyperthermia – where are we now with investigation and management?**

**Facilitator:** Dr Neil Street  
**Time:** **PBLD24** Sunday 4 May 1530-1630

With the reduced use of potent triggering agents such as suxamethonium and halothane, malignant hyperthermia (MH) is not considered the danger to patients it once was. However, there are still approximately 10 to 20 clinical events each year in Australasia that are referred to MH diagnostic centres. Using several scenarios this PBLD will explore the changing presentation of MH, its treatment and the referral process for the diagnostic tests that are available for this disease.

## **Perioperative care of the patient with a pacemaker or defibrillator**

**Facilitator:** Dr Alan Kaplan  
**Time:** **PBLD25** Sunday 4 May 1530-1630

This PBLD will discuss, by way of relevant clinical examples, the care of the patient presenting for non-cardiac surgery with a pacemaker and/or AICD in situ. Special emphasis will be placed on the use of a magnet in both emergency and elective situations.

## **Obstetrics – what to do when the block doesn't work**

**Facilitator:** Dr Phil Popham  
**Time:** **PBLD26** Monday 5 May 1030-1130

A primiparous patient in labour requests epidural analgesia. She is a smoker and suffers from asthma, obstructive sleep apnoea and gestational diabetes. Her antenatal care has been otherwise uneventful. This PBLD will focus on the options for the provision of regional analgesia in labour (including epidural, spinal and combined spinal-epidural techniques) and subsequent progression to surgical delivery, together with management options for inadequate regional anaesthetic block at each stage.

## **Perioperative beta-blockade**

**Facilitator:** A/Prof Kate Leslie  
**Time:** **PBLD27** Monday 5 May 1030-1130

A 75 year old man presents for an anterior resection of the rectum on your elective list. His angina has been exacerbated by the anaemia from rectal bleeding. This PBLD will explore how you would manage this case. How would you assess this man's risk of perioperative cardiac events? Does a laparoscopic approach make much difference to your assessment? Would you initiate perioperative beta-blockade and how would you manage it?

## **Paediatric tonsillectomy**

**Facilitator:** Dr David Kinchington  
**Time:** **PBLD28** Monday 5 May 1030-1130

A 5 year old girl is scheduled for adenotonsillectomy. She has been recently diagnosed with moderately severe obstructive sleep apnoea (OSA) following a full sleep study. CPAP was offered but not tolerated by the child. With a focus on the impact of OSA, this PBLD will discuss the art and science of this child's preoperative, intraoperative and postoperative anaesthetic management.

## **Early management of the burn patient**

**Facilitator:** Dr Kar Soon Lim  
**Time:** **PBLD29** Tuesday 6 May 1030-1130

This PBLD will involve a clinical scenario dealing with a patient with an acute burn injury presenting to the Accident and Emergency Department. Topics covered will include initial assessment, resuscitation, dressings and analgesia, as well as the difficulties of anaesthetising burns patients for dressings, debridements and grafting.

## **Urology – something old, something new**

**Facilitator:** Dr Jacques Van Westing  
**Time:** **PBLD30** Tuesday 6 May 1030-1130

Some old problems and some recent advances in transurethral surgery and their impact on anaesthesia will be discussed in this case based PBLD.

## **Paediatric trauma management**

**Facilitator:** Dr Sally Wharton  
**Time:** **PBLD31** Tuesday 6 May 1030-1130

You are called to the Emergency Department in a peripheral hospital to assist with a 2 year old boy who was the back seat passenger, restrained by an adult seatbelt, in a car involved in a high speed accident. He is conscious, but agitated, with a fractured left wrist and obvious swelling of the upper left leg. A cervical collar is in place and he has received 100ml of normal saline through a peripheral cannula. His heart rate is 140/min, blood pressure 85/40 and respiratory rate 30/min with saturations of 96% in room air. What will you do when you arrive in the Emergency Department?

## **Perioperative investigations, anaesthesia and analgesia for knee replacement surgery**

**Facilitator:** Dr Scott Lockley  
**Time:** **PBLD32** Tuesday 6 May 1030-1130

A 69 year old lady is scheduled for knee replacement surgery. She has a BMI of 30, is treated for hypertension with ramipril 10mg daily and has recently been diagnosed

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with Type 2 diabetes, requiring only diet modification. The resting ECG shows LVH. On examination you hear a previously undiagnosed systolic murmur. The patient does no physical exercise, but has no history of chest pain or syncope. Perioperative work-up, anaesthesia and analgesia will be discussed.

## Thoracic anaesthesia and one lung ventilation

**Facilitator:** Dr Paul Forrest  
**Time:** **PBLD33** Tuesday 6 May 1330-1430

You are asked to anaesthetise a 54 year old man for a right pneumonectomy. This PBLD will cover the perioperative management of patients undergoing major lung resection, options for the provision of one-lung ventilation and troubleshooting double-lumen tubes.

## Anaesthesia for patients undergoing aortic stenting

**Facilitator:** Dr Kevin Russell  
**Time:** **PBLD34** Tuesday 6 May 1330-1430

Our patient is in her eighties with previous aortic surgery. It is dark and crowded in the angiography suite and a rupture of the abdominal aorta has occurred. This case will allow us to explore the issues of anaesthesia outside the operating suite, the specific issues associated with an endovascular approach to aortic reconstruction and management of a catastrophe in a difficult location.

## Managing the patient with cardiac disease for non-cardiac surgery

**Facilitator:** Dr Tim McCulloch  
**Time:** **PBLD35** Tuesday 6 May 1330-1430

A 68 year old man with increasing claudication is scheduled for a femoropopliteal bypass graft. He has diabetes, poor renal function and he had a stroke 2 years ago from which he fully recovered. He asks you about his risk of a "heart attack" and whether there is anything you can do to avoid heart problems. In this PBLD we will review the assessment of cardiac risk and discuss which interventions are known to effectively reduce that risk (if any). We will also discuss the management of intraoperative ischaemia.

## Getting on top of pain in the early postoperative period – what to do when the "usual" measures don't seem to be working

**Facilitators:** Dr Jennifer Stevens and Dr Martine Casserly  
**Time:** **PBLD36** Tuesday 6 May 1330-1430

A 35 year old woman, treated with buprenorphine patches, oral naproxen and oral diazepam, presents for lumbar

discectomy. Factors contributing to poorly controlled pain in the recovery room and options for improving pain control will be discussed, including reasons for hyperalgesia in this patient, problems associated with buprenorphine use perioperatively, rational opioid use and adjuvant therapy in the recovery room.

## Tailoring anaesthetic care to provide renal protection

**Facilitator:** Dr Sharon Tivey  
**Time:** **PBLD37** Tuesday 6 May 1330-1430

During this PBLD we will review the various options available to anaesthetists to provide renal protection in the perioperative period. The management of an 82 year old man, with a background history of a complicated abdominal aortic aneurysm repair, CABG, diabetes and hypertension, presenting for repair of an aortoduodenal fistula will be discussed. A practical approach will be emphasised.

## Anaesthesia for the morbidly obese

**Facilitator:** Dr Andy Liew  
**Time:** **PBLD38** Tuesday 6 May 1530-1630

A 45 year old woman presents for laparoscopic cholecystectomy. She weighs 175kg and has a BMI of 52. This PBLD will focus on the anaesthetic management of morbidly obese patients; specifically preanaesthetic assessment, co-morbidities, intraoperative care and postoperative care, including analgesia.

## Getting it right with neuraxial opiates

**Facilitator:** Dr Stephen Gibson  
**Time:** **PBLD39** Tuesday 6 May 1530-1630

What's the right dose of a neuraxial opiate? What's the best opiate? Who's the right patient? These questions, and others, will be explored in this cutting edge PBLD.

## Managing the patient with pregnancy induced hypertension

**Facilitator:** Dr Steven Katz  
**Time:** **PBLD40** Tuesday 6 May 1530-1630

The objectives of this PBLD will be to understand the implications of pre-eclampsia for the mother and foetus, the considerations for using regional analgesia/anaesthesia in pre-eclampsia, the anaesthetic choices for Caesarean delivery in pre-eclampsia and discussion of the perioperative management of patients with pre-eclampsia.