YSOA NEWSLETTER

EDITOR: Dr Kay Robins

Issue 23/ August 2023

Presidents Message

Dear YSOA member,

I hope you are all keeping well and are having a lovely summer. This month we had the privilege of celebrating the 75th anniversary of the National Health Service. It was wonderful to see so many different events up and down the country to mark this milestone- historic buildings lit up blue on the evening of 5 July, 185,000 people from hundreds of communities coming together at their local parkruns and junior parkruns, tea parties and exhibitions, to name just a few.

This landmark anniversary also brought about discussions of the future of the NHS to its 100th birthday. The health of the country, an ageing population and more people living with multiple health conditions means our services face ever-evolving challenges and pressures; this is just as apparent within our maternity services. The NHS published its much-anticipated Long Term Workforce Plan this summer, outlining plans to recruit and retain hundreds of thousands more staff. NHS staff are the lifeblood of our health service and the care we are able to give within Maternity Services is acutely dependent on ensuring we have the right number of highly skilled individuals, who work and train together, for a truly cohesive, effective team. And of course we have prioritised acute maternity care during the industrial action by medics and other health professionals, who strike for improved pay and conditions for NHS workers.

The YSOA had its own little anniversary to celebrate too this year – we had our very first ASM at Harewood House in Leeds, April 2013. 10 years later our 2023 ASM at The Village Hotel South Leeds, delivered another fantastic programme of topics and incredible speakers from London, Cardiff, Manchester and Yorkshire. Our YSOA trainee representatives, Dr Ed Knights and Dr Liz Lowis have prepared summaries of each presentation in this newsletter.

We received outstanding feedback from delegates regarding the quality of topics and speakers for our 2023 programme, which makes the hard work of the committee so worthwhile, so put a date in your diaries for our next ASM on 30th April 2024!

The committee are busy preparing our Hinsley Hall 22nd September 2023 Anniversary Meeting. We have a great line up of case reports and Trainee presentations, plus a delicious evening dinner on offer, so please book your place ASAP, as numbers are limited.

I do hope to see you very soon!

Dr Sarah Radbourne: YSOA President

Dr Sarah Radbourne—President of YSOA

Hinsley Hall, Anniversary Meeting, Friday 22nd September 2023

Dates for your diary

YSOA Anniversary Meeting

Friday September 22nd 2023

Refundable Fee £25, includes Dinner

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or wayne.sheedy@talktalk.net

YSOA Annual Scientific Meeting 2023

Hull tbc, Tuesday 30th April 2024.

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or wayne.sheedy@talktalk.net

Membership details

Membership is free to all trainees and consultants in the Yorkshire and Humber region. Membership ensures you receive information regarding upcoming events and this amazing newsletter!

If you wish to become a member please forward the following information to:

obstetricday@hotmail.co.uk

Name:

Grade:

Employing Trust:

Locality if in a training post (East/South/ West)

A reliable contact email address:

YORKSHIRE SOCIETY OBSTETRIC ANAESTHETISTS

Yorkshire Society of Obstetric Anaesthetists Evening Anniversary Meeting

Hinsley Hall, Leeds
Friday 22nd September 2023

Essential Information

To book:

Email Wayne.sheedy@talktalk.net

Post a cheque for £25 payable to "Yorkshire Society of Obstetric Aneasthetists" and send to W Sheedy, 112 Westwick Road, Sheffield, S8 7BX

OR

Make a BACS Transfer

Bank Lloyds TSB
Acc No:60660963
Sort Code:30-98-97

Hinsley Hall is easily accessible from M1, M62 and free parking is available

62 Headingley Ln, Leeds, LS6 2BX

A refundable £25 will be required to secure a place at this event

18.30-19.00h	Arrival and Coffee
19:00-19:05h	Welcome
	Dr Sarah Radbourne, President YSOA, Consultant Anaesthetist, Leeds
19:05-19:25h	Management of placenta percreta with massive neovascularisation: obstetric & anaesthetic issues
	Dr Tamer Abouzied, Dr Dileep Wijeratne
19:25-19:45h	Brugada syndrome: challenges for the anaesthetist in the labouring parturient
	Ella Billson, Leeds General Infirmary
19:45-20:05	TBC
	Liz, York TBC
20.05-20.40h	Dinner
20:40-21:00h	Local Anaesthetic resistance in Ehlers-Danlos syndrome type III – an elective LSCS plan
	Dr Samuel Doyle, Leeds General Infirmary
21:00-21:20h	Interesting case with challenges or you could give Title as TAR syndrome
	Dr Stephy Jose / Anju Raina
21:20-21:40	Careful Considerations in Peripartum Complications
	Dr Megan Oldbury, Mid Yorkshire Teaching NHS Trust
21:40h	Feedback and close

2 CPD points applied for from the Royal College of Anaesthetists

YSOA website and Podcasts

Podcasts from the ASM 19 are available to download from our website www.ysoa.org.uk

Username:

Admin

ysoa@gmail.com

Password:
Green42Carwash
%$*ysoahull@$)

Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility	13 September 2023
York	tbc
Bradford	tbc

For more information please go to the Yorkshire and Humberside Deanery Website

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility	17 October 2023

Contact: anju.raina@nhs.net or Claire.pick@nhs.net

Yorkshire Difficult Airway Course

tbc

YSOA 2023 Annual Scientific Meeting Review

Village South Leeds Hotel, 23rd April 2023

Talk 1 PET Jenny Myers

Complex syndrome, simple care
Discussion about the importance of recognition and appropriate management of PET to prevent perinatal morbidity and mortality.
Use of angiogenic markers - indicators of placental damage.
placenta derived (soluble Fms-like tyrosine kinase 1) sFLT-1 - high levels of this are bad.
decreased levels of PIGF (placental growth factor) are also bad.
Studies have shown the accuracy of these markers.
The PARROT study was a 13 centre RCT using PIGF measurement as a diagnostic rather than prognostic tool. It was not indicated if the diagnosis of PET was confirmed at presentation.
Using PIGF measurements led to
1) Diagnosis quicker and targeted surveillance
2) Reduction in severe adverse outcomes
3) Cost reduction
The absolute risk of severe adverse outcomes is low 1-3%, but requires careful surveillance.
Current guidance from the PHOENIX trial
< 34 weeks, expectant management with a plan
34-37 weeks - Balance maternal vs foetal health
> 37 weeks deliver
Prof Myers then went on to discuss stroke having the strongest correlation with systolic BP and use of magnesium and she discussed how reflexes are not useful in pregnancy because they are always brisk in this patient group.
She then went on to discuss pulmonary oedema and the leaky vascular endothelium and reinforced the importance of giving blood rather than crystalloid if the patient is bleeding.

Talk 2 What can a bariatric anaesthetist teach an obstetric anaesthetist? Andrew McKechnie

Andrew began his talk with a look at the numbers of obese within the UK population and how the obese were overrepresented in all the recent NAP studies.
He then went on to discuss the physiology and the importance of positioning, use of HELP pillows and good preoxygenation.
He also discussed airway management, use of a supraglottic airway if bag/mask ventilation difficult and use of a videolaryngoscope as plan A in this group of patients.
Andrew then went on to discuss bariatric surgery and the implications on obstetrics, which is becoming more common but for which there is little guidance.
Ideally, women should wait 12-18 months after bariatric surgery before pregancy, and these women are high risk needing consultant led care. they should have nutritional surveillance and screening and dietetic input and consultant anaesthetic review.
Ideally bands should be released and balloons deflated and there may be large areas of loose skin on the back and abdomen which may interfere with regional anaesthesia and surgery respectively.
He also discussed that they may be Vit K deficient which can lead to high INR which may have important implications for regional anaesthesia.
These women should be discussed with bariatric surgeon.

Contact Us

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Mr Wayne Sheedy

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Visit us on the web at www.ysoa.org.uk

Please email any comments or feedback regarding this newsletter to W Sheedy as above.

Please forward this newsletter to your obstetric anaesthetic colleagues and trainees to let them all know all the news – thank you.

Kay Robins , Editor (York)

Talk 3 Congenital Heart Disease in pregnancy/labour and delivery Kate English

Kate opened her talk with a look at the number of cardiac women treated per year in Yorkshire 300-650 per yr and highlighted that maternal cardiac deaths are rare, complex disease is usually known about but warned not to be complacent.
The number of very complex disease survivors is increasing but there are a significant number of women from other countries with partially/untreated disease.
She highlighted the importance of normal and pre pregnancy counselling/optimisation where possible, effective contraception and care by an experienced cardiac obstetric team.
There was referral to the 2018 ESC guidelines about the management of cardiac disease during pregnancy.
She discussed pre pregnancy counselling involving cardiology, obstetrics, anaesthetics and family and structural and functional assessment, using a maternal and foetal risk score and modified WHO I-IV, optimising women where possible and further intervention if required urgently.
Kate discussed offering women termination but stressed the importance of bearing in mind that the significant haemodynamic changes often occur at the time of foetal viability and the difficulty that may be encountered in managing women safely with heart failure, valvular disorders, anticoagulation etc.
Kate discussed that the important features before decompensation were tachycardia and breathlessness and suspicion and early intervention may be needed Low risk lesions WHO I-II
Mechanical valves have a 9% mortality due mainly to
PPH risk
Thrombus - valves stuck open, cardiogenic shock
Warfarin vs LMWH
Pulmonary vascular disease is very high risk
Kate then went on to discuss cardiac physiology during labour and delivery
24-48 hours post delivery for all the fluid shifts to take place
Importance of delivery plans for women.
CSEs where appropriate allow titration of anaesthetic and good pain relief helps decrease cardiac work
concept of the “low cardiac output delivery”
Use of syntocinon IM - no IV boluses and avoid ergometrine

Talk 4 Role of TIVA in obstetric anaesthesia - Dr Yavor Metodiev

Dr Metodiev is leading the first national project in obstetric TIVA - ObsTIVA-UK
This topic also generated a lot of interest at the recent OAA Annual Scientific Meeting in Edinburgh.
Yavor began by discussing the potential benefits of TIVA in obstetrics - The increased uterine atony risk with GA , 4x risk of atony if GA is combined with some form of regional anaesthesia, better recovery with TIVA vs volatiles in terms of reduced PONV, reduced shivering and quicker lucidity as well as the ongoing environmental concerns with the use of volatiles.
He discussed a study comparing TIVA vs desflurane which showed better recovery with TIVA in terms of reduced PONV and reduced postoperative pain.
Yavor also discussed the indications for TIVA in women with Malignant Hyperpyrexia and in those whose babies who may be susceptible to MH.
The current evidence for TIVA in obstetrics is limited to case reports in high risk women.
He then went on to address some of the perceived barriers to the use of TIVA in obstetrics, mainly:
The time and equipment needed for infusions and the set up, especially if doing this in a time critical emergency.
Yavor outlined that the TCI models have nil evidence in the pregnant nor obese patient population and discussed that the decision to use TIVA in this setting had to be balanced with the awareness risk in a known high risk population:
1 in 670 in NAP5
1 in 212 in DREAMY
and in addition, that BIS is not designed nor validated for the pregnant brain.
Both propofol and remifentanil are known to cross the placenta and with the use of TIVA - 1/2 of neonates need support but that is short lived and thought to be due to remifentanil.

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The afternoon started with three excellent oral presentations from trainees across the region.

Dr Alison Cairns presented an interesting case about a lady with blue rubber bleb naevus syndrome. A rare condition associated with chronic iron deficiency anaemia, thrombocytopenia and acute gastro-intestinal haemorrhage. The case highlighted the importance of a multidisciplinary approach including a comprehensive anaesthetic assessment, spinal imaging and nasendoscopy. The patient went on to have an uneventful elective caesarean section under spinal anaesthesia.

Dr Nick Wroe presented an audit looking at obstetric anaesthesia in women with a BMI greater than 50. The main findings were that most women seen in the anaesthetic clinic were advised to consider an early epidural and for those women who went to theatre a senior anaesthetist was present for the majority of cases. Dr Wroe postulated whether ultrasound scanning of these patients' backs prior to epidural placement could improve first time success in a potentially difficult patient cohort.

Dr Anna Greenwood presented a thought-provoking project looking at entonox usage at Leeds teaching hospitals trust. The project was concerned with the financial, environmental and health implications of entonox use, highlighting the massive impact this has on the NHS carbon footprint.

Following this, Rebecca Allen a legal services manager gave a detailed insight into how trusts prepare for inquests with HSIB involvement. The overriding message from the talk was the support that is available to healthcare staff that are asked to give evidence in these cases, which can be a stressful and emotional experience. Again it was highlighted that these investigations are not about allocating blame, but seeing where services could be improved and learning from incidents.

Next up was the ever-enjoyable pro-con debate. "For a safe obstetric unit there should be obstetric anaesthetists on site 24/7".

Dr Brian Wilkinson argued in favour citing key points of rapid and appropriate decision making, improved outcomes, advanced clinical skills, reduced patient safety errors and benefits to training juniors.

Dr Amanda Vipond argued against, stating that this level of cover was not necessary, not achievable and not desirable. Dr Vipond stated consultants were best placed to formulate safe plans for fellow competent anaesthetists to follow, create robust guidelines, provide advice and support for complex women and provide training. Both sides gave compelling arguments with Dr Vipond coming out a close winner.

Consultant obstetrician Dr Sarah Winfield then gave a talk on the impact of the recent Ockenden/Kirkup reports. The investigations detailed the following factors as leading to substandard care for both mothers and neonates at two separate trusts: Lack of compassion, poor communications, concerns and complaints dismissed, duty of candour often absent, poor multi-disciplinary team working, families not involved in investigations and poor leadership. A key point emphasised by Dr Winfield was that we as obstetric anaesthetists are an integral part of the maternity team and make a crucial contribution to safety on the labour ward. The talk concluded with the message that we need to improve services by putting women at the centre of the care that we deliver.

The final talk of the day came from consultant gastroenterologist Dr Christian Selinger which focused on the management of gastrointestinal disorders in pregnancy. The impact of inflammatory bowel disease on both fertility and pregnancy was discussed with an increased rate (50%) of caesarean sections and complications particularly seen with active peri-anal disease or previous pouch surgery.

Overall the day was a great success with a brilliant turnout from both trainees and more senior colleagues. The talks had great variety and brought about plenty of questions and debate. We look forward to future events where we can share the good work being undertaken across Yorkshire in obstetric anaesthesia.