YSOA NEWSLETTER

EDITOR: Dr Kay Robins

Issue 13/ January 2018

Presidents Message

2018 arrived and we faced an even more challenging NHS ! Unprecedented pressures on our emergency departments have swamped our resources and brought organisations to a grinding halt. Pessimistic forecasts suggest that such pressures are here to stay and that we have to learn to accept them and find ways of working alongside such challenges.

Resilience is a term that is increasingly used in NHS communications-what does it mean and does it have relevance for us? Many describe resilience as an attribute to cope with stress and/or instability in one's life or organisation. When considered using a human factors perspective, resilience is "the ability to understand how failure is avoided and how success is obtained." It describes how people can " learn and adapt to create safety in settings that are fraught with gaps, hazards, trade-offs, and multiple goals."[1]

Resilience needs to become the motto for healthcare professionals and YSOA will strive to help you achieve this important attribute. Our focus will be on building safety. Our first offering this year will be the annual scientific conference in April 2018 at Leeds to build on the success of our evening anniversary dinner meeting in September 2017. The evening meeting continues to draw a keen audience and proves to be a great opportunity to network and share best practice. We are always indebted to our colleagues who share experiences of good practice and more importantly poor practice as we need to emulate the good and avoid the bad . The smaller and more informal evening meeting has proved to be a valuable forum to discuss more " sensitive" topics and this is something we shall continue to subsidise and provide to help build resilience in our speciality.

We have a new Editor, Dr Kay Robins who has created the January 2018 newsletter-her first newsletter. I am sure you will find it a stimulating read. One of the challenges of the Society is to increase the readership of the newsletter and the reach of our Society. We need your help so do encourage your colleagues to join the Society.

Dr Anju Raina, our trainee representative has successfully obtained a consultant obstetric anaesthetist post at Hull. We thank her for her contribution to YSOA and wish her well in her consultant career. We are inviting applications from interested trainees to the post of the trainee representative . So do contact us.

And finally best wishes for the New Year. I look forward to seeing you and your colleagues at the April annual scientific meeting.

Stay safe and keep your patients safe!
MAKANI PURVA

President

Yorkshire Society of Obstetric Anaesthetists

Dr Makani Purva—President of YSOA

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Dates for your diary

YSOA Annual Scientific Meeting 2018

Tuesday April 24th 2018 08.30 – 5pm

Venue: Clayton Hotel, Leeds

Information and registration details are on the next page of this newsletter and on:

http://www.ysoa.org.uk

YSOA Anniversary Meeting

Friday September 28th 2018

Free (small refundable deposit)

Our yearly exclusive meeting is a great time to network,

listen to interesting talks with audience interaction, often with a patient experience session.

Dinner included

Contact: w.sheedy@hull.ac.uk

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: w.sheedy@hull.ac.uk

Name:

Grade:

Employing Trust:

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

A reliable contact email address:

Yorkshire Society of Obstetric Anaesthetists

Annual Scientific Meeting

24 April 2018, Clayton Hotel, Leeds

Speakers

Dr Rachel Collis- Point of Care Coagulation Testing in Major Obstetric Haemorrhage
Dr Shouvik Dass-Connective Tissue Disease in Pregnancy: What You Might See And What To Look Out For
Dr David Levy-Changing Face of Medico-Legal Practice How has the landscape changed?
Dr Debbie Horner and Dr Hamish McLure- Pro-Con Debate: Should Remifentanil Be Used On The Labour Ward?
Corinne Liddle Johnson– Trauma and Domestic Violence in Pregnancy
Felicity Plaat – Standards for Obstetric Anaesthetic Care 2017

Clayton Hotel ,Leeds

Essential Information

- 5 CPD points confirmed by the Royal College of Anaesthetists

Meeting Fee (non members):

- Consultants £120
- SAS/Trainee £70
- ODPs/midwives £25

Abstract Prizes

- Oral Presentation £100
- Poster £50

For full programme, bookings, abstract submission guidelines and further details see meeting website:

http://ysoa.org.uk/Contactus/

YSOA YORKSHIRE SOCIETY OBSTETRIC ANAESTHETISTS

CLAYTON HOTEL LEEDS

5 reasons why you should come to the ASM….

1.The content!

This annual event has a fantastic line up of speakers, covering a wide range of important topics. Key areas of interest such as point of care testing in massive haemorrhage and provision of anaesthetic services in obstetrics, run alongside topics which are perhaps less high profile, but nonetheless important in our daily working lives, such as domestic violence in pregnancy. All our speakers are leading experts in their field, with a proven track record for giving stimulating and thoughtful talks. We also have a great session on the 'patient perspective' – which offers a unique insight into what it feels like to be a patient on labour ward when things go wrong…..prepare to be a little shaken by what you hear, as you may find yourself re-evaluating your communication skills!

2. The excellent networking opportunities.

Your obstetric anaesthetic colleagues from around the region will be attending, and this is a great time to link in with your fellow enthusiasts and share ideas and experience. There is plenty of time for meeting others, over coffee and cake, or a delicious lunch….

3. The opportunities for trainees.

Trainees, this is your moment to shine! Submit your abstract and have the opportunity to present your work to a regional group. We are a friendly crowd, and very supportive of all the hard work that we know trainees are doing. Whether you present a poster, or get selected for an oral presentation, this is great CV fodder and will help build your profile as a budding obstetric anaesthetist…

4. The great location!

The meeting is in central Leeds – and is easily accessible by both road and train. There is plenty of free parking.

5. Shushhhhhh……we are better value and more fun than other one day or longer courses!!

Clayton Hotel, Leeds ASM 18 Venue

Trainee Representative for YSOA

An exciting opportunity has arisen for a trainee representative on the YSOA executive Committee.

Please contact Dr M Purva, President for further information.

YSOA website and Podcasts

Podcasts from the ASM 17 are available to down-load from our website www.ysoa.org.uk

Username: admin

Password: Green42Carwash

Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility	tbc
York	Wed 5th December 2018
Bradford	tbc

For more information please go to the Yorkshire and Humber-side Deanery Website

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility	tbc

Contact Daniel.websdale@hey.nhs.uk

Anniversary Meeting, Hinsley Hall, 2017

Evening Anniversary Meeting Report

YSOA Anniversary Meeting, Hinsley Hall,

Friday 29th September 2017

By Dr Tom Kelly

Dr Tom Kelly and Sue Smith kicked off the evening with the “secret smoker”, an interesting case report in what should have been a routine elective obstetric case. The patient suffered an unexpected cardiac arrest immediately following delivery by caesarean section. The presentation highlighted the diagnostic difficulties during a maternal cardiac arrest and the concurrent treatment of multiple possible pathologies. The patient survived however was found to have a thrombus within the IVC with subsequent anticoagulation leading to massive haemorrhage. The speakers stressed that as venous thromboembolism remains the number one cause of maternal cardiac arrest, this should be firmly at the top of possible differentials. Finally as a potentially preventable entity, areas for improvement in this case were that risk assessment could be more robust as potential risk factors were not correctly identified.

The next speaker was Caroline Woolfitt, who offered the delegation an ODP perspective with her “Highs and lows of being a labour ward ODP”. Despite the many possible difficulties of an unenviable job, the speaker delivered enlightening views on the world of obstetric anaesthesia. The interesting high involved another maternal arrest and despite a devastating outcome, the positive non-technical skills experienced had a lasting impact. The subsequent debrief and praise from anaesthetic colleagues had a huge impact and the power of the words “Thank you” should not be underestimated. Debate was sparked in one of the lows, with high throughput of locum and rotating trainees leading to varying practice away from departmental guidance. The audience felt ODP colleagues should feel empowered to challenge differing practice as often they can be the last line of defence in patient safety.

The post dinner debate came from Dr Kay Robins and Mr Alex Oboh, in “Should anaesthetists have CTG training?”. In what looked like an easy crowd, Dr Robins lost her yes debate with the majority of audience jumping sides after a persuasive set of arguments put forward. Dr Robins argued that anaesthetists are also clinicians and as part of the obstetric team, independent CTG interpretation guides anaesthetic decision making. Mr Oboh argued strongly against this, viewing the CTG as a burden of the obstetricians and something whose interpretation should not be taken lightly. The audience was swayed by the additional training and competency assessment which would be required alongside the medico-legal minefield of CTGs.

The final presentation was “Diagnostic dilemmas in the critically unwell postnatal patient” from Dr Maya Katlinksa and Dr Gedas Juknveicus. Again this case illustrated the diagnostic difficulties in an acutely unwell peri-partum patient. In what appeared to be a straightforward case of postpartum sepsis in a patient with PET, the team found themselves in a life-threatening emergency. Owing to a persistent lactataemia and apparent dehydration, liberal resuscitation with fluids was commenced. Unfortunately the patient acutely deteriorated and developed frank pulmonary oedema. After admission to critical care and appropriate treatment she was successfully discharged. The presentation reiterated the importance of fluid balance in PET with the known risks of pulmonary oedema. The audience debated the importance of senior decision making in such patients and the widespread paucity of consultant sessions to allow for postpartum visits/ward rounds.

The Birth of my Training in Obstetric Anaesthesia?

A Novice's Account

Alex Hamshere

Having survived my first year as an anaesthetic trainee I felt relieved that I was no longer the novice unable to draw up a syringe of propofol without having to remove shards of glass from my fingers. However apprehension struck, upon entering my second year my obstetric block was looming ahead.

I had heard very few positive things about obstetrics. Trainees that had got through to the other side had likened it to marmite. Enough said! I remember other senior trainees scorning 'obs' and statements such as ''hurry up and get your 'obs' competency so I never have to step foot on labour ward again'' resonated in my head. This left me feeling slightly concerned and that was before all the horror stories of clashes with midwives.

I turned up for my first day on labour ward and instantly felt a different atmosphere compared to the theatre environment. I sensed I was in foreign territory. Terms such as ''kiwi'' and ''lift out'' did little to ease my sense of angst. Following hand over I remember going into the anaesthetic office with my consultant and being told obstetrics was easy, there are only ever three options. We sat down and talked through epidurals and got the plastic model out to practice on. It wasn't long before my time was up. The midwife came in with those dreaded words ''the lady in room 5 is requesting an epidural please''. Apprehension struck. Despite having done my fair share of spinals this was completely different. There was a midwife looking expectantly at me, a lady writhing around screaming and the husband looking absolutely desperate. I scrubbed up and procrastinated by rearranging my tray several times. I unsheathed the needle, shocked myself again with its size and despite my hand shaking outrageously and my consultant looking mildly concerned, I was blessed by a touch of beginner's luck. Epidurals, tick.

As a novice I would often participate with the morning elective caesarean list that happened three times per week. This was really enjoyable, getting to be 'the' anaesthetist in a planned, prepared and only minimally stressful environment. I would be aware of the consultant hovering in the background to see the spinal went in ok and then leave me be. My most troublesome worry however, was not that the spinal went in but trusting that it would work. This needle with its magic solution that one arguably never *entirely* knew where it was going, would allow the patient to comfortably have her baby. This thought is what worried me the most and caused a lot of hand trembling, foot tapping moments.

One of my consultants taught me that performing the practical skills necessary in obstetric anaesthesia was not the hardest part. Instead, coaxing and reassuring the patient and her partner through this strange world of drapes, requests for clamps, beeping of machines, blood, pushing and pulling was definitely more of a challenge. Having a caesarean section is an entirely unnatural environment for the parents yet one of the most important moments of their lives. Maintaining a calm façade and being a reassuring face to help them through this strange event is one of the most important skills I have learnt since starting obstetrics.

During my first week of obstetrics, I was being shown the ropes of performing follow ups on the post-natal ward. What followed was a very unexpected event. My bleep went off around the same time the test bleeps all happen in the morning. Expecting the normal ‘’testing crash call’’ I was instead met with ‘‘cardiac arrest G3’’, the ante-natal ward. On arrival my consultant and I checked for a pulse and confirmed cardiac arrest. What followed was a perimortem section on the ante-natal ward bed, with the successful delivery of live twins. The aetiology for cardiac arrest was unclear but it was suspected a massive pulmonary embolism was most likely. Thrombolysis was performed as well as transferring the patient to theatre with resuscitation ongoing. In spite of this sadly the patient did not survive.

During such an unexpected tragic event, support, camaraderie and communication between differing specialties were so important. All the different health care professionals involved played such important roles from the obstetrician performing the perimortem section, to the HCA’s and midwives involved in clearing corridors and moving other patients to create an unobstructed, inconspicuous path to main theatres. It would be easy to become focused and blinkered into your area of specialism but what was clear in this scenario was collaboration between all team members played an immense role.

I have utmost respect for obstetrics as a specialty and the different emotions it evokes. In my case, the dread and fear I had at the start has slowly transformed into fondness. I enjoy being part of the moment where couples get to meet their new baby. Transforming a screaming traumatised mother into a calm, grateful new person never ceases to create a sense of satisfaction. Even when a midwife politely came up to me recently and started talking about what ‘‘the hormone drip’’ was, I startled myself by finding this endearing. Despite my negative preconceived ideas of obstetrics, I can now say an affectionate feeling is developing and I am truly looking forward to continuing my obstetric training.

Contact Us

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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)