AANA Election Results Announced

The AANA is pleased to announce the results of the election for the FY2016 Board of Directors, Nominating Committee and Resolutions Committee.

**AANA Board of Directors FY 2016**

- Juan Quintana, CRNA, DNP, MHS, President
- Cheryl Nimmo, CRNA, DNP, MSHSA, President-Elect
- Bruce Weiner, CRNA, MS, Vice President
- Kathryn Jansky, CRNA, ARNP, MHS, USA, LTC (ret.), Treasurer
- Robert Gauvin, CRNA, MS, Director – Region 1
- Debra Barber, CRNA, DNP, MS, Director – Region 2
- Randall Moore II, CRNA, MSN, MAJ, USAR, Director – Region 3
- Mark Haffey, CRNA, MSN, APN, Director – Region 4
- Alison Carter, CRNA, MS, Director – Region 5
- Linda Goetz, CRNA, MHS, Director – Region 6
- Garry Brydges, CRNA, DNP, MSN, ACNP-BC, Director – Region 7

**FY 2016 Nominating Committee**

- Ann Bassett, CRNA, MS, APRN, Region 1
- Michele Ballister, CRNA, DNP, Region 2
- Timothy Finn, CRNA, Region 3
- Garrett Peterson, CRNA, DNP, RN, Region 4
- Matthew Bishop, CRNA, DNP, APRN, Region 5
- Michael Ruebusch, CRNA, MSN, Region 6
- Catherine Gabel, CRNA, Region 7

**FY 2016 Resolutions Committee**

- J. Benjamin Campbell, CRNA, MS, BSN
- Tessa Guevara, CRNA
- Paul Packard, CRNA, DNAP, NEA-BC
- Alicia Ingram, CRNA, MSN
- Jon Wohlhuter, CRNA, MS
To access the report from the election services coordinator, visit http://www.aana.com/electioncenter. (Member login and password required.)

The Pulse

Inside the Association

- Hot Topics
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- Jobs

Healthcare Headlines

Healthcare Headlines is for informational purposes, and its content should not be interpreted as endorsements, standards of care, or position statements of the American Association of Nurse Anesthetists.

- Minnesota Hospitals and Birth Centers Are Bringing Back Laughing Gas
- Cognition and Brain Structure Following Early Childhood Surgery With Anesthesia
- Painkillers Resist Abuse, But Experts Still Worry
- Facial Recognition System Detects Pain
- Delirium in ICU Patients Linked to Mortality, Longer Stays
- Bundled Prevention Strategy Reduces Surgical Site Infections
- US Patients Undergoing Orthopedic Surgery Receive More Treatments for Pain
- Failure to Use Reversal Agent Ups Reintubation Risk Sixfold
- Estimated Deaths and Illnesses Averted During Fungal Meningitis Outbreak Associated with Contaminated Steroid Injections
- Preoperative Hypotension Linked to Mortality Risk
- Smokers and Secondhand Smokers Require Heavier Anesthesia, Painkillers During Operations
- FDA Approves Treximet for Acute Migraine Treatment in Pediatric Patients

PQRSwizard Makes Quality Reporting Fast & Easy! Group Measure Now Available!

The AANA Member Advantage Program is now offering the PQRSwizard: a fast, convenient, and cost-effective online tool to collect and report quality data for the CMS PQRS program.

Plus, PQRSwizard has a built-in Progress Monitor that checks for missing data to validate your report. The Progress Monitor tracks your data to provide you with continuous feedback regarding valid patients and provides an alert when you have met all submission criteria and your data are ready to be reviewed and submitted. The system even calculates your measures and provides a printable report of your measure results in real time. Measures Groups are now open for 2015 registration through Group Practice Reporting Option (GPRO). PQRS Individual Measures will be available Summer 2015, you can sign up to be notified when available.

Available to AANA Members for the special rate of $249 per provider. To Learn more visit http://www.aana.com/aboutus/Pages/AANA-Member-Advantage-Program.aspx

Upcoming Events

Visit the AANA Calendar of Events for dates of meetings, seminars, conferences, continuing education classes, and more!

June 26-27, 2015: Business of Anesthesia Conference
August 29-September 1, 2015: Nurse Anesthesia Annual Congress

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association for more than 47,000 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists.

Anesthesia E-ssential is an executive summary of noteworthy articles of interest to nurse anesthetists. It is distributed bimonthly to AANA members. Anesthesia E-ssential is for informational purposes, and its contents should not be interpreted as endorsements, standards of care, or position statements of the American Association of Nurse Anesthetists.

If you are interested in advertising in Anesthesia E-ssential contact
New Online Way to Apply for CE Credit Coming Soon

Beginning in August, the AANA will introduce a new Web-based continuing education (CE) application process that will facilitate a more streamlined, safer, and easier way for CRNAs and program providers to apply for CE credit. For more information, be sure to check out the next few Anesthesia E-ssential and an in-depth look in the July NewsBulletin.

Help Elect a New Nurse Anesthetist Director for NBCRNA Board of Directors

The NBCRNA is holding an election for a new nurse anesthetist director on the NBCRNA Board of Directors, and for the first time all current certified and recertified nurse anesthetists have the opportunity to participate in the election process. You can make a difference by casting your vote. Voting opened June 8 and will continue through 4 p.m. CT on June 30, 2015. For more information, to learn about the candidates, or to vote, go to www.NBCRNA.com/election.

Free ICD-10 Webinar on June 30, 2015 at 12:00pm CT

The AANA website’s Quality & Reimbursement resource section frequently updates content and highlights announcements and educational opportunities that are of interest to CRNAs. In particular, the American Academy of Professional Coders (AAPC) is offering a free one-hour webinar titled "How to Prepare for ICD-10 NOW," to help you learn the key components of a successful ICD-10 implementation plan along with proven strategies for proper implementation. Attendees will receive free bonus resources including an ICD-10 Training Implementation Manual and an ICD-10 consultation (30-minute consultation with an ICD-10 specialist). Click here to register for the webinar. Also, be sure to visit our updated PQRS Reporting Mechanisms page, which includes two new FAQs on Measures Groups for PQRS reporting.

Foundation and Research

2015 Annual Giving Campaign: Be Recognized at Annual Congress – Donate Today

Thank you to all donors and Friends for Life who have supported the AANA Foundation in fiscal year 2015. Your support is so important in advancing nurse anesthesia education and research. If you haven’t made your donation yet, please do so by July 1, 2015, to be included in the AANA Foundation’s FY15 Annual Report (donations of $100 or more will be included). Click here to access the Foundation’s secure donation page.

Again, thank you for your support!

Last Call for Friends for Life Deadline for 2015 – June 15

The Friends for Life submission deadline for recognition at this year’s Annual Congress in Salt Lake City, Utah, is June 15, 2015. Friends for Life help support the future of the nurse anesthesia profession through meaningful, lasting gifts. Contributions through Friends for Life help fund and sustain programs that further research and education in anesthesia. Read More.

Purchase Your Tickets Today: AANA Foundation Fundraising Events at Annual Congress

Support the AANA Foundation and purchase your tickets when you register for the AANA 2015 Nurse Anesthesia Annual Congress.

One Night – Twice the Fun
This fabulous and fun event featuring Hollywood Revisited and Shake It for a Cause Dance Party will take place on Sunday evening, Aug. 30, 2015. Visit our event
webpage at One Night – Twice the Fun to learn more.

18th Annual Golf Tournament at Eaglewood Golf Club
Plan to join us on Friday, Aug. 28, 2015, at 1:30 pm when we tee off. Click here to visit the golf tournament webpage and learn more.

Questions? Please contact Luanne Irvin, AANA Foundation Development Officer, at (847) 655-1173 or lirvin@aana.com.

Meetings and Workshops

Register Now for Business of Anesthesia Conference
Join us in San Diego on June 26-27 for a two-day conference that will arm you with critical tools for navigating the business aspects of anesthesia practice. Get real-world advice from expert speakers with experience in building and maintaining a successful practice. Whether you are still in training or have owned your practice for years, you’ll benefit from best practices and strategies for success in an ever-changing healthcare climate. Register Now!

Register Now for the Nurse Anesthesia Annual Congress
August 29-Sept. 1
Salt Lake City

The Nurse Anesthesia Annual Congress is the world's largest educational, professional, and social event for Certified Registered Nurse Anesthetists. Choose from seven education tracks, including practical hands-on learning and networking, in addition to the largest exhibit of its kind. Register Now!

Fall Leadership Academy: Save the Date!
November 6-8, 2015
Westin O'Hare, Rosemont, Ill.

The Fall Leadership Academy is a unique opportunity to meet current and future leaders, catch up with old friends, and create new relationships. Watch the AANA website and future issues of the NewsBulletin and E-ssential for more information!

Registration Open for Upper and Lower Extremity Block Workshop
Expand your skills and expertise in upper and lower extremity block anesthesia through this hands-on workshop, to be held on Sept. 26-27, 2015, in Park Ridge, Ill. The program will include case studies, hands-on demonstrations, return demonstrations, and skill validation. Register now!

Coming This Fall: Popular Hands-On Workshops
Check out the Meetings and Workshops webpage on the AANA website and future issues of the AANA NewsBulletin and Anesthesia E-ssential for further information.


Federal Government Affairs

Senate Veterans Affairs Committee Held a Hearing June 3 on Legislation that Excludes CRNAs from VHA APRN Full Practice Authority; AANA and APRNs Offer Testimony
On June 3, the Senate Veterans Affairs Committee held a hearing on S 297, the "Frontlines to Lifelines Act," sponsored by Sen. Mark Kirk (R-IL), that excludes CRNAs from Full Practice Authority granted to other VHA APRNs. The AANA was in attendance and along with 12 other APRN organizations submitted testimony expressing concern for this legislation as written. Read More.

Update on Current Status of AANA’s Efforts to Ensure Veterans Access to Quality Care

The AANA and its members continue to advocate for legislation and a Veterans Health Administration (VHA) proposal that would authorize all advanced practice registered nurses (APRNs), including CRNAs, to practice as Full Practice Providers in the VHA and help improve access to quality healthcare for all veterans. Here is a status update: Read More.

Federal Government Issues Provider Nondiscrimination Update, Backs Off from Previous Problematic Language

The Departments of Labor, Health and Human Services, and Treasury (the Departments) issued a new Frequently Asked Questions (FAQ) document changing their current enforcement approach to the important AANA-backed provider nondiscrimination law (Section 2706 (a) in the Affordable Care Act). Read More.

Medicare Addresses AANA and Nursing Groups Comments on Removing its Physician Requirement in Accountable Care Organizations

In response to a comment made by the AANA and 10 national nursing organizations urging the Centers for Medicare & Medicaid Services (CMS) to remove the requirement that the medical director for clinical management and oversight in an accountable care organization (ACO) must be a physician, CMS has stated in a new final rule that it will not modify the requirement, but noted that there are opportunities for ACOs to appoint CRNAs and other APRNs as clinical leaders for quality assurance and improvement programs. Read More.

Medicare Posts Part B Providers’ 2013 Aggregate Billing Data, Including that of CRNAs

For the second consecutive year, Medicare published on June 1 new data describing total Medicare Part B payments to CRNAs, physicians and other providers, for the calendar year 2013. CRNAs now have access to information about Medicare payments for their own services – and for the services of any other Part B provider. From the $90 billion that Medicare paid for Part B services in 2013, the data shows that $2.4 billion, or a little less than 3 percent, was paid to anesthesia professionals. Read More.

AANA Advocates for Health Information to be Shared Across Providers and Settings of Care

The AANA has recommended that CMS ensure that future Medicare and Medicaid electronic health records (EHR) programs are developed to include providers who were not previously incentivized to develop or adopt EHR technology, including CRNAs, as part of comments to a Centers for Medicare & Medicaid Services’ (CMS) Stage 3 EHR Incentive Program proposed rule. Read More.

AANA Submits Materials to Key House Committee on Medicare Competition and CRNA Services

The AANA has presented a Medicare-writing congressional committee several examples of how CRNA services promote quality care and lower costs through competition. In materials submitted June 1 to the House Ways and Means Health Subcommittee, the AANA wrote, "Advanced practice registered nurses (APRNs), including Certified
Registered Nurse Anesthetists (CRNAs), practicing to the full scope of their training and expertise ensures patient safety and access to safe, high-quality care, and promotes healthcare cost savings as well as increased competition in the healthcare marketplace and the Medicare program.” The AANA attached information that had previously been part of presentations to recent Federal Trade Commission workshops titled “Examining Health Care Competition.” Read More.

AANA and Nursing Groups Request NIH to Include APRNs and CRNAs as Stakeholders and Collaborators in Draft National Pain Strategy

The AANA, along with nine other national nursing organizations, urged the National Institutes of Health (NIH) to include APRNs, including CRNAs, as leading stakeholders and collaborators who help carry out the objectives of the its new draft National Pain Strategy, in a comment letter submitted to the agency on May 19. Read More.

HHS OIG Reports $18.2 million in Potential Medicare Overpayments for Hospital Outpatient Services and $7.3 million in Ambulatory Surgical Center Services

The Department of Health and Human Services Office of the Inspector General (OIG) released a report stating that Medicare potentially over paid $33.4 million in claims to providers who incorrectly coded the place-of-service (POS) and will soon begin collecting for those overpayments. Of the $33.4 million payments from incorrect POS coding, there are $7.3 million in potential overpayments for more than 100,000 services performed in ambulatory surgical centers using the incorrect POS, the OIG states. An additional $18.2 million in overpayments was also reported for services coded as being performed in office-based settings that were actually performed in a hospital outpatient location. In recommendations included in the report, the OIG recommends that the Centers for Medicare & Medicaid Services direct Medicare Administrative Contractors to immediately recover the potential overpayments from providers and continue educating providers and billing personnel on the importance of internal controls to ensure that the correct POS is reported. CRNAs and their billers should be aware of these activities.

If you have been contacted by the Medicare Administrative Contractor in your area about this subject, please let us know by emailing us at info@aanadc.com. To read the OIG report in full, see here.

Amendments

- If you saw your legislators or their staff at home, let us know how your visits went by logging your visit on our site at https://www.crnapac.com/legisreport.aspx (AANA login required) and sending us pictures to info@aanadc.com. To see when Congress is in Washington or at home, go to House schedule, Senate schedule.
- The Centers for Medicare & Medicaid Services is hosting a ‘virtual office hour’ session on the Physician Compare website on June 23 to answer any questions on the website and on public reporting. The deadline to register is Monday, June 15 and individuals can register by emailing PhysicianCompare@Westat.com with a subject line of “Physician Compare Virtual Office Hour.” Questions will be taken in advance and CMS requests that you submit your questions with your registration via PhysicianCompare@Westat.com.
- Republican Trent Kelly won a special election to succeed late Mississippi Rep. Alan Nunnelee (R-MS-1), defeating Democrat Walter Zinn in a runoff election Tue., June 2, 70 percent to 30 percent.
- A U.S. Supreme Court decision is expected in June on the King v. Burwell case on subsidized health coverage offered through federal exchanges in states. A Court ruling in favor of the plaintiff could eliminate federal subsidies in states where a federally-facilitated healthcare marketplace exists, which has the potential to substantially disrupt coverage for several million Americans. To learn more, see here.
- Stay up to date on CRNA reimbursement issues by obtaining Version 3 of the AANA’s “Issues Briefs on Reimbursement and Nurse Anesthesia,” available only for AANA members here (requires AANA member login and password).

The following is an FEC required legal notification for CRNA-PAC: Gifts to political action committees
are not tax deductible. Contributions to CRNA-PAC are for political purposes. All contributions to CRNA-PAC are voluntary. You may refuse to contribute without reprisal. The guidelines are merely suggestions. You are free to contribute more or less than the guidelines suggest and the association will not favor or disadvantage you by reason of the amount contributed or the decision not to contribute. Federal law requires CRNA-PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year. Each contributor must be a US Citizen.

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Jobs

Visit www.crnacareers.com to view or place job postings.

CRNA – Mayo Clinic
Rochester, MN

Teamwork, professionalism and mutual respect - and most importantly, a life-changing career. Responsibilities include providing and performing pre-anesthetic evaluations, anesthesia induction and more.

Read more about this position

CRNA – Palm Valley Anesthesia
McAllen, TX

Clinically proficient CRNA needed for well-established Ambulatory Surgery Center. Daytime hours- great work schedule for family oriented individual. Friendly, pleasant work environment with long term co-workers.

Read more about this position

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Healthcare Headlines

Minnesota Hospitals and Birth Centers Are Bringing Back Laughing Gas

The use of nitrous oxide, also known as laughing gas, to control pain during childbirth is making a comeback in the United States. Laughing gas was widely used in the 1950s and 1960s before being replaced by epidural anesthesia. Its modern use provides more controlled doses that the women themselves manage during their labor. Women who choose nitrous oxide receive a negative-air-pressure mask, which does not dispense the gas until the patient has secured it over her mouth and inhaled. Pain relief from one breath generally emerges in 30 seconds, and dissipates within three minutes. "They still feel what's going on, but it's not so bothersome to them. It kind of blunts the pain," said Eric Locher, MD, an obstetrician at Methodist Hospital in St. Louis Park, Minn. Locher says that some women prefer the more moderate, controlled pain relief that comes with laughing gas rather than the more potent narcotics and epidurals. Nitrous oxide is also cheaper than epidurals, which must be administered by anesthesia providers. A 2012 review of previous studies found that nitrous oxide provides less pain relief than an epidural, but had no any additional harm or risk of birth complications.

From "Minnesota Hospitals and Birth Centers Are Bringing Back Laughing Gas"
Minneapolis Star Tribune (06/09/15) Olson, Jeremy

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Cognition and Brain Structure Following Early Childhood Surgery With Anesthesia

Research indicates that general anesthesia in early childhood may be associated with long-term reduction in language abilities and cognition. It also may be associated with regional volumetric alterations in brain structure. Investigators looked at 53 patients, aged 5-18 years, who had undergone surgery with anesthesia before 4 years of age, and compared them with 53 unexposed, matched peers. The study included
neurocognitive assessments as well as brain structural comparisons using T1-weighted MRI scans. While the average test scores were within population norms, regardless of surgical history, previously exposed children had significantly lower scores in listening comprehension and performance IQ compared with controls. Although exposure did not lead to gross elimination of gray matter in potentially vulnerable brain regions, decreased performance IQ and language comprehension were associated with lower gray matter density in the occipital cortex and cerebellum.

From "Cognition and Brain Structure Following Early Childhood Surgery With Anesthesia"
Pediatrics (06/08/15) Backeljauw, Barynia; Holland, Scott K.; Altaye, Mekibib; et al.

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Painkillers Resist Abuse, But Experts Still Worry

The Food and Drug Administration approved last year three new opioid analgesics marketed as having abuse-deterrent properties, and more than two dozen other such drugs are in development. Still, experts are worried that the protections in the drugs are misunderstood and could mislead both users and prescribers. Preliminary data on the public health implications of abuse-deterrent drugs are limited, but several studies indicate that abuse of oxycodone hydrochloride (OxyContin—Purdue) declined after protections were added in 2010. While some other studies have confirmed those findings, some also found that addicts just switched to other opioids as well as heroin. In addition, experts note that the active ingredients in abuse-deterrent drugs provide the same high and are just as addictive—with many people who abuse or become dependent on prescription opioids simply swallowing the drugs whole instead of trying to alter them, according to research. G. Caleb Alexander, MD, co-director of the Center for Drug Safety and Effectiveness at the Johns Hopkins Bloomberg School of Public Health, notes that even with support for newer abuse-deterrent formulations, many providers believe that most prescription opioid abuse is non-oral, and many think that abuse-deterrent drugs are less addictive.

From "Painkillers Resist Abuse, But Experts Still Worry"
New York Times (06/07/15) Schwarz, Alan

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Facial Recognition System Detects Pain

Researchers at the UC San Diego School of Medicine suggest that facial recognition and artificial intelligence systems could help develop more accurate pain assessments. Without a reliable objective measure for pain level, doctors and researchers typically depend on self-reporting, which can be less effective for children and other patients who struggle to communicate pain. In a study in Pediatrics, the researchers report that they used specially designed software to analyze the facial expressions of 50 children, ages 5-18 years, who were recovering from laparoscopic appendectomies. Video-analysis data were combined with caregivers' clinical input to determine pain level scores for each patient. This system delivered "good-to-excellent" accuracy in assessing pain conditions, relative to existing protocols. The computer vision techniques used in the study are based on the Facial Action Coding System, which measures facial expressions. Further development of this technique could provide constant monitoring, and determine intervals when pain comes in pulses, which can encourage better administration of pain relief.

From "Facial Recognition System Detects Pain"
Discovery Channel (06/04/15) McDonald, Glenn

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Delirium in ICU Patients Linked to Mortality, Longer Stays

Patients with delirium experience poorer outcomes than those who do not suffer the condition, based on a meta-analysis of 42 published studies. In addition to higher mortality rates, this segment of the patient population is characterized by longer ventilation times, extended stays in the intensive care unit, and greater risk of cognitive impairment after discharge, Johns Hopkins researchers find. "This is just the beginning of the story," according to senior study author Robert Stevens, MD, noting that the nature of the correlation between delirium and worse outcomes is not clear.
There is a lot of translational and basic research that needs to be done to understand the biology of this relationship.” In the meantime, he says clinicians can curtail the likelihood of dementia by reducing sedation, improving the quantity and quality of patients’ sleep, and encouraging mobilization and physical therapy. The study findings are published online in BMJ.

From "Delirium in ICU Patients Linked to Mortality, Longer Stays"
Medscape (06/04/15) Skwarecki, Beth

Bundled Prevention Strategy Reduces Surgical Site Infections

A bundled approach to preventing surgical-site infections (SSIs) can significantly reduce post-surgery Staphylococcus aureus infections. This approach should involve screening, decolonization, and targeted prophylaxis. Researchers report in the Journal of the American Medical Association that there was an average infection rate of 21 infections per 10,000 surgeries during the intervention, compared with 36 per 10,000 surgeries before the intervention period. Screening and decolonization is not often conducted before surgery, however, or it is limited to methicillin-resistant S. aureus (MRSA). In the study, researchers observed 20 hospitals operated by Hospital Corporation of America to determine if a bundle prevention approach lowered the incidence of serious S. aureus SSIs among patients undergoing cardiac surgeries or hip or knee replacements. Patients positive for S. aureus or MRSA were asked to apply the topical antibiotic mupirocin intranasally twice a day for up to five days, and to bathe daily with the germicide chlorhexidine gluconate. Patients carrying MRSA also were treated with vancomycin and cefazolin or cefuroxime for perioperative prophylaxis. At three months, only 39 percent of hospitals were fully adherent to the bundle. There was a statistically significant decline in complex SSIs for hip or knee replacement, but not for cardiac surgeries.

From "Bundled Prevention Strategy Reduces Surgical Site Infections"
MedPage Today (06/02/15) Boyles, Salynn

US Patients Undergoing Orthopedic Surgery Receive More Treatments for Pain

A global team of researchers has discovered that Americans undergoing orthopedic surgery have a different pain experience, in terms of how much they feel it and how it is treated, than their counterparts around the world. It was assumed that, because pain assessment is required for U.S. hospitals to receive accreditation, patients there would report significantly lower pain on the first day following an operation; however, the reverse was true. On the other hand, they also indicated "greater participation in decisions about pain treatment." Delving further, the investigators realized that U.S. patients receive more opioids prior to, just before, and the first day after surgery and more regional analgesia after the operation; however, they ruled out sensitivity to pain due to higher opioid use as an explanation for the disparity between Americans and international patients. "The findings of this study are puzzling ...," they conclude. "[Americans'] pain is regularly assessed; they received more opioids and regional anesthesia. Are the differences cultural? Perhaps pain is measured mechanistically and this in itself is insufficient in procuring good management of pain? Could frequent pain measurement draw patient's attention to the pain and intensify the experience? Maybe opioids sensitize some aspects of the post-surgical experience of pain? Further research is needed to understand the findings."

From "US Patients Undergoing Orthopedic Surgery Receive More Treatments for Pain"
News-Medical.net (06/01/2015)

Failure to Use Reversal Agent Ups Reintubation Risk Sixfold

Unplanned reintubation after an operation has been tied to a number of risks, including higher odds of morbidity and mortality; but new findings indicate that using a reversal agent to bring a patient out of neuromuscular blockade may mitigate reintubation rates. Researchers in Chicago looked at 2012 and 2013 data covering 557,592 general or vascular surgery patients who were intubated. Of that number, 7,152 were reintubated—2,343 of them within 48 hours following their procedure. Of
several risk factors evaluated, failure to use a reversal agent appeared to have the greatest influence on reintubation within the first two postoperative days. Although reversing neuromuscular blockade is not routine practice, lead researcher Glenn Murphy, MD, said the findings support making it so. "It's possible," he remarked, "that anesthetic management factors may have played a contributing role in reintubations that occur within 48 hours of surgery."

From "Failure to Use Reversal Agent Ups Reintubation Risk Sixfold" Anesthesiology News (06/01/15) Vol. 41, No. 6 Vlessides, Michael

Estimated Deaths and Illnesses Averted During Fungal Meningitis Outbreak Associated with Contaminated Steroid Injections

Several key public-health actions were taken between September 25, 2012, and October 4, 2012 in response to a multistate outbreak of fungal infections linked to methylprednisolone acetate (MPA) injections. One day after it was informed that three MPA lots from its pharmacy appeared to be implicated in the outbreak, the New England Compounding Center issued a voluntary recall. The Centers for Disease Control and Prevention (CDC) and partners initiated efforts to notify the 13,534 persons potentially exposed to the implicated MPA. CDC also developed diagnostic and treatment guidelines, and it held a joint telebriefing with FDA to publicize the outbreak. Researchers evaluated how these actions affected the scope of this outbreak, comparing case-fatality rates and clinical characteristics of patients diagnosed on or before October 4 with those of patients diagnosed after that date. Results showed that an estimated 3,150 MPA injections, 153 cases of meningitis or stroke, and 124 deaths were avoided. Diagnosis on or before October 4 was significantly associated with a 28 percent 60-day case-fatality rate, compared with 5 percent for a diagnosis after October 4. Aggressive public-health action substantially reduced the estimated number of persons affected by this outbreak and improved patient survival, CDC researchers report.

From "Estimated Deaths and Illnesses Averted During Fungal Meningitis Outbreak Associated with Contaminated Steroid Injections" Emerging Infectious Diseases (06/15) Vol. 21, No. 6 Smith, Rachel M.; Derado, Gordana; Wise, Matthew; et al.

Preoperative Hypotension Linked to Mortality Risk

In a large retrospective study presented at the Euroanaesthesia Congress in Berlin, researchers found that preoperative hypotension, not hypertension, was associated with greater perioperative mortality risk. Before adjusting for risk factors and confounders, both preoperative hypertension and hypotension were associated with mortality risk. After the adjustment, however, there was no risk associated with hypertension. Investigators from the University of Wisconsin analyzed data from more than 250,000 patients from the U.K. Clinical Practice Research Datalink who underwent non-cardiac surgery. For patients with a systolic blood pressure less than 100 mmHg before surgery, mortality risk increased by 40 percent in the adjusted analysis. Mortality risk increased by about 250 percent for those with a diastolic blood pressure of less than 40 mmHg. "While high blood pressure control is important for long-term health, high blood pressure itself does not impose a significant risk of postoperative death," the study authors said in a statement. "Rather the health consequences of uncontrolled high blood pressure convey other health risks—therefore we still recommend that patients' blood pressure should be as well controlled as possible prior to surgery."

From "Preoperative Hypotension Linked to Mortality Risk" MedPage Today (05/30/15) Minerd, Jeff

Smokers and Secondhand Smokers Require Heavier Anesthesia, Painkillers During Operations

New research demonstrates that exposure to tobacco smoke, whether through active or passive means, increases the amount of anesthetic and painkiller that surgical
patients need compared to non-smokers. The study included 90 women undergoing complete abdominal hysterectomy. Investigators discovered that patients who smoked required 17 percent more anesthesia than passive smokers—those affected by secondhand smoke—and 38 percent more than non-smokers. The passive group, in turn, needed 18 percent more anesthetic than those in the non-smoking cohort. Additionally, the active and passive smokers used 23 percent more of the painkiller remifentanil than did the non-smokers. Because tobacco usage disrupts respiratory function and metabolism while under anesthesia, researchers recommend that patients avoid smoking, ideally, for at least eight weeks before having an operation and, at a minimum, in the 24 hours immediately before the procedure.

From "Smokers and Secondhand Smokers Require Heavier Anesthesia, Painkillers During Operations"
Medical Daily (05/29/15) Bushak, Lecia

FDA Approves Treximet for Acute Migraine Treatment in Pediatric Patients

Treximet, approved seven years ago to treat migraine in adults, has now won federal approval for children at least 12 years old. While many juveniles suffer from the condition, their treatment options before now have been limited. The Food and Drug Administration moved to sanction pediatric use of the drug based on safety and efficiency data culled from three clinical trials. The research demonstrated that Treximet is much more effective than placebo in treating young migraine sufferers and has a "favorable safety profile similar to that of Treximet for adults," according to its manufacturer, Pernix. In the adult population, the combination of sumatriptan and naproxen has proved to provide relief from migraine pain within two hours in significantly more patients than either of the two drugs alone.

From "FDA Approves Treximet for Acute Migraine Treatment in Pediatric Patients"
Anesthesiology News (05/20/15)