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February 15, 2012

Vital Signs

An Update from President Debra Malina, CRNA, DNSc, MBA, on the Proposed Continued Professional Certification Plan



Dear Colleagues,

Much has happened since the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) announced at the 2011 Annual Meeting in Boston its proposal for enhancing the recertification requirements for CRNAs. As you know, the response to the proposal was overwhelming, as CRNAs across the country flooded the AANA and NBCRNA with correspondence demanding to be heard. Both your AANA Board of Directors and the NBCRNA leadership promised that all CRNA comments, ideas, interests, and concerns would be considered by the NBCRNA as they re-evaluated their proposed Continued Professional Certification (CPC) plan.

Subsequently, the AANA and NBCRNA—separate entities with a shared goal of serving the best interests of the nurse anesthesia profession—worked together as never before. The results will be released shortly, after the NBCRNA puts the finishing touches on its revamped plan for presentation to the AANA Board.

We've come a long way in a short time, and I would like to thank the NBCRNA leadership for their willingness and desire to communicate with AANA leadership in an open and productive manner every step of the way since last August. The discussions have, at times, been turbulent, but in the end they were definitely fruitful. With much appreciation I commend the NBCRNA leaders for their efforts to pore over the mountain of CRNA correspondence, consider our members' concerns, and take this matter greatly to heart.

Sincerely,

Debra P. Malina, CRNA, DNSc, MBA
AANA President



The Pulse

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Inside the Association

Hot Topics

Join the AANA's Social Network

AANA members can join the discussion on President Malina's Blog and in the Clinical Hot Topics Community at [MyAANA](#). More discussion groups will be added soon. Check back often! (Login required)

Public Comment Requested by MHAUS

The Malignant Hyperthermia Association of the United States (MHAUS) has recently begun a new process to develop evidence-based recommendations for use in the healthcare community. Recommendations are being developed on topics that MHAUS frequently receives questions about. [Read More](#).

Call for Public Comments: Nurses' Role in Care Coordination

The American Nurses Association (ANA) invites public comment on the draft ANA position statement: Care Coordination and Nurses' Essential Role. ANA has drafted this position statement articulating the need for registered nurses to be integral in care coordination efforts. Submit comments [here](#) by March 15, 2012.

HVO Needs Volunteers for Ethiopia

Health Volunteers overseas needs CRNAs and MDs to provide training in the Master's of Nurse Anesthesia program at Addis Ababa University. Volunteers participate in both clinical and didactic training. Assignments are 2-4 weeks available from April-June and September-December 2012. Contact the [program department](#) for more information

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Upcoming Events

Visit the the AANA [Calendar of Events](#) for dates of meetings, seminars, conferences, continuing education classes, and more!

For the latest AANA News, visit the [AANA Facebook page](#) and follow "aanawebupdates" on [Twitter](#)

February 21-22, 2012: [Item Writer Workshop](#)

February 23-25, 2012: [Assembly of School Faculty](#)

April 14, 2012: [Business of Anesthesia Workshop](#)

For the latest AANA News, visit the [AANA Facebook page](#) and follow "aanawebupdates" on [Twitter](#)

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State Government Affairs

2012 State Legislative Sessions Underway

The 2012 legislative session is now underway in 41 states and the District of Columbia. State legislation has been proposed concerning pain management, Anesthesiologist Assistants (AAs), the Advanced Practice Registered Nurse (APRN) consensus model, and many other topics that affect your practice. See what's being proposed in your state, your region, and across the country in the February 2012 State Update in the State Government Affairs home page at www.aana.com/myaana/Advocacy/stategovtaffairs/Pages/default.aspx.

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Professional Practice

AANA Submits Comments to FDA on the Drug Shortage Crisis

The AANA submitted a letter to the U.S. Food and Drug Administration (FDA) in response to a request for comments on a recently released FDA report titled "A Review of FDA's Approach to Medical Product Shortages." AANA details recommendations, consistent with the FDA's report, for an action plan to effectively address the drug shortage crisis. Read the comment letter in its entirety under the Professional Practice [Hot Topics](#) section.

AANA Creates a Surgical Fire Resource Webpage

Surgical fires are rare, but devastating events. In most cases, they are preventable. It is important for CRNAs to be aware of potential hazards that may cause surgical fires, prevention techniques, and steps to extinguish a surgical fire. As part of its collaboration with the FDA's Preventing Surgical Fires Initiative, the AANA has developed a surgical fire resource webpage. Access surgical fire prevention recommendations and resource materials here:

<http://www.aana.com/resources2/professionalpractice/Pages/Surgical-Fires.aspx>.

The Joint Commission Appoints New AANA Representatives to its Hospital and Ambulatory Care PTACs

The AANA is pleased to announce the appointment of four members to The Joint Commission's Professional and Technical Advisory Committees (PTACs). The Joint Commission appoints CRNA representatives on behalf of the AANA to its Hospital and Ambulatory Care PTACs. The Hospital PTAC deals with both the hospital and critical access hospital (CAH) accreditation programs. The Ambulatory Care PTAC deals with the ambulatory care and office-based surgery accreditation programs. [Read More.](#)

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News from COA

COA Opening

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is seeking nominations for a CRNA Practitioner Director. [Read More.](#)

April 15-18, 2012: [Mid-Year Assembly](#)

May 2, 2012: [Essentials of Obstetric Analgesia/Anesthesia Workshop](#)

May 3-5, 2012: [Spinal and Epidural Workshop](#)

August 4-8, 2012: [AANA Annual Meeting](#)

Dates to Remember

March 15, 2012: [Application Deadline for AANA Recognition Awards](#)

April 1, 2012: [Application Deadline for Student Writing Contest](#)

April 15, 2012: [Application Deadline for Anesthesia College Bowl](#)

May 1, 2012: [April 15, 2012: Application Deadline for serving on an AANA Committee](#)

August 4-8, 2012: [AANA Annual Meeting](#)

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association for more than 44,000 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 Mindworks Communications at 800-257-8290.

For more information on AANA and

Update on COA Action Plans

The COA has been making progress with the implementation of its three action plans, focused on increasing efficiency and decreasing costs while ensuring high-quality educational programs. [Read More](#).

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Jobs

[Visit the CRNA Career Center.](#)

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Healthcare Headlines

Researchers Show Benefits of Local Anesthesia After Knee Replacement Surgery

Local anesthesia, delivered intraarticularly through a catheter in the joint, could be more useful than traditional opioids for pain management after total knee replacement surgery, according to researchers at the Rothman Institute at Thomas Jefferson University. This research will receive the Knee Society Award for the best work on a surgical technique at the American Academy of Orthopedic Surgeons annual meeting in San Francisco Feb. 7-11. In a randomized, double-blind trial, 150 patients received either bupivacaine, a common analgesic, or normal saline intraoperatively through a catheter in the joint after unilateral knee replacements. Patients were asked to complete questionnaires on the day of surgery, twice a day until discharge, and then again at a four-week follow-up visit. Those who received bupivacaine reported the least pain and the lowest narcotic consumption. The results also showed no significant difference between the groups in terms of postoperative complications. The researchers concluded that knee replacement patients may positively benefit from intraarticular delivery of a local analgesic to decrease overall pain levels and reduce their need for opioids after surgery.

From "Researchers Show Benefits of Local Anesthesia After Knee Replacement Surgery"

Medical Xpress (02/10/12)

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Regional Nerve Blocks Used as Breast Cancer Anesthesia

The type of anesthesia used in breast-cancer surgery can affect recovery and risk of recurrence. Laura Twombly O'Brien, an endoscopy nurse in the GI lab at Washington Hospital Center, underwent surgery for triple negative breast cancer, one of the rarest and most aggressive forms of breast cancer. For her treatment, anesthesia providers used regional nerve blocks in O'Brien's wire localization, sentinel node biopsy, and lumpectomy. Compared to general anesthesia, regional nerve blocks can reduce the amount of pain experienced after surgery, reduce tumor recurrence, and can help prevent toxic reactions due to less medicine use. Breast surgeon Dr. Marc Boisvert noted that fewer toxins can cause less stress on the body, reducing the risk of a recurrence. "The regional anesthesia decreases the body's trauma response," Boisvert said. "We think if we can keep our immune system up, the better the chance of having a good outcome." For her part, O'Brien was very satisfied with the decision to use regional nerve blocks, noting that "it just makes it so much easier."

From "Regional Nerve Blocks Used as Breast Cancer Anesthesia"

WUSA9 (DC) (02/09/12) Moody, Alyssa

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Ultrasound May Add No Gain for Pain

Using ultrasound-guided regional anesthesia instead of traditional localization

Anesthesia E-ssential,
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Mission:

AANA advances patient safety, practice excellence, and its members' profession.

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techniques will not necessarily lessen patients' pain, conclude researchers who reviewed nearly two dozen studies. Posting their findings in *Anesthesia & Analgesia*, they report that most trials comparing the two approaches are not centered around pain outcomes and that, because of the differing blocks, there cannot be a true comparison anyway. Despite those limitations, Dr. John Antonakakis—an anesthesiologist at New Hampshire's Portsmouth Regional Hospital—says "the data don't suggest that ultrasound is better, just equivalent." Only 16 of the 23 studies assessed pain severity, with half of those claiming better analgesia with ultrasound and the other half observing no difference. Moreover, of the eight trials that did report improved pain outcomes with ultrasound, only one showed a decrease of more than 1 in numeric pain scores. Lead author Dr. Stephen Choi of Sunnybrook Health Sciences Centre in Toronto says a difference in pain levels of at least 1.3 units is required in order to be clinically significant. Regardless of whether it generates better pain outcomes or not, he says that "ultrasound itself has revolutionized regional anesthesia; it has allowed more people to become practitioners and thus more offer it to patients."

From "Ultrasound May Add No Gain for Pain"
Anesthesiology News (02/01/12) Miller, Gabriel

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Is Gargling With Licorice the Cure for Post-Op Sore Throat?

Based on new research, investigators say post-operative sore throat and coughing can be alleviated or avoided with a licorice gargle. The study involved a total of 156 patients having elective thoracic surgery with a double-lumen endotracheal tube. Each was randomly assigned to gargle with a licorice solution or with sugar water five minutes prior to anesthesia induction. On the first day following the surgery, the group that swished the licorice solution in their mouths reported starkly lower rates of incidence and severity of the symptoms. The mean score for sore throat pain at the post-anesthesia care unit was reduced by 68 percent for those patients.

From "Is Gargling With Licorice the Cure for Post-Op Sore Throat?"
Outpatient Surgery (02/07/12) O'Connor, Dan

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Can Anesthesia Raise the Risk of ADHD?

A study of over 5,300 children born in Minnesota indicated that those who had received two or more surgeries before age two were more likely to be diagnosed with ADHD by age 19 than those who had undergone only one operation. The researchers note that although an explanation for the correlation is not clear, it likely is linked to general anesthesia. Exposure to the drugs may kill off certain neurons in infant brains, causing a thinning of the neural networks that can cause learning difficulties later in life. The lead author for the study noted that similar results were observed in newborn rodents and primates that had been exposed to anesthesia and also that different kinds of anesthetics have produced the same findings. Of the procedures that the newborns in the study received, only a small number were for serious medical conditions, which also suggests that the issue was related to exposure to anesthesia rather than the underlying reason for the surgery. There is no proof, however, that the chemicals caused ADHD; and the researchers note that more studies need to be conducted to find out whether and how the anesthesia affects the brains of newborns and infants. It was emphasized that there is still the possibility that there are other factors that contribute to the risk of ADHD and that, in nearly all cases, the benefits of surgery outweigh any potential risks.

From "Can Anesthesia Raise the Risk of ADHD?"
Time — Healthland (02/02/12) Park, Alice

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Continuous Epicapsular Infusion of Anesthetic Effective for Post THA Pain

A study published in *Anesthesia & Analgesia* tracked 76 patients who received spinal anesthesia for a minimally invasive hip replacement. Each patient had a specially designed wound catheter placed into the hip joint to provide a continuous infusion for 48 hours after the procedure—with some patients receiving ropivacaine and others

receiving only an inactive placebo solution. Investigators gave each study participant access to patient-controlled morphine, then compared the two test groups based on pain scores and the amount of morphine used. They found that patients on ropivacaine presented better pain control and lower pain scores in the 48 hours following their procedures and also consumed less morphine—especially during the first 24 hours. The ropivacaine group used 36 percent less morphine overall and experienced less postoperative nausea and vomiting. A three-month postoperative checkup showed that the ropivacaine group still had lower scores for pain, proving the efficacy of the wound infusion treatment.

From "Continuous Epidural Infusion of Anesthetic Effective for Post THA Pain"
Ortho Supersite (02/01/12)

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Intrapartum Temperature Elevation, Epidural Use, and Adverse Outcome in Term Infants

Researchers examined the association of intrapartum temperature elevation with adverse neonatal outcome among low-risk women who received epidural analgesia. The study also evaluated the association of epidural with adverse neonatal outcomes. Neonatal outcomes were compared between 1,538 women who received epidural analgesia and 363 women who did not receive epidural without intrapartum temperature elevation. Among women who received an epidural, 19.2 percent experienced temperature exceeding 100.4 degrees during labor, compared with 2.4 percent of women who did not receive an epidural. In regression analyses, infants born to women with fever higher than 101 degrees had a two- to sixfold higher risk of all the adverse outcomes examined, which included hypotonia, assisted ventilation, one- and five-minute Apgar scores of under 7, and early-onset seizures. The researchers concluded that the proportion of infants experiencing adverse outcomes increased with the degree of epidural-related maternal temperature elevation. When there was no such temperature elevation, epidural use was not associated with any of the adverse outcomes examined in the study.

From "Intrapartum Temperature Elevation, Epidural Use, and Adverse Outcome in Term Infants"
Pediatrics (02/12) Vol. 129, No. 2, P. 447 Greenwell, Elizabeth A.; Wyshak, Grace; Ringer, Steven A.; et al.

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Orthopedic Surgery Outcomes Influenced by Mental Health

A patient's prior mental health condition can affect his or her recovery from total joint replacement surgery, according to two new studies presented at the 2012 Annual Meeting of the American Academy of Orthopaedic Surgeons. This knowledge can be used to help improve clinical and patient-satisfaction outcomes. One study included 97 patients who underwent minimally invasive total knee replacement surgery. The results suggest that men with anxiety traits had higher post-operative pain ratings that lengthened hospital stays, women generally reported higher post-operative pain levels than men. Researchers also found that postoperative pain or pain medication use in either men or women was not linked to reports of anxiety or "catastrophizing," an extreme response to stress. The second study looked at 1,657 patients who underwent total hip replacement (THR) surgery. The study authors found that the 215 patients who were taking antidepressants up to three years before THR were more likely to report greater pain before and after surgery and less satisfaction with the procedure. The researchers recommend that a patient's mental health status be assessed before surgery and should be taken into consideration during post-operative care.

From "Orthopedic Surgery Outcomes Influenced by Mental Health"
Psych Central (02/09/2012) Nauert, Rick

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Type of Anesthesia May Affect Recurrence Risk After Liver Cancer Procedure

A study in the February issue of *Anesthesia & Analgesia* examined the effects of general versus regional anesthesia on the recurrence risk in patients being treated for

hepatocellular carcinoma (HCC), a type of liver cancer. The retrospective study analyzed the outcomes for nearly 180 patients who had undergone a percutaneous radiofrequency ablation (RFA) procedure for small HCCs between 1999 and 2008. Some patients received epidural anesthesia before their procedure, while others received general anesthesia. Prior studies of cancer recurrence rates and anesthesia had demonstrated lower incidence in those treated with regional anesthesia, but this study—conducted by a team in China—showed that the recurrence rate was lower for those patients who had received general anesthesia. After researchers adjusted for other variables, they calculated that the risk of recurrent HCC was nearly four times higher in patients given epidural anesthesia. It is possible that the minimally invasive RFA procedure itself had a smaller effect than surgery on the immune system, which is believed to be the cause for recurrence in most other cancers, or that the effect anesthesia had on recurrence of HCC is itself different from other cancers. It was noted that the study's main weakness is its retrospective nature. However, there are prospective studies underway looking at the effects different types of anesthesia have on cancer surgery results.

From "Type of Anesthesia May Affect Recurrence Risk After Liver Cancer Procedure"
Newswise (01/31/12)

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Congressman Carney Announces Bipartisan Legislation to Address Prescription Drug Shortages

In late January, U.S. Rep. John Carney (D-Del.) unveiled proposed legislation meant to address the shortage of some prescription drugs. There were more than 230 different medications in scarce supply last year, up significantly from just 61 in 2005. Anesthesia and nutrition drugs, as well as cancer medications, have been hit hardest by the shortages. The manufacturing process can be complex and time-consuming, given that many of these drugs are administered intravenously instead of orally; and there often are only one or two producers in the market, which means shortages can arise quickly in the event of a manufacturing problem. With a goal of averting supply squeezes in the first place—instead of responding reactively—Carney's Drug Prevention Act requires expedited review of drugs vulnerable to shortage; directs the Food and Drug Administration (FDA) to employ a more refined regulatory process that resolves manufacturing snags; and streamlines communications between the FDA, manufacturers, distributors, providers, and patients.

From "Congressman Carney Announces Bipartisan Legislation to Address Prescription Drug Shortages"
Newark Post (01/31/12)

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