

To view this online go to: <http://www.aana.com/enews.aspx>
BlackBerry users please scroll down for story text.



| Home | AANA Learn® | Meetings HP | Insurance | Contact Us |



December 15, 2011

Vital Signs

Second Edition of *A Professional Study and Resource Guide for the CRNA* Available Now Through AANA Bookstore

Like the widely used first edition published in 2001, the second edition was edited by nurse anesthesia educators Scot D. Foster, CRNA, PhD, FAAN, and Margaret Faut Callahan, CRNA, DNSc, FAAN, and includes chapters by authors who are experts in the issues that all student registered nurse anesthetists need to know.



This valuable educational resource will provide practical information for understanding the professional experience and responsibility of nurse anesthetists. Like its predecessor, the second edition is a compendium of knowledge written and edited by experts in nurse anesthesia education, practice, law, and regulatory issues. This textbook provides a balance of theory and the realities of nurse anesthesia practice, with comprehensive chapters on management, certification and recertification, healthcare policy, professional advocacy, reimbursement, and other important topics in nurse anesthesia.

How to Buy

The softcover, 525-page book is available through the AANA Bookstore for \$75, plus shipping and handling. To order, visit www.aana.com/aanabookstore.aspx or send an email to bookstore@aana.com.

The Pulse

Inside the Association

- [Hot Topics](#)
- [Professional Practice](#)
- [PR, Publications and eCommunications](#)
- [AANA Foundation and Research](#)
- [News from NBCRNA](#)
- [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.

- [Surgery Safe for Primary Hyperparathyroidism in Elderly Patients](#)
- [Record-High Drug Shortages Threaten Patient Health and Safety](#)
- [Time of Operation Doesn't Affect Mortality after Surgery](#)
- [Study Suggests Regional Anesthesia Increases External Cephalic Version Success](#)
- [Global Anesthesia Disposables Market to Reach \\$343.5M by 2017](#)
- [Anesthesiologists Develop Guide for Transfer of ASC Patients With Malignant Hyperthermia](#)
- [Manipulation Under Anesthetic Improves Range of Motion in TKA Patients](#)
- [Soldiers Evacuated With Headaches Don't Return](#)

Inside the Association

Hot Topics

Happy Holidays—And See You Next Year!

Due to the holidays, *Anesthesia E-ssential* will not come out on Dec. 31, 2011, and will resume publication with the Jan. 13, 2012, issue. The *E-ssential* staff wishes all of our readers a joyous holiday season, and we look forward to serving you in 2012.

Don't Forget to Order Your National Nurse Anesthetists Week Materials

National Nurse Anesthetists Week (Jan. 22-28) is closer than you think—make sure you order your promotional materials before supplies run out. Visit www.aana.com/nnawpublic.aspx for the order form and list of materials. Please note: The AANA office will be closed Dec. 24 through Jan. 1, and orders will not be fulfilled during this time.

AANA Federal Political Director of the Year Award

Deadline: January 15, 2012

The Federal Political Director of the Year Award, established in 2001, is presented annually to an individual who has made a significant contribution to the advancement of the national healthcare agenda of Certified Registered Nurse Anesthetists (CRNAs) by coordinating grassroots CRNA involvement at the state level or through special contributions to the federal political process. See www.aana.com/awards.aspx for further information and a nomination form.

From the AANA Wellness Committee

Have a safe and well holiday season! AANA Health & Wellness wishes you and your families the best during this time of year. Some basic reminders for keeping healthy: Eat well, get enough sleep, avoid germs and overspending, **drink wisely in moderation**, make time to be physically active, reach out to help the needy in your community, and savor your family, friends, and holiday traditions. For your reading pleasure, we have a **collection of Wellness Milestones articles** on Seasons and Holidays and maintaining your well-being. [Read More](#).

Nursing Informatics Symposium Coming in February

The AANA is a collaborating organization for the 2012 Healthcare Information and Management Systems Society (HIMSS) Nursing Informatics Symposium: **Nursing Informatics Symposium: Nursing Informatics Leadership—Delivering Value with HIT**. The symposium will be held on Sunday, Feb. 19 and Monday, Feb. 20 at the Venetian Sands Expo Center in Las Vegas Nev. See <http://www.himssconference.org/education/SympNursingInformatics.aspx> for further information.

McGRATH®
MAC
Video Laryngoscope



**Designed
for safety,
simplicity
and strength**

Click here to
sign-up for a free
trial in your hospital.

Distributed by



Designed & manufactured
by Aircraft Medical

**Jefferson
University
Ski Meeting**

**February 25 –
March 2, 2012**
Big Sky, Montana

FREE

Regional Anesthesia
and Airway Workshops

www.jefferson.edu/anesthesiology

The Coalition for Patients' Rights (CPR) is now on Twitter and Facebook

CPR is using both social media channels to pass along helpful information and engage others in conversations around healthcare and scope of practice issues. Follow CPR on Twitter (@CoPatientRights) at <http://twitter.com/#!/CoPatientRights> and on Facebook at: <http://www.facebook.com/pages/Coalition-to-Protect-Patients-Rights/54246494943>.

AANA Learn® - Have You Found the Link on the New AANA Website?

With the introduction of the newly updated AANA website, you may not have explored all the links and the connection to **AANA Learn®**. The path to online education starts at www.aana.com AANA Homepage: Click on the tab labeled "CE & Education," then click on **AANA Learn®**, and then scroll to the bottom of the page and click on Member Login. As always, your member login credentials will pass you directly into the **AANA Learn®** website. **AANA Learn®** (also found at <http://www.aana.com/ceandeducation/aanalearn/Pages/default.aspx>) provides the only online CE courses for CRNAs that are prior approved and automatically transfer CE credits into your record. There are 45 courses for a total of 48 CE credits available now, with more on the way. There is one course on special sale until Dec. 31, and members always receive a 30 percent discount for all courses.

AANA LEARN®
Expanded CE Learning

[Return to Headlines](#)

Professional Practice

The Joint Commission Clarifies FAQ – Laryngoscope Blades

In November 2011, the AANA obtained clarification from The Joint Commission regarding storing laryngoscope blades. For more information, please access the AANA website at <http://www.aana.com/myaana/ProfessionalPractice/Pages/The-Joint-Commission.aspx>. (AANA member login and password required.)

Ethicon Endo-Surgery Settles SEDASYS® Propofol Device Dispute with FDA

On Nov. 28, 2011, Ethicon Endo-Surgery (EES) withdrew its appeal challenging the FDA's denial of EES's premarket approval application (PMA) for the SEDASYS® computer-assisted personalized sedation system. Reportedly, the FDA and EES have settled their dispute. For more information, please access the AANA website at <http://www.aana.com/resources2/professionalpractice/Pages/SEDASYS-Update.aspx>.

[Return to Headlines](#)

PR, Publications and eCommunications

Check out the New and Improved AANA Website!

The AANA staff has been working hard behind the scenes to bring our members and the public new features, a streamlined navigation, and a better search functionality. One of the most exciting new features is that AANA Members are able to update their personal contact information – online. A streamlined navigation system takes you to the information you need quickly and directly, and a new search engine brings targeted results, allowing you to search within pages and documents. Coming soon: social networking opportunities and mobile device connectivity.

FAQs have been prepared and posted on the website to help walk you through the new website experience at <http://www.aana.com/Pages/General-FAQs.aspx>.

[Return to Headlines](#)

AANA Foundation and Research



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](#)

January 17-19, 2012: Council on Accreditation of Nurse Anesthesia Educational Programs Meeting

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

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

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

Dates to Remember

December 31, 2011: [AANA Foundation Student Scholarship Sponsor Deadline](#)

January 1, 2012: [AANA Foundation Awards Nomination Deadline](#)

January 15, 2012: [Federal Political Director of the Year Award Nomination Deadline](#)

January 22-28, 2012: [National Nurse Anesthetists Week](#)

January 31, 2012: [Application Deadline for Delegate to Education Committee](#)

Your Year-End Donation to the AANA Foundation Supports Important Research: Proof is Power

For more than 30 years the AANA Foundation has supported important research with the help of individuals, state associations, and corporations. Evidence provides proof and proof is power!



Please click on the following link and listen to a short message (1:23) from Lorraine Jordan, CRNA, PhD, FAAN, executive director of the AANA Foundation, that highlights several important, recently-published studies that have had a positive impact on the nurse anesthesia profession.

<http://www.aana.com/aanaaffiliates/aanafoundation/Pages/Proof-is-Power.aspx>

Take a moment today to make your year-end, tax-deductible gift to AANA Foundation's **Proof is Power** campaign—simply [click here](#) to go to our secure donation page. Help the Foundation continue to be a difference-maker!

AANA Foundation Awards – Nominate Someone Today

Deadline: January 1, 2012

Each year at the AANA Annual Meeting, the AANA Foundation presents the following awards to individuals who have made a difference in the nurse anesthetist community: Advocate of the Year Award, John F. Garde Researcher of the Year Award, Rita L. LeBlanc Philanthropist of the Year Award, and Program Director's Outstanding Student Researcher Award. The deadline for nominations is January 1, 2012. For more information or to access the Nomination Forms, [click here](#). If you have any questions, contact the AANA Foundation at (847) 655-1170 or aanafoundation@aana.com. [Read More](#).

[Return to Headlines](#)

News from NBCRNA

NBCRNA Call for Nominations

Deadline: January 9, 2012

The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is seeking qualified individuals to be elected to the NBCRNA Board of Directors in the following positions: Nurse Anesthesia Practitioner, Nurse Anesthesia Educator, Surgeon, Public Member. **Monday, Jan. 9, 2012** is the deadline for submission of the application form, CV and letter of recommendation. The application and additional information, including NBCRNA Board of Directors Job Description/Commitment to Serve, Ideal Board Member Characteristics, and Selection Criteria and Guidelines, can be found on the NBCRNA website www.nbcrna.com. Questions? Contact the NBCRNA at nominations@nbcrna.com.



[Return to Headlines](#)

Jobs

[Visit the CRNA Career Center.](#)

[Return to Headlines](#)

Healthcare Headlines

Surgery Safe for Primary Hyperparathyroidism in Elderly Patients

A study conducted by researchers at the University of Pennsylvania has indicated that surgical management of primary hyperparathyroidism is safe for patients aged 80 or older. Typically, the elderly are not considered for the surgery—even though the procedure is associated with many benefits and overall improved quality of life—because of their age, presented co-morbidities, and suspected high anesthesia and surgical risk.

January 31, 2012:
Application Deadline for
CRNA-PAC 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 *Anesthesia E-ssential*, contact:

AANA
222 S. Prospect Avenue
Park Ridge, IL 60068
Phone: (847) 692-7050
Fax: (847) 692-6968

Attn: Linda Lacey
E-ssential Editor
llacey@aana.com



Safe and Effective Anesthesia
Care

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

However, the surgery resident who presented the study to the American College of Surgeons, Dr. Parth Kishore Shah, declared that "general anesthesia for bilateral exploration can be performed safely in these older patients." Researchers used data from 61 patients who were in this age range when they underwent parathyroidectomy between 1997 and 2010. Of the research population, 78 percent received general anesthesia, 19 percent were given local anesthesia, and 3 percent started with local before moving to general anesthesia. With no postoperative deaths occurring and only four patients having complications—all of them unrelated to baseline or operative characteristics—the researchers determined that the treatment was safe for this patient group. "The morbidity from parathyroidectomy in this age group is very low and is comparable to that seen in patients younger than 80, although there appears to be a predilection for respiratory complications," Shah explained.

From "Surgery Safe for Primary Hyperparathyroidism in Elderly Patients"
Family Practice News (12/02/2011) Helwick, Caroline

[Return to Headlines](#)

Record-High Drug Shortages Threaten Patient Health and Safety

Drug shortages in the United States were at a record high in 2010, and continue to create problems for physicians, patients, and manufacturers related to all medical specialties. An Oct. 31 report from the Food and Drug Administration (FDA), "A Review of FDA's Approach to Medical Product Shortages," found that annual drug shortages nearly tripled from 61 in 2005 to 178 in 2010. In response, President Obama signed an executive order that called on the FDA to use broader reporting of manufacturing discontinuances that could lead to drug shortages. Manufacturing issues, which range from labeling mistakes to raw materials shortages to a drug's lack of profitability, are one of the biggest factors. Some drugs affected by the shortages include ketorolac, fentanyl and epinephrine, dopamine, and lidocaine. Dr. Rhonda Cooper-DeHoff of the College of Pharmacy at the University of Florida, Gainesville, says that most drugs in short supply are injectable solutions, which most impacts the acute-care setting of a hospital. When faced with shortages, healthcare providers often have to use substitutes or find workarounds. This more feasible for antibiotics or anesthetics, because "there are still alternative therapies to cure infections or put patients to sleep," says Dr. Michael Link, pediatric oncologist at the Lucile Packard Children's Hospital at Stanford University. However, this may lead in some cases to the use of less-effective or outdated drugs, and some errors in substitution may be fatal. Dosing problems in the case of substitute anesthetics have led to some patients waking up during surgery. The shortage can also affect clinical trials, keeping patients from receiving continued treatment with the same drug or influencing trial result interpretation. Quicker drug approvals, expanded FDA tracking privileges, and establishment of a database to analyze the characteristics of drug shortages have all been proposed as solutions.

From "Record-High Drug Shortages Threaten Patient Health and Safety"
Cardiology Today (12/01/2011) Owens, Colleen; Shafer, Emily; Kalvaitis, Katie

[Return to Headlines](#)

Time of Operation Doesn't Affect Mortality after Surgery

The December issue of *Anesthesia & Analgesia* includes a study concluding that the time at which a surgery is performed has no impact on post-operative mortality. Outcomes from about 32,000 elective surgeries performed between 2005 and 2010 were examined by time of day, day of the week, and month of the year. Emergency surgeries and procedures commonly performed on an urgent basis were excluded, and a "negative control" was provided by analyzing the outcomes according to the phases of the moon. Risk of death within 30 days from surgery was 0.43 percent overall, with no disparity based on times, days, or months at which the surgery was performed. The researchers, led by The Cleveland Clinic's Dr. Daniel Sessler, noted that the results dealt with patients at hospitals performing "high risk surgery in a high-risk population" and might not be applicable to other hospitals, surgeries, or populations.

From "Time of Operation Doesn't Affect Mortality after Surgery"
Newsweek (11/23/11)

[Return to Headlines](#)

Study Suggests Regional Anesthesia Increases External Cephalic Version Success

A study conducted at Washington University School of Medicine was published in the

Vision:

AANA will be a preeminent professional association for healthcare and patient safety.



[Donate Here](#)



[Donate Here](#)

November issue of *Obstetrics & Gynecology*. The research found that regional anesthesia offered better success rates for external cephalic version, a method used to decrease breech pregnancies, than was achieved when intravenous analgesia was used. The researchers analyzed data from several published trials conducted between 1996 and 2011. Of 253 external cephalic versions performed under regional anesthesia and 255 performed either without pain control or with an intravenous analgesia, epidural anesthesia had a 91 percent higher success rate than did intravenous or no analgesia, while spinal anesthesia registered a 46 percent higher success rate. Researchers also found that those receiving regional anesthesia reported lower levels of pain on the visual analog scale. While the results showed that regional anesthesia offered a higher success rate in terms of breech pregnancies, the researchers did not recommend that it become a standard care procedure and indicated that they felt the need for additional research on the subject—especially in terms of whether regional anesthesia has an affect on later rates of cesarean births.

From "Study Suggests Regional Anesthesia Increases External Cephalic Version Success"
OBGYN.net (11/28/11) Duerr, Heidi Anne

[Return to Headlines](#)

Global Anesthesia Disposables Market to Reach \$343.5M by 2017

A rise in the number of surgeries, combined with mounting concern over infection control and cross-contamination, will lift the world market for general anesthesia disposables in the coming years, according to Global Industry Analysts. At the same time, according to the firm's research, the market's growth will be held back by the increasing popularity of minimally invasive technologies requiring local and regional anesthesia. Other factors expected to check growth included fewer elective surgical procedures and lower capital spending.

From "Global Anesthesia Disposables Market to Reach \$343.5M by 2017"
Becker's Orthopedic & Spine Review (11/11) Oh, Jaimie

[Return to Headlines](#)

Anesthesiologists Develop Guide for Transfer of ASC Patients With Malignant Hyperthermia

For malignant hyperthermia (MH) patients being moved from ambulatory surgery centers (ASCs) to hospitals, the potential of MH complications is an ever-present threat. In the November issue of *Anesthesia & Analgesia*, however, a group of anesthesia providers discusses a new guide to help facilitate an event-free transfer of MH patients. In it, based on clinical research suggesting that the likelihood of serious MH problems doubles for every 30 minutes that dantrolene administration is delayed, they advise ASC staff to start an IV of the drug pending transfer. The guide also covers various clinical problems and therapeutic interventions to aid each ASC in the development of its own MH transfer plan.

From "Anesthesiologists Develop Guide for Transfer of ASC Patients With Malignant Hyperthermia"
Becker's ASC Review (11/11) Fields, Rachel

[Return to Headlines](#)

Manipulation Under Anesthetic Improves Range of Motion in TKA Patients

A study presented at the British Orthopaedic Association and Irish Orthopaedic Association Combined Meeting 2011 found that patients who received manipulation under anesthesia (MUA) within 12 months of primary total knee arthroplasty (TKA) experienced a greater range of motion. The researchers conducted a prospective analysis of patients receiving TKA between 2003 and 2008, measuring pre-operative and post-operative range of motion, and comparing those results with a matched control group. Of the 1,313 TKA operations analyzed, 72 received MUA, and those who did exhibited greater results in range of motion when MUA was implemented closer to the surgery. The researchers noted that a patient with less than 75 of flexion at discharge or who is being treated with warfarin is a more likely candidate for MUA.

From "Manipulation Under Anesthetic Improves Range of Motion in TKA Patients"
Ortho Supersite (11/10/11)

[Return to Headlines](#)

Soldiers Evacuated With Headaches Don't Return

Headaches are among the top reasons for medical evacuation of military staff from Iraq and Afghanistan, according to findings from Johns Hopkins University specialists. Just one in three soldiers sent home from those countries because of headaches returns to the field, the research shows. "Everyone gets headaches, and there are generally physical or psychological stressors that contribute to them," explained the study's lead author, Steven Cohen, an associate professor of anesthesiology and critical care medicine at the Johns Hopkins University School of Medicine and a colonel in the U.S. Army Reserve. "War amplifies all stressors, which may be why headaches take such a great toll in soldiers overseas." The research, published online in *Cephalalgia*, the journal of the International Headache Society, brings attention to one of the fastest-growing causes of medical evacuations from the two ongoing military entanglements. They are a significant and troubling contributor to the depletion of overseas military units, Cohen noted.

From "Soldiers Evacuated With Headaches Don't Return"
JHU Gazette (11/14/11) Desmon, Stephanie

[Return to Headlines](#)

Abstract News © Copyright 2011 [INFORMATION, INC.](#)



[subscribe](#) :: [unsubscribe](#)