Two Congressional Committees Approve Legislation Permanently Averting Medicare Cuts, Reforming Medicare Payment

Legislation permanently reversing 24.1 percent “sustainable growth rate” (SGR) formula cuts to CRNA Medicare reimbursement and reforming Medicare payment cleared the Senate Finance and House Ways and Means committees Dec. 12. The stage is set for lawmakers in the new year to attack the next obstacle in the long-running work to repeal SGR—how to pay its estimated $140-$150 billion cost before these respective bills come to the floors of the U.S. House and Senate.

Congress also passed separate legislation (H.J. Res 59) Dec. 18 that replaced the Jan. 1 SGR cuts to CRNA and physician services with a three-month, 0.5 percent Part B payment boost. Congress has bought time through late March 2014 to complete the work of enacting permanent SGR relief and Medicare payment reform. Without this relief legislation, the Medicare SGR cuts threatened the average CRNA with losing some $16,400 in Medicare reimbursements during 2014.

The AANA and organizations representing APRNs have been working on this SGR repeal and Medicare reform process to advance the value of CRNAs and APRNs to ensure that they are treated the same as physicians in the development, vetting, implementation, and assessment of quality measure and alternative payment models, and to oppose anti-CRNA and anti-APRN amendments. So far, that effort has been successful, but much work remains to ensure that the SGR repeal and Medicare payment reform protects and advances patient access to high-quality, cost-effective care delivered by CRNAs and other APRNs.

The main takeaway for CRNAs is that no SGR cuts occurred on Jan. 1, and more work remains to enact permanent repeal of the harmful SGR formula and to reform Medicare payment.

For further information, read the APRN groups’ support letter, and a side-by-side technical analysis of SGR repeal and Medicare reform legislation pending on Capitol Hill. (Both links require AANA member login and password.)
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.

- Patients Still Report Some Level of Pain 1 Year After Breast Cancer Surgery
- New Criteria Suggested for Defining Postdural Puncture Headaches After Epidurals
- After Outbreaks, Experts Await Block Safety Advisory
- Oral Contrast Ok Before Sedation for CT Scan
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- Cluster Headache and Greater Occipital Nerve Blocks, What's New
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- Study Shows Healthcare Workers' Hands Contaminated With C. Difficile After Routine Care

Inside the Association

Hot Topics

NEW! Featured Career Opportunities in Updated E-ssential Jobs Section
Scroll down to the revamped Jobs section (directly above the Healthcare Headlines) to check out this issue’s Featured Career Opportunities.

Happy National Nurse Anesthetists Week!

Next week (Jan. 19-25) National Nurse Anesthetists Week turns 15. Stay tuned to Facebook, Twitter, and www.aana.com/nnaw to find out how the AANA and your colleagues nationwide are celebrating. Follow along with all the posts on Twitter by typing #nnaw into the Search field. AANA is posting Facebook and Twitter posts of a "Did you know?” and "Fun Facts” historical nature about nurse anesthesia and the AANA that can be shared easily or retweeted. Be sure to announce to your patients during the week that you are a Certified Registered Nurse Anesthetist, and take the time to answer their questions. You are the nurse anesthesia profession’s best marketing tool! Help us spread the word, and thank you for doing all you do!

Free Educational Opportunity in December 2013 Issue of AANA Journal

Be sure to earn your free CE credit by reading and taking the test for "Deep Neuromuscular Blockade: Exploration and Perspectives on Multidisciplinary Care,” a Supplement to the December 2013 issue of AANA Journal. Provided by Vindico Medical
Education, this continuing educational activity is supported by an educational grant from Merck. To obtain your credit, take the posttest provided with the Supplement, fill out the evaluation included in the CNE Registration form at the end, mail the posttest and Registration Form to Vindico Medical Education, PO Box 36, Thorofare, NJ 08086-0036, or fax it to (856) 384-6680. The test is also available online at www.aanalearn.com. Please note: The Monograph and text expire Nov. 30, 2014.

Assembly of School Faculty Approaching Soon

Save $50. Register for the Assembly of School Faculty, Feb. 18-20, 2014, in San Diego, Calif. This is the only national meeting for nurse anesthesia educators. The Assembly of School Faculty: Advancing Excellence in Nurse Anesthesia Education.

New Year Brings New Photographs

From lobbying at Mid-Year Assembly to serving the community with food drives and outreach programs, The AANA wants to showcase the academic, clinical, and professional activities student registered nurse anesthetists and their respective programs are taking part in this year. If interested, please review the Student Photograph Submission Guidelines, and submit photos to Web Editor Cathy Hodson at chodson@aana.com for possible inclusion in the online Student Photographs section.

Upper and Lower Extremity Nerve Block Workshop

Space is limited for the Upper and Lower Extremity Nerve Block Workshop. This workshop will be held March 8-9, 2014, at the AANA national headquarters in Park Ridge, Ill. Register today.

Debra Malina Elected Lead Coordinator for Nursing Organizations Alliance

AANA Past President Debra Malina, CRNA, DNSc, MBA, ARNP, was elected Lead Coordinator for the Nursing Organizations Alliance (NOA) in November 2013. Her responsibilities include guiding the coordinating team in the activities of the Alliance through the Annual Meeting, Nurse In Washington Internship (NIWI), Nursing Alliance Leadership Academy (NALA), work teams, and other NOA affiliations. The team is also responsible for the business affairs of the NOA. Read More.

Learn to Advocate for Your Profession at the Mid-Year Assembly

The 2014 Mid-Year Assembly will provide you with the tools needed to understand regulatory issues and advocate for our profession through hands-on advocacy experience. The Mid-Year Assembly will be held in Arlington, Va., April 5-9, 2014. Register today.

Save the Date—Sept. 13-16 for NAAC!


State Government Affairs

AANA and ANA Submit Joint Brief to Colorado Supreme Court Supporting Opt-Out

On Jan., 6, 2014, the AANA and ANA filed a joint amicus brief (AANA login and

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 Slack Incorporated at 800-257-8290.

For more information on AANA and Anesthesia E-ssential, contact:

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llacey@aana.com

Safe and Effective Anesthesia Care

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

Vision: AANA will be a preeminent professional association for healthcare and patient safety.
password required) urging the Colorado Supreme Court to uphold the Court of Appeals decision supporting the Colorado opt-out from the Medicare physician supervision requirement. “The Colorado Governor’s request for an exemption from Medicare’s physician-supervision requirement is consistent with national trends affirming that CRNAs are highly trained and effective providers of anesthesia services, recognizing that CRNAs are trained to independently provide anesthesia services, and realizing that CRNAs, along with other advanced practice nurses (“APNs”), are an integral component to the future administration of healthcare,” the brief states. “The rural communities of Colorado, wherein access to critical care is already challenged, are not the appropriate battlefront upon which to draw lines that are rooted in maintaining avenues of reimbursement over promoting patient access to quality care.”

Briefs in support of the governor’s decision to opt-out were also filed by the Colorado Hospital Association, American Hospital Association, and jointly by Colorado Association of Nurse Anesthetists and Colorado Nurses Association.

New Mexico Looks to Attract NPs From Other States

New Mexico Governor Susana Martinez has announced a plan for expanding the number of nurse practitioners working in the state by attracting them from states with restrictive practice acts. New Mexico is one of the more appealing states for nurse practitioners to work, as it has no supervision requirement for NPs and gives them prescriptive authority and the ability to operate their own clinics. The governor’s new proposal includes $220,000 in recurring funds for a recruitment campaign to attract NPs from other states, as well as streamlining the licensing system for NPs who move to New Mexico. Multiple studies have shown that NPs provide a comparable quality of primary care as MDs, and New Mexico is facing a healthcare provider shortage that could be lessened with increased numbers of NPs.

Save the Date: 2014 Fall Leadership Academy State Association Lobbyist Track

During its November meeting, the AANA Board of Directors conceptually approved a State Associations’ Lobbyist Track for the 2014 Fall Leadership Academy to be held in conjunction with the Government Relations Track (Nov. 7-9, 2014, at the Westin O’Hare, Rosemont, Ill.). The goal of this program is to encourage networking among state associations’ lobbyists, as well as educating them regarding issues specific to CRNAs to help advance the practice of nurse anesthesia at the state level.

AANA Foundation and Research

Letter from the AANA Foundation
Board of Trustees Chair Sandra Tunajek, CRNA, DNP

On behalf of everyone at the AANA Foundation, I would like to extend our warmest wishes for a happy, healthy, and prosperous new year. Last year was an eventful year for the Foundation. Read on to learn more about what we were able to accomplish with your help and support.

Don’t Miss the Fun—Register Today for the Hawaiian Luau at ASF

If you’re planning to attend the AANA Assembly of School Faculty meeting, you won’t want to miss the AANA Foundation’s Hawaiian Luau at Buster’s Beach House—located right on the water just a short walk from the San Diego Marriott Marquis & Marina. Click here to learn more and to register for this event. We hope to see you there!

Deadline for 2014 Award Nominations is Feb. 1

Each year the AANA Foundation presents awards at the Nurse Anesthesia Annual Congress to individuals who have made a difference in the nurse anesthetist community. Click here to access the nomination/application forms for:
• Advocate of the Year—Presented to an advocate committed to supporting the AANA Foundation and encouraging others to do the same.
• John F. Garde Researcher of the Year—Presented to an individual who has made a significant contribution to the practice of anesthesia through clinical research.
• Rita L. LeBlanc Philanthropist of the Year—Presented to an individual who has donated time, talent, and direct financial support to the AANA Foundation and other deserving organizations.
• Janice Drake CRNA Humanitarian Award—Presented to a CRNA who wishes to volunteer and provide anesthesia, education, and training in underserved areas.

Forward the completed form to the AANA Foundation—email foundation@aana.com or mail it to 222 S. Prospect Avenue, Park Ridge, IL 60068.

Thank you in advance for recognizing a member of the nurse anesthesia community. If you have any questions, contact the AANA Foundation at (847) 655-1170 or foundation@aana.com.

AANA Foundation Call for Talent
Orlando – The Stars Come Out Again

The AANA Foundation is planning another fabulous night of CRNA and student registered nurse anesthetist (SRNA) talent to take place on Monday, Sept. 15, 2014, at the AANA Nurse Anesthesia Annual Congress in Orlando, Fla. CRNAs and SRNAs from across the country will be showcasing their talent and creativity, competing for fabulous prizes, and supporting the AANA Foundation’s mission of advancing the science of anesthesia through education and research. If you, or a group with at least one CRNA or SRNA, have a talent you’d like to share, submit a Talent Application today. Visit our event webpage to learn more about the event and access the application. If you have any questions, please contact Luanne Irvin at the AANA Foundation at (847) 655-1173 or lirvin@aana.com.

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Professional Practice

The Joint Commission Releases R3 Report: Alarm System Safety
The Joint Commission has released an R3 report, describing the requirement, rationale, and references related to the National Patient Safety Goal (NPSG) to improve the safety of clinical alarm systems which became effective Jan. 1, 2014. This NPSG will be implemented in two phases. The first phase heightens awareness of the potential risks associated with clinical alarms, and the second phase introduces requirements to mitigate those risks. Review the specifics of the NPSG and read the report in its entirety here.

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News from COA

New Program Seeking Accreditation to Be Reviewed in 2014

Capability review for accreditation of one proposed program is in progress. The program is listed below as a public notification for purposes of third-party notification.

The University of Arizona College of Nursing Nurse Anesthesia Program
Tucson, Ariz.
Tentative date of onsite review: Spring 2014

Please direct all comments to the Executive Director, COA. Anyone interested in commenting should obtain the written procedures by contacting the COA at 222 S. Prospect Ave., Park Ridge, IL 60068. Third parties wishing to present an oral or written statement must notify the COA by Aug. 1, 2014. The COA’s scheduled meeting where an accreditation decision will be made is October 2014

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Federal Government Affairs

28 Members of Congress Join AARP In Support of Veterans Health Agency Recognizing APRNs as LIPs

Revision of the Veterans Health Administration (VHA) Nursing Handbook to recognize CRNAs and other APRNs as licensed independent practitioners (LIPs) serving our veterans gained important new support mid-December with letters from the AARP and 28 members of Congress. The letters were backed by the involvement of the AANA, the Association of Veterans Affairs Nurse Anesthetists (AVANA), CRNAs around the country, and APRN organizations working together. Read More.

Medicare’s 2014 Anesthesia Conversion Factor is $22.68 per Unit, Up 3.43 Percent from 2013

Medicare’s mean national 2014 anesthesia conversion factor (CF) increases to $22.68 per unit, an increase of 3.43 percent over 2013 levels, reports the Centers for Medicare & Medicaid Services. Thus, for an average 13-unit anesthesia service that Medicare Part B would have reimbursed $285.01 in 2013 (including patient copay), Medicare will provide $294.79 beginning Jan. 1. Read More.

Medicare Proposes Significant Reductions in Relative Values of Certain Pain Management Service Codes; AANA Developing Comments

Medicare has proposed significant reductions in the relative values, and therefore in the Medicare payments, for certain pain management services provided by CRNAs and physicians. The AANA and pain CRNAs are reviewing the proposal and developing comments in response to the Centers for Medicare & Medicaid Services (CMS) in advance of the agency’s Jan. 27, 2014, comment deadline. Read More.

Congress Back to Washington to Tackle Budget—and Nurse Workforce Funding

Congress returned to Washington the week of Jan. 6 to resume work on the overdue FY 2014 budget—and specifically on detailed appropriations legislation that includes several programs important to CRNAs, such as Title 8 nurse workforce development programs and nursing research conducted at the National Institutes of Health. Current “continuing resolution” (CR) funding runs through Jan. 15, 2014, marking a hard deadline for lawmakers to complete this work or to enact another CR and buy more time. However, during the holidays, House and Senate negotiators were reportedly pressing to complete the omnibus appropriations package needed to continue federal government operations. The AANA and its coalition partners have been working consistently to support nurse workforce development and research funding, pointing out the value of these initiatives in cost-effectively educating the healthcare professionals needed to care for the aging U.S. population.

CRNA-PAC Now Accepting Applications

Interested in making a difference for the profession? The AANA will be accepting applications to serve as a member of the CRNA-PAC Committee until Jan. 31, 2014. From a slate of member nominees provided by the AANA Board of Directors in February, the CRNA-PAC Committee elects two CRNAs each year for three-year terms and one student registered nurse anesthetist for a one-year term. Committee member responsibilities include setting and overseeing CRNA-PAC expenditure and income policy, determining funding of open-seat and challenger candidates, fulfilling duties at CRNA-PAC events and AANA national meetings, participation in fundraising duties, and attendance at CRNA-PAC Committee meetings. Candidates should have a strong interest in furthering the profession through federal advocacy. Click here if you are interested in serving on the CRNA-PAC Committee.

Nominate Your FPD of the Year

Is your state’s Federal Political Director (FPD) awesome? Then nominate him or her
for AANA’s Daniel D. Vigness Federal Political Director Award, using the easy online application below, by Jan. 15, 2014.

This honor is named for AANA’s first FPD of the Year, the late Daniel D. Vigness, CRNA, MS, of South Dakota, a leader and CRNA mentor who developed a lifelong professional relationship with a local candidate for Congress through several years and elections until that candidate rose to the position of Majority Leader of the U.S. Senate. The award is presented annually to an individual who has made a significant contribution to the advancement of the national healthcare agenda of CRNAs by coordinating grassroots CRNA involvement at the state level or through special contributions to the federal political process. Click here to learn more and submit a nomination.

AANA Issues Second Edition of Reimbursement Primer for CRNAs

The second edition of the AANA’s “Issue Briefs on Reimbursement and Nurse Anesthesia” is now available online for AANA members. Of interest to all CRNAs, especially those who are self-employed or serve in an AANA state leadership position (including State Reimbursement Specialists), this 40-page primer provides basic information about policies and issues shaping CRNA reimbursement. The primer reviews essentials about Medicare, other benefit plans and commercial health plans, and health reform implementation. Download a copy here (requires AANA member login and password). Your feedback is welcome! Please submit comments to info@aanadc.com with “Reimbursement Primer” in the subject line.

SRSs: Monthly Check-up on Your MAC

State Reimbursement Specialists (SRSs) are reminded of the three essential activities regarding relationships with their Medicare Administrative Contractor (MAC).

- One essential function of the SRS role is to develop a relationship between yourself or a member of your team and the Contractor Medical Director (CMD) for your MAC.
- A second essential function for the SRS, or his or her designee, is to attend any upcoming Carrier Advisory Committee (CAC) meetings for each state. CACs have the opportunity to discuss draft local coverage determinations (LCDs), and provide input and comment on draft policies. CAC meetings should be listed on each MAC website.
- A third essential function of the SRS is to check the MAC’s website at least monthly for any LCDs related to nurse anesthesia practice and reimbursement. To make it easier, we suggest you pick the same day (such as the first or last day) of every month to monitor for new draft LCDs.

Any SRS who has questions about their MAC or anything else related to the SRS program should email info@aanadc.com with “SRS” in the subject line. Click this link to locate your MAC.

Amendments

The Institute of Medicine report The Future of Nursing: Leading Change, Advancing Health turned three years old, and AANA was present at a lecture hosted by the National Academy of Sciences in Washington commemorating the occasion. AANA Executive Director and CEO Wanda Wilson, CRNA, PhD, and Senior Director Federal Government Affairs Frank Purcell met the evening’s lecturer, IOM panel chair Donna Shalala, PhD, and representatives of nursing organizations and federal healthcare agencies at the Dec. 11 event. See Dr. Shalala’s lecture online here.

Military CRNA Incentive Special Pay (ISP) programs are extended by Congress for one more year through Senate adoption of the FY 2014 National Defense Authorization Act (HR 3304 as amended). The Senate cleared the bill by an 84-15 vote on Dec. 19. Sec. 612(b)(3) of the legislation extends the agency’s Title 37 authority for the CRNA ISP program through Dec. 31, 2014. The ISP program is used by the U.S. Armed Forces to recruit and retain CRNAs for the military mission in the U.S. and abroad, and is supported by the AANA. President Obama is expected to sign the bill into law. See how your Senators voted here.

Medicare is proposing to ban from the Medicare program any provider who is an “abusive prescriber.” AANA is reviewing the proposed rule, which is open for public comment through March 7. See a fact sheet here and a preview of the proposed rule here.

CRNA-PAC-backed Bradley Byrne (R-AL-1) won election in December to succeed Rep. Joe Bonner (R-AL), and was sworn in on Wed., Jan. 8. Rep.-elect Byrne’s campaign was supported by local CRNA volunteers in his southern Alabama district.

The year’s end on Capitol Hill brought announcements of congressional retirements, with veteran Reps. Frank Wolf (R-VA), Tom Latham (R-IA), Jim Matheson (D-UT), and Jim Gerlach (R-PA) stating that they will not run for re-election in 2014. All four seats are relatively competitive among Republicans and Democrats. In addition, President Obama intends to name retiring Senate Finance Committee Chairman Max Baucus (D-MT) ambassador to China. Depending on the nomination and Senate confirmation timeline, Senate work on SGR repeal and Medicare payment reform may be affected. The senator likely to succeed Sen. Baucus as Finance Committee chair is veteran Sen. Ron Wyden (D-OR).

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.
Patients Still Report Some Level of Pain 1 Year After Breast Cancer Surgery

Twelve months after having breast cancer surgery, researchers say pain continues to dog most patients. Of 860 women treated at a Helsinki hospital between 2006 and 2010, just 34.5 percent said they were in no pain one year after their procedure. However, 49.7 percent said they experienced mild pain, 12.1 percent reported moderate pain, and 3.7 percent suffered severe pain. "Persistent pain following breast cancer treatments remains a significant clinical problem despite improved treatment strategies," the researchers write in the *Journal of the American Medical Association*. "Data on factors associated with persistent pain are needed to develop prevention and treatment strategies and to improve the quality of life for breast cancer patients." The team also recommend development of a risk assessment tool to help single out patients who would benefit from preventative interventions.

From "Patients Still Report Some Level of Pain 1 Year After Breast Cancer Surgery" *Oncology Nurse Advisor (01/10/14)*

New Criteria Suggested for Defining Postdural Puncture Headaches After Epidurals

While epidurals help alleviate the pain of labor and delivery for many women, in some cases the needle punctures the dural sac and causes cerebrospinal fluid (CSF) to leak. The result is postdural puncture headache (PDPH)—pain that often is accompanied by any combination of aching neck, dizziness, tinnitus, and muffled hearing. Despite the severity of the condition, University of Toronto associate anesthesiology professor Pamela Angle, MD, says no less than a third of dural punctures that cause PDPH following an epidural go undetected. Moreover, she says the International Classification of Headache Disorders (ICHD-2), which is indicated for diagnosis of PDPH after spinal needle insertion, is not effective for diagnosis following epidural insertion. Citing the need for an epidural-specific assessment tool for PDPH, Angle developed new criteria based on existing literature and her own research. "Epidural procedures seek to avoid dural puncture, and the epidural needle's curved tip may reduce recognition of dural sac injury and CSF leak," she said. Her multi-center study involved 184 possible cases of PDPH, diagnosis of which was improved under the ICHD-3 beta guidelines. The study criteria were nearly twice as sensitive as the ICHD criteria and had a better positive predictive value. "Dr. Angle's definitions of PDPH are a big improvement over the ICHD criteria," according to Barbara Scavone, MD, president of the Society for Obstetric Anesthesiology and Perinatology. "They will be especially useful for future research by providing high inter-rater reliability and sensitivity in defining PDPH, which causes a great deal of morbidity in our patients."

From "New Criteria Suggested for Defining Postdural Puncture Headaches After Epidurals" *Pain Medicine News (01/01/2014) Vol. 12 Savoie, Keely*

After Outbreaks, Experts Await Block Safety Advisory

During regional anesthesia and analgesia, failure to wear a mask, employ proper hand hygiene, and comply with other aseptic procedures that lower the risk of infectious complications can have alarming consequences. A number of alarming fungal outbreaks tied to pain interventions in recent years—some of them involving fatalities—offer proof that guidelines must be strictly followed. In the wake of these tragedies, including fungal infections tied to steroid injections, the American Society of Regional Anesthesia and Pain Medicine is preparing to roll out a revised version of its advisory on nerve block safety. The advisory, first released in 2006 in *Regional Anesthesia and Pain Medicine*, has been updated to address the importance and implications of aseptic techniques; the use of block anesthesia in febrile or infected
patients; the use of regional anesthesia in patients whose immune systems are weak; and the correlation between infectious risks and interventional pain management approaches. "Although infectious complications are exceedingly rare after regional anesthesia and pain management techniques, they remain relevant to the practice of every clinician because of the potentially devastating consequences they may have on our patients," said Mayo Clinic anesthesiology professor James Hebl, MD, who was involved in the advisory update.

From "After Outbreaks, Experts Await Block Safety Advisory"
Pharmacy Practice News (01/14) Vol. 41 O'Rourke, Kate

Oral Contrast Ok Before Sedation for CT Scan

In a study from January 2010 through October 2011, researchers compared outcomes in children who were given oral contrast versus intravenous contrast prior to sedation ahead of a computed tomography (CT) scan of the abdomen. Administering oral contrast material one hour before an abdominal CT is known to optimize imaging quality, but the practice is contrary to anesthesia standards that discourage oral intake of clear fluids in children during the two hours before sedation in order to lower the risk of pulmonary aspiration of gastric contents. However, a review of sedation records for 106 children—85 of whom received oral contrast within two hours prior to propofol sedation and 21 of whom received IV contrast—revealed no difference in the two sets of patients in terms of the amount of total propofol administered, success of sedation, length of time in the sedation unit, need for interventions, or adverse events.

From "Oral Contrast Ok Before Sedation for CT Scan"
AAP Newsfeed (01/01/14) Vol. 35, No. 1 Kemp, Carla

Ear Acupressure Eases PONV After Knee Surgery

A study by New York City researchers has found that auricular acupressure is able to significantly curtail postoperative nausea and vomiting (PONV) in patients in the postanesthesia care unit (PACU) and during the first 24 hours following general anesthesia for knee arthroscopy. Cynthia Feng, MD, a clinical assistant professor of anesthesiology at New York University Medical Center, worked with colleagues on a study of 150 patients—all non-smokers with a high risk for PONV and a history of experiencing motion sickness and/or postoperative nausea/emesis. Each was randomly assigned to one of three cohorts: the actual test group, a sham test group, and a placebo group. Those in the actual test group received pellets attached by opaque adhesive to the ear at three acupressure points; while the sham group had pellets placed 5 mm from these points, and the placebo group only received the opaque adhesive. The pellets and/or adhesive were placed just before the patients went under general anesthesia and knee arthroscopy. Feng noted that the patients in the test group had significantly less nausea than those in the placebo group while in the PACU and during the first 24 hours post-surgery. The sham group also reported less nausea, though not to the same degree. Feng said that while patient satisfaction was not included in the study, "anecdotally, our patients were very happy [...] and we got very positive feedback."

From "Ear Acupressure Eases PONV After Knee Surgery"
Anesthesiology News (12/01/13) Vol. 39, No. 12 Vlessides, Michael

Cluster Headache and Greater Occipital Nerve Blocks, What's New

A new study of 83 patients explored the effectiveness of greater occipital nerve blocks as a pain relief treatment for people suffering from chronic cluster headache episodes. The procedure involves the injection of a combination of steroids and a local anesthetic into the scalp near the trunk of the great occipital nerve, which temporarily blocks pain signals to most of the top and back of the head. Following treatment, researchers separated the participants based on who had a complete or partial response to the seven-day treatment and analyzed a subgroup of patients who had
received a series of the blocks at three-month intervals. According to the results, 57 percent of patients had a positive response after the first block was performed, including 12 with partial response and 35 who experienced complete pain relief. On average, the positive response to treatment lasted for 21 days with only 6 percent of patients experiencing worsening pain. In conclusion, the investigators believe the treatment is an effective option, "with reproducible effects" in those who suffer from chronic cluster headache.

From "Cluster Headache and Greater Occipital Nerve Blocks, What’s New"
emAXHealth (12/14/13) Mitchell, Deborah G.

**New Concerns Over Safety of Common Anesthetic**

A study in the December issue of *Anesthesia & Analgesia* has added to concerns over the safety of the drug etomidate as an anesthetic and sedative, according to editorial comments on the study by Drs. Matthieu Legrand and Benoit Plaud of Paris-Diderot University. The remarks note that while the findings from the Cleveland Clinic researchers were "striking and troubling," they are not the first to spark concerns about the drug. Study subjects who received etomidate were 250 percent more likely to die within 30 days and 50 percent more likely to experience major cardiovascular events. Although it remains unclear how etomidate, which only has short-term effects, is able to affect patient outcomes several weeks after its use, Legrand and Plaud speculate that it could be akin to the so-called butterfly effect in physics, where "very small differences in the initial state of a physical system [make] a significant difference to the state at some later time." The findings were described as highly important, though large-scale studies are needed to firmly establish the safety of etomidate. Legrand and Plaud recommend using "other anesthetic agents for induction of anesthesia" in the meantime, since there are safe and effective alternatives available.

From "New Concerns Over Safety of Common Anesthetic"
Science Daily (12/13/2013)

**How Painkillers Could Impact Prostate Cancer**

Researchers say the type of anesthesia used for surgery to remove the prostate gland may impact whether prostate cancer recurs in the men. Combining data from 1991 to 2005, investigators from the Mayo Clinic looked at outcomes for 1,642 patients who received general anesthesia only as part of a prostatectomy and for an equal number of men who received general anesthesia plus neuraxial analgesia—a painkiller that numbs a targeted part of the anatomy to pain. The findings show that men in the general anesthesia-only group were more likely than men in the neuraxial analgesia group to see the prostate cancer progress or recur within 10 years and also were more likely to die as a result of the disease. "Supplementing general anesthesia with neuraxial analgesia for prostate oncologic surgery was associated with decreased systemic cancer progression and improved overall survival when compared with general anesthesia only," the Mayo team report in the December issue of the *British Journal of Anesthesiology*. They speculate that administering painkillers like neuroaxial analgesia prior to surgery is effective, while giving them during or after a procedure may inhibit the immune system's ability to fight off the cancer cells.

From "How Painkillers Could Impact Prostate Cancer"
Daily Rx (12/19/13) Stoneham, Laurie

**Extra Consultations Before Cataract Surgery Rise**

Extra doctor consultations before cataract surgery are on the rise, though there is no clear medical reason for the added costs. "The preoperative medical consultation is an understudied area. It's an intervention that we spend several billion dollars on each year in this country. We know surprisingly little about the process," says Dr. Stephen Thilen, an assistant professor of anesthesiology and pain medicine at the University of
Washington who led a study of Medicare claims on the issue. Patients awaiting cataract surgery generally see the ophthalmologist who performs the surgery and the anesthesia provider if one is needed. Thilen's team looked at trends in additional preoperative consultations with the patient's family doctor, cardiologist, pulmonologist, or other physicians not directly involved in the surgery.

From "Extra Consultations Before Cataract Surgery Rise"
*Reuters Health (12/26/13) Jegtvig, Shereen*

**Study Shows Healthcare Workers' Hands Contaminated With C. Difficile After Routine Care**

Almost one in four healthcare workers' hands were contaminated with Clostridium difficile spores after routine care of patients infected with the bacteria, according to a new study from the Society for Healthcare Epidemiology of America. "This is the first known study focusing on the carriage of viable C. difficile spores on healthcare workers hands," says Caroline Landelle, PharmD, PhD, lead author of the study. "Because C. difficile spores are so resistant and persistent to disinfection, glove use is not an absolute barrier against the contamination of healthcare workers' hands. Effective hand hygiene should be performed, even in non-outbreak settings."

From "Study Shows Healthcare Workers' Hands Contaminated With C. Difficile After Routine Care"
*Infection Control Today (12/17/13)*

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