Lapses in anesthesiologist supervision of CRNAs are common even when an anesthesiologist is medically directing as few as two CRNAs, according to an important new study in the March issue of the journal Anesthesiology. The study, titled “Influence of Supervision Ratios by Anesthesiologists on First-case Starts and Critical Portions of Anesthetics,” looks at over 15,000 anesthesia records in one leading U.S. hospital and raises critical issues about propriety and compliance in the most common and costly model of anesthesia delivery at a time when quality and cost-effectiveness are white-hot healthcare issues at every level. Read More.

March 30, 2012

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Inside the Association

Hot Topics

California Opt-Out Upheld

On March 15, 2012, the California Court of Appeals issued a ruling affirming the trial court’s ruling that California law does not require physician supervision of CRNAs, upholding the validity of the state’s opt-out. In this ruling the appeals court noted that California CRNAs administer anesthesia pursuant to a physician order, but that this is not a requirement to administer anesthesia under physician supervision. Read More.

Choose How to Receive your 2012 AANA Election Ballot Materials

Please respond by April 11, 2012.

All active members should have received a blast email from the AANA Election Coordinator asking them how they want to receive ballot materials for the upcoming elections (electronic or paper). Members who do not respond to the email will receive their ballot materials electronically. Members who request to receive ballot materials electronically will receive a personalized email from Survey and Ballot Systems (AANA’s Election Services Coordinator) containing a personalized E-signature and voting instructions. Those who ask to receive their ballot materials by mail will receive their E-signatures and voting instructions in their packets.

Coming Soon: Online Forum for Candidates for the AANA Board of Directors

The Online Forum for Candidates for the AANA Board of Directors will become available to members for question submission the day that the AANA candidates are introduced to the membership during the Mid-Year Assembly, Monday, April 16, 2012. The forum will be located in the members-only section of the AANA website along with the candidates’ speeches, photos, and position statements. Active AANA members will be able to submit questions to the Forum for approximately 45 days. Read More.

AANA Journal Course #31 Available Only Online

AANA members can take the AANA Journal course exam free of charge using the online format from April 2 through July 31 (ending at midnight central time). The exam will be available here: http://www.aana.com/myaana/Publications/jcourses/Pages/default.aspx (login required). In preparation for the exam, a study page with all six courses is available at: http://www.aana.com/newsandjournal/Periodicals/Pages/Journal-Course-Study-Page.aspx. The April Journal will feature the exam, but it can only be taken online. Exam answers will appear in the August Journal.

Sharps Safety Consensus Statement and Call to Action Issued

In the 10 years since the passage of the federal Needlestick Safety and Protection Act, much progress has been made to reduce the risk of healthcare worker exposure to bloodborne pathogens—yet significant challenges remain. The International Healthcare Worker Safety Center at the University of Virginia and the American Nurses Association, along with colleagues across the spectrum of healthcare (including the AANA), have agreed on a Consensus Statement and Call to Action to address these issues. Read the Statement here.

Health Volunteers Overseas Needs Anesthesia Volunteer in Bhutan

CRNA or MD is needed for a one-month assignment in August 2012. Volunteers provide continuing education and training to the local anesthesia providers. Other opportunities

Upcoming Events

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

April 14, 2012: Business of Anesthesia Workshop

April 15-18, 2012: Mid-Year Assembly

May 2, 2012: Essentials of Obstetric Analgesia/Anesthesia Workshop

August 4-8, 2012: AANA Annual Meeting

Dates to Remember

April 1, 2012: AANA Foundation State of the Science Poster Session Oral Presentation Application Deadline

April 1, 2012: Application Deadline for Student Writing Contest

April 15, 2012: Application Deadline for Anesthesia College Bowl

May 1, 2012: Application Deadline for serving on an AANA Committee

May 1, 2012: AANA Foundation State of the Science Poster Session General Poster Presentation Application Deadline

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.
AANAAnesthesia E-ssential

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)

AANA Foundation and Research

AANA Foundation Supports Research

AHRQ Offers HCUP Data Users' Workshop on April 25
Registration is now open for Agency for Healthcare Research and Quality’s (AHRQ’s) one-day instructor-led workshop on the use of Healthcare Cost and Utilization Project (HCUP) databases and software tools for health services research. The curriculum includes instruction and hands-on experience conducting revisit analyses with HCUP State data. Read More.

Call for Applicants for The Hartford Institute 2012 Geriatric Nursing Research Scholars Program
Application Deadline: May 15, 2012

Announcing an opportunity for researchers in academia or hospitals to participate in a week-long, intensive, summer seminar at New York University College of Nursing for an in-depth mentoring experience with nationally recognized gerontologic nursing researchers. Read More.

News from COA

Call for Comments for Practice Doctorate Standards
Deadline: June 15, 2012

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is soliciting comments from the communities of interest on the first draft of the "Practice Doctorate Standards for Accreditation of Nurse Anesthesia Educational Programs." Written comments are being collected via an online tool located on the COA website at home.coa.us.com. Read More.

Federal Government Affairs and PAC

AANA President and President-elect Visit Key Federal Agencies

During the week of March 12, AANA President Debra Malina, CRNA, DNSc, MBA, and President-elect Janice Izlar, CRNA, DNAP, met in Washington, D.C., with senior officials from three federal Health and Human Services agencies important to CRNA practice and reimbursement, including the Health Resources and Services Administration, the Centers for Medicare & Medicaid Services, and the Office of Health Reform. They also met with

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the top staff to the National Rural Health Association, a key AANA partner on rural patient access to quality care. **Read More.**

**House OKs Medical Liability Reform and IPAB Repeal Bill March 22**

The U.S. House of Representatives adopted legislation on March 22 combining repeal of the Independent Payment Advisory Board (IPAB) provisions of the Affordable Care Act health reform law plus medical liability reforms that cap noneconomic damages. **Read More.**

**Supreme Court Takes Up Health Law**

The U.S. Supreme Court held six hours of oral arguments on the constitutionality of the Affordable Care Act health reform law March 26-28, two years after the law’s enactment, with a decision anticipated in the summer. **Read More.**

**House GOP Offers Budget with Medicare, Medicaid Changes; Enactment Outlook Dim**

House majority Republicans have proposed a fiscal 2013 budget that recommends: A) substantial changes in the structure of the Medicare, and B) Medicaid health programs critical to CRNAs, and lower overall spending levels than those provided by the 2011 Budget Control Act that would place downward pressure on nurse workforce development and research programs advocated by CRNAs. But its overall near-term outlook is dim, as an election-year divided government is unlikely to take up dramatic Medicare and Medicaid adjustments. **Read More.**

**MedPAC Again Recommends Anesthesia and Specialty Cuts**

The Medicare Payment Advisory Commission (MedPAC) issued recommendations to Congress on March 16 for the future of the Medicare program, urging lawmakers to cut Medicare anesthesia and specialty care reimbursements 5.7 percent per year over three years—a total of 17 percent—reprising its October 2011 letter to Capitol Hill. **Read More.**

**Medicare Solicits Applications for Graduate Nursing Education Demonstration Project AANA Helped Enact**

The Center for Medicare & Medicaid Services (CMS) on March 21 announced the application process for the Graduate Nursing Education (GNE) Demonstration which was a part of the Affordable Care Act health reform law, and which the AANA and a coalition of Advanced Practice Registered Nurse (APRN) groups alongside the AARP helped enact. **Read More.**

**HHS Releases Final Rule Governing State-based Health Insurance Exchanges**

On March 12, the U.S. Department of Health and Human Services (HHS) issued its final rule governing state-based health insurance exchanges through which commercial coverage will be marketed, a critical aspect of health reform for CRNAs concerned about patient access to CRNA anesthesia and pain services. **Read More.**

**AANA Participates in Health Plan Policy Conference**

To help the AANA and CRNAs build productive, engaging professional relationships with health plans, AANA staff attended the America’s Health Insurance Plans (AHIP) 2012 National Policy Forum in Washington on March 6-7. The AHIP National Policy Forum focused on health reform implementation relative to the individual mandate to build exchanges in the states. The speakers included members of Congress, health plan executives, and policy experts from think tanks and federal and state agencies. **Read More.**
Medicare Recommends Coverage of TENS for Back Pain Only in Narrow Circumstances

The Medicare agency proposed a National Coverage Determination (NCD) dated March 13 for transcutaneous electrical nerve stimulation (TENS) for chronic low back pain. The proposal would affect the circumstances for which TENS would be reimbursed, but would not limit the providers of the service. Read More.

How can CRNAs Use Social Media in Advocacy?

How can CRNAs use social media platforms like Facebook, Twitter and LinkedIn to stay in touch with members of Congress in one's home state? After all, social media provide new and direct points of contact with elected officials who have authority over and interest in CRNA issues governing practice, reimbursement and educational funding. What they learn about the AANA and CRNAs may now come to them online—from you. Read More.

Book Your Mid-Year and Business of Anesthesia Meetings Now!

Now's the time to book your seat at the AANA Business of Anesthesia conference on April 14, and the AANA Mid-Year Assembly on April 15-18, both in your Nation's Capital!

Join CRNA-PAC for “An Affair of State” April 15 at AANA Mid-Year Assembly

Enjoy a night of elegance with CRNA-PAC at an enclosed rooftop event offering a spectacular view of the White House from one of the most historic and prestigious hotels in Washington, the Hay Adams. Tickets are priced at $250 for CRNAs and $125 for student registered nurse anesthetists and can be purchased on the Mid-Year Assembly registration form.

CRNAs Seen in Washington

At a major political event in Washington the week of March 5 where AANA member attendance was supported by the nonpartisan CRNA-PAC, nurse anesthetists from the National Capital area visited with several U.S. Senators, including the chair of the Health, Education, Labor and Pensions Committee and a key Appropriations subcommittee on health, Sen. Tom Harkin (D-IA). Read More.

FEC REQUIRED LEGAL DISCLAIMER 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 our 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. I am a US Citizen.

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Jobs

Visit the CRNA Career Center.

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Healthcare Headlines

Voice, Throat Problems Common After Anesthesia

In a new study published in the Archives of Otolaryngology — Head & Neck Surgery,
investigators from the Maastricht University Medical Centre in the Netherlands found that voice and throat problems are typical in patients who have had either an endotracheal tube or laryngeal mask in place during general anesthesia. Researchers looked at 13 studies that examined complications after the use of these two techniques, which are used to ease the breathing of sedated patients in the operating room. The complication rates varied greatly, and results were difficult to compare. The team found incidents of hoarseness and vocal cord injuries and also discovered that some patients recovered quickly. U.S. specialists not involved in the research indicated that the side effects are to be expected and are not alarming, with most symptoms clearing up on their own. "In general, it's a very safe thing to do—having general anesthesia with a breathing tube in place," according to Dr. Norman Hogikyan, an ear, nose, and throat physician at the University of Ann Arbor.

From "Voice, Throat Problems Common After Anesthesia"
Courant.com (03/22/12) Seaman, Andrew M.

Drug Could Be Useful Treatment for Anesthesia-Related Memory Loss

A drug targeting one specific receptor could become an effective treatment for the memory loss that sometimes occurs after anesthesia, according to a "proof-of-concept" study in the April issue of Anesthesia & Analgesia. Research shows that alpha-5 GABA type A receptors are involved in specific memory problems after anesthesia. These receptors could be targeted to restore memory even after the anesthetic has worn off, the researchers said. The study included an assessment of the mechanisms of memory loss after general anesthesia, focusing on the alpha-5 GABA type A receptors. The experiments included mice that were genetically engineered to lack the receptors. Exposure to isoflurane caused significant memory impairments in normal mice but not in mice without the alpha-5 GABA type A receptors. Memory deficits were specific to short-term memory rather than "working memory." The study also evaluated the effects of the experimental drug L-655,708, which blocks the alpha-5 GABA type A receptors. Treatment with this drug completely eliminated anesthesia-related memory deficits, even when treatment was not given until 24 hours after isoflurane exposure. Even without treatment, short-term memory impairment resolved within 72 hours after anesthesia.

From "Drug Could Be Useful Treatment for Anesthesia-Related Memory Loss"
Newswise (03/21/12)

Age-Old Anesthesia Question Awakened

Scientists have long wondered why inhaling anesthetics causes unconsciousness, but new insights may be available from research performed at the National Institute of Standards and Technology (NIST). Anesthesia may affect the organization of fat molecules in a cell's outer membrane, which may change the ability to send signals along nerve cell membranes. "A better fundamental understanding of inhaled anesthetics could allow us to design better ones with fewer side effects," says Hirsh Nanda, a scientist at the NIST Center for Neutron Research. Ion channels—large proteins embedded in the lipid molecules that form nerve cell membranes—conduct electrical impulses along nerve cells throughout the body. An ion channel's immediate surroundings often consist of a single type of lipid, which forms a sort of "raft" that is less fluid than the rest of the membrane. Disrupting these lipid rafts can affect a channel's function. The research team explored how a model cell membrane responded to two chemicals: inhaled anesthetic and another substance that has similar chemical properties as anesthetic but does not cause unconsciousness. The anesthetic disordered the rafts, freely mixing its lipids with the surrounding membrane, but the second chemical's effect was dramatically smaller. While this discovery does not answer the question definitively, it is a start for other experiments that could shed more light on the issue.

From "Age-Old Anesthesia Question Awakened"
Science Daily (03/21/12)

Which Anesthesia Is Best for Cataract Surgery?

Regional anesthesia during cataract surgery provides better pain relief and fewer complications compared to topical anesthesia, but many patients choose topical, researchers write in the journal Ophthalmology. A team of Chinese researchers compared
phacoemulsification under topical and retrobulbar or peribulbar anesthesia. Patients who received topical reported more pain during and after surgery; they also experienced more inadvertent eye movements and required additional anesthetic during the procedure. Patients who received regional blocks experienced more anesthesia-related complications, such as chemosis, periorbital hematoma, and subconjunctival hematoma. Both topical and regional anesthesia had similar case outcomes, with no significant difference in complications or intraoperative difficulties. Topical anesthesia is less effective at pain relief and should not be used on patients with high blood pressure or greater pain perception. However, topical anesthesia does reduce injection-related complications and alleviates patients’ fear of needles. A recent Outpatient Surgery survey of 216 facility managers showed that 75.6 percent use topical anesthesia on their cataract surgery patients, 65.7 percent use IV anesthesia, and 44.4 percent use retrobulbar blocks.

From "Which Anesthesia Is Best for Cataract Surgery?"
Outpatient Surgery (03/20/12) Cook, Daniel

Pain Meds May Influence Cancer Growth

Pain medicines such as opioids and anesthetics are critical for cancer patients, but new findings suggest that they deliver not only pain relief but a potentially negative side effect. A pair of laboratory studies published in the March 2012 issue of *Anesthesiology* show that opioid receptors in the brain effect the development, growth, metastasis, and outcome of breast and lung cancers. Researchers at the University of Chicago Medicine discovered that some lung cancers have 10 times the opioid receptors as normal cells. They also discovered that when human cancer cells engineered with more receptors were transplanted into mice, the cells grew twice as fast as those without the additional receptors and were 20 times as likely to metastasize. Opioid receptor-blocking medications caused the growth and spread of the cancer cells to slow, which may lead to the mu opioid receptor being a target for new therapeutics. The study from the University of North Carolina, meanwhile, retrospectively examined data for 2,000 breast cancer patients and found that women with genetic mutations that make them less sensitive to opioids lived longer. The more copies of the mutation, the more likely they were to be alive 10 years after treatment for invasive breast cancer. The researchers noted that morphine-like medication and the body's own opioids, like endorphins, impacted the spread of cancer cells and that mu opioid receptor-blocking agents could help discourage cancer growth and metastasis.

From "Pain Meds May Influence Cancer Growth"
*DailyRx (03/22/12) Stoneham, Laurie*

Peripheral Nerve Stimulation Helps Control Pain After Combat Injuries

An article in the March issue of *Anesthesia & Analgesia* concludes that a peripheral nerve stimulation technique shows promise as a way to help injured soldiers find relief from severe neuropathic (nerve-related) pain. Doctors in the anesthesiology department of Walter Reed Army Medical Center were working to treat severe neuropathic pain that two soldiers were experiencing in one or both legs from combat injuries. The team had wanted to use spinal cord stimulation that would send a mild electrical current through electrodes embedded near the spine, but were unable to do so due to patient conditions that made the surgery to implant the electrodes inadvisable. Instead, doctors tried applying electrical stimulation directly to the peripheral nerves in the leg; and once the stimulation was turned on, both patients experienced rapid relief, with pain scores dropping to 2 from 6 on the 10-point scale. The reduced level of pain enabled the patients to reduce or eliminate the use of strong pain medications; resume full participation in physical therapy; and experience improvements in mood, general activity, and sleep. The peripheral nerve stimulation originally had been intended as a temporary fix until the patients could undergo the spinal cord stimulation; but after a few weeks of treatment, both patients were able to control their pain without the need for permanent electrode impacts or electrical stimulation. The study suggests that this type of treatment is a viable option for acute management of severe neuropathic pain for soldiers with combat injuries. It is possible that short-term management with peripheral nerve stimulation can allow some patients to avoid the need for long-term spinal cord stimulation and can become a tool to use with those who do not respond to standard treatments.
Thin Patients at Greater Risk of Dying After Surgery

New research suggests that thinner patients may be at greater risk of death after a surgical procedure compared with overweight patients. In one study, published in the March issue of the Archives of Surgery, people with a body-mass index (BMI) of 23 or less were 40 percent more likely to die compared to patients with a BMI between 26 and 29. The difference persisted even when accounting for type of surgery. These findings agree with other recent studies, including one published in the Journal of Cardiothoracic and Vascular Anesthesia. In this study, 20 percent of underweight patients who had coronary artery bypass surgery died in the hospital, compared with 3 percent of obese patients. Study researcher George Stukenborg, of the University of Virginia's School of Medicine, pointed out that healthcare providers should account for a patient’s thinness when planning post-surgical care. Stukenborg's study analyzed data from 189,500 patients from 183 medical centers who underwent surgery between 2005 and 2006. Among patients with a BMI of 23.1 or less, 2.8 percent died within 30 days, compared to 1.5 percent of patients with a BMI between 26.3 and 29.7. Risk of death was similar among patients who were overweight, obese, or very obese. Another study found that underweight patients were also at higher risk of intestinal bleeding, pneumonia, prolonged stay in the intensive care unit, and need for a blood transfusion.

Little Evidence for Non-Drug Labor Pain Relief

There are pros and cons to drug-based approaches for alleviating the pain of childbirth, according to a new overview of existing studies; but there is not yet enough research to show whether non-drug methods are an effective alternative. In the paper, published by the Cochrane Collaboration, investigators reported finding solid evidence that epidurals, which deliver pain-blocking medicine through an injection into the back, work. Combined spinal epidurals and inhaled analgesia were also deemed effective, based on the reviewed research. However, drug-based treatments are associated with a greater likelihood of assisted childbirth; a higher risk of developing of low blood pressure, which can slow a baby’s heartbeat; immobility of legs for a period of time; and other side effects that take away some of their appeal. Non-drug strategies, including water birth, relaxation, local anesthetics, mild painkillers, massage, hypnosis, aromatherapy, and acupuncture appear to avoid these undesirable traits; but they have only been tested on a small sample of women and have not been proven effective for pain management. "I think there is a lot to be said for starting with simple methods and then working up if necessary," concluded lead researcher Dr. James Neilson of the United Kingdom's University of Liverpool. "Clearly there is a lot of variation in the amount of pain that women experience during labor."

Use of Anesthesia Providers During Gastroenterology Procedures Has Increased Rapidly, But May Be Unneeded

A RAND Corporation study published in the March 21 edition of the Journal of the American Medical Association shows that the use of anesthesia providers to monitor sedation in outpatient gastroenterology procedures increased substantially from 2003-2009. The highest increase occurred among low-risk patients who, according to current guidelines, can safely receive intravenous sedation from the physician performing the procedure. These guidelines indicate that an anesthesia provider is needed only if the patient is at risk for complications because of illness such as advanced heart or lung disease. The increase in use of anesthesia providers in cases that do not meet these criteria is increasing costs unnecessarily. The study looked at care provided to 1.1 million Medicare fee-for-service beneficiaries and 5.5 million adults with commercial insurance and found that the use of these providers during outpatient GI procedures increased from 14 percent in 2003 to over 30 percent in 2009. The payments, nationally, for these anesthesia providers rose to $1.3 billion in 2009 from only $400 million in 2003, with
$1.1 billion being spent on the two-thirds of services provided to those considered low-risk patients. The amount of the payments doubled for Medicare patients but quadrupled for those with commercial insurance.

From "Use of Anesthesia Providers During Gastroenterology Procedures Has Increased Rapidly, But May Be Unneeded" HealthCanal.com (03/20/12)

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