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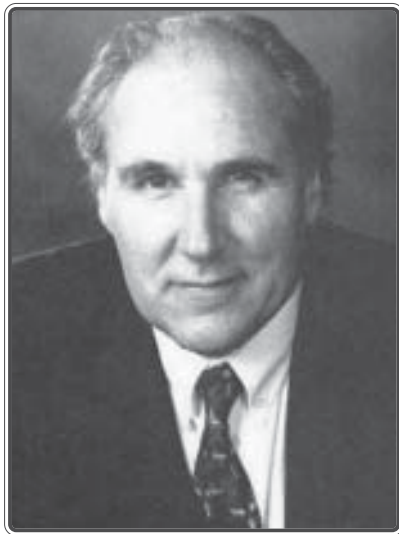
# NEWSLINE

Summer 2004

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## A new Chairman in McGill Anesthesia



*Dr. Franco Carli*

As everyone is probably already aware, in July of this year, the McGill Anesthesia Department's chairmanship changed hands. As Dr. Carli's ten year term came to an end, the role of Chairman and MUHC Anesthetist-in-Chief was appointed to Dr. Steven Backman.

Without the Department's administrative responsibilities to look after, Dr. Carli is enthusiastic about the possibility of dedicating more time to research and teaching. Over the past ten years, Dr. Carli has devoted countless hours, often in the evening and during weekends, to build a stronger Department, both for the clinical aspects and in research. He has strongly upheld the academic program with a belief that McGill Anesthesia staff and residents deserve a first rate continuing medical education program. On behalf of all the members of the McGill Department of Anesthesia, I would like to thank Franco for his hard work, perseverance and dedication to McGill Anesthesia.



*Dr. Steven Backman*

Dr. Backman was appointed to McGill as an Assistant Professor in the Department of Anesthesia in 1993 and has been on staff at the Royal Victoria Hospital since his appointment. He was later promoted to Associate Professor and in 2000 took over the role of Clinical Director at the Royal Victoria Hospital.

An enormous task is awaiting Dr. Backman over the next few months and years. Even though I am convinced that Steven will expertly handle the multiple challenges a Chairman and Chief may face, I encourage everyone to support him. In order to achieve excellence, our Department needs not only an outstanding leader with an academic vision, but also members who share that vision who are ready to implicate themselves. I take this opportunity to congratulate and wish Dr. Backman the best of luck as he begins this important new role.

***-Dr. Daniel Chartrand***

# From the Chairman

The productivity of a university department can be evaluated by the number of academic achievements in all aspects of its mission. Therefore, as has been highlighted on different pages of this newsletter, the last six months have been very productive for our Department.

Our final year residents have completed their Royal College examinations and most of them are soon leaving to pursue one year of fellowship training in various specialty areas of distinguished national and international centres. We are very proud of them and we wish them a safe journey and unlimited success in their endeavours. Of course, we hope some of them will come back to McGill. On average, over 50% of our residents come from outside Quebec and this mix makes McGill unique both in Canada and Québec. Although this diversity has on occasion been a source of resentment in the province of origin and in Québec, it is hoped that McGill will resist a trend towards parochialism.

In March 2004, Chancellor Pound and Dean Fuks announced the establishment of the Queen Elizabeth Hospital of Montréal Foundation Endowed Chair in Pediatric Anesthesia. This is the third endowed chair in our department, and, together with the Wesley Bourne and Harold Griffith chairs, it represents a great achievement that is set in perpetuity. The long, special relationship between our Department and the Queen Elizabeth Hospital has allowed the hospital Foundation to support the creation of this endowed chair, which happens to be the first endowed chair of pediatric anesthesia in Canada.

After years as the Postgraduate Program Director, Dr. Ruth Covert leaves her desk to Caroline Goyer, another valuable member of our Department. On behalf of the Department, thank you Ruth for your exceptional dedication and professionalism demonstrated throughout these years. Your contributions to revamping the Royal College curriculum and the implementation of new pedagogical objectives are greatly appreciated. Dr. Goyer's task will be to consolidate the strengths and inject her dynamism into our residents' program. "Bonne chance" to Caroline.

The loss of Dr. Richard Wahba has touched many of us as we remember our gentle and warm friend, who was always there to lend a hand and offer invaluable advice. Richard's contribution to academic anesthesia, particularly in respiratory physiology, remains the standard for future generations, symbolizing the necessity to link clinical research and basic science. He never hesitated to help the department and during the last years he worked incessantly to re-invigorate the McGill Anesthesia Update, particularly the course given for inhalation therapists which attracts English and French inhalation therapists, from all over Québec. In recognition of such commitment, the course now bears his name.

This is my last contribution to this column after 10 years of Chairmanship. I enjoyed being part of this great family and belonging to such a tradition of excellence. When I was appointed, Dean Cruess emphasized the fact that I marked a precedent, being the first non-Anglo Chairman. As such, my appointment was a belated reflection of the internationalism which has long been a feature of McGill's intake of staff and students. During my 10 years, I must admit that I have indeed caught McGill fever. McGill fever is infectious, spread by word of mouth, and possesses the sole symptom of filling one with pride and knowledge. I learned to value and respect different opinions but, at the same time, not settle for complacency and mediocrity. I have also learned that courage and passion can lead you to achieve your goals, even in the most difficult of times. I am forever grateful to many staff, academic and non-academic, who have provided unselfish support, sound advice and the rare iconoclastic remark. The demand for excellence, the room for diversity and the supportive exchanges of views is what allows this Department to continue taking strides towards success.

As of July 1<sup>st</sup> 2004, Dr. Steven Backman will be the new Chairman of the Department. Dr Backman is a McGill product who has demonstrated great leadership qualities. We are all proud of his appointment and we wish him great success. I believe the heritage of Bourne and Griffith will inspire him as much as it has inspired me.

***-Dr. Franco Carli***

# Residents' Corner

## *Dr. Ruth Covert passes the Program Director's Torch to Dr. Caroline Goyer*

**Our thanks to Dr. Ruth Covert** who, after six productive years as Program Director for the McGill Department of Anesthesia, stepped down on June 30<sup>th</sup>, 2004.



With a Masters' Degree in Medical Education and having spent five years as a Royal College examiner, Ruth brought considerable expertise to our program, including twenty years as a Certified anesthetist in both Canada and the United States, as well as a subspecialty in Intensive Care. As a result, our program thrived under Ruth's direction, and can boast substantial improvement in areas of resident self-directed learning, increased clinical research interest, delineation of goals and objectives, and the early introduction of junior residents to the oral exam process via the distribution of the weekly oral exam question.

The ongoing success of our residents at the Royal College Certification Exam attests to the effectiveness of the program's approach.

While Dr. Covert will no longer bear the title of Program Director, she will remain a valuable asset as consultant, continuing to develop the curriculum side of the training program. Hopefully, Ruth will now have more time to enjoy with her lovely daughter Caroline, who, rumor has it, has Ruth constantly on the run.

On behalf of the entire Department of Anesthesia, staff and residents alike, I would like to extend our heart-felt gratitude for a difficult and demanding job professionally and competently undertaken.

Thank you, Ruth!

**-Dr. Anne Moore**



**We welcome Dr. Caroline Goyer** as the incoming Program Director. Dr. Goyer is a McGill graduate who completed her anesthesia residency at Tulane University in Louisiana, came back to Montréal and the team at the *Institut de Cardiologie de Montreal* for a Cardiac Anesthesia Fellowship. In

July 2000 she returned to MUHC and immediately made a mark with her talent in education. Dr. Goyer has willingly accepted the position of Program Director which requires a fair amount of energy, dedication and "savoir-faire".

The residents' program has undergone major developments during the last 5 years, with specific objectives and goals that require going beyond the preceptorship of the old days. Our residents are required to be scholars, healers, and health advocates, with knowledge in a variety of fields such as ethics, administration, professionalism.

Dr Goyer undoubtedly has the passion, the competence and the courage to deal with these challenges. She is aware that all faculty will cooperate towards a successful endeavour, and I am sure that under her direction the McGill program will continue to excel and produce competent, caring anesthesiologists.

Good luck Caroline!

**-Dr. Franco Carli**

## The 3rd John W. Sandison Residents' Annual Education Day

On Thursday April 1st, the Department of Anesthesia welcomed Dr. David McKnight, Associate Professor and Program Director, University of Toronto, as the 3rd John W. Sandison Annual Residents' Education Day Visiting Professor. The Education Day consists of a Grand Rounds Lecture for all faculty and residents, followed by a workshop for Anesthesia residents. The goal of Sandison Day is to expose faculty and residents during rounds and workshops to a broad range of issues that affect our practice. With valuable experience as an active participant in many educational and management committees within major Canadian anesthesia societies and organizations (CAS, ACUDA, CaRMS) and as Chair of the Canadian Anesthetists' Society's Ethics Committee, Dr. McKnight presented excellent lectures to faculty, staff and residents on the topic of ethics at the morning grand rounds entitled "Are there Ethical Issues in Anaesthesia?" followed by "Case Discussion in Ethics" at the residents' workshop. We thank Dr. McKnight for joining us in this event which is a tribute to Dr. John Sandison (McGill Anesthesia Professor and Chairman 1977 to 1985) who, throughout his professional life, persistently promoted quality education for medical students and residents.

# Residents' Corner

At this year's Harold Griffith Memorial Lecture and Faculty Dinner, it was my pleasure to present the John W. Sandison Award for Professionalism to Dr. Farrah Morrow who is an R4 in our program. Dr. Sandison served the McGill Department of Anesthesia as Chair from 1977 to 1985 and was renowned as a dedicated professional, a caring clinician, an enthusiastic teacher as well as a fine role model and leader. This award was established to recognize a McGill Anesthesia resident who, by virtue of his/her professionalism provides excellent, compassionate patient care, who embodies enthusiasm for both learning and teaching, and who is a role model in terms of character and leadership qualities.

Nominations for this award are put forward by the faculty, and the final decision was made by the faculty members of the Residency Program Committee who felt that Dr. Morrow embodied the professional attributes that are honoured by the Sandison Award. Dr. Morrow is first and foremost a caring and dedicated physician who remains gracious and professional under the most stressful circumstances. She came to our program with an interest in epidemiology and has pursued this interest by taking extra McGill courses during her residency. This interest, in combination with her background at McMaster's University, led her to collaborate with Dr. Jennifer Cogan and Dr. Lori Olivieri to create and teach a course on Evidence-Based Medicine for our residents. Dr. Morrow also developed research skills during her residency and was involved in projects concerning post-operative pain as well as brachial plexus blocks. Throughout her training those who have worked with her have repeatedly noted that she is both an enthusiastic learner and teacher and that she consistently provides excellent, compassionate patient care.



*Dr. Ruth Covert & Farrah Morrow*

I also had the pleasure of presenting the Chief Resident Award for Education to Dr. Antoine Rochon. This award is made possible by generous support of Tyco Healthcare. Ms. Sandra

Sundborg, Sales Representative, and Mr. Steve Hobbs, Vice-President, joined us at the dinner to help deliver the award, and I thank them for their continued support of our program.

Dr. Rochon has worked hard over the last year as Chief Resident while pursuing his research interests and preparing for his certification exams. Dr. Rochon has been of great assistance to me and an important contributor to the Residency Program Committee. I thank him for his work as a resident advocate and for all his efforts to make the program stronger.



*Dr. Antoine Rochon (centre) with Tyco representatives Mr. Steve Hobbs & Ms. Sandra Sundborg*



*Dr. Sally Bird*

Dr. Sally Bird will be taking over the role of Chief Resident as the new academic year commences. I would like to welcome her and wish her much success.

Finally...Congratulations to our Graduating R5 Anesthesia Residents who are moving on to many interesting challenges. Roshanak Charghi will do a Chronic Pain Fellowship in Montréal in the New Year, Eugène Delabays is joining staff at The Moncton Hospital, Moncton, New Brunswick, and Kathryn DeKoven will venture to India for one year after completing some locums here in Montréal. Koto Furue will do a Clinical Fellowship in Pediatric Anesthesia at the Children's Hospital Boston and in the New Year, Garrett Kovarik will be going for a Regional Anesthesia and Acute Pain Fellowship in Australia. Vynka Lash is off to the University of Ottawa Heart Institute for a Cardiac Anesthesia Fellowship and Albert Moore will be joining the attending staff at LaSalle General Hospital. Antoine Rochon is going to the Mount Sinai Hospital Centre New York for a two-year cardiac Anesthesia Fellowship. Best of Luck to all of you!!

**-Dr. Ruth Covert**

## Congratulations R5's



*Roshanak Charghi*



*Kathryn DeKoven*



*Eugène Delabays*



*Koto Furue*



*Garrett Kovarik*



*Albert Moore*



*Vynka Lash*



*Antoine Rochon*

# Best of Luck to You!

# THE 2ND KRESIMIR KRNJEVIC ANESTHESIA RESEARCH AWARD FOR TRAINEES

On April 21<sup>st</sup>, at the Annual Harold Griffith Dinner, the second Kresimir Krnjevic Research Award for Trainees was announced. This research award was created in April 2003 in honor of Dr. Krnjevic who has not only been a role model but also an asset to the Anesthesia Research Unit for over 40 years. Dr. Krnjevic came to McGill in 1964 as a Visiting Professor in the Department of Physiology and was asked to stay on as the incoming Director of Anesthesia Research, a position he held until 1999. Prior to coming to McGill, Dr. Krnjevic obtained his MD at the University of Edinburgh in 1949 and continued on for a Postdoctoral Fellowship in Neurophysiology at the University of Washington in Seattle, the Australian National University of Canberra. He became the Principal Senior Scientific Officer at the ARC Institute of Animal Physiology in Cambridge. In 1982, *Current Contents* nominated Dr. Krnjevic as one of the 1000 most cited contemporary authors. Dr. Krnjevic has published over 600 manuscripts on mechanisms of communication between brain cells, control of neuronal excitability, and cellular mechanisms by which anesthetics, oxygen and glucose-lack affect brain function.

Manuscripts for the Krnjevic Award are submitted to Dr. Catherine Bushnell, who heads the selection committee. This year's recipient, Dr. Sarah Flatters, was chosen for her submission entitled: "Ethosuximide reverses paclitaxel- and vincristine-induced painful peripheral neuropathy" (*Pain*- May 2004, Volume 109, Pages 150-161).

This year's recipient, Dr. Sarah Flatters, studied at University College London and graduated with B.Sc (Hons) in Pharmacology in 1998. Following her graduation, Dr. Flatters worked for a corporate bank and then traveled through Africa. She returned to University College London to embark on a PhD under the supervision of Prof. Tony Dickenson in collaboration with Dr. Alyson Fox at Novartis. Her PhD research investigated the role of IL-6 and galanin in neuropathic pain, and was completed in March 2002. Dr. Flatters was awarded the Ronald Melzack Pain Research Fellowship and joined Dr. Gary Bennett's lab in June 2002. She is currently investigating the mechanisms underlying chemotherapy-evoked painful neuropathies. As a result of laboratory findings, Dr. Flatters is also coordinating a multi-site clinical trial of ethosuximide for the treatment of chronic pain.

The full version of Dr. Flatters manuscript can be found online in the McGill Health Sciences Library ( <http://www.health.library.mcgill.ca/> ).

## ***Famous Quotes...***

*"Once you can accept the universe as matter expanding into nothing that is something, wearing stripes with plaid comes easy". - Albert Einstein (1879-1955)*



*Drs. Kresimir Krnjevic and Sarah Flatters*

## **ABSTRACT:**

Paclitaxel (Taxol) is one of the most effective and frequently used chemotherapeutics for the treatment of solid tumours. However, paclitaxel produces peripheral neurotoxicity with patients reporting sensory abnormalities and neuropathic pain during and often persisting after paclitaxel therapy. The mechanisms underlying this dose-limiting side effect are currently unknown and there are no validated drugs for its prevention or control. Male Sprague-Dawley rats received four intraperitoneal (i.p.) injections on alternate days of 2mg/Kg paclitaxel. Behavioural assessment, using von Frey filaments and acetone, showed that such paclitaxel treatment induced a pronounced mechanical and cold allodynia/hyperalgesia. Thus these studies aim to test potential analgesics on established paclitaxel-induced pain. Paclitaxel-induced pain appears to be relatively resistant to opioid therapy; i.p. 4mg/Kg morphine was ineffective and i.p. 8mg/Kg morphine only elicited up to a 50% reversal of mechanical allodynia/hyperalgesia. Interestingly, a maximally tolerated dose (i.p. 0.2mg/Kg) of the potent NMDA receptor antagonist, MK-801, produced no significant reversal of the mechanical allodynia/hyperalgesia, suggesting that NMDA receptors have little role in paclitaxel-induced pain. Ethosuximide (i.p. 450mg/Kg), an anti-epileptic and relatively selective T-type calcium channel blocker, elicited a near complete reversal of mechanical allodynia/hyperalgesia. Repetitive dosing with ethosuximide (i.p. 100mg/Kg or 300mg/Kg, daily for 3 days) showed a dose-related, consistent reversal of mechanical allodynia/hyperalgesia, with no evidence of tolerance. Ethosuximide (i.p. 300mg/Kg) also reversed paclitaxel-induced cold allodynia and vincristine-induced mechanical allodynia/hyperalgesia. These data suggest that T-type calcium channels may play a role in chemotherapy-induced neuropathy and moreover, identify ethosuximide as a new potential treatment for chemotherapy-induced pain.

# FELLOWSHIP PROGRAM UPDATE

It has been a very interesting and exciting year for the Fellowship Program. Training in Pediatric Anesthesia at the Montreal Children's Hospital are Dr. José Luis Martínez (Columbia) and Dr. Khaled Sedeek (Egypt) and they are both funded by the Louis Sessenwein Pediatric Pain Fellowships. Dr. Florence Gazabatt (Chile) who is funded by the University of Chile and the MUHC, will complete her two-year Thoracic Fellowship at the Montreal General Hospital in August. The Louise Edwards Foundation has sponsored Dr. Mariola Krol-Lass (Germany), who joined us last February, for a Pain Fellowship at the MUHC Pain Centre. Also training at the Pain Centre for a Clinical Research

Pain Fellowship is Dr. Jordi Perez (Spain) who is the recipient of the Ronald Melzack Pain Research Fellowship Award. At the Royal Victoria Hospital Swiss-born Dr. Jacqueline Nicolet is training under the supervision of Dr. Sally Weeks for an Obstetric Fellowship.

We are also delighted to have two former residents take up R5bis positions. Dr. Cristine Bozzer is completing a two-year Fellowship in Regional Anesthesia and Acute Pain at the Montreal General Hospital, and Dr. Marcelo Lannes is completing a one-year Fellowship in ICU at the Montreal Neurological Hospital. Dr. Sarah Flatters is the recipient of a Ronald Melzack Pain Research Fellowship Award and is working under the supervision of Dr. Gary Bennett at the Anesthesia Research Unit.



*Christmas at Dr. Carli's house*

It is a pleasure to help arrange fellowship training for these highly talented and motivated individuals. I am sure that their Montréal experience at McGill will be a productive and pleasant one. Finally, I wish to thank Ms. Sandra Cardoso for her enthusiastic and diligent help, and an extra special thank-you to Dr. Carli who was kind enough to host our fellows from out-of-town at his home on Christmas Day.

**-Dr. Gilles Plourde, MD  
Fellowship Program Director**

## UPDATE ON "THE UPDATE"

### 45TH ANNUAL MCGILL ANESTHESIA UPDATE

The McGill Anesthesia Update took place this year on May 29-31 at the Hyatt Regency Hotel (formerly Hotel Wyndham), Complexe Desjardins. This is the 45<sup>th</sup> annual review course. As it turns out, our move away from last year's venue, the Chateau Champlain, is fortuitous because the latter was in the midst of labor unrest, forcing last-minute cancellations of all May conference reservations!

Registration went ahead of last year's pace for both the main course and the RT satellite course. Expenses will be higher this year, with an expanded social program

and more out-of-town speakers (9 vs. 2 last year). If we can sustain the profitability we achieved last year, perhaps the Update could become a future source of academic funds for McGill. For now, however, the priorities are to ensure attracting high quality speakers, subsidizing McGill resident attendance, and hopefully beginning to offer some remuneration for McGill staff who participate in the course.

In honor of his contributions to the Update and to McGill, there was a toast in honor of the late Dr. Richard Wahba on Sunday, May 30th before the lunchtime lecture.

Thank you once again to all the staff involved in organizing and presenting at the Update,

**-Dr. Ken Kardash, Course Chairman**

*For additional information on this and future McGill Anesthesia Updates, or to view the course program, visit our website at:*

**<http://www.mcgill.ca/anesthesia/mau/>**

# CME UPDATE

CME Academic Year 2004/2005

We have decided to reduce the number of evening lectures for the upcoming academic year. Recent poor attendance records do not justify continuing to hold four of these very expensive events. Therefore, we will hold only two evening lectures, one on the evening of the Wesley Bourne dinner and the other on the evening of the Harold Griffith dinner.

## Upcoming Visiting Professors

On Wednesday September 8th, Dr. Gordon Drummond (Reader in Anesthesia at the University of Edinburgh) will give the Wesley Bourne Memorial Lecture entitled "Mapleson and Bain: A Tale of Two Circuits". The following morning, on Thursday September 9th, he will also address the Joint Anesthesia/

Surgery Rounds at the MGH, and is expected to present the lecture "Breathing after Surgery". Some of you may remember Dr. Drummond who worked in the McGill Department of Anesthesia and at the Meakins-Christie Laboratory in the 1980's.

On Thursday November 18th, Dr. Lawrence Tsen (Department of Anesthesia, Harvard University) will present the Hyman B. Brock Memorial Lecture entitled "A Darwinian Adventure: Maternal Anesthesia for Fetal Conception through Gestation" at the Joint Anesthesia/Obstetric Rounds at the RVH.

The speaker for the Harold Griffith Lecture, which usually takes place in late April, will be selected at a later date.

*-Sally Weeks, CME Program Director*

***All Anesthetists, Researchers, Residents and  
Fellows of the McGill Department of Anesthesia  
are cordially invited to the***

**41st Annual Wesley Bourne Memorial  
Lecture and Faculty Dinner**

**Wednesday, September 8th, 2004**

**featuring:**

**Dr. Gordon Drummond, MB, ChB, FRCA, FRCP**  
Senior Lecturer, Department of Anaesthetics, Royal Infirmary,  
University of Edinburgh, UK

**Title: "Mapleson and Bain: A Tale of Two Circuits"**

***RSVP by September 2nd to Sandra Cardoso (514)934-1934, Ext 36546***  
***[sandra.cardoso@muhc.mcgill.ca](mailto:sandra.cardoso@muhc.mcgill.ca)***

This event is generously sponsored by Baxter Pharma & Organon Canada Ltd.

# THE PHILIP R. BROMAGE ANESTHESIA RESEARCH DAY



*Bromage Day Participants*

The Philip R. Bromage Anesthesia Research Day was held on Thursday, May 20<sup>th</sup> 2004. Usually taking place on a Saturday, for the first time the Research Day took place during the week due to the successful collaboration between Dr. Carli, the Anesthesia site departments and Dr. Elhilali, Chief and Chairman of the Surgery Department. By managing to coordinate the annual research day to coincide with Surgery's Fraser Gurd Day, when OR lists are decreased, the synchronizing of these two events allowed for a greater majority of staff, residents, and students to participate in their Departments' respective events.



*Dr. Lori Olivieri*

Fifteen papers on varied topics in anesthesia were presented by Anesthesia residents, Postdoctoral Fellows, and MSc student in Anesthesia Research. This year, the presentations were all of excellent quality and great clinical and scientific relevance.

Our Keynote Speaker, Dr. Yoram Shir, Clinical Director of the MUHC Pain Centre,

presented a lecture entitled: "Anesthesia Research: Non-Scientific and Scientific Aspects". Dr. Shir also chaired the second session of presentations. Our thanks go out to the award jury Drs. Sally Weeks and Ian Metcalf, for their continued efforts. On a special note we were glad to have Dr. Bromage himself in attendance this year



*Dr. Yoram Shir*



*Drs. Weeks & Metcalf*

to deliver the closing remarks and make award presentations. We thank him for making the trip from Vermont to attend this important event.

Once again, with the support of Baxter Pharma, we were able to continue to award the three best presentations with an original art print by Paris-born artist, Mr. Antoine Pentsch. This year's prize winners were Devon Chandra (*An audio spectrum and sound pressure analysis of five pulse oximeters*), Ana Ingric (*Arterialized fingertip blood samples as a reflection of arterial blood gases*), and Dimitris Xanthos (*Chronic post-ischemia pain: A novel animal model of complex regional pain syndrome produced by prolonged hindpaw ischemia and reperfusion*).

*Mr. Antoine Pentsch, Drs. Ana Ingric, Sally Weeks, Ian Metcalf, Devon Chandra, Dimitris Xanthos, & Philip Bromage*



Many thanks to the supervisors and participants for making this event a continued success!

## PROGRAM LECTURES PRESENTED BY ANESTHESIA RESIDENTS AND POST-GRADUATE STUDENTS

**Devon Chandra:** An audio spectrum and sound pressure analysis of five pulse oximeters

**Ana Ingric:** Arterialized fingertip blood samples as a reflection of arterial blood gases

**Simon Bergman:** Intraoperative fluid management in laparoscopic live donor nephrectomy: challenging the dogma

**Ryan Mai:** Coagulopathy following liver resection

**Kim DoJun:** Three weeks exercise prehabilitation enhances functional capacity in patients undergoing major bowel resection

**Lori Olivieri:** Autonomic consequences of the addition of intrathecal opioids to local anesthetics for regional anesthesia in vascular patients

**Farrah Morrow:** Do stimulating catheters make a difference in regional anesthesia?

**Karen Loo:** Sympathetic block and sensory block levels after epidural analgesia

**Andrew Nice:** Timing of long-acting opioid administration following total intravenous anesthesia with propofol and remifentanyl

**Tongtong Wang:** Adverse effects of cannabis: A systemic review of published case reports

**Dimitris Xanthos:** Chronic post-ischemic pain: A novel animal model of complex regional pain syndrome produced by prolonged hindpaw ischemia and reperfusion

**Jordi Pérez:** Dietary omega-3 fatty acids are associated with increased neuropathic pain in nerve-injured rats

**Mark Pitcher:** Behavioural effects of an NMDA NR2B subunit-specific antagonist in neuropathic and inflammatory pain models.

**Naresh Kumar:** Comparison of the analgesia and inhibition of noxious stimulus-induced spinal cord: Excitatory amino acid release produced by gabapentin and two putative release inhibitors.



# 8<sup>TH</sup> ANNUAL MCGILL PAIN DAY

**Dr. Christian S. Stohler, D.M.D.,**  
**Visiting Professor**  
Dean of Dentistry, University of Maryland  
"Imaging of Human Analgesia Systems"



## POSTER SESSION WINNERS



*Drs Alba Galan & Catherine Bushnell*

**Dr. Alba Galan Garcia, Ph.D,** McGill University, was awarded a \$500 poster prize by the *FRSQ Réseau en santé mentale et en neuroscience* for her project entitled: "Role of GLUR1-AMPA Receptor Subunit Trafficking in a Model of Visceral Pain Induced by Intracolonic Capsaicin in Mice. "

**Dr. Isabelle Tremblay,** Université de Montréal, is the second poster prize winner, awarded \$500 by the *Réseau en santé buccodentaire of the FRSQ* and the *Réseau en santé mentale et en neurosciences of the FRSQ* for Outstanding Clinical Project



*Drs. Tremblay, Bushnell, Lavigne*

## FRIDA KAHLO: THE BROKEN COLUMN



*Photo of Frida Kahlo*

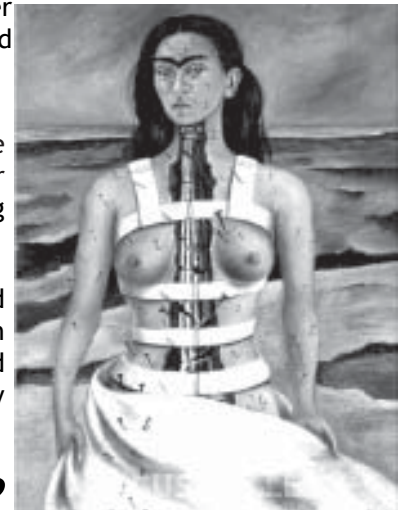
Every year we have the pleasure of a fine art work to lend its beauty to the Annual McGill Pain Day poster. This year's choice for the 8th Annual McGill Pain Day poster was Frida Kahlo's "The Broken Column", an interesting, and perhaps appropriate choice to represent this department's work in the treatment and study of pain, considering the obstacles pain sufferers face on a day-to-day basis.

No stranger to pain and suffering, Frida's motivation when she began painting was to relieve her boredom and as a release for the emotional recovery she underwent due to a terrible bus accident at age 18. Encased in full body cast for over a month, only her enduring strength and will to live allowed her to survive and, remarkably, learn to walk again after having broken her spinal column, collarbone, ribs, pelvis, crushed her right foot and sustained 11 fractures in her right leg on that fateful day.

Frida's graphic interpretations of her suffering and coping with pain became a theme throughout her career as an artist. On canvas, she painted her anger and hurt over her stormy marriage to artist Diego Rivera, her painful miscarriages, and the physical suffering she endured as a repercussion of the bus accident.

The Broken Column is a graphic representation of this suffering. Juxtaposing beauty and horror, it is at once hideous and striking, as a potentially beautiful teary-eyed young woman sits in a gloomy wasteland bound with contortions and braces, nails peircing her body, and a crumbling column at the center of her being. The Broken Column is a successful testimony to Frida's lifelong struggle with pain.

**-DIANA DI ZAZZO**



*The Broken Column*

# A Success Story

On Wednesday, March 24th at the University Club of Montreal,  
Mr. Richard W. Pound, Chancellor, and  
Dr. Abraham Fuks, Dean, Faculty of Medicine, McGill University  
Announced the establishment of  
The Queen Elizabeth Hospital of Montréal Foundation  
Chair in Pediatric Anesthesia

The success story started in 1998 when I was asked to help with the sudden shortage of anesthesiologists at the Montreal Children's Hospital. I simply could not understand why there was a shortage of pediatric anesthesiologists throughout Canada. It was my beloved wife Loretta who suggested to me the establishment of a chair in pediatric anesthesia as a way to attract an academic pediatric anesthesiologist, someone who could conduct research and be able to attract and train young anesthesiologists to pursue a career in pediatric anesthesia.



*Chancellor R. Pound & Dean A. Fuks*



Thanks to the hard work and generosity of Dr. Robert Bourne, Mr. Albert Nixon, Dr. J. Hughes, Mr. P. Aspinal and Mr. Richard Riendeau, and the Board of the QEH Foundation, 1.5 million dollars were made available for the Chair. Our target was now reached!

As Chairman, I want to reassure all those who provided financial support that the person who will occupy the Chair will devote his or her time to advance pediatric anesthesia research, to recruit brilliant specialists, and most importantly, to train young doctors in a specialty that is both demanding and in demand. Ultimately, such an accomplishment will ensure that the children of Montréal will receive the best and safest anesthesia care.



*Mr. Nixon, Dean Fuks, Dr. Carli, Mr. & Mrs. Webster*

Well, the idea was great, but the task would be difficult: we would have to collect enough money to set up an endowment in perpetuity. It was at my kitchen table at home that we started to compose the script. Sally Weeks corrected our English and Josée Lavoie translated the script into French. The letters went to friends, friends of friends and parents of our children's schoolmates. The response was generous from all walks of life, but of course insufficient to reach our estimated figure. We knew that it would take several years of perseverance and patience. Of course, that was until Dr. Bob Bourne and Mr. Albert Nixon, both good friends of our Department and related to Drs. Wesley Bourne and Harold Griffith, came to see me. They informed me that with the closure of the QEH, some funds available at the QEH Foundation would have to be distributed. They asked me whether I had any worthy cause in mind so that a proposal could be made to the Foundation. My thoughts went immediately to our campaign for the establishment of the Pediatric Anesthesia Chair.



*Dr. Carli & Mr. Riendeau*



*MCH Staff & Faculty in Attendance*

The function was well attended by members and friends of the Department, former employees of the QEH, members of the Board of the QEH Foundation and donors. We should be proud as this event represents a milestone in the history of our Department and recognizes the importance of the pediatric anesthesia academic mission. The newly formed chair complements the other two endowed chairs, the Wesley Bourne and the Harold Griffith, established in the 1980's.

**-Dr. Franco Carli**

## *Famous Quotes...*

"Do not go where the path may lead, go instead where there is no path and leave a trail." - Ralph Waldo Emerson (1803-1882)

# UPDATE ON RESEARCH

The Anesthesia Research Unit (ARU) is an important component of the Anesthesia Department and contributes high-quality research to the Department's activities. It is staffed by four Anesthesia Professors - Drs. Gary Bennett, Catherine Bushnell, Fernando Cervero, and Terence Coderre - whose laboratories are located on the twelfth floor of the McIntyre Building and in the Strathcona Anatomy and Dentistry Building. The research of all four members of the ARU focusses on various aspects of pain mechanisms and therefore the ARU has become a core facility for the newly formed McGill Centre for Research on Pain, whose Director is Dr. Bushnell, Harold Griffith Professor of Anesthesia. The creation of the McGill Centre for Research on Pain has been a major development for the ARU, allowing new research initiatives led by members of the Unit and enhancing the infrastructure and capabilities of their laboratories. Additionally, the increased visibility of the ARU and its close association with the McGill Centre for Research on Pain will add to the training facilities offered at the ARU for Anesthesia Residents and other trainees.

Over the last few months the ARU continues to contribute to the research of the Anesthesia Department. Dr. Bushnell has published several papers on the neural substrates of pain perception and cognition, including a collaborative study with Drs. Fiset, Plourde and Backman, from the clinical division of the Anesthesia Department. She has also lectured extensively both at home and in the United States. Her laboratory has received a new Graduate Student, Khara Sauro, who has begun a Ph.D. program in Neuroscience, under the joint direc-

tion of Drs. Bushnell and Bennett. Khara, who recently received an M.Sc. in Neuroscience from Carlton University in Ottawa, will use quantitative sensory testing and brain imaging to study sensory abnormalities in fibromyalgia patients.

Dr. Terry Coderre was recently awarded a collaborative research grant from the Pain Axis of the Neuroscience Network of the FRSQ for work on the pathophysiology of Complex Regional Pain Syndrome. He and Dr. Bennett will lecture at the forthcoming Joint Meeting of the American and Canadian Pain Societies in Vancouver. A current student from Dr. Coderre's laboratory, Dimtris Xanthos, won both an MUHC Research Institute Fellowship and an NSERC Postgraduate Fellowship. Phoebe Duckworth, a new student, has been awarded an NSERC Canada Graduate Fellowship to pursue her studies with Dr. Coderre.

My own laboratory continues to grow in material and human resources. A new collaboration with Dr. John Hanrahan, Professor in the Physiology Department, has been established with funding from the NIH, to study the sensory innervation of the bladder in models of interstitial cystitis. Funding has also been received from AstraZeneca Research to develop new models of visceral hyperalgesia. Finally, Dr. Raul Sanoja, a Postdoctoral researcher from Venezuela, joined Dr. Cervero's laboratory in May as recipient of the 2004 John J. Bonica Fellowship of the International Association for the Study of Pain.

**- Dr. Fernando Cervero  
Director, Anesthesia Research Unit**

## **Flashback**

*In 1951 the Montreal Homeopathic Hospital was renamed in dedication to Queen Elizabeth, thus becoming the Queen Elizabeth Hospital of Montreal, fondly referred to as the "Queen E". The Queen's presence at this inauguration was an extremely momentous occasion at the time. Dr. Harold R. Griffith had the pleasure of being present to greet the Queen Mother at the inauguration. Harold Griffith's father, Dr. Alexander R. Griffith, was a member of the founding committee of this hospital in 1894, and Harold Griffith's best known success was within its operating rooms where he became the first physician to successfully administer curare in 1942.*



# 19th Harold Griffith



*Harold Griffith Professor, Dr. Catherine Bushnell presented the Harold Griffith Medal to Dr. Brown*

**Dr. David Brown,  
Professor & Chairman  
University of Iowa**



*The Griffith Family and Dr. Brown*



*Dr. & Mrs. Krnjevic, Drs. Wassimi, Sarah Flatters,  
Mr. Alan Edwards, Drs. Daniel Chartrand,  
David Brown and Catherine Bushnell,*



*Ms. Sandra Sundborg, Dr. & Mrs. Asenjo, Drs Florence Gazabatt, Ian Metcalf, Rod Finlayson, Mariola Krol-lass and Cristine Bozzer*



*Dr. Daniel Chartrand*

# Memorial Lecture



The Department of Anesthesia welcomed Dr. David L. Brown, Professor and Head of Anesthesia, University of Iowa, as the 19th Harold R. Griffith Visiting Professor. During his visit to McGill Dr. Brown lectured at the Harold Griffith Memorial Lecture ("Brachial Plexus Block: What do we know?"), the residents' seminar ("Regional Anesthesia: how do you make it work?"), and the Joint Surgery/Anesthesia Grand Rounds ("Abdominal Cancer Pain: Is there a place for celiac block?"). The annual dinner was held at the Hotel Omni Mont-Royal on April 21st, 2004. Our thanks to Dr. Brown, who joins a growing list of distinguished colleagues who have filled this position since 1986.



*Drs Mark Ware, Davinia Withington, Christian Ferremi  
L. Josée Lavoie, Vynka Lash, Kristine Klubien, Ted  
Hunter and Farrah Morrow*



*Drs. Thomas Schricker, Gilles Plourde, Marlene Gauthier,  
James Sloan, Mr. Steve Hobbs, and Dr. Steven Backman*



*Ms. Sandra Cardoso, Ms. Lenora Naimark,  
Ms. Louise Mazza, Ms. Pat Sikender,  
Ms. Cathy Colligan and Ms. Ann Wright*



*Anesthesia Residents and Guests*

*Dear Ms. Cardoso,*

*Congratulations on a very successful evening. Tyco Healthcare is very pleased and honored to be part of such an important event.*

*Best Regards,*

*Sandra Sundborg  
Sales Representative  
Tyco Healthcare*

# A Tribute to Dr. Richard Wahba

## 1934 - 2003



✿ It is with great sadness that the Department of Anesthesia reports the loss of one of its respected members when Dr. Richard Wahba succumbed to cancer in (Month), 2003 at the age of 69.

Dr. Wahba served the Department for (number) years working at the Queen Elizabeth Hospital until its closure in (number), then at the Sir Mortimer B. Davis Jewish General Hospital.

Here are some tributes from a few of Dr. Wahba's colleagues and friends that provide a testimony to Dr. Wahba's valued influence in the field of medicine and to all those who knew him. He will be sorely missed.

✿ From a surgeons viewpoint, Dr. Richard Wahba exhibited all the attributes that you could ever possibly ask for in an

anaesthetist! In addition to being a widely experienced and superbly competent anaesthetist, Richard had way-above-average communication skills- not only when talking to the patient, who is after all the main focus of all our care-giving, but also with the surgeon himself and the rest of the O.R. team, including nurses and orderlies. These communication skills were leavened by an utterly delightful sense of humour and an easy laughter, which makes such a huge difference in this life!

Moreover, Richard, in addition to being a keen squash player, husband, and father, was a superbly patient teacher of medical students, and junior and senior residents; he also carried out research on a variety of topics- an activity few of his colleagues were aware of. Richard and his wife Rosie- a former librarian at the Université de Montréal- will both be missed, but their two very well-spoken, personable and intelligent sons : Richard in Montreal and Philip in Manhattan, will carry on a family tradition of charm, wit, and success, and we all wish them very well.

✿ It was indeed a great privilege to have worked for 20 years with my good friend Dr. Richard Wahba at the Queen Elizabeth Hospital of Montreal. He was a delightful colleague, always supportive and helpful. He was a great teacher and an excellent researcher and reviewer. Above all, he was a wonderful caring husband and father.

I will miss seeing him at our annual McGill Anesthesia Updates which he so skillfully participated in. He accepted his illness with great courage and determination while coping with the recent death of his beloved wife.

Richard will be indeed sadly missed.

**-Dr. Samir Ragfla**  
St-Mary's Hospital

✿ I had the privilege of knowing Dr. Wahba first as a teacher during my residency at McGill, then as a colleague at the Jewish General and as a friend until his passing. Although best known academically for his work in respiratory physiology, he served McGill in many capacities over his long career, including helping with the organization of the McGill Update until last year.

But it is not for his academic achievements that I will remember him most. His greatest teachings for me were in life, which he taught by example. A man of great intellect, integrity and kindness, he not only encouraged, he inspired. He could face difficulty without discouragement, and always, to the end, maintained a proudly gracious approach to life.

As the end of his life drew near, the force of his example only increased. As he had with every other experience, he used the hardships of his illness as an opportunity to search for meaning. Tragically predeceased by his wife Rosie, he faced joining her again with a calm fatefulness. They had been born a day apart.

**-Franco Carli**  
Professor & Chairman

✿ I admired Dr. Richard Wahba for his consistency. Kindness embued his view of the world and its human inhabitants, whether friends, colleagues, patients or students.

His studious inquiries were conducted out of an innocent desire to learn. His teaching was offered as a genuine wish to share knowledge.

I shall always remember Richard as a friend, a gentleman, and a scholar.

**-Simcha J. Kleiman**  
Anesthetist-in-Chief  
Department of Anesthesia  
SMBD Jewish General Hospital

**Dr. Kenneth Kardash**  
SMBD Jewish General Hospital

# Letters We Received

Dear Ms. Di Zazzo,

On behalf of my family I wish to thank Dr. Franco Carli and the contributors to the Anesthesia Newsletter who so graciously had the wonderful article printed on page 10 about the memorial lectures and the biographical information of my husband. It is very much appreciated!

I enjoy reading "Newsline". It brings much attention as to what a special important department Anesthesia is. How fortunate indeed for McGill University to have the dedicated professionals in that department who continually strive to be the best.

Best wishes for great successful years ahead.

-Mrs. Barbara Brock

Dear Ms. Cardoso,

It was a pleasure to see you again and to meet the delightful Dr. Brown. He did make his lecture interesting to us, that know nothing at all about his specialty.

Please give my thanks to all for the delightful evening last March 24th when the announcement was made for the Queen Elizabeth Hospital Pediatric Chair.

My daughter and son accompanied me as we are so proud of the hospital my grandfather founded and where my father and uncle were so active.

It is wonderful to know that everything they worked so hard for is being appreciated and carried on. Thank you all.

Sincerely,

-Mrs. Betty Jennings

Dear Dr. Carli,

It has been a real treat to attend two excellent events at the invitation of McGill's Department of Anesthesia. David and I want to thank you for including us on your guest list for both those wonderful evenings.

For the Griffith family the establishment of the Queen Elizabeth Hospital Chair in Pediatric Anesthesia has been a great satisfaction. It is important to us all that the Hospital name be carried on in this fine manner. I am sure that my father would have been pleased with such a significant honour.

Then, as always, we most thank you for a fine evening at the Harold Griffith Memorial Lecture and Dinner. We did miss you but were delighted to hear that you were participating in the much bigger "HRG event" in Paris at the World Congress. Cathy Bushnell did a fine job chairing the evening and being a gracious host.

Many thanks from us both.

-Mrs. Barbara Griffith Clark

Dear Franco Carli,

I am sorry to not be able to attend the Harold Griffith Lecture and Dinner on April 21st and I also regretted my absence on March 24th for the establishment of the QEH Chair in Pediatric Anesthesia. Barbara gave me a good report!

I know you worked for a long difficult period to have the QEH Chair come to fruition. It is gratifying to have it successfully completed. My father and my grandfather would be satisfied with this outcome.

I am pleased you are going to the World Congress and hope it will be a successful gathering.

I can recall Dad saying that establishing that organization was for him the most meaningful of his accomplishments. I know he would be pleased with your leadership in the field and at McGill

Best of Wishes.

-Mrs. Linda Jacobson

# RVH DOSI

Drs. Francisco Asenjo, Annie Côté, Pierre Fiset, Caroline Goyer, Roupen Hatzakorzian, and Surita Sidhu were among the many Anesthesiologists from Canada and the USA who joined the Emergency Care Team assisting the *Grand Prix de Montreal*.

Dr. Gary Bennett is the recipient of the The Mayday Fund. This research grant was awarded in April 2004 for a two-year project entitled "Development of Analgesics for the Treatment of Chemotherapy-Evoked Painful Peripheral Neuropathy". In December 2003, Dr. Bennet was also the recipient of an unrestricted Research Grant from Guilford Pharmaceuticals Inc. and the Pfizer Discovery Nagoya unrestricted Research Grant.

Dr. Franco Carli's was Visiting Professor at Hviridovre University, Copenhagen, at the University of Florence, and Queen's University, Kingston, Ontario. He was also guest lecturer at the American Academy of Anesthesiology in Victoria and at the Association of Oncological Surgeons in Dublin.

Drs Franco Carli, Joëlle Desparmet, Pierre Fiset, Michael Tessler, were all invited speakers at the 13th World Congress of Anesthesiologists in Paris, France.

Dr. Fernando Cervero is the recipient of a CFI Infrastructure Grant for his project entitled "A new research infrastructure for the study of the neurobiology of visceral pain and referred hyperalgesia". He is also the recipient of the AstraZeneca Research contract for his project: "Influence of stress and hormonal status on referred visceral hyperalgesia in mice" and an NIH Contract for the project: "Epithelially-derived factors in interstitial cystitis".

Dr. Terence Coderre is the recipient of the *Axe contr ôle et troubles sensoriels (douleur)*, FRSQ Neuroscience and Mental Health Network Award for his project entitled "Pathophysiology of Complex Regional Pain Syndrome (RSD)".

Dr. Kathy DeKoven, was the 1st prize awardee at the *Association des Anesthésiologistes du Québec Residents' Competition* in April 2004.

Dr. Pierre Fiset was named President of the *Association des anesthésiologistes du Québec* (AAQ) June 1, 2004.

Dr. Ann Gamsa, a psychologist who has long been associated with the MUHC Pain Centre has joined the Department as an Associate Professor.

Dr. Ian Kaufman was appointed head of Obstetric Anesthesia, replacing Dr. Sally Weeks who held the post for over 20 years.

Dr. Ian Metcalf is taking a well-deserved retirement after more than three decades working as the Chief of Anesthesia at MGH. We thank him for his outstanding contribution and dedication to patient care.

Congratulations to Dr. Gilles Plourde who was awarded a Full Professorship on June 17th.

Congratulations to Dr. Antoine Rochon who has been granted \$25,000 in support of his research from the Heart Institute.



*Drs Abraham Fuks, Thomas Schricker, Franco Carli at the Faculty of Medicine's Career Awards on June 17th*

Congratulations to Dr. Thomas Schricker who is the recipient of the FRSQ Chercheur Boursier Senior Award. We also wish Dr. Schricker the best of luck in his new role as **Clinical Director of RVH Anesthesia**.

Dr. Mark Ware (Assistant Professor in Anesthesia and Family Medicine) has recently been appointed to Health Canada's Natural Health Products Review Committee, and to the Board of Directors of the Holistic Health Research Foundation of Canada. He has also joined the Working Group of the Complementary and Alternative Medicine in Undergraduate Medical Education project, being coordinated by Professor Marja Verhoef (Canada Research Chair in Complementary Medicine at the University of Calgary). Dr. Ware continues to develop his role in promoting research on complementary and alternative approaches to chronic pain management, and is looking for others who wish to collaborate in this important area.

## WELCOME TO THE DEPARTMENT

...Dr. Cristine Bozzer, joined on July 1st 2004 the MGH Anesthesia Department after completing a fellowship in Acute Pain and Regional Anesthesia within the MUHC.

...Dr. Annie Côté joined the RVH Anaesthesia Department in March, 2004.

...Dr. Phoebe Duckworth to Dr. Coderre's lab as the recipient of an NSERC Canada Graduate Fellowship.

...Dr. Marcelo Lannes, joined our MNH Anesthesia Department on July 1st after completing a fellowship in Critical Care.

...Dr. William Li Pi Shan, joined RVH Anesthesia Department after a cardiac fellowship at the Ottawa Heart Institute.

...Dr. Andrew Owen, has returned on July 1st to join the MGH Anesthesia Department after a one-year Cardio-Thoracic Fellowship at Mount Sinai in New York.

...Dr. Raul Sanoja, a Postdoctoral researcher from Venezuela joined Dr. Cervero's laboratory in May as the recipient of the 2004 J.J. Bonica Fellowship of the International Association for the Study of Pain.

...Ms. Khara Sauro who recently received an MSc in Neuroscience from Carlton University and will be working as a PhD candidate in pain research under the joint direction of Drs. Bushnell and Bennett.

...Dr. Dé Tran, joined MGH Anesthesia Department after a fellowship in regional anesthesia at the Virginia Mason Medical Center in Seattle.

### Famous Quotes...

"Nonviolence is the greatest force at the disposal of mankind. It is mightier than the mightiest weapon of destruction devised by the ingenuity of man." - Mahatma Gandhi (1869-1948)



# DEPARTMENTAL PUBLICATIONS

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## McGill Department of Anaesthesia Acquires Difficult Airway Trainer



*Mr. Steve Hobbs (Tyco, VP Marketing), Dr. Frank Ramadori and Ms. Sandra Sundborg (Tyco, Sales Rep)*

With the help of a generous donation from TYCO Healthcare Canada, the Department has been able to acquire the Laerdal AIRMAN® Difficult Airway Trainer. This torso mannequin was designed specifically to train health-care providers in the management of difficult airways. It comes with its own oxygen saturation monitor and heart rate monitor. These can be controlled by the instructor to simulate patient desaturation, thereby adding a sense of realism and urgency to the training session. With the appropriate connections, the mannequin can also exhale CO<sub>2</sub> to aid in the verification of endotracheal tube position.

The AIRMAN's airway is highly realistic, anatomically correct, from the nares and mouth opening, all the way down to the segmental bronchi. This allows for training in fiberoptic intubation, bronchoscopy, and management of lung isolation. In addition, compressed-air-powered bladders located throughout the airway can mimic certain conditions associated with difficult airways. These include trismus, limited neck movement, tongue edema, retropharyngeal mass, and laryngospasm.

The air compressor attached to the mannequin powers all of its functions. In addition, there is a port to attach a jet-insufflator, thereby allowing one to practice jet-ventilation techniques. The mannequin can be programmed to breathe spontaneously and it has carotid pulsations which match the heart rate on the saturation monitor. Additional controls allow for a tension-pneumothorax type of difficult ventilation which can be treated with needle thoracentesis.

The airway management techniques which can be taught and practiced with the AIRMAN include, bag-valve-mask ventilation, direct laryngoscopy, nasotracheal intubation, Laryngeal Mask Airway (LMA®), intubating LMA, lighted stylet, gum-elastic bougie, endotracheal tube exchangers, flexible bronchoscopy, trans-tracheal jet ventilation, Glidescope®, Bullard® laryngoscopy, retrograde wire intubation, needle cricothyroidotomy, emergency cricothyroidostomy, and combitube. The airway is also

compatible with oropharyngeal airways, nasopharyngeal airways, double-lumen endotracheal tubes, Univent® endotracheal tubes, and bronchial blockers.

At present, the AIRMAN is housed at the MGH site, with Dr. Francesco Ramadori. An information session will be held in the fall for all those in the Department who are interested in learning how to use it. Please contact Dr. Ramadori to join the group of interested instructors: [Francesco.Ramadori@MUHC.McGill.ca](mailto:Francesco.Ramadori@MUHC.McGill.ca) or 514-934-1934(43261). One key feature of the AIRMAN is that it is quite portable and easy-to-use, once you have been trained on it. It can be easily rotated to other teaching sites once a representative of each site is designated as "responsible" for its use and care.



Dr. Ramadori instructing a student with the Glidescope - notice AIRMAN's saturation and heart rate monitor over the ventilator control panel of the anesthesia machine.

## McGill University Skills Centre

### *What is MUSC?*

The **McGill University Skills Center** is the medical school project aimed at improving teaching in clinical skills. It will provide a place for students at all levels (undergraduate, graduate, CME, etc.) to practice skills in a realistic and safe environment. Potential students would include physicians, nurses, physiotherapists, and occupational therapists.

### *What is the role of the Department of Anaesthesia within the MUSC?*

The Department of Anesthesia presently has representation on the Steering Committee, with a specific interest in the acquisition of a high-fidelity human patient simulator. As in similar Centres around the world, anesthesia is taking a leadership role with regard to patient simulation. Simulators

are being increasingly used by anesthesiologists in the training of anesthesia residents, and are expanding their roles into CME, medical student education, and teaching of other health professionals (i.e. PACU and ICU nurses, etc.).

The use of patient simulators in anesthesia residency training is aimed at recreating clinical dilemmas and evaluating the resident's response to these situations. It is especially good for teaching about situations which occur rarely (malignant hyperthermia, etc.), and situations which require rapid assessment and response. Other skills which can be developed are leadership and teamwork, which can be difficult to assess when the attending is present and there is a real patient involved. After a certain "scenario" has been played out by the resident, there is a debriefing session where the resident's performance can be reviewed and discussed with the resident. Teaching with the human patient simulator is a skill which can be learned fairly quickly. Anesthesia is a specialty that involves one-on-one teaching of residents in clinical situations, so this skill should come easily. Using the simulator itself is quite straight-forward and a qualified technician will be present whenever it is in use. Certain clinical scenarios are available with the simulator, but staff can learn to create their own scenarios if they are interested.

#### Update on the MUSC's Progress

**Location:** La Cité conference center (Park Avenue)

**Planned Resources:** *(The numbers refer to the areas shown in the preliminary architectural plan)*

- (1) Conference Room for up to 60 students
- (2) Locker rooms for students and standardized patients
- (3) Audiovisual equipment to allow for recording and reviewing of student performance
- (4) 2 Human patient simulation suites
- (5) 3 Debriefing rooms to review students' performance
- (6) 10 Examination rooms for standardized patients
- (7) Surgical skills laboratory for up to 30 students
- (8) Microscope lab
- (9) Offices for administration and research into education

#### **MUSC Preliminary Architectural Plan:**



#### Present Situation:

Architectural plans are in their final stages of revision before being finalized. Construction cost estimates will then be considered. Once the process of construction has been approved, then equipment needs and purchasing will begin. There will be a "technology fair" (watch your inter-office mail and e-mail) to allow companies to showcase some of the teaching tools available. Funding for the creation of the MUSC will be coming from private donors and government grants. Operational costs will then have to come from the medical school, other users of the facilities, and CME courses. The present timeline for the project places the opening of the MUSC in September, 2005.

The Department of Anesthesia has already begun to invest in the MUSC, thanks to a generous donation from TYCO, which allowed for the purchase of the Laerdal AIRMAN® difficult airway trainer. This torso-mannequin can simulate several difficult airway conditions and allows the student to practice just about any alternate airway technique. An information session on the use of this mannequin will be organized shortly, so that it can be used to teach anesthesia residents advanced airway procedures.

#### **Want to learn more?**

At this point, I would like to create an e-mail mailing list of those attendings who might be interested in using the patient simulator or other areas of the MUSC. I will try to provide regular updates on the MUSC's progress and eventually organize training sessions on the use of the simulator and on debriefing techniques. Please e-mail me with your questions, comments or interests.

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Bob, a 70 year old extremely wealthy widower shows up at the country club with a breathtakingly beautiful and very sexy 25 year old blond who knocks everyone's socks off with her youthful sex appeal and charm and who hangs over Bob's arm and listens intently to his every word. His buddies at the club are all aghast. They corner him and ask, "Bob, how did you get the trophy girlfriend?" Bob replies, "Girlfriend? She's my wife!" They're knocked over, but continue to ask, "So, how did you persuade her to marry you?" Bob says, "I lied about my age." His friends respond, "What do you mean? Did you tell her you were only 50?" Bob smiles and says, "No, I told her I was 90."

# Montreal Children's Hospital 100th Anniversary (1904-2004)

In celebration of the Centennial the MCH will produce a forthcoming publication "*Building on a Century of Caring*".  
Excerpted below is Dr. Karen Brown's contribution on Pediatric Anesthesia.

by Dr. Karen Brown  
Chief of Pediatric Anesthesia

## CHAPTER 16 - ANESTHESIA

This centennial year also marks the centennial of Dr. Morton Digby Leigh, who, like the MCH, was born in 1904. He is hailed as the "Father of Paediatric Anaesthesia in Canada" and during his 8- year career (1939 to 1947) at the Children's Memorial Hospital, promoted the subspecialty of pediatric anesthesia. He published the first textbook of pediatric anesthesia. The tradition for excellence, which he established, continues. Fifty years ago anesthetised children were monitored with a stethoscope and the anesthesiologist's finger on the pulse. The status of the child was assessed by his colour, the quality of the breath sounds, the loudness of the heart sounds and the strength of the pulse. Dr David Murphy, Surgeon-in-Chief during this time, once described anesthesiologists as "the unsung heroes of medicine".

Today, sophisticated monitors non-invasively measure the child's oxygen level, and the adequacy of his breathing and circulation. In fact, the Department of Physiology at McGill was instrumental in developing one of the first techniques for determining oxygen tension, the oximeter, which was demonstrated with an ear oximeter in children at the MCH. These advances in biomedical technology have played a major role in the early detection of difficulties and have been an important factor in decreasing complications and even mortality in children during surgery.

Dr. C. R. Stephen (1946-1950) followed Dr. Leigh as Anesthetist-in-Chief at the MCH. He and Dr. H.M. Slater adapted components from masks used in underground mines to the non-rebreathing valves used to anesthetize children, the famed Stephen-Slater Valve. Today, advances in technology have developed catheters made of non-reactive plastics that allow both the safe delivery of anesthetics and invasive hemodynamic monitoring for even the smallest of premature infants. These advances have enabled successful major surgical interventions in children. Dr. H.T. Davenport (1956 - 1966), who followed Dr. Slater (1950 - 1956) as Anesthetist-In-Chief at the MCH, joined the teams of Drs. Murphy, Karn and Dobell in open heart surgery; Dr. Beardmore, Shagovitch and Owen in the correction of congenital anomalies; Drs. Woodhouse and McHugh in plastic surgery and otolaryngology and Dr. Blundell in neurosurgery. Major innovations included blood resuscitation during surgery, awareness during surgery, the use of caudal anesthesia and the use of prolonged nasotracheal intubation. Dr. José K. Rosales (1966 - 1982) succeeded Dr. Davenport. His tenure as Anesthetist-In-Chief witnessed the introduction of major orthopedic surgery and craniofacial reconstruction. One of his most important contributions to the practice of anesthesia at the MCH was the recruitment and training of a highly skilled team of anesthesia technicians.

Newer and safer anesthetic agents have dramatically changed the practice of pediatric anesthesia. Ether, which was first introduced in 1846, has long since been replaced. The newest vapour sevoflurane deserves mention because of its improved safety profile and the fact that it allows a pleasant and rapid onset of anesthesia. In addition, new short-acting intravenous agents, which have minimal side effects, ensure that children are comfortable and relatively free of nausea following surgery.

In parallel with the advances in technology and drug therapy, our knowledge of the infant and child's physiology has increased. Today we are able to support children through major neurosurgical and cardiac surgery, and the repair of congenital abnormalities.

The new, short-acting intravenous and inhalational drugs allow for a rapid recovery from anesthesia. This has enabled surgery on a same-day discharge basis, minimizing the time a child must spend in hospital. In 1956 day surgery at the MCH was restricted to children requiring dental restoration. The Herbert Owen Day Surgery Centre was opened in 1976 and today three-quarters of the surgical caseload at the MCH is performed on an outpatient basis. This trend toward outpatient surgery has required a parallel development in preoperative preparation of the child as an outpatient.

In the last 15 years there has been an increase in the demand for anesthesia for non-surgical diagnostic and therapeutic procedures. These non-surgical procedures represent about 15% of the annual caseload at the MCH. The new safe, short-acting anesthetic agents allow a more rapid recovery than the historical intramuscular cocktail. This has required the development of satellite operating rooms, as well as recovery rooms in the Oncology and Radiology suites. In addition, technological advances now allow children to safely undergo radiation treatment for cancer. An important factor enabling such treatment in children is our ability to deliver short- acting intravenous anesthetics to children, on a daily basis.

Continuing in the tradition of spinal, caudal and local anesthesia, introduced by Drs. Leigh and Davenport, the hospital has developed an acute pain service offering regional and intravenous pain modalities to children, including those recovering from surgery, those requiring bone marrow transplant and children in painful sickle cell crisis. It has also been recognized that children do suffer from chronic pain syndromes. During his tenure as Anesthetist-in-Chief, Dr. D.G. Spence (1989 - 1995) recruited Dr. J. Desparmet to develop a comprehensive, multidisciplinary team for the treatment of chronic pain in children.

Pediatric anesthesia at the MCH has a long tradition of academic excellence. The first three North American textbooks on pediatric anesthesia were published from the Montreal Children's Hospital by Dr. M.D. Leigh (1948), Dr. C.R. Stephen (1954) and Dr. H.T. Davenport (1967). In response to the wartime effort, Drs. Digby Leigh and Wesley Bourne established a 2-year course for the instruction of anesthesia. Dr. Leigh wrote that "Once a week (my) lone resident and I held a meeting to discuss our interesting cases. I invited other residents... The group expanded... Anesthetists from all parts of Canada came for longer periods of training and a 3-year Diploma Course was formed..." During his tenure as Anesthetist-in-Chief, Dr JohnW. Sandison (1995-1998) promoted the recruitment of clinical fellows in anesthesia from overseas and this tradition continues.

The practice of anesthesia at the MCH is enriched by the varied backgrounds of the staff members from varied training backgrounds. This makes for a diverse anesthetic practice and fosters the exchange of ideas and anesthetic approaches amongst staff and trainees alike.

The future of paediatric anesthesia is bright indeed. No longer is the anesthesiologist restricted to an operating room practice, but has assumed a greater presence throughout the hospital, in the radiology suites, the oncology clinics and on the wards. Challenges remain. One of the great anesthetic challenges of the future lies in the field of fetal anesthesia and delivery of anesthesia to infants with life-threatening but correctable birth defects, and during cesarian section, as experienced recently during the EXIT procedure.

## In Memoriam

### Dr. Peter Joseph Sheridan

*It is very difficult for me to remember Peter in the past tense. I have known him since he was a resident at the Royal Victoria Hospital and knowing how capable he was, I was delighted when he joined the staff at the Montreal Children's Hospital. Peter was not only a colleague but a friend as well. Always very knowledgeable, Peter was also a respectful and disciplined person who was ever ready to work or help others in any situation. I remember one episode when Joëlle Desparmet, his wife, was on call at the Children's and could not find her second call (me), so Peter jumped on his bike without hesitation and pedalled all the way to the Children's to help.*

*Although Peter was a serious person, he possessed a great sense of humor which he maintained even during the difficult times of his illness. While visiting the Montreal General Hospital as a patient, as his doctors argued where he should be admitted, Emergency or the ICU, Peter suggested from his bed "Why don't you just ask the patient?". On the homefront, Peter was a handyman, and I was fortunate to have many opportunities to admire his remarkable handywork, such as the front door of his and Joëlle's house and many other renovations they accomplished together. Peter was always eager to explore and learn more, so he left the Children's to work at the Montreal General Hospital and later the Cardiology Institute of Montreal.*

*His presence was missed then and is missed even more so now. I will always remember Peter as a gifted colleague and a good friend.*

*-Dr. Ivana Kocur, Assistant Professor*

## 3rd Joint Pediatric Anesthesia Lecture



### McGill University & l'Université de Montréal

**Dr. Charles J. Coté,**

Visiting Professor

Vice Chairman, Director of Research,  
Department of Pediatric Anesthesiology  
Children's Memorial Hospital, Chicago



"Sedation Accidents by  
Non-Anesthesiologists and  
Sedation Guidelines:

Where we've come from and  
where we need to go"



Despite the sub-zero temperatures in February, Dr. Charles Coté's lecture series was a great success. Dr. Coté began his visit by giving the Anesthesia Residents from both l'Université de Montréal and McGill University a marathon teaching session (12:00-16:30). After this session, the residents expressed appreciation for Dr. Coté's thorough handouts, and his practical approach to pediatric pharmacology and medico-legal issues. The evening lecture on "Sedation Accidents by non-Anesthesiologists and Sedation Guidelines", was well-attended by a large variety of subspecialists, and generated a lot of positive discussion regarding sedation protocols. Dr. Coté's balanced approach to the subject was much appreciated by all who attended.

Dr. Coté completed his visit with Thursday morning's Grand Rounds lecture where he spoke about "Anesthesia for Burns". This lecture held particular significance for the staff at the Montreal Children's Hospital, especially since it is the Hospital's Centennial year. The lecture received rave reviews as an excellent overview with many clinical pearls. After such a successful visit, plans have already begun for next year's Annual Pediatric Lecture. I thank everyone who helped us extend such a warm welcome to Dr. Coté.

*-Dr. Ted Hunter & Dr. Josée Lavoie*

# Vestiges

**Merriam-Webster Dictionary** defines the word *vestiges* as coming from the Latin word *vestigium*, meaning “a visible sign left by something, footprints, or tracks”. In medical terminology it is used in connection with memory.

The development of anesthesia over the past century has been remarkable and McGill can boast of being at the forefront of its modern practice. Many interesting people have walked the same halls we walk today working, training or studying at McGill and although they may have moved on to other interesting opportunities, they have, in their own way, left their own lasting impression.

For this reason we have created this column called “Vestiges” and we invite anyone who has spent some time at McGill Anesthesia to submit to us their fond memories, anecdotes, interesting tidbits, or just to say hello.

*We would love to hear from you!*

## WEST COAST NEWS

### - The Children’s Hospital of Los Angeles

contributed by

**William B. McIlvaine** MD, CM, FRCPC, FAAP

Associate Chairman for Clinical Anesthesia Services  
Department of Anesthesiology Critical Care Medicine  
The Childrens Hospital of Los Angeles

What a long strange trip it’s been. Although I am an American, I grew up in Montréal during the *quiet revolution* of Premier Jean Lesage and the FLQ Crises of the late 60’s. Some may remember the October Crisis of 1970 and martial law. Two of the mailboxes I walked past every day to Selwyn House School exploded. One was at the Saint Mathias Church. After graduation from Stanford University in California, I returned to Montréal to attend the Faculty of Medicine (Class of 1978) in time for René Lévesque, the PQ and Loi 101. My career in anesthesia was the result of an incredible third year medical student elective at The Queen Elizabeth Hospital with Drs. Gillies, Wahba, Rafla and others. The highlight of my experience was afternoon tea with Dr. Gillies and a chance to hold the first bottle of curare. As an intern I spent another year at the QEH and had the honor of knowing and caring for Dr. Harold Griffith. The first four years (1979-1982) were in the McGill Department under the leadership of Dr. John Sandison. Has anyone every told you the story about Dr.

Sandison (Chairman John) and the induction without an anesthesia machine present? I will never forget helping to push the gurney down the hall as the Chairman did mouth to mouth on an anesthetized paralysed patient. Nor will I forget his famous Robert Burns Day parties in Vermont. Haggis and whiskey were a wonderful treat with Jamie Ramsey’s bagpipes. A year in Chicago to do my Pediatric Fellowship and on to Colorado for two years with Dr. Philip Bromage. When the Bromages left for Saudi Arabia I went over to The Children’s Hospital of Denver for 5 years before founding my own private group called Pediatric Anesthesia Consultants, PC.

When my daughter Julia turned seven, she decided to become an actress. While I lived and worked in Denver, my wife and children lived in New York City so that Julia could pursue her career. From New York to Los Angeles and more work. Finally Dad figured out that they weren’t coming back to Denver and I was fortunate enough to find my current position back in academic medicine and the Associate Chairman for Clinical Services in the Department of Anesthesiology Critical Care Medicine at Children’s (sic) Hospital Los Angeles. Our department provides services in 15 OR’s, 5 off-site locations in Radiology, the CHICO and the PICU as well as the MAGIC Pain Team (Making Aches Go Away in Kids) and the Sedation Service. We touch the lives of virtually every patient who comes through our doors.

On September 11, 2003 we successfully separated a pair of ischiopagus tripus conjoined twins in a 26 hour operation involving two anesthesia teams of 2 attendings and 2 fellows for each team.

We are currently in the final 5 day countdown to “go live” on a \$65 million US hospital wide computerized medical record system which we call KIDS (Knowledge Information Decision Support) from a company called Cerner. It has been an incredible three year journey. Imagine teaching three thousand employees how to use a computer system and then turning it on all at once in the middle of the night. I’ll let you know how it goes.

In May 2003 we completed a 6 month process to configure, install and operate a computerized anesthesia record-keeping system called CompuRecord from Philips. I was the leader or “physician champion” for this project. We had to analyze our processes, study our patient flow and educate over 75 users on the use of the 5 modules of the system. In our initial two hour training session we currently teach 18 residents every two months how to use the system. It is so easy to use that they are comfortable in two days and proficient in less than 5 days. The system provides an electronic medical record for all surgical patients from the Preanesthesia Clinic to the

Operating Rooms to the Recovery Room and to the final postoperative visit. Not one user has ever said at the end of their eight week rotation that they are looking forward to going back to paper. Most users have the enviable experience of recognizing that they now have much more time to focus on the patient.

The first application is the Preanesthesia Evaluation module installed on wireless laptop computers where we do a complete surgical history and physical for outpatients or an anesthesia preop evaluation for inpatients and radiology patients. In each of 20 anesthetizing locations there is a computer, a keyboard with integral trackball, a touch screen, a power supply conditioner and a digital data acquisition controller. This portion of the system called EZRecord captures all physiologic data live from the Datex Ohmeda S/5 anesthesia machines. It also captures events from the touch screen so that we can track OR utilization. The third module is the Insight tracking module which allows us to display a

checkerboard for all preop intraop and postop locations. We also use a billing module, a research module, a quality assurance module and a configuration module. Backup is immediate to a separate server. There are three servers in the system. Each server has 6 hot swappable hard drives of 750 Gig capacity. Electronic billing directly to a third party payor or a government agency is facilitated by having CPT and ICD 9 codes on line in the OR.

And you can have all this for between \$750,000 and \$1,000,000 US. The printed documentation is perfect and would be wonderfully displayed in a court of law should it be necessary. Security is handled through a username and password. All interactions with the system leave an electronic record.

We love it. It was worth all the effort. I expect that the presence of this type of a system will drive employment decisions for anesthesiologists in the future.

## Life-Changing Technologies 1954-2004

By Paul Boutin (Excerpted from MSN.com, 22-07-04)

**Organ transplants.** In 1954, Dr Joseph Murray removed the kidney from one human patient and implanted it in another. The recipient accepted the kidney as its own rather than rejecting it as a foreign body. It was more than skillful surgery: Murray had chosen a pair of identical twins, Ronald Herrick and his terminally ill brother Richard, in hopes their similar genetic makeup would reduce the likelihood of Richard's body rejecting Ronald's liver. Soon afterward, though, other researchers developed drugs that could squelch a transplant recipient's immune system long enough for the new organ to become incorporated into its new body. Today, some 25,000 Americans a year receive a new heart, kidney, liver, lung, pancreas or intestine – and a new lease on life.

**Robots and artificial intelligence.** The term "robot" was coined by Czechoslovakian playwright Karel Capek in 1920 – "robot" being a Czech word for tedious labor – but the first real industrial robot was built in 1954 by George Devol. Five years later, the Massachusetts Institute of Technology founded its Artificial Intelligence Laboratory in a quest to mechanically mimic human minds as well as hands. Today, robots assemble products better, faster and often cheaper than manual laborers, while more than 8 million U.S. airline flights a year are scheduled, guided and flown with the superhuman assistance of advanced software. Still, some Americans eye such systems with the cynical view of novelist Kurt Vonnegut, whose 1952 story "Player Piano" warned that the machines might leave people without a purpose – or a job.

**Genetic engineering.** Everyone knows Watson and Crick, who unraveled the secret of DNA in 1953. But have you heard of Boyer and Cohen, who constructed the first organism with combined DNA from different species in 1973? They inserted toad genes into a bacterium that then replicated itself over and over, passing the toad's genetic code down through generations of bacteria. Thirty years later, an estimated 70 percent of processed foods contain genetically modified ingredients, such as soybeans or corn engineered for higher crop yields. Of course, the much bigger potential – good and bad – is in engineering humans. It might prevent birth defects, and diseases later in life. But the side effects could be disastrous and unknown. Is there an ethical way to beta-test human beings?

**The Internet.** This one seems like a no-brainer, but the Net's unique strength is that no two people will agree on why it's so important. The world's largest and most unruly library, it's also a global news channel, social club, research archive, shopping service, town hall, and multimedia kiosk. Add to that the most affordable mass medium ever, and a curse to anyone with a secret to keep. Three-fifths of Americans now use the Net, but it remains to be seen whether the connections to one another will transform us, or prove that we'll never change.

## Email from Hell

Consider the case of the Illinois man who left the snow-filled streets of Chicago for a vacation in Florida. His wife was on a business trip and was planning to meet him there the next day. When he reached his hotel, he decided to send his wife a quick e-mail. Unable to find the scrap of paper on which he had written her e-mail address, he did his best to type it in from memory.

Unfortunately, he missed one letter, and his note was directed instead to an elderly preacher's wife, whose husband had passed away only the day before.

When the grieving widow checked her e-mail, she took one look at the monitor, let out a piercing scream, and fell to the floor in a dead faint. At the sound, her family rushed into the room and saw this note on the screen:

Dearest Wife,  
Just got checked in.  
Everything prepared for your arrival tomorrow.  
PS. Sure is hot down here.

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**Send correspondence, submissions and inquiries to:**

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