



Chair Report

Dr Katrina Webster

2024 was a huge year for regional anaesthesia across Australia and New Zealand. Regional anaesthesia has continued to expand and develop as a subspecialty area. Throughout 2024 the regional anaesthesia group have been in a process of evolution aiming to refine how we can best achieve effective education and collaboration both locally and internationally.

[Click here](#) to read more.

Meet the ANZ-RA Executive



Dr Hosim Prasai Thapa

I was born and completed my primary medical degree in Kathmandu, the beautiful capital of Nepal. I then had the privilege to obtain world class specialist training in anaesthesia in Melbourne, Australia. After obtaining FANZCA and completing a Regional Anaesthesia (RA) fellowship, it was my absolute honour and pleasure to join the department of Anaesthesia at Northern Health in March 2020.

[Click here](#) to read the full article.



Dr Indy (D-Yin) Lin

Indy (D-Yin) Lin is a staff specialist at Flinders Medical Centre, Adelaide, South Australia. She completed her anaesthetic training in the Erasmus Medical Centre, Rotterdam, The Netherlands before relocating to Australia with her young family.

Her PhD was in regional anaesthesia in lower limb surgery, and she continues to research and teach in regional anaesthesia, cardiac anaesthesia and machine learning.

She is a journal reviewer for Regional Anaesthesia and Pain Medicine, and represents ANZCA colleagues on the Executive of the Wellbeing and Research Professional Practice Research Network SIGs.



How I Do It - Total Knee Arthroplasty

Dr Mick Kerr and Dr Leigh White

Total knee arthroplasty is associated with severe postoperative pain. Local anaesthetic (LA) administered by the surgeon, anaesthetist, or both, is a pillar of multimodal analgesia (MMA) and can optimise analgesia, reduce opioid use, and improve functional recovery.

There is an increasing number of nerve blocks that can be used, and an almost overwhelming body of evidence to sift through.

There is no "one" optimal way to provide anaesthesia for TKA, and usually it comes down to deciding which options make sense based on the usual anaesthetic, patient, and surgical factors.

[Click here](#) to read the full article.



Peripheral nerve stimulation in the world of modern regional anaesthesia

Dr Andrew Do

VMO Anaesthetist, Liverpool Hospital, Sydney

With the advent of medical ultrasound in the mid 1900s and its subsequent adoption in regular anaesthetic practice towards the turn of the century, we have seen a shift away from 'legacy' techniques once prevalent in regional anaesthesia.

As the portable ultrasound machine has become more accessible and powerful the use of pure anatomic landmarks and tactility in blocks such as the fascia iliaca compartment block is now very uncommonly taught and practiced. For the same reasons, our institutions' collection of peripheral nerve stimulators (PNS) has been relegated to collecting dust. In a recent online poll across 40 regional anaesthetists on our ANZ-RA WhatsApp group, 60% of respondents do not use PNS as part of their regular regional anaesthetic and almost all the remainder use it only sometimes, with teaching being a common theme among this group.

[Click here](#) to read the full article.



Regional Anaesthesia Fellowship Review - Toronto Western Hospital

Dr Michelle Chong

When I was asked to write an article for the ANZ-RA Special Interest Group (SIG) Newsletter, it brought on a moment of reflection of all the decision-making steps that led me here. For context, I was already a full-time consultant anaesthetist for 4.5 years in 2 tertiary teaching centres in metropolitan Melbourne. Re-entering training would require a pause on a financially secured, and comfortable “boss” life. Was I crazy?

[Click here](#) to read the full article.



Member Interview

Dr Lim Yean Chin

Can you give a quick bio about your current work? i.e. where you work, how long have you been there, what is your main case-mix?

I've worked at Changi General Hospital, Singapore, since 2010. We do a mix of orthopaedics, General surgery, ENT, Urology and miscellaneous cases.

What was your first experience with regional anaesthesia? Do you remember the first block you did?

When I first started regional anaesthesia in 2006, ultrasound guidance was starting to be introduced in Singapore. The majority of blocks were still done using peripheral nerve stimulator and landmark techniques! My first block was an ultrasound guided axillary nerve block. It's a block that we like to term “a beginner block” as there are not that many vital structures around it and good for target practice.

[Click here](#) to read the full article.



BATS Regional Anaesthesia Workshop, Queenstown NZ, 2024 Meeting Review

Dr Chooi Wong

Regional Anaesthesia Fellow, Auckland City Hospital Te Toka Tumai

Against the magnificent backdrop of The Remarkables mountain range at Queenstown, BATS on ICE workshop was successfully held at the annual AQUA meeting on 22nd August 2024 thanks to Drs Lora Pencheva and Helen Lindsay along with the amazing team of AQUA committee.

[Click here](#) to read the full article.

Do you have something interesting to share or want to contribute to a future ANZRA newsletter?

Please contact Dr Andrew Lansdown aklansdown@yahoo.com.au or Dr Liz Maxwell emaxwell@adhb.govt.nz to discuss your contribution.



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