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## Message from the Chair



Dear RA SIG Colleagues,

Despite ongoing SARS COVID 19 infections its great to see that society is gravitating back to normal function. Face to face medical conferences are now back on the agenda. The networking, socialising and the academic endeavour is what we have been missing, and most of us are now looking forward to getting back to it.

With the *Scan and Ski Workshop* in Thredbo, the *BATS on Ice* RA Workshop in Queenstown and the *Combined Scientific Congress*, jointly hosted by the NZSA and ASA is in

Wellington NZ just completed we look forward to the end of this year and the beginning of next for up-coming conferences.

**Perth ARACUS** November 19th-20th is a high-quality cadaver based regional anaesthesia workshop. Convenors are Dr Bojan Bozic and Dr Lucy Dempster.

Our flagship local RA SIG conference the **Adelaide ASURA2023** is on March 2nd-4th 2023. We have an opening address for the Darcy Price Memorial Lecture to be given by Dr James Muecke, 2020 Australian of the Year. Invited speakers are Dr Rosie Hogg (Belfast Northern Ireland) Dr Enrique Goyizolo (New York USA), and Dr Adam Spencer (Calgary Canada). Our Invited Australasian speaker is Dr Alwin Chuan (Sydney). For the first time we have scheduled in a significant Paediatric Regional anaesthesia component, with a plenary session and a masterclass on the topic. There is a Cadaver Regional Anaesthesia Workshop, 4 plenary sessions, multiple workshops, and 4 Emergency Response ANZCA accredited CPD workshops. All this whilst the Adelaide Festival of Arts and the Fringe Festival is in full swing!

It has also come to my attention that the **6th World Congress on Regional Anaesthesia and Pain Management** 6-9 September 2023 is in Paris. Tempting!

I hope you enjoy reading our Newsletter and look forward to seeing you at one of the above meetings.

**David McLeod**

**Chair Executive Committee of the Regional Anaesthesia Special Interest Group**

### Editors

- **Dr Liz Maxwell**, Auckland City Hospital, Auckland, NZ
- **Dr Bojan Bozic**, Sir Charles Gairdner, Perth, WA
- **Dr Katrina Webster**, Royal Hobart Hospital, Hobart, TAS
- **Dr Andrew Lansdown**, Royal Prince Alfred Hospital, Sydney, NSW
- **Dr Cassandra Andrews**, Monash Health, Melbourne, VIC
- **Dr Craig Daniel**, Gold Coast University Hospital, Gold Coast, QLD

## RA SIG Member Profile - Dr Inamul Rahiman



**Dr Inamul Rahiman**

Consultant Anaesthetist,  
Monash Health Network, Melbourne, Vic

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 am currently employed as a staff anaesthetist within the Monash Network after undergoing both a general and regional fellowship there. We service a broad population group including paediatrics, geriatric, and obstetrics.

My regional case mix includes a mixture of orthopaedics, major upper GI, vascular, gynae oncology, colorectal, and reconstructive surgery.

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## RA SIG Executive Committee profiles



**Dr Liz Maxwell**  
BHB, MBChB, FANZCA

Dr Liz Maxwell a Specialist Anaesthetist at Te Whatu Ora - Te Toka Tumai, Health New Zealand - Auckland. Liz studied Medicine at the University of Auckland and completed her Anaesthesia training across the three Auckland Hospitals and Dunedin Hospital in New Zealand.

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**Dr Craig Daniel**  
MBBS FANZCA EDRA PGradCertClinUS

Dr Craig Daniel is an Anaesthetist on the Gold Coast working in a mixed public and private practice. His caseload is predominantly orthopaedics. Working with a number of upper and lower limb surgeons enables him to regularly perform a range of USG blocks - particular satisfaction being found with the ISB for shoulder surgery and the PSNB for foot and ankle surgery.

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## JOIN THE RA SIG EXECUTIVE TEAM

The RA SIG Executive Committee is seeking a **New Zealand** based member to join the Executive Team

[Click here to learn more](#)

## How I do it - Axillary brachial plexus block



### Dr Tim Sullivan

Consultant Anaesthetist,  
Royal North Shore Hospital,  
Sydney, NSW

### Introduction

The axillary block of the brachial plexus (AXB) targets the terminal branches of the brachial plexus as they traverse the axilla providing coverage from distal arm to hand.

### When and Why Do I use it?

**Simplicity:** the superficial location facilitates target identification and needle visualisation.

**Safety:** the needle insertion site is compressible and distant to the phrenic nerve and pleura.

**Reliability:** specific terminal branches can be preferentially targeted and/or supplemented.

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## Recent research update



### Dr Elliot Field

Consultant Anaesthetist,  
Fellow in Regional Anaesthesia,  
Gold Coast Hospital,  
Queensland, Australia

1. A randomised controlled trial in patients undergoing arthroscopic shoulder surgery comparing interscalene block with either 10mL or 20mL levobupivacaine 0.25%

2. Optimal location for continuous catheter analgesia among the femoral triangle, proximal, or distal adductor canal after total knee arthroplasty: a randomised double-blind controlled trial

3. Comparison of continuous with single-injection regional analgesia on patient experience after ambulatory orthopaedic surgery: a randomised multicentre trial

4. Continuous interscalene versus phrenic nerve-sparing high-thoracic erector spinae plane block for total shoulder arthroplasty: a randomised controlled trial

## 5. Single-Shot Lumbar Erector Spinae Plane Block in Total Hip Replacement: A Randomised Clinical Trial

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## POCUS - Airway Ultrasound



### **Dr Dan Cochrane**

Consultant Anaesthetist,  
Auckland DHB. Auckland,  
Auckland, New Zealand

### **Introduction**

Upper airway ultrasound has rapidly gained traction over the last 10 years as a simple, accessible, portable and valuable tool in airway management. With the increasing quality of ultrasound platforms in the portable arena, powerful diagnostics are now only a few meters away from most anaesthetic providers even in remote areas.

There is a number of uses of airway ultrasound in anaesthetic practice the most prominent of which is defining the anatomy for emergency surgical airway management.(1) The application doesn't stop at defining anatomy and it is continually expanding. It can be utilised for defining Airway Device Placement, Assessing Pathology, Predicting Post-Extubation Stridor and for predicting difficult airways.

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## Fellowship review

Waikato Hospital, Hamilton, New Zealand



**Dr Sam Wotherspoon**

Consultant Anaesthetist,  
John Hunter Hospital,  
Newcastle, NSW

I was fortunate to complete a regional fellowship at Waikato Hospital, Hamilton, New Zealand throughout the 2021 clinical year.

The Waikato regional anesthesia service provides this busy tertiary hospital a dedicated regional team made up of a select group of extremely knowledgeable and experienced regional anesthetists, despite their questionable sporting affiliations!

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## RA SIG conference reviews



### ANZCA ASM Perth 2022 review

The 2022 Perth ANZCA Annual Scientific Meeting was hampered by COVID and the delayed opening of the WA border...

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### Winter ACE meeting

A regional anaesthesia workshop was held at the Winter ACE Meeting in Sydney on June 18th 2022...

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## Scan and Ski review

After a four-year hiatus thanks to Covid, the Scan and Ski conference returned to the slopes of Thredbo in early August...

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## BATS on Ice Workshop August 2022

After a last minute COVID cancellation in 2021, we were excited to run the BATS on Ice Regional Anaesthesia workshop...

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## Upcoming events



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