



RA SIG NEWS

REGIONAL ANAESTHESIA SPECIAL INTEREST GROUP

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Message from the Chair



Dear RA SIG Colleagues,

Recent national and international events have been full of pestilence, floods and war. Fortunately, I was able to escape for a week to the south coast of Tasmania and had the pleasure of no internet or phone coverage. It was nice to have a circuit breaker. Back to reality now and time for some good news - the second edition of the RA SIG Newsletter. The editors have put together another fine publication with great sections on "How I Do...", Fellowship Review, Pocus Corner, Top RA papers of the last 6 months and Member Profiles. Please get in contact with the team if you have any feedback or would like to make a contribution.

With the recent gradual easing of societal restrictions, the border opening to Western Australia and the opening of New Zealand to trans-Tasman travel this month, it is a good time to look and plan ahead. Regional Anaesthesia events on the horizon include the [Ski and Scan workshop](#) in Thredbo in early August, the [BATS on Ice RA Workshop](#) in Queenstown in mid-August, [the Wellington CSC congress](#) in October, the [Perth ARACUS](#) in November. After a couple of postponements, we are confident Adelaide ASURA2023 in early March will succeed this time. We are committed to a face-to-face meeting and hoping to have present 4 International Invited Speakers along with an Australasian Invited Speaker.

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

Regards

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



Dr Divya-Jyoti Sharma

Consultant Anaesthetist, SCGH

Director of Clinical Training (consultant engagement),

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MBBS (Hons) FANZCA Dip CH

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Wellbeing Advocate, Anaesthetic Airway Equipment Lead,

ACWA Co-convenor

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RA SIG Member Profile

Dr Divya-Jyoti Sharma

Can you give a quick bio about your current work?

I have been working at Sir Charles Gairdner Hospital (Charlies) as a Consultant since 2007. I am also the airway co-lead and wellbeing co-lead for our department. I am a facilitator for ARACUS and ASURA.

I do a regular weekly orthopaedic list that is elective lower limb joints alternating with ortho trauma (mainly elderly fractured hips). I appreciate my ability to add regional anaesthesia techniques to my plastics and breast lists as well. Over the years, my elective orthopaedic list has been with a surgeon who gets all the referrals for the super-obese patients and revisions in the hospital.

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RA SIG Executive Committee profiles



Dr Katrina Webster

Dr Katrina Webster studied Medicine at the University of Sydney and moved from Sydney down to Hobart early in her medical training to be closer to alpine environments and pursue her love of outdoor sports. Between various wilderness adventures she also completed her training in anaesthesia working in Tasmania and the UK.

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Dr Andrew Lansdown

Dr Andrew Lansdown is a senior specialist anaesthetist based at Royal Prince Alfred Hospital in Sydney. His interest in Regional Anaesthesia began while on a rotation to Orange Base Hospital in the mid 2000s when Dr David Wu, who has inspired many a young anaesthetist, was borrowing ultrasound machines from the radiology department to explore the emerging world of ultrasound-guided blocks.

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Dr Ross Peake

Dr Ross Peake hails from Queensland where he spent his pre-medicine days



Dr Kelly Byrne

E mihi ana ki te iwi o Ngāti Hine te iwi manaaki i a au. Ko Tokerau te maunga, Ko

working as a Veterinarian. After deciding to pursue medicine he graduated from the University of Sydney and spent his early clinical years in Wagga Wagga before completing his Anaesthetic training in Canberra from 2005.

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Taumarere te awa, Ko Ngātokimatawhaorua te waka, No Kawakawa ahau, Ko Kelly Byrne ahau. I work at Waikato hospital, and have interests in Regional and cardiac anaesthesia

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Dr Neil MacLennan
Specialist Anaesthetist,
Auckland City Hospital,
Auckland, New Zealand

Neil MacLennan Retires from the RA SIG Executive Committee

As we announce his retirement from the RA SIG Executive Committee, we would like to thank Dr Neil MacLennan for the significant contribution to the made to the SIG.

Neil is a Specialist Anaesthetist at Auckland City Hospital, New Zealand. An early member of the RA SIG, Neil joined the SIG Executive Committee in 2006 prior to the first ASURA meeting in 2008.

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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](#)



Dr Samantha Adams

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How I do it - Rectus sheath catheters

Introduction

Regional anaesthesia techniques, including continuous rectus sheath blocks, are an established part of contemporary anaesthetic practice and represent a viable alternative to the thoracic epidural for managing pain following surgical procedures that require a laparotomy.

The advantage of rectus sheath blocks is that they are simple, effective, have a good safety profile and are highly acceptable to patients. Although the epidural has long been considered the gold standard, its use is not without complications and has been shown to have a high rate of failure. In studies comparing the two, patients managed with rectus sheath catheters have similar post-operative pain scores and are able to mobilise earlier. In addition, the use of rectus sheath catheters may result in lower work load implications for acute pain teams.

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Recent research update



- 1: A retrospective cohort study of three wound catheter infusion analgesia regimes after midline laparotomy ([Resource link](#))
2. Preoperative pericapsular nerve group (PENG) block for total hip arthroplasty: a randomized, placebo-controlled trial. ([Resource link](#))
- 3: Randomized comparison between pericapsular nerve group (PENG) block and suprainguinal fascia iliaca block for total hip arthroplasty. ([Resource link](#))
- 4: Effect of Regional vs General Anesthesia on Incidence of Postoperative Delirium in Older Patients Undergoing Hip Fracture Surgery - The RAGA Randomized Trial ([Resource link](#))

Dr Natalie Kent

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5: Ultrasound-guided transverse abdominis plane block, ilioinguinal/iliohypogastric nerve block, and quadratus lumborum block for elective open inguinal hernia repair in children: a randomized controlled trial ([Resource link](#))

6: Ultrasound-guided transverse abdominis plane block, ilioinguinal/iliohypogastric nerve block, and quadratus lumborum block for elective open inguinal hernia repair in children: a randomized controlled trial ([Resource link](#))

7: Depth of cervical plexus block and phrenic nerve blockade: a randomized trial ([Resource link](#))

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Dr Nav Sidhu

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POCUS Gastric Ultrasound

Introduction

Gastric ultrasound is an emerging tool in gastric volume and content assessment, using technology that most of us are already familiar with. It provides additional objective information that we can use to determine a safe airway management strategy for patients being placed under anaesthesia or sedation.

When & Why Do I Use It?

The current method of assessing aspiration risk integrates fasting status with factors known to slow the rate of gastric emptying. The anaesthetist then makes a subjective assessment based on various factors, with moderate levels of agreement between individual clinicians. In contrast, gastric ultrasound provides us with quick, reliable, and objective information on actual gastric volume and content.

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Fellowship review

Gold Coast University Hospital, Gold Coast QLD



Dr Cat Bella

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I was the Regional Anaesthesia Fellow at Gold Coast University Hospital (GCUH) from February 2021 to February 2022.

GCUH is a 750-bed Tertiary Level 1 Trauma Centre with a busy orthopaedic and trauma service as well as multiple other subspecialties amenable to regional anaesthesia, including vascular, upper GI, obstetrics, breast and endocrine surgery. There are usually around 12 Provisional Fellows at GCUH with the Regional Fellow being the only subspecialty role and our flagship position.

During this 12-month fellowship, at least 50% of clinical time is spent on orthopaedic or trauma lists, with the potential for remaining days to be spent on other block-friendly specialties and the option of doing extra weekend trauma lists for additional clinical exposure.

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Meeting review: 2021 ASA NSC meeting - RA SIG session

23-25 July 2021, Brisbane



Dr Craig Daniel

In keeping with the ASA NSC theme of “Collaboration in Challenging Times”, the RA SIG session was titled “**Block!, Collaborate and Listen**”. Those of us who were attending blue light discos more than 30 years ago will of course immediately recognise the reference to the infamous Vanilla Ice song – Ice Ice Baby.

The three presenters for the session were all south east Queensland-based Anaesthetists with a substantial volume of practice in ultrasound guided peripheral nerve blocks. Two of the presenters, Lucas Edwards and Paul Slocombe, have previously completed RA fellowships

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while the third speaker, Cat Bella, was in the process of completing her RA Fellowship year at the Gold Coast University Hospital.

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Upcoming events



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