

THE GAS PIPELINE
ANESTHESIA MONTHLY GAZETTE
Department of Anesthesia, Stanford, CA 94305



Patricia I. Rohrs, Editor

May 2006 (Revised)

CHAIRMAN'S UPDATE



Accreditation of Residency Program and Fellowships—The past month has been exciting for our residency program because the Residency Review Committee (RRC) again fully accredited both our residency program and our ACGME-approved fellowships for the maximum accreditation length—five years.

Since the last accreditation visit, the expectations about quality and documentation had increased, necessitating careful preparation for the recent visit. Accordingly, we

- Modified our overall curriculum, emphasizing resident education as *the* reason for a residency program.
- Revised goals and objectives for each rotation, modifying rotations that performed sub-optimally,
- Incorporated the new general competencies into resident education, and
- Emphasized documentation of case numbers and work hours.

Thanks are due to a fine group: Janine Roberts; John Brock-Utne; Anthony Stanzi and Scott Rudy (chief residents); Alice Edler, Ed Riley, and Ray Gaeta (fellowship directors); the fellowship coordinators; and the residents, fellows, and faculty (especially Mike Rosenthal) who helped with this successful accreditation visit. Although the RRC will not return until 2011, we will continue to improve the resident and fellow experience.

Anesthesia Resident Match—The recent results of the anesthesia resident match confirmed the quality of our residency program. All 20 CA-1 positions were matched with superb applicants, many at the top of our list. Academically they are a stellar class: 13 of 20 were elected to AOA or possessed equivalent class rank; 18 of 20 scored above 220 on the USMLE. More importantly, applicants possess incredible experiences and demonstrated aptitude for an anesthesia career. I would note that both UCSF and Virginia Mason did not fill their match quotas.

Residency Program Director—For five years, John Brock-Utne has served as our residency program director, devoting countless hours to the program, flawless in striking the balance between authority and friendship. John will take partial

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CHAIRMAN'S UPDATE CONTINUED

retirement this fall; he has chosen to decrease his administrative responsibilities. We are deeply indebted to John for all he has done for the residency program and the department. I am pleased to announce that Alex Macario has agreed to accept the position of residency program director. Alex has already been involved in many decisions affecting next year's program and will officially start as Program Director in July.

Endings and Beginnings—A busy May and June conclude our academic year: Meetings include the Western Anesthesia Residents' Conference (several residents will present), the Association of University Anesthesiologists, and the California Society of Anesthesiologists. On June 10 we will celebrate our graduating residents' accomplishments at the graduation dinner at the Sheraton Hotel. July 1 our new residents begin; they will be officially introduced to the department at a July 9 welcome brunch at the Palo Alto Hills Golf and Country Club.

Critical Care Medicine at the Crossroads—In the last *Gas Pipeline*, I discussed the future of anesthesia and critical care. The April ASA Newsletter *Critical Care Medicine: At the Crossroads* pursues the same theme. I encourage you to read this ASA newsletter and think critically about the future of our specialty. See http://www.asahq.org/Newsletters/2006/04-06/TOC04_06.html

Spring at Stanford—Enjoy the beautiful spring weather which has finally come to Stanford, and glory in the lovely flowers, provided by the Bings. Take a healthful walk!



DEPUTY CHIEF'S COLUMN



Drop your journals and textbooks, colleagues! There's more to medical writing than research articles in *Anesthesia and Analgesia*. This month I interviewed Stanford medical student Joshua Spanogle, author of the outstanding medical thriller, *Isolation Ward*, published by Random House on February 28th, 2006. Per *Publisher's Weekly*: "Medical thrillers have been rather sickly of late, but Stanford med student Spanogle has applied the paddles and delivered a real jolt of excitement with this debut novel of a dangerous viral outbreak, diabolical medical chicanery and research run amok. . . . Spanogle is a funny, smart and skilled writer at the beginning of what readers will hope is a long and prolific career."

Isolation Ward begins in Baltimore, where three women are admitted to St. Raphael's Hospital, their bodies racked by an Ebola-like virus. Dr. Nathaniel McCormick, an officer from the Center for Disease Control, is called to investigate. A series of clues leads Nathaniel to Northern California, where he reconnects with his past in a visit to his former medical school, referred to as The Farm. An excerpt from *Isolation Ward*:

I left the highway at University Avenue, which cut straight through a town which had come to be synonymous with the dotcom excesses of the 1990s. Though the boom times were supposedly over, this particular hamlet seemed not to have noticed.

Continued on page 3

DEPUTY CHIEF'S COLUMN CONTINUED

I waited in a line of traffic that moved at a slug's pace and was composed almost entirely of German and Japanese luxury vehicles and SUVs.

Ken Kesey, back in the liquid sky days, used to live in the area. I wondered what he'd think about the glistening train of BMWs that snaked through the boutiques and restaurants hawking eighteen dollar salads. He'd probably think it was a bad trip.

Eventually, traffic began to move and my speed got well into the teens. The road passed under train tracks, then rose again to meet The Farm.

Whatever my feelings about the university where I'd spent four grinding years of medical and scientific training, I had to admit I loved the grandeur of the place. It wasn't grandeur in the Eastern sense; it lacked the gothic and Georgian gravitas of Yale or Harvard. But it was grand nevertheless. The entrance to the university grounds—which were, by sheer acreage, the largest of any university in the country—was marked by two large sandstone arches that gave way to a half-mile long thoroughfare lined with palm trees. The trees, the gift of some rich alumnus with an eye for spectacle, rose like massive pillars with broad, green Corinthian capitals. Rumor has it the trees were thirty thousand a pop.

The medical school itself was barely recognizable. Two massive science buildings bulged from where there had only been patches of green years before. The buildings were impressive and impassive, hewn from what looked like solid blocks of buff colored sandstone. My entrance made me think of a quote I once read by a famous art historian: Coming in to New York through Grand Central Station, “one entered the city like a god”; coming in via Penn Station, “one scuttled in like a rat.” Well, if sandstone arches and palm lined boulevards make you feel like a god, giant medical buildings make you feel like a rat. Especially if you're the rat they kicked out years before.

RN: When did you decide to write medical fiction?

JS: About the time I decided to come to medical school. I'd always appreciated how medical fiction—when done well—can both entertain and inform. We're given such powerful knowledge in medicine, and I wanted to share some of that with the public.

RN: When do you write? How long did it take to finish *Isolation Ward*?

JS: I wrote the rough draft of *Isolation Ward* in the summer between my first and second years of medical school (full days during the week, half days on the weekends). The work was supported by an Arts & Humanities Medical Scholars grant, part of a wonderful and unique funding program at Stanford. The schedule was grueling, but I was very thankful for the time. After finishing the draft, I spent the next eighteen months revising and rewriting—before class in the mornings usually, and on weekends—and found a publisher in my third year.

RN: Where did you dream up the idea for *Isolation Ward*?

JS: I've always been fascinated by the missteps we take when trying to do the right thing, and the compromises we make when we think we're answering to a greater good. The aphorism “the road to Hell is paved with good intentions” was always very resonant for me, and it provides the thematic foundation for the story. As for the major conflict in the book, I started with a “What if?” scientific scenario and proceeded to “What if something goes very wrong?” The original “What if?” came from reading about the great transplant surgeon, Thomas Starzl.

RN: Tell us how far along you are at Stanford.

JS: I'm in my fifth year and will be applying for residency this fall. I took a year off to do basic science research in orthopedic surgery and another year to write a second novel.

I won't have such flexibility in residency, so I wanted to do as much bench work and fiction writing as I could now.

RN: Which is harder—getting a novel published, or finishing medical school?

JS: Boy, both are tough. If you look at the odds, though, getting a book published is somewhat more difficult. On the other hand, in the quest to publish a book, you rarely have to get up at 4:30 am.

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DEPUTY CHIEF'S COLUMN CONTINUED

RN: *Isolation Ward* is more than an outbreak tale. Tell us why.

JS: Frankly, outbreak stories have been well-covered in both fiction and non-fiction, and I wanted to go beyond that. I was as interested in the reactions of characters pushed to their limits as I was in the outbreak story. Also, I've always liked noir fiction, and the conspiracy aspects of *Isolation Ward* provided me a way to work some noir-ish elements into the book.

RN: You wrote your novel in the first person. Are you Nate McCormick?

JS: Nate has his MD, and I'm still chasing after mine! Seriously, there is a lot of me in Nate McCormick, but we are different people. Nate is more brash than I am, more likely to shoot off at the mouth. And he suffers the consequences of it.

RN: How do your professors react to your second career?

JS: In general, there has been terrific support for my writing.

RN: What medical fiction or drama influenced you the most? Why?

JS: Michael Crichton's first novel, *A Case of Need*, is amazing. Very well-written, very well-plotted. Most of all, I was attracted to his characters. The television show *ER* also had an influence.

RN: Did your manuscript begin with an idea for a plot or an idea for a character?

JS: It began with an idea for a plot. I worked for a while doing research at Penn, in its Center for Bioethics and chose what I thought would be fertile, ethically fraught ground (xenotransplantation). Nate McCormick, the protagonist, came along afterwards. But he kind of took over.

RN: There aren't any anesthesiologists in *Isolation Ward*.

JS: No, but that's because anesthesiologists would never, ever, do anything mischievous.

RN: I've heard only one of every 6000 manuscripts finds a publisher. Any advice for aspiring authors?

JS: First, try not to pay attention to frightening odds. Second, read as much as you can and think critically about what makes a story work. Third, write as much as time allows. Remember: books do get published. Doctors write a good number of them.

RN: Could you see yourself abandoning clinical medicine and writing twenty novels instead?

JS: Not really. There's a wonderful balance provided by medicine and writing. Medicine—its intellectual work, collegiality, and patient contact—is a great break from the solitude of writing. Writing provides a chance to process what happens in medicine. They work nicely together. Besides, as for hanging up the stethoscope for the pen, I didn't really choose medicine as a path to being a writer: there are many, many easier (and cheaper) ways to become a writer than by going to med school.

RN: Your second book is due out next year. Tell us about it.

JS: I don't discuss works-in-progress too much—I'm in the trenches with this one now—but I can say that the title is *Growth Factor* and that Nate McCormick is back.

Rick Novak, MD

Associated Anesthesiologists Medical Group
rjnov@yahoo.com

EDITOR'S NOTE

New email address? Would you like to submit an article or news item for consideration? Contact rohrrs@stanford.edu

LETTERS TO THE EDITOR

Dear Rick,



In response to your column regarding drug wastage, medication errors, cost and inefficiency, you definitely have a point. However, after almost 3 years in private practice, I still follow Dr. Lemmons advice—

ALWAYS draw up SUX and ATROPINE. Yes, I hardly ever use them.

However, in the few time-distorting, tunnel-vision, ten-thumb inducing emergencies that I have experienced in private practice, having those clearly labeled syringes, drawn up, ready to go has been money in everybody's bank.

By the figures given to you by Fred, I'd say I use about \$50 of Atropine and \$400 of Sux a year. Nothing in comparison to one episode of DELAYED treatment of severe bradycardia or laryngospasm, potentially resulting in unanticipated ICU admission (\$\$\$), patient harm and Dr. Saidman/Garman 0645 Monday morning!

Yours Sincerely,

Arne Brock-Utne, MD
Medical Anesthesia Consultants
(The John Muir Group)

Dear Arne,

No argument from me. Each anesthesiologist needs to choose the drugs and syringes needed. I believe it is the standard of care to draw up Sux and atropine for pediatric cases. In the past 20 years of private practice, I can count on one hand how many times I've needed an emergency, unplanned injection of Sux on an adult anesthetic. I still keep an empty syringe and an amp of Sux in reach.

—Rick

Dear Rick,

JCAHO mandates for labeling aside, I wanted to know your thoughts on infection risk with reusing syringes. Once the plunger has been withdrawn to draw up drugs, it is no longer sterile. The act of injecting the contents of the syringe exposes the barrel to the unsterile, unclean plunger within the barrel. Reusing that syringe means new drugs will be drawn into an unsterile, unclean barrel with potential adverse consequences. This is a practice which is strongly discouraged at our own institution.

As for saving money, I couldn't agree more with your thinking about how even small expenses add-up and how we need to make wise choices. I routinely quiz residents on the costs of the drugs they are administering (including volatiles) or have drawn up, asking if an equally effective anesthetic at lower cost could have been delivered. I am amazed at their ignorance of costs of agents we use every day. I show them how to handle the laryngoscope blades, handles, oral airways, etc. to avoid contaminating other items lying on the cart that would subsequently require cleaning or disposal. We need to be fiscally responsible and try to educate our residents on cost-effective practices, but I think encouraging reuse of syringes is unwise and potentially harmful.

Lauren L. Hill, MD
Vice Chairman, Dept. of Anesthesiology, Assoc
Professor, Anesthesiology and CT Surgery
Washington University School of Medicine

Dear Lauren,

I scanned PubMed for references regarding reusing syringes. There are several papers citing that a percentage of practitioners reuse syringes from patient to patient, and condemning this practice. I would agree. I couldn't find any data that reusing the same syringe on the same patient is harmful.

—Rick

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LETTERS TO THE EDITOR CONTINUED

Dear Ron,

When I first started private practice I attempted to combine critical care with OR anesthesia. I am board-certified in anesthesia, internal medicine, and critical care.

Medicare denied every bill submitted for critical care, when I had also provided OR anesthesia care for that patient. I spent two years fighting the system and sent copies of letters to Tom Feeley and other intensivists in academic anesthesia. I corresponded with the regional director of HCFA, and various professional organizations, but there was never a response from the “system.” The issue was never picked up by ASA, SCCA, etc. and I could not develop a viable model.

Now I am doing chronic pain management and OR anesthesia, a much easier model in private practice.

Bob Hansen, MD
Palo Cedro, CA rhansen@snowcrest.net

**CONGRATULATIONS, DR. ANTHONY STANZI
RESIDENT-OF-THE-MONTH, FEBRUARY 2006**



**LIFETIME ACHIEVEMENT AWARD—AL
HACKEL**

Frequently we work so closely with a person that we fail to recognize the magnitude of his accomplishments. Today we honor Al Hackel, MD, awarded the Robert M. Smith award for lifetime achievement and contributions in pediatric anesthesia at the annual combined winter meeting of the Society for Pediatric Anesthesia (SPA) and the Anesthesia Section of the American Academy of Pediatrics (AAP). This prestigious award is given only when the AAP anesthesia section’s governing body deems an individual worthy of receiving it.

Al is such a worthy individual. Not only has he played a vital role in developing the SPA and AAP, but he has catalyzed ACGME’s recognition of pediatric anesthesia fellowship training. Moreover, Al has led the field in developing local, state, and national standards—in both fellowship training and the perioperative care of children.

That few of us realize Al’s contributions speaks to his humility. Al has worked tirelessly behind the scenes over decades to make anesthesia safer for children, not just at Stanford, but also nationally and internationally. Despite his retirement from active clinical duty, he continues to imagine and innovate, as he explores the role of simulation.

Congratulations, Al.

—Elliot Krane, MD

**RESIDENT HORSTMAN WINS INTERNATIONAL
FELLOWSHIP AWARD**

Dr. Damian Horstman, CA-2, was awarded the Society for Education in Anesthesia (SEA)-Health Volunteers Overseas (HVO) Traveling Fellowship Award for 2006-2007—a first for a Stanford resident. Damian will go to Tanzania, where he will teach anesthesia to nurses, medical students and residents in a resource-scarce environment. Damian was motivated to apply by Alice Edler, MD, and as a result of his challenging, rewarding volunteer experience in Nicaragua with Stanford Anesthesia alumnus Arne Brock-Utne, MD. See www.hvousing.org

**CONGRATULATIONS, DR. STEVE LIPMAN
ATTENDING-OF-THE-MONTH, FEBRUARY 2006**



Resident responses:

“Steve is always great to work with and eager to teach OB and OR anesthesia.”

“Lipman is a meticulous teacher and makes sure to cover all of the important teaching points.”

“He cares about the residents—both their education and well-being. He is a great role model for us.”

**CONGRATULATIONS, DR. SHANA MCDANIEL
RESIDENT-OF-THE-MONTH, MARCH 2006**



**CONGRATULATIONS, DR. OLGA ALBERT
ATTENDING-OF-THE-MONTH, MARCH 2006**



Resident responses:

“She is approachable, personable and very skilled—she saved my tail on more than a few pedi lines!”

“Working APU cases with Dr. Albert was very helpful in training for my future career. She taught me how to be fast and efficient without ever compromising patient safety.”

ANNUAL RESEARCH AWARDS DINNER

Michael’s Restaurant at beautiful Shoreline Park by the Bay was the setting for the department’s annual research awards dinner and presentation of departmental research on May 9, 2006. Hosted by Chairman Ron Pearl, the event featured four winning research projects of 42 submitted in abstract form for the event:

- ❖ Yeomans DC, Levinson SR, Tzabazis A, Gilly WF and Wilson SP. **Antihyperalgesic Effect of Herpes Vector Mediated Knock-Down of Nav1.7 Sodium Channels in a Rodent Inflammatory Model.**
- ❖ Winegar B, Sceniak MP and MacIver MB. **Propofol Depresses Spike Firing in Dopamine-Sensitive Rat Subthalamic Neurons.**

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RESEARCH AWARDS DINNER CONTINUED

- ❖ Ishibashi T, Hendrickx JFA, and Lemmens H. *Isoflurane Pharmacokinetics: Linking Lung Uptake to Arterial and Mixed Venous Blood Concentrations.*
- ❖ Ueno T, Kaplan K, Soneji D, Lucca A, Ludlow D, Glover G, and Mackey S. *Reorganization of the Somatosensory Cortex in Chronic Neuropathic Pain.*

Dr. Pearl acknowledged and thanked Rona Giffard, Vice-Chair for Research; Nancy Federspiel, Director of Strategic Research Development; and Frances Davies, Director of Faculty Development, for fostering our research success. He highlighted the fact that collectively the research spanned basic science, translational research, and clinical research, thus matching the Department's and School's thrusts.

We thank Renee Grys, Alan Winkelman, and Erin Reiland for organizing this successful, enjoyable celebration of our department's accomplishments.

PUBLICATIONS, TALKS, CONFERENCES, HONORS

ABSTRACTS

- ❖ Krane E, Finkel B, Finkel J, Hammer G, Rodarte A, Rossberg M, Sarkis E, Schmitz M, Sher LD, Richards PT. *ALGRX 3268 Produces Well-Tolerated Local Analgesia Within 1 to 3 Minutes for Venipuncture and Peripheral Venous Cannulation Procedures in Children.* Society for Pediatric Anesthesia, 2006 Winter Meeting.
- ❖ Malviya S, Voepel-Lewis T, Tait AR, Foster R, Krane E, *Comparison of the Clinical Utility of Recently Described Tools for Pain Assessment in Children with Cognitive Impairment.* Society for Pediatric Anesthesia, 2006 Winter Meeting.

PUBLICATIONS, TALKS, AND CONFERENCES CONTINUED

ABSTRACTS CONTINUED

- ❖ Pearl N, Chang C, Bruss M, Wong J, Agrawal R, Kobilka B, Conti M, Patterson AJ. *Phosphodiesterase 4D Disruption Causes beta2 Adrenergic Receptors to Behave like beta1 Adrenergic Receptors in Vivo.* 26th International Symposium on Intensive Care and Emergency Medicine. Brussels, Belgium. March 21-24, 2006.
- ❖ Ueno T, Kaplan K, Soneji D, Lucca A, Maeda F, Muramoto D, Mackey S. *Abnormal brain morphology in patients with complex regional pain syndrome.* Stanford Medical Center, Palo Alto, CA. Theme: Neuropathic Pain Human. 2006.
- ❖ Mackey S, Lucca A, Soneji D, Kaplan K, Glover G. *FMRI evidence of noxious thermal stimuli encoding in the human spinal cord.* Stanford University, Palo Alto, CA. Theme: Spinal Nociceptive Mechanisms. 2006.
- ❖ Carroll I, Kaplan K, Mackey S. *Systemic lidocaine selectively reduces tension-anxiety and vigor-activity but not other mood subdomains during analgesic infusions.* Stanford Medical Center, Palo Alto, CA. Theme: Non-Opioid Analgesics 2006.

THIS JUST IN...

"My Pain, My Brain"—*New York Times Magazine*, May 14, 2006

http://www.nytimes.com/2006/05/14/magazine/14pain.html?_r=1&oref=slogin

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PUBLICATIONS, TALKS, CONFERENCES, HONORS
CONTINUED

BOOK CHAPTERS

- ❖ Krane EJ, Davis PJ. **Preoperative Preparation**. In Motoyama EK and Davis PR (Eds), Smith's *Anesthesia for Infants and Children*, 7th ed. Philadelphia: Mosby, Inc., 2006, pp 255-271.
- ❖ Krane EJ, Phillip BM, Yeh KK, Domino KB. **Anesthesia for Neurosurgery**. In Motoyama EK and Davis PR (Eds), Smith's *Anesthesia for Infants and Children*, 7th ed. Philadelphia: Mosby, Inc., 2006, pp 651-684.



ARTICLES

- ❖ Angelotti T, Weiss EL, Lemmens HJM, and Brock-Utne JG. **Verification of endotracheal tube placement by pre-hospital providers: is a portable fiberoptic bronchoscope of value?** *Air Medical Journal* Vol. 5(2) 2006:74-80.
- ❖ Chow JL, Brock-Utne JG. **Minimizing the incidence of heparin induced thrombocytopenia. To heparinize or not to heparinize vascular access?** *Paediatric Anaesthesia* 15. 1037-1040. 2005
- ❖ Angelotti T, Lemmens HJM, Brock-Utne JG. **Ventilation of ET placement by pre-hospital providers. Is a portable bronchoscope of value?** *Air Medical Journal* 25.2-8. 2006
- ❖ Sharek PJ, Wayman K, Lin E, Strichartz D, Sentivany-Collins S, Good J, Esquivel C, Brown M, Cox K. **Improved pain management in pediatric postoperative liver transplant patients using parental education and non-pharmacologic interventions.** *Pediatric Transplantation* 2006:10:172-177.

- ❖ Angst MS and Clark JD. **Opioid-induced hyperalgesia: a qualitative systematic review.** *Anesthesiology*. 2006 Mar; 104(3):570-587.
- ❖ Egger Halbeis CB, Macario A: **Factors affecting supply and demand of anesthesiologists in Western Europe** *Curr Opin Anaesthesiol* 2006 Apr; 19(2):207-12.

INVITED TALKS

- ❖ John Brock-Utne, MD, PhD lectured on **When Clinical Research Goes Wrong** February 10, 2006 to the Department of Anesthesia, University of Berlin, Virchow-Klinikum campus.
- ❖ Steven Shafer, MD spoke on **Drug Interactions and Anesthetic Mechanisms and Critical Thinking in Anesthesia** in February at the Royal Prince Alfred Hospital, Sydney, Australia.
- ❖ Steven Shafer, MD, as Jobson Visiting Professor spoke in March 2006 on three topics: **Models of Drug Behavior, Lessons Learnt from the COX-2 Story, and The Future of Analgesia Drug Development** in Australia.
- ❖ Elliott Krane, MD gave grand rounds on **Sedation of Pediatric Patients** March 1, 2006 at St. Joseph's Hospital, Stockton, CA. He also gave grand rounds on **Pain Management of the Child** March 20, 2006 at Kaiser Permanente, Pleasanton, CA.
- ❖ Sean Mackey, MD, PhD gave Grand Rounds on **The Strain in Pain Lies Mainly in the Brain —Insights into Pain through Neuroimaging** on March 9, 2006 at Stanford's Internal Medicine Department.
- ❖ Steven Shafer, MD as Crawford Long Visiting Professor spoke on **The Future of Analgesia Drug Development** in March 2006 at Emory University in Atlanta, GA.

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**PUBLICATIONS, TALKS, CONFERENCES, HONORS
CONTINUED**

INVITED TALKS CONTINUED

- ❖ Steven Shafer, MD spoke March 2006 at the IARS annual conference on three topics: *How to Write a Manuscript*, *Three Approaches to an Elegant Anesthetic*, and *The Future of Analgesic Pharmacology* in San Francisco, CA.
- ❖ Andrew J. Patterson, MD, PhD gave grand rounds on *Vasoactive Therapy in Critically Ill Patients: Things that Make the Blood Pressure Go Down* April 12, 2006 at Stanford's University Emergency Medicine Department.
- ❖ Steven Shafer, MD spoke on *Mechanistic Pharmacokinetics: Compartmental Models, Non-parametric PK/PD* in April 2006 at the Advanced PK/PD Workshop in St. Moritz, Switzerland.
- ❖ Steven Shafer, MD spoke on *Critical Thinking in Anesthesia* to the Society of Cardiovascular Anesthesiologists in May 2006 in San Diego, CA.
- ❖ Steven Shafer, MD spoke May 2006 at the Society of Ambulatory Anesthesia on two topics: *Debate: The Black Box Black Box Warning on Droperidol is Justified (PRO)* and *Opioids and Hypnotics in Geriatric Ambulatory Surgery Patients* in Washington DC.
- ❖ Steven Shafer, MD gave the Dannemiller Lectures on four topics: *Fundamentals of Clinical Pharmacology in Anesthesia*, *The Clinical Pharmacology of Opioids*, *The Clinical Pharmacology of Hypnotics and Sedatives*, *Drug Interactions in Anesthesia* May 2006 in Chicago, IL.
- ❖ Steven Shafer, MD spoke on *Critical Thinking in Anesthesia* in May 2006 at SUNY Stony Brook, New York.
- ❖ Andrew J. Patterson, MD, PhD spoke on *Arrhythmias and Amiodarone: Magic Bullet or Sledgehammer?* May 2, 2006 at the Society of Cardiovascular Anesthesiologists Annual Meeting. San Diego.

- ❖ Sean Mackey, MD, PhD spoke on *Pain and the Brain: What has Neuroimaging Taught Us?* and *Pathophysiology and Prevalence of Pain and Depression* May 3-6, 2006 at the American Pain Society Meeting.

CONFERENCES

The Stanford University Department of Anesthesia sponsored the *19th Annual Anesthesia Update* at Copper Mountain, CO March 5-10, 2006. Myer Rosenthal, MD and Andrew J. Patterson, MD., PhD co-chaired the event. Several speakers from Stanford and other academic institutions lectured. Attendees also enjoyed skiing and other winter activities.

Guest Faculty

- Gregory Crosby, MD
Associate Professor of Anesthesiology
Harvard Medical School
- Mark Rosen, MD
Professor of Anesthesia and Perioperative Care
Professor of Obstetrics, Gynecology, and Reproductive Sciences
University of California San Francisco
- Steven Tosone, MD
Assistant Professor of Anesthesiology
Emory University School of Medicine

Stanford Faculty

- Myer Rosenthal, MD
Professor of Anesthesia, Medicine, and Surgery
 - Andrew J. Patterson, MD, PhD
Associate Professor of Anesthesia
 - Ronald G. Pearl, MD, PhD
Professor and Chairman
Department of Anesthesia
 - Clifford Schmiessing, MD
Assistant Professor of Anesthesia
-

**PUBLICATIONS, TALKS, CONFERENCES, HONORS
CONTINUED**

CONFERENCES CONTINUED

Chandra Ramamoorthy, MD, spoke on *Evidence-based Use of Brain Natriuretic Peptide as a Prognostic Indicator and Marker of Clinical Outcome in Children with Heart Disease* at the cardiovascular anesthesiologists' meeting on April 29, 2006 in San Diego, CA.

Stanford's OB anesthesia group was well-represented at the *2006 Society of Obstetric Anesthesia and Perinatology (SOAP)* meeting April 26-30, 2006 in Hollywood, Florida. Presentations and awards were as follows:

- ❖ Alex Butwick, MD, won the Gertie Marx award for best paper by a fellow.
- ❖ Brendan Carvalho, MD, was on the panel *Obstetric Anesthesia and Co-existing Diseases*, lecturing on *Cardiac Disease in the Pregnant Patient*.
- ❖ Butwick AJ, van der Starre P, Carvalho B. *Effects of crystalloid and colloid preloads on coagulation assessed by thromboelastography in parturients prior to elective cesarean section.*
- ❖ Horstman DJ, Butwick AJ, Riley ET, Carvalho B. *Evaluation of a high-risk obstetric anesthetic clinic based in a large tertiary obstetric referral center.*
- ❖ Campitelli V, Butwick AJ, Carvalho B, Riley ET. *Oxytocin requirements at cesarean section: An opinion-based survey of obstetricians.*
- ❖ Carvalho B, Sarna S, Cohen SE. *The effect of formal patient education on patient-controlled epidural analgesia during labor.*
- ❖ Carvalho B, Saxena A, Butwick AJ, Macario A. *Anesthetic interventions during vaginal twin deliveries.*

- ❖ Campitelli V, Carvalho B, Roland L, Riley ET. *Anesthesia management of a parturient with arrhythmogenic right ventricular dysplasia and an implantable cardiac defibrillator undergoing cesarean delivery.*
- ❖ Roland L, Collins J, Carvalho B. *Epidural labor analgesia in a patient with pemphigoid gestationis.*
- ❖ Butwick AJ, Kolz ML, Riley ET. *Uterine inversion and postpartum hemorrhage treated with recombinant factor VIIA.*
- ❖ Ed Riley, MD, moderated a poster section.

HONORS

Chandra Ramamoorthy, MD, was elected Vice President of the newly formed Congenital Cardiac Anesthesia Society (CCAS), an affiliate of the Society for Pediatric Anesthesia (SPA). See www.peds*anesthesia*.org and its links. In March 2007 CCAS and SPA will co-host an all-day meeting on topics of interest pediatric cardiac anesthesiologists worldwide.

UPCOMING EVENTS

- ❖ June 10 Residents' Farewell Dinner, Sheraton, Palo Alto, 625 El Camino Real, Palo Alto
- ❖ July 9 Residents' Welcome Brunch, Palo Alto Hills Golf & Country Club, 3000 Alexis Drive, Palo Alto
- ❖ Oct. 15 Stanford Anesthesia Alumni Association Reception, Chicago, IL
- ❖ Dec. 16 Annual Anesthesia Holiday Reception Stanford Faculty Club, Mayfield Avenue, Stanford

**CONGRATULATIONS, DR. SERGIO ESTRADA
RESIDENT-OF-THE-MONTH, APRIL 2006**



**CONGRATULATIONS, DR. JONAY HILL
ATTENDING-OF-THE-MONTH, APRIL 2006**



Resident responses:

“Dr. Hill is a pleasure to work with and learn from. She provides the perfect balance between attending guidance/ supervision and resident autonomy.”

“A day working with her doesn't really seem like work.”

“I now model my patient interactions after how Dr. Hill performs them.”

2006-2007 CHIEF RESIDENTS

Jennifer Markus, Eric Smith, and Chris Thu have been selected chief residents for next year. In congratulating them, Ron Pearl said, “I am confident they will provide superb leadership. All seven candidates for chief resident had strong support from both the residents and the faculty, and I want to thank all the candidates for being willing to serve in this important role.”



Jennifer Markus



Eric Smith



Chris Thu

BABIES

Sabrina Maria Phillip, daughter of Bridget Marchetti Philip (Anesthesia residency graduate June 2004 and Chief Resident 2003-2004), was born February 5th, 2006 at Packard. She weighed 7 lbs, 14 ounces and was 20 inches long. “Scott Jensen did the best epidural I could have ever asked for and the rest of my team, Martin Angst, Steve Lipman, and Shauna McDaniels, were unbelievable too! Thanks to everyone that helped me get through 26 hours of labor!”



Since leaving Stanford’s residency program, Sabrina did a pediatric anesthesia fellowship at Packard from 2004-2005. She is now full-time Attending at the Santa Clara Valley Medical Center and Adjunct Clinical Faculty at Stanford and Packard.

Kelly Adams delivered Kira Adams at 5:32 pm on Wednesday, March 1, 2006. She weighed 7 lbs and was 20 inches long. Kelly, Larry, Ty, and baby Kira are all doing well.



Felix Sebastian Halbeis, son of Chris Egger and his wife, Regula Halbeis, was born March 25, 2006 at Packard. He was 47cm long and weighed 2687g.



BABIES CONTINUED

J. Kent Garman, MD, MS (Mgmt) and his wife, Judy are delighted to announce the birth of their new, twin grandchildren April 29 in Denver, Colorado—the fourth and fifth for the



grandparents. Nadya Helen weighed 5 lbs, 9 oz, and Cody Francis 5 lbs, 12 oz. Mother and babies are doing very well after a C-section.

Vanila Singh and her husband are pleased to announce the arrival of their daughter, Raina Devi Singh, born March 25, 2006. She weighed 6 lbs 2oz, and measured 18.5 inches long.



THE 4TH ANNUAL ANESTHESIA GOLF TOURNAMENT

Sunday 30th April 2006 a total of 20 people associated with the department in some way or another carried their golf clubs onto the Stanford Golf course. I had a lot of enquires this year and managed to accommodate most. One person who wanted to bring his dog with his own golf club was rejected. There is no prize for guessing the identity of *that* Attending. As it turned out, the weather was fantastic after so much rain. The course was at times difficult, since the rough was very rough. One person had to have a pit stop for more golf balls.

The format of this so-called tournament is a scramble. The 5 teams of 4 players were randomly selected with a computer program specially designed for this purpose. Every team had to use at least 3 drives from each of the 4 players. All players therefore teed off, and the best ball was selected. All the players then hit or putt from that position until the ball was holed out. In other words, there was very little pressure on individual players.

The winning team—with a score of 65—was Dr. Stephen King, his wife Diane, Dr. Barry Waddell (a previous chief resident, who won the first tournament in 2002) and Dr. Jen Eng (the transitional internship program director at the Valley). Since the par for the course is 71, they shot 6 under. Second place went to Dr. Scott Rudy (this year's chief resident and who had won this tournament 2 times before), Dr. Michael Bigelow (a previous resident who has been to every tournament), Ivar Brock-Utne (youngest son) and ego, with a score of 66. Longest drive went to Scott, while Dr. Sherma Zacharias (ICU fellow) won the longest drive for the women. Sue Brock-Utne got closest to the pin on the 8th hole.

After everyone had finished playing (we started at 10 min. intervals from 1:40 pm), we assembled on the patio overlooking the 18th green. The prize-giving was the usual chaos, but everyone who should have gotten a prize got one. Foods and drinks were provided and the company became

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GOLF TOURNAMENT CONTINUED

more and more lively. Our thanks for the generous donation towards part of the expenses goes to ESP Pharma.

So let's hope we can do this again next year. Sharpen your clubs and bring more balls than you

think you need and we will whack our way around the course once again...

John Brock-Utne, Deputy Greens Keeper
