



European Society of
Regional Anaesthesia & Pain Therapy
(ESRA)

Historical Vignettes & Milestones, 1980 – 2024 Over 40 Years of History and Continuing to Thrive!!!

Prague, September 2024

European Society of Regional Anaesthesia & Pain Therapy (ESRA)

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DEDICATION

«A people without the Knowledge of their
Past History, Origin and Culture,
is like a Tree Without Roots»

Marcus Mosiah Garvey Jr, 1887 – 1940

This booklet on ESRA milestones is devoted to the «Founding Fathers» of the Society, those inspired and enthusiastic individuals, that paved the pathway and «wrote» the history. It is also dedicated to the younger generations of Regional Anaesthesiologists and Pain Physicians, who aspire to identify, unfold, understand and trace this history, develop a deep connection with the pioneers, align with their objectives, and share their goals and vision, to authentically convey their perspectives.

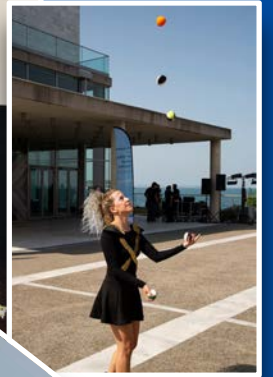
**European Society of
Regional Anaesthesia & Pain Therapy (ESRA)**

**Over 40 Years of History and
Continuing to Thrive !!!**



ESRA is a Family ...





ESRA is Inspiring ...



ESRA World Congress 2023

PREAMBLE – PREFACE

The European Society of Regional Anaesthesia and Pain Therapy (ESRA) was founded in 1980 by enthusiastic individuals, who shared a common mission, vision and talent to create the society. Inspired, but also influenced by the earlier revival of the American Society of Regional Anesthesia (ASRA), the unique structure of ESRA was designed to accommodate the diversity of languages and the different health care systems in Europe. The idea originated from the first officers of ASRA Pain Medicine and some key figures, who were well acquainted and highly connected throughout Europe, both professionally and personally. These individuals encouraged and supported the European Key Opinion Leaders of the time, to start establishing a European Society of Regional Anaesthesia.

Over the past 44 years of research and clinical advances, ESRA grew from strength to strength, increasing the number of its members and implementing a variety of important educational initiatives, the story of which is the focus of this booklet. From its inception, ESRA's prime function was to publicize the evidence on Regional Anaesthesia (RA) and encourage its further development. Additionally, ESRA pioneered and led the way in democratizing European Anaesthesia Societies, by being the first to open its membership to all. The revision of its constitution 15 years ago has further enhanced the society's democratic nature. ESRA educational activities have expanded from a single Annual Congress to include zonal meetings, cadaver workshops, monothematic meetings, a major online program, and collaborations with other societies, via the development of guidelines and the co-organization of conferences. Notably, ESRA introduced and established two novel Diploma qualifications, one in Regional Anaesthesia (ESRA-DRA / former EDRA) and one in Pain Medicine (ESRA-DPM / former EDPM), in 2006 and 2017, respectively.

Honouring its history and cherishing its heritage, ESRA nowadays represents a dynamic organization that shares the passion of its predecessors for advancing education, scientific research and training in Regional Anaesthesia (RA), Perioperative Care, PoCUS and Pain Medicine (PM). While its origins are rooted in Europe, ESRA has evolved into a global network, currently embracing more than 8.000 active members and reaching an audience of more than 30,000 trainees, specialists, and nurses across the globe. As an international community, with a reputation for innovation, diversity and inclusion, its mission transcends geographical boundaries, offering invaluable opportunities to medical professionals worldwide, with the commitment to support them throughout the transform of their professional journey.

The first ESRA meeting took place in Edinburgh, in 1982. Since then, it has become a tradition for ESRA to organize its congress annually, in parallel to a variety of well-established or newly introduced innovative educational activities. In September 2023, ESRA hosted the 6th World Congress of Regional Anaesthesia and Pain Medicine (6th WCRAPM), in the enchanting city of Paris, as a joint meeting with the 40th ESRA Annual Congress. Joining collaborative efforts with all continental sister societies (ASRA Pain Medicine, AFSRA, LASRA, AFSRA and AORAPM), the impressive numbers of more than 3.000 Delegates and more than 320 Faculty Members & worldwide Key Opinion Leaders were achieved. An expanded, high-quality scientific content was offered to all participants, in parallel with a great family atmosphere, combined with networking, interactivity, knowledge sharing and exchange of new ideas.

In January 2024, ESRA launched the 1st World Day and 1st World Week of Regional Anaesthesia and Pain Medicine, gathering more than 14.000 participants in more than 150 cities across all continents. These activities were not just another ESRA event; they showcased that, in the rapidly evolving landscape of healthcare, deepening partnerships is the cornerstone, upon which we can close gaps, build bridges, learn from each other, support fundamental changes and establish progress.

The conclusion of the 6th WCRAPM, the 1st World Day & 1st World Week of Regional Anaesthesia and Pain Medicine, along with the current 41st ESRA Annual Congress taking place in Prague, in September 2024, inspired us to introduce this booklet. Our goal was to chronicle the development of ESRA from its infancy through adolescence and into adulthood, commemorating the society activities, and documenting its progress towards its goals accomplishment. In addition, this booklet highlights the dedicated efforts of all ESRA members to further advance the strategic priorities of the society, and represents a timely reflection on ESRA structure, history, timeline, key trends and milestones to date. Throughout this endeavor, great care has been taken to allow ESRA key members unfold their experiences and perspectives, wherever possible. At this step, it is also appropriate to acknowledge the contributions of various ESRA family members, who generously contributed their reflections to this narrative. These include, but are not limited to, Mathieu Gielen (The Netherlands), Giorgio Ivani (Italy), Barry Fischer (UK), Patrick Narchi (France), Marc Van De Velde (Belgium), Alain Delbos (France), Jose De Andres (Spain), Thomas Volk (Germany) and many others that have furthered the ESRA achievements through its whole existence. Heartfelt thanks need to go to the ESRA Office Team, for their valuable efforts throughout the editing process.

We hope that the future ESRA members will keep a copy of this booklet, to reflect back on the dedicated work of ESRA members and leaders over time. We also hope that the story of the society will inspire future regional anaesthesiologists and pain physicians to pursue new breakthroughs in our fields. ESRA has evolved from a rather small group of highly motivated and inspired leaders, the society founding «fathers», to a world-class association of healthcare professionals dedicated to transform and elevate the quality of care. It has been a fascinating journey so far, and we look forward to seeing where it takes us in the future.

The Editorial Team

Slobodan Gligorijevic
Eleni Moka,
Narinder Rawal
Athina Vadalouka
Andre Van Zundert

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MESSAGE FROM THE PRESIDENT OF ESRA

The European Society of Regional Anaesthesia and Pain Therapy (ESRA) was founded in 1980. In June 2022, in the aftermath of the COVID pandemic, the Society organized its Annual Congress, in my home country, in Thessaloniki, Greece, and celebrated 40 years since its 1st meeting, that took place in Edinburgh in 1982. The following year, ESRA hosted the 6th World Congress of Regional Anaesthesia and Pain Medicine (6th WCRAPM), as a joint meeting with the 40th ESRA Annual Congress, culminating its celebrations, in the enchanting city of Paris, France, in September 2023. In an effort to commemorate the achievements and evolution of ESRA over time, the society decided to establish a dedicated ESRA History Working Group (WG), comprising by Past and Current Major Officers of ESRA. The ESRA Executive Board also decided to release this special booklet, gathering memories, unfolding a timeline of milestones, events and historical material, and featuring a series of testimonies, that reflect the advances and contributions achieved by ESRA and its members over the past 44 years, since its establishment. As the current ESRA President, it is with great privilege and honour to welcome you to this historical journey. This booklet represents a testament to the remarkable journey of our organization, a journey that has transformed the landscape of Regional Anaesthesia (RA) & Pain Medicine (PM) across Europe and beyond.

In 1980, a group of visionary anaesthesiologists came together as an interdisciplinary group of experts, and being inspired by the pioneering spirit of the American Society of Regional Anesthesia (ASRA), established a dedicated European society that would champion the advancements of RA and Pain Management. They envisioned an egalitarian, interdisciplinary, and European forum to improve knowledge, education, and patient care with the application of RA to surgical patients. Those early pioneers, driven by a shared commitment to improving patient outcomes and elevating clinical practices, laid the foundation for what has become ESRA – a thriving community of professionals dedicated to advancing the field. Over the past 44 years, ESRA has grown from an emerging organization to a global force in RA & PM. Its commitment to education, research, and advocacy has fostered a culture of innovation and excellence. It has championed the development of evidence-based guidelines, fostered collaborative research initiatives, and spearheaded the creation of robust educational programs.

As we embark on this historical journey, I invite you to reflect on the dedication and passion of those who came before us. Their vision has paved the way for the advancements we enjoy today. Let us build upon their legacy, embracing innovation and fostering a vibrant community that continues to drive progress in the fields of RA & PM. Together, we will continue to shape the future of ESRA, ensuring that our organization remains a beacon of excellence, a driving force for innovation, and a champion for patient-centered care. Before we start travelling through these historical elements, highlighting over 40 years of advancements in RA and PM by ESRA, I would like to deeply thank the editorial team, Sobodan Glogorijevic, Narinder Rawal, Athina Vadalouka and Andre Van Zundert, that contributed substantially to make this booklet a reality, but also all the colleagues and collaborators, including Aline Christen, Jeremy Ryckebush, and Anna Balatska from the ESRA Office Team, that devoted their personal time to this special issue.

Eleni Moka, Greece
ESRA President (2023–2026)

INTRODUCTION

The European Society of Regional Anaesthesia (ESRA) is a tapestry woven with threads of dedication, innovation, and collaboration. It is a story of how a shared vision to advance RA & PM blossomed into a thriving community of professionals dedicated to improving patient care across Europe and beyond. This booklet offers a glimpse into the unfolding of that story, a journey that began in the late 1970s with a handful of pioneers who dreamt of a unified European voice for RA. Through their efforts, ESRA emerged, driven by a commitment to research, education, and a passion for enhancing the field.

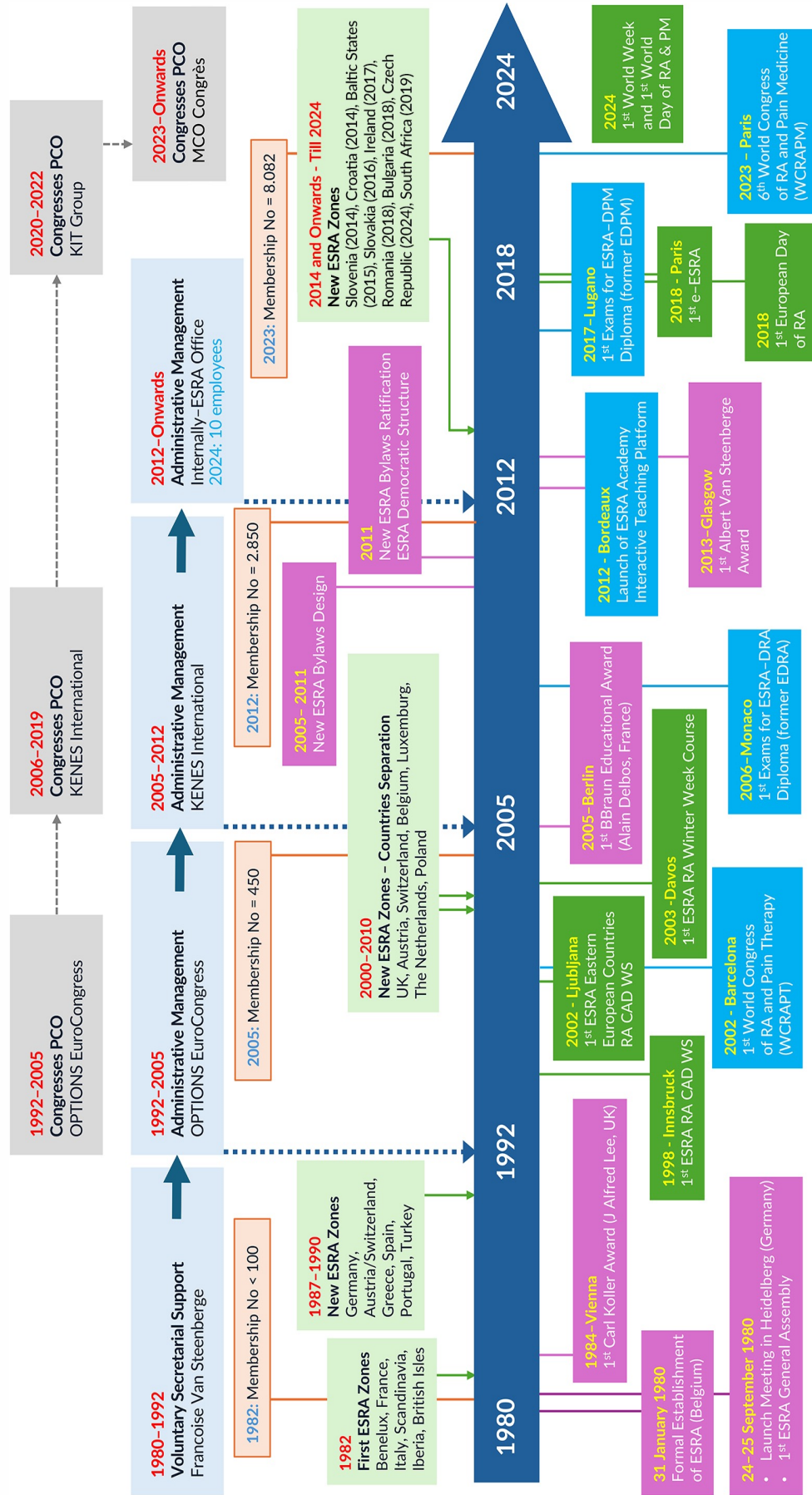
As you turn the pages of this booklet, you will witness the remarkable evolution of ESRA. You will encounter the individuals who have shaped our history – the pioneers who laid the foundation, the leaders who guided our growth, and the countless practitioners who have embraced ESRA mission. You will delve into the development of our educational programs, the tireless pursuit of evidence-based practices, and the establishment of international collaborations, that have transformed the field. You will discover how our commitment to excellence has resulted in a legacy of innovation and progress, a legacy that continues to shape the future of RA.

This is not simply a chronicle of events; it is a celebration of the enduring spirit of ESRA. It is a testament to the collective efforts of our members, who have worked tirelessly to create a community where knowledge is shared, skills are honed, and patient care is prioritized. By unfolding these pages, one may discover how a vision became a reality, how a dream evolved into a legacy. This is the story of ESRA, a story that continues to unfold, chapter by chapter, with each generation of dedicated professionals contributing to its rich tapestry.

ESRA was the first European Anaesthesia organization to warmly welcome anyone interested in its subject, quickly establishing itself as a major resource for practitioners of RA. In tribute to the Edinburgh inaugural meeting, we aim to present the history of ESRA in the following pages, highlighting key events, focusing on milestones, and acknowledging the individuals who propelled the society forward. This booklet is based on personal reminiscences of the Editorial Team and other senior members of the society, archived records, and relevant published literature, especially the article of Andre Van Zundert & JAW Wildsmith published in RAPM in 2013 with major events being summarized in Figure 1.



Figure 1. ESRA Timeline & Milestones over Time



CHAPTER 1.

The birth of ESRA.

Early Beginnings & The Need for a Unified Regional Anaesthesia Platform in Europe

In the decade of 1970s, the field of RA was re-gaining significant recognition for its numerous benefits in surgical procedures and pain management. RA was re-emerging as an appealing and promising alternative, offering several benefits, that were becoming increasingly apparent to the medical community. This era marked a pivotal moment in the history of Anaesthesia, as practitioners and researchers alike started to delve deeper into the advantages of RA over the more traditional General Anaesthesia (GA). This approach led to fewer complications and systemic side effects, such as postoperative nausea and vomiting, which were commonly associated with GA. Additionally, unlike GA, RA was found to provide superior pain control both during and after surgery, reducing the need for opioid analgesics and their associated risks.

Despite its clear benefits, the widespread adoption of RA faced several challenges. The techniques involved in RA were often more complex and required a higher degree of skill and precision compared to GA. Anaesthesiologists needed to be proficient in identifying anatomical landmarks and administering central neuraxial and peripheral nerve blocks accurately, which necessitated specialized training and continuous education. As the interest in RA grew, so did the demand for platforms where European practitioners could share their knowledge, experiences, advancements, and techniques specific to RA. However, in the 1970s, there was a notable lack of such a unified forum within Europe. Anaesthesiologists were often working in isolation, developing techniques and protocols independently, without a standardized framework or a collaborative community to turn to for guidance and support.

The Birth of a Vision & The Inception of ESRA

Recognizing this gap, a group of visionary European anaesthesiologists began to advocate for the establishment of a dedicated European RA organization. They envisioned a society that would not only facilitate knowledge and expertise sharing, but also promote research, set standards, and provide high-quality education and training in RA for anaesthesiologists across Europe. This led to the inception of the idea to create the European Society of Regional Anaesthesia (ESRA), aimed at unifying practitioners, advancing RA techniques, and improving patient care through collaboration and continuous learning across Europe. The genesis of ESRA can be traced back to the mid 1970s, a period marked by renewed interest in RA techniques.

The European Spirit & The American Influence and Support

The history of RA in the United States has been instrumental in shaping the field worldwide, serving as a foundational influence and a direct inspiration on the formation of ESRA. Much like other RA societies, ESRA, in its origin, followed the model of the American Society of Regional Anesthesia (ASRA). Drawing heavily on ASRA foundational framework and objectives, ESRA adopted similar structures, which have contributed to shaping its unique mission within Europe.

This alignment with ASRA operational paradigms allowed ESRA to effectively adopt, adapt, incorporate and tailor successful strategies from its American counterpart, facilitating the creation of a robust foundation for promoting and advancing RA practices across Europe. This transatlantic influence underscores the early collaborative nature of medical advancements in RA between the US and Europe.

Formed originally by Louis Gaston Labat in 1923 (Figure 2), ASRA faded, soon after his death in 1934, with its efforts being hampered, and is believed to have dissolved informally, as a result of the difficulties of meeting during World War II.

It was revived though some decades later, as the interest in RA techniques grew in the early 1970s, primarily spearheaded by the initiatives of Alon P. Winnie from Chicago, who revitalized the field and provided a blueprint for a similar organization in Europe. These efforts were also strongly supported by Prithvi Raj (USA), who was an ASRA Director – at – Large, back in those years (Figure 3).

Alon P. Winnie, an influential figure in the field and often referred to as the «Father» of modern RA, played a pivotal role in advocating for the establishment of a dedicated society in the American territory. In addition, his groundbreaking work and commitment to education influenced many anaesthesiologists across Europe to consider the importance of collaboration and knowledge sharing. He was inspired and assembled a small group of like-minded individuals, to serve as the ASRA first Officers, and, in 1975, these 5 «Founding Fathers» drafted the original ASRA bylaws, which included a requirement to form an Advisory Board (Table 1).

These early pioneers laid the groundwork for RA, by developing techniques and practices that would eventually influence anaesthesiologists worldwide. Their global connections also played a critical role in fostering international collaborations. In this context, they encouraged and supported several distinguished and brilliant minds in Europe to establish ESRA, drawing on their extensive personal and professional networks and connections across the continent.



Figure 2.
Louis Gaston Labat
(1876 – 1934)



A



B

Figure 3.
A. Alon P. Winnie, the Founding Father of Modern RA (1932–2015)
B. Prithvi Raj (1931–2016)

Table 1.

ASRA «Founding Fathers» & Key Figures who Encouraged, Supported and Were Involved in the Establishment of ESRA

ASRA Officers

- President: Alon P. Winnie
- Vice-President: Donald Bridenbaugh
- Secretary-Treasurer: Harold Carron
- Director At Large: Jordan P. Katz
- Director At Large: P. Prithvi Raj

ASRA Advisory Board

- John J. Bonica
- Daniel C. Moore
- Benjamin G. Covino
- Philip R. Bromage
- Pere C. Lund
- Monroe Trut

ASRA Executive Secretary: John Hinckley

For instance, Benjamin G. Covino (USA), who would later become the Senior Vice-President for Scientific Affairs at the American branch of the Swedish pharmaceutical company ASTRA, leveraged his extensive European contacts to aid in founding ESRA. His close professional and personal ties with many European anaesthesiologists, notably with his friend Donald Bruce Scott (Figure 4), with whom he worked in Edinburgh in 1976, proved crucial. Benjamin G. Covino's encouragement was instrumental in prompting Donald Bruce Scott, who would later serve as the first President of ESRA, to spearhead the creation of a dedicated European Society for RA.

The ASRA inaugural scientific meeting in 1976 marked the first significant eastward link across the Atlantic, leading directly to the 1978 Annual Meeting of the British Obstetric Anaesthetists Association, held in Edinburgh on September 1st, just before the Fifth (5th) European Congress of Anaesthesiology in Paris. While the identity of the first European-based anaesthesiologist, who made the first westward connection by attending an ASRA scientific meeting is unknown, several prominent figures, including Donald Bruce Scott (Edinburgh, UK), Hans Nolte (Minden, Germany), and John Anthony Winston (Tony) Wildsmith (Dundee, UK), were present at the Fourth (4th) ASRA Annual Meeting, that took place in Orlando, Florida, in 1979. This gathering highlighted the growing transatlantic collaboration and exchange within the field of RA. Soon after, they visited Benjamin G. Covino, at the University of Worcester, Massachusetts, in the United States. In informal discussions, he encouraged the formation of a European society, which was established in January 1980. Subsequently, Hans Nolte was in touch with ASRA, inviting the American Group to sponsor a RA Conference in his country.

ASRA agreed and organized its inaugural Scientific Meeting in Europe, titled "Regional Anaesthesia Update 1980", in Heidelberg, Western Germany, from September 22-25, 1980. The event was held in the historic conference hall, where Carl Koller first announced the discovery of the local actions of cocaine to the world (Figure 5). Prompted at the request of Hans Nolte, the meeting served as an International Symposium & Satellite Meeting concurrent with the Seventh (7th) World Congress of Anaesthesiology, that was held in Hamburg, Germany, from September 14-21, 1980. John Hinckley (First Executive Secretary of ASRA), who supported substantially the early development of ESRA, played a key role in overseeing the organization of the conference. P. Raj was also active with this meeting's idea, and further inspired the European KOL.

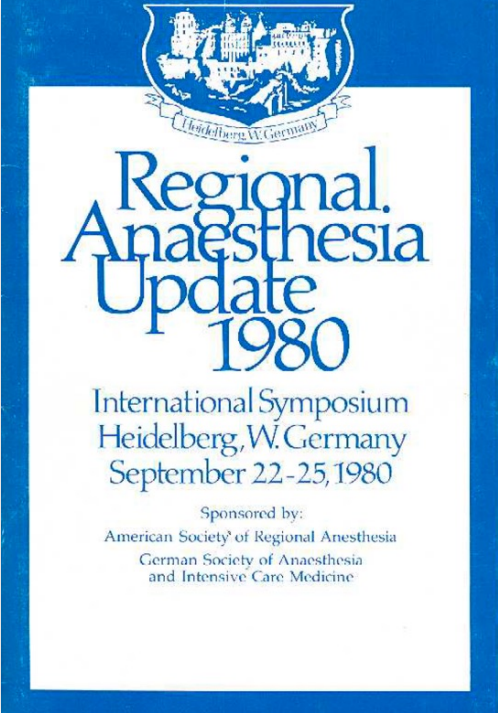


Figure 4.
A. Donald Bruce Scott, the Founding President of ESRA (1925 - 1998)
B. Donald Bruce Scott, with his wife Joan, after his retirement

The meeting faculty comprised all who had been involved with the formation of ASRA (Table 1), alongside many prominent figures from Europe and beyond. The Heidelberg meeting was well attended and attracted leading American anaesthesiologists who were staunch advocates of RA, along with notable European attendees, including Bruce Scott (UK), Arno Hollmen (Finland), Ottheinz (Otto) Schulte-Steinberg (Germany), and Albert Van Steenberge (Belgium). During this event, ASRA Board Members successfully persuaded their European colleagues to begin organizing their own RA meetings. Sponsored by ASRA and the German Society of Anaesthesia and Intensive Care Medicine, the meeting also obtained substantial financial support, in the form of educational grants, from several industrial sponsors, such as ASTRA Pharmaceutical Products Inc and Penwalt Rx Division of the United States, as well as Bayer AG, Dr E Fresenius, Fa Biotest-Serum Inst GmbH, and ICI-Deutschland, all situated in Germany.

Figure 5.

The Scientific Program of the 1st International Symposium – Conference on RA, held in Europe, in Heidelberg, in September 1980 (copy of Dag Selander). A look at the scientific programme shows that some of the most iconic names in RA participated in that meeting.



Scientific Session
Tuesday, September 23

8.00 - 8.20 hrs. **Welcome**
Prof. Dr. Med. Rudolph Frey
Official Representative, German Society of Anaesthesia and Intensive Care Medicine
Dr. L. Donald Bridenbaugh
President, American Society of Regional Anesthesia

8.20 - 9.00 hrs. **Global Role of Regional Anesthesia**
J. Bonica, USA

9.00 - 12.30 hrs. **Basic Aspects of Local Anesthetics**
Chairman: *B. J. Covino, USA*
Pharmacodynamic Aspects of Local Anesthetics
B. J. Covino, USA
Physiological Disposition of Local Anesthetics
J. B. Lofström, Sweden
Neurotoxicity of Local Anesthesia
D. F. Selander, Sweden

10.00 - 10.30 hrs. Coffee
Cardiovascular Effects of Local Anesthetics
D. B. Scott, Scotland
CNS Effects of Local Anesthetics
R. de Jong, USA
Discussion

Lunch 12.30 - 14.00 hrs.

14.00 - 17.00 hrs. **Surgical Regional Anesthesia — Peripheral Blocks**
Chairman: *H. Nolte, GFR*
Brachial Plexus Blockade —
P. P. Raj, USA
Lumbosacral Plexus Blockade —
A. P. Winnie, USA

15.00 - 15.30 hrs. Coffee
Differential Peripheral Nerve Blocks
H. Nolte, GFR
Intercostal Blocks
L. D. Bridenbaugh, USA
Discussion

Scientific Session
Wednesday, September 24

8.30 - 12.00 hrs. **Surgical Regional Anesthesia — Central Neural Blocks**
Chairman: *H. Bergmann, Austria*
Site of Action of Epidural and Spinal Anesthesia
P. Bromage, USA
Techniques of Intra and Extradural Blocks
P. Lund, USA
Agents for Spinal and Epidural Blocks — European View
H. C. Niesel, GFR

10.00 - 10.30 hrs. Coffee
Agents for Spinal and Epidural Blocks — American View
P. Bridenbaugh, USA
Iso, Hypo and Hyperbaric Spinal Anesthesia
H. Bergmann, Austria
Complications of Spinal and Epidural Anesthesia
M. Stanton-Hicks, USA
Discussion

Lunch 12.00 - 13.30 hrs.

13.30 - 17.30 hrs. **Obstetrical Regional Anesthesia**
Chairman: *J. S. Crawford, England*
Lumbar Epidural Anesthesia for Labor
J. S. Crawford, England
Caudal and Spinal Anesthesia for Obstetrics
D. C. Moore, USA
Regional Anesthesia for Caesarean Section
A. I. Hollmén, Finland

15.00 - 15.30 hrs. Coffee
Placental Transfer of Local Anesthetics
M. Finster, USA
Vasopressors in Obstetrics
S. Schmider, USA
Neurobehavioral Effects of Local Anesthetics and Fetal Resuscitation
G. Ostheimer, USA
Discussion

Scientific Session
Thursday, September 25

8.30 - 12.00 hrs. **Regional Anesthesia for Pain Control**
Chairman: *J. Katz, USA*
Neurolytic Agents
J. Katz, USA
Diagnostic Techniques
R. Boas, New Zealand
Sympathetic Blocks
H. Carron, USA

10.00 - 10.30 hrs. Coffee
Intravertebral Neurolytic Blocks
M. Svedolow, England
Myoneural Blocks
P. P. Raj, USA
Discussion

Lunch 12.00 - 14.00 hrs.

14.00 - 17.30 hrs. **Advances in Local-Regional Anesthesia**
PANEL 1 — Pediatric Regional Anesthesia
Chairman: *O. Schulte-Steinberg, GFR*
Special Aspects of Regional Anesthesia in Children
O. Schulte-Steinberg, M.D., GFR
Sacral Epidural (Caudal) Analgesia in Paediatric Surgery
E. N. Armitage, M.D., England
Nerve Blocks for Pain in Children
H. Carron, M.D., USA
Peripheral Nerve Block in Children
D. C. Moore, M.D., USA

15.30 - 16.00 hrs. Coffee
PANEL 2 — Advances in Intravertebral Opiate Analgesia
Chairman: *A. P. Winnie, USA*
Intravertebral Opiates.
A. P. Winnie, M.D., USA
The Endogenous Opiate System.
R. Boas, M.D., New Zealand
Intravertebral Opiates: Indications, Pharmacokinetics & Complications.
R. R. Watson, M.D., USA
Choice of Technique: Intrathecal or Epidural?
J. Katz, M.D., USA
Choice of Opiate.
P. Bromage, M.D., USA
Intravertebral Opiates: An Advance?
D. B. Scott, M.D., UK
Closing Remarks

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The conference was not only an academic and social success, but also demonstrated and confirmed a robust European interest in such events, in the numbers needed to affirm the viability of forming a dedicated RA society. Equally important, the meeting highlighted the abundance of high-quality European speakers and showcased their capability to organize engaging conference programs and deliver insightful lectures, setting a solid foundation for future gatherings.

The Constitution of ESRA – The «Founding» Fathers

Parallel to the Heidelberg meeting, the foundational efforts for establishing a European Society of RA were in the hands of and spearheaded by Albert Van Steenberge (Belgium). Encouraged by John Bonica (USA), a prominent figure on the ASRA Board, Albert Van Steenberge, who later became the first ESRA Secretary General, was ideally positioned to lead this initiative. Residing in Belgium, the administrative and economical hub of the European Union (former European Economic Community), and fluent in several languages, he was an ideal candidate for orchestrating the formation of the new society. His intensive efforts throughout 1979 culminated in the official foundation, constitution and establishment of ESRA.

ESRA was formally instituted and recognized by a Belgian Royal Decree, signed by King Baudouin, on January 31, 1980, with its initial name being «Society of Regional Anaesthesia, International Association». The organization's «Founding Fathers» were Albert Van Steenberge (Belgium), Hans Nolte (Germany), Arno Hollmen (Finland), Donald Bruce Scott (UK), and Françoise Moore-Van Steenberge (Albert's wife, Belgium), who served as the group's secretary from the first moment and for a long period (Figure 6 & Figure 7). They established an administrative and scientific structure (Figure 8), accommodating Europe's diverse countries, languages, and currencies. During the Heidelberg Meeting, 2 sessions were held to launch ESRA: (a) An «Organizational Meeting», on September 24, 1980, to allow the concept to be discussed informally, and (b) the First «General Assembly», taking place the following day.

The founders of ESRA endorsed enthusiastically and wholeheartedly supported the decision to establish a group, guided by the example of the general principles and core values of ASRA, but also adapting them according to the European needs (Table 2). The society was established with several objectives, including promoting education and research, fostering collaboration among professionals, and improving patient care standards across Europe. As such, it was quickly realized that the administrative structure would need to reflect and accommodate Europe's diverse array of countries, languages, and currencies, to effectively address the continental unique needs.

Figure 6.

The 5 «Founding Fathers» of ESRA: (A) Donald Bruce Scott (Edinburgh, UK), (B) Albert Van Steenberge (Brussels, Belgium), (C) Hans Nolte (Minden, Germany), (D) Arno Hollmen (Oulu, Finland), and (E) Françoise Moore - Van Steenberge (Brussels, Belgium) with her husband Albert



Figure 7.

The «Founding Fathers» of ESRA - Published in «Moniteur Belge», on 15th May 1980

Bijlage tot het *Belgisch Staatsblad* van 15 mei 1980
Annexe au *Moniteur belge* du 15 mai 1980 2339

Le conseil d'administration doit la porter à la connaissance des membres de l'association au moins trois mois à l'avance de la date de l'assemblée qui statuera sur ladite proposition.
L'assemblée ne peut valablement délibérer que si elle réunit les deux tiers des membres présents ou représentés de l'association.
Aucune décision ne sera acquise si elle n'est votée à la majorité des deux tiers des voix.
Toutefois, si cette assemblée générale ne réunit pas les deux tiers des membres de l'association, une nouvelle assemblée générale sera convoquée dans les mêmes conditions que ci-dessus, qui statuera définitivement et valablement sur la proposition en cause quel que soit le nombre des membres présents ou représentés.
Les modifications aux statuts n'auront d'effet qu'après approbation par arrêté royal et qu'après que les conditions de publicité, requises par l'article 3 de la loi du 25 octobre 1919, auront été remplies.
L'assemblée générale fixera le mode de dissolution et de liquidation de l'association.

Art. 18. Tout ce qui n'est pas prévu par les présents statuts et notamment les publications à faire aux annexes au *Moniteur belge*, sera réglé conformément aux dispositions de la loi.

(5123)

N. 5111

**Society of Regional Anaesthesia,
internationale vereniging**
Overijse
Identificatienummer : 5110/80

LIJST VAN DE BEHEERDERS

Dr. Albert Van Steenberge, anesthesist, Vliertjeslaan 11, 1900 Overijse, Belgium.
Professor Hans Nolte, anesthesist, Bismark Strasse 6, 4950 Minden Westfalen, R.F.A.
Professor A.J. Hollmen, anesthesist, Department of Anaesthesia, University of Oulu, Oulu Finland.
Dr. D. Bruce Scott, anesthesist, Department of Anaesthesia, The Royal Infirmary Midlothian, EH3 9YW Edinburgh, Scotland U.K.
Fr. Morre, Vliertjeslaan 11, 1900 Overijse, Belgium.

(5123)

N. 5112

Kamer voor Handel en Nijverheid van Limburg
Hasselt
Identificatienummer : 1193/47

BENOEMINGEN

Op de beheerraadsvergadering, te Hasselt, op 14 februari 1980, werden verkozen :

De heer Jan Baert, tot voorzitter, de heer Armand Neven, tot lid van het directiecomité en de heer Arthur Leroi als gecoöpteerd beheerder.

Op de statutaire ledenvergadering, te Hasselt, op 24 maart 1980, werden verkozen :

De heren Armand Neven en Lambert Geerkens, als effectieve beheerders (sectie nijverheid), de heer Yannick Boes, als eerste suppleant-beheerder de heer J. Vanderputte, als tweede suppleant-beheerder (sectie nijverheid), en de heer Nic Hoffer als eerste suppleant-beheerder (sectie handel).

(Onleesbare handtekening.)

(5126)

N. 5113

**Association de Parents d'Elèves
de l'Ecole communale d'Angre**
7384 Honnelles (Angre)
Numéro d'identification : 2920/79

DEMISSION — NOMINATIONS

Les membres effectifs de l'A.S.B.L. Association de Parents d'Elèves de l'Ecole communale d'Angre, réunis en assemblée générale à Honnelles (Angre) le 10 mars 1980, ont enregistré la démission de Monique Dehondt, administrateur.

Les ont par ailleurs nommé membres du conseil d'administration :

Roland Baudour, électricien, domicilié à Honnelles (Angre), rue de Dour 9, Belge.
Andrée David, sans profession, domiciliée à Honnelles (Angre), rue Polimont 15, Belge.
Emile Debieve, électricien auto, domicilié à Honnelles (Angre), rue Verte Vallée 7, Belge.
Jeanine Mars, sans profession, domiciliée à Honnelles (Onnezies), rue d'Angre 1, Belge.

Ensuite de ces nominations, les fonctions respectives des anciens administrateurs ont été confirmées par ceux-ci.

Certifié exact et transmis au *Moniteur belge* aux fins d'insertion en exécution de l'article 9 de la loi du 27 juin 1921.

La secrétaire, Le président,
(signé) J. Hauret. (signé) A. Pepin.

(5159)

N. 5114

**Patroonsverbond der Textielnijverheid
van Lokeren en Omliggende**
Markt 40
9100 Lokeren
Identificatienummer : 633/30

RAAD VAN BEHEER
Statutaire algemene vergadering van 19 maart 1980

Roger Van der Eecken, nijveraar, te Zele, voorzitter.
Stanislas Cock en Jean Cock, nijveraars, te Lokeren.
Et. De Pourcq, directeur-generaal, te Gent.
Gilbert Haegens, nijveraar, te Zele.
Frans Janssens, nijveraar, te Berlare.
Patrick Massion, nijveraar, te Brussel, beheerders.
Georges Van Doorselaere, hoofdboekhouder, te Lokeren, commissaris.

Voor eensluidend afschrift :

(get.) Etienne Steyaert,
sekretaris-schatbewaarder.

Geregistreerd te Lokeren, één blad geen verzending, de achtentwintigste maart 1980, boek 6/114, blad 30, vak 25. Ontvangen tweehonderd vijftientwintig frank (F 225). De ontvanger, (get.) H. Van Hoye.

(5188)

N. 5115

Gemeenschap van de Zusters Franciskanessen van Gent
Gent
Identificatienummer : 41/21

BENOEMING VAN BEHEERSTER

De leden van de vereniging zonder winstgevend doel : « Gemeenschap van de Zusters Franciskanessen van Gent », te Gent, in buitengewone algemene vergadering bijeengekomen te Gent, de 27e maart 1980, hebben in vervanging van Mevr. Prudentia De Vliegheer, kloosterlinge, wonende te Burst, ontslagneemster, tot lid van de beheerraad benoemd :

Mevr. Cecile Mariette Baele, kloosterlinge, wonende te Aalst.

Ingevolge deze benoeming is de beheerraad van de vereniging samengesteld als volgt :

Z.E.H. Antoon Jozef Vanderhaegen, algemene directeur van de Zusters Franciskanessen van Gent, wonende te Gent, voorzitter.
Mevr. Christiane Marguerite Rombouts, kloosterlinge, wonende te Gent, ondervoorzitter.
Mevr. Cecile Mariette Baele, kloosterlinge, wonende te Aalst.

Dezen hebben onder elkaar als schrijfter-schatbewaarder aangesteld : Mevr. Cecile Mariette Baele, hoger genoemd.

Echt verklaard en overgemaakt aan het *Belgisch Staatsblad* om opgenomen te worden in de Verzameling van de akten betreffende de verenigingen zonder winstgevend doel, in uitvoering van artikel 9 van de wet van 27 juni 1921.

De sekretaresse, De voorzitter,
(get.) C. Baele. (get.) A. Vanderhaegen.

(5127)

Figure 8.

The First Bylaws (Statutes) of ESRA - Published in «Moniteur Belge», on 15th May 1980

Verenigingen zonder winstoogmerk en Instellingen van openbaar nut
Associations sans but lucratif et Etablissements d'utilité publique

2338

Art. 4. De algemene vergadering is bevoegd voor de punten bepaald in artikelen 4 en 12 van de wet. Zij vergadert minstens eenmaal per jaar; zij wordt opgeroepen en functioneert overeenkomstig de artikelen 5 tot 8, 12 en 20 van de wet.

Zij mag beslissingen nemen buiten de agenda, wanneer een punt staande de vergadering wordt voorgelegd en de hoogdringendheid daarvan door twee derde van de stemmen der aanwezige leden wordt aanvaard. De leden kunnen zich door een ander lid laten vertegenwoordigen op de vergadering.

Leden en derden met een wettig belang kunnen van de besluiten van de algemene vergadering afschriften bekomen, ondertekend door twee beheerders.

Art. 5. De vereniging wordt beheerd door een raad van beheer, samengesteld uit ten minste drie leden, door de algemene vergadering voor onbepaalde duur benoemd en te allen tijde door haar afstelbaar.

Art. 6. De raad van beheer vertegenwoordigt en verbindt geldig de vereniging, zonder bijzondere machtiging van de algemene vergadering, in alle gerechtelijke en buitengerechtelijke handelingen, met inbegrip van de beschikkingsdaden en voor alles wat niet tot de bevoegdheid van de algemene vergadering behoort.

De raad van beheer mag in die zin, alle roerende en onroerende handelingen stellen kopen en verkopen, lenen en onlenen, alle handels- en bankverrichtingen stellen, hypotheek geven zelfs met beding van dadelijke uitwinning, hypothecaire handlichting geven, in één woord, de vereniging op de meest uitgebreide wijze en in alle omstandigheden geldig verbinden.

Tegenover derden volstaat opdat de vereniging geldig vertegenwoordigd weze, de gezamenlijke handtekening van twee beheerders, zonder dat dezen van enige bijzondere machtiging of beraadslaging moeten doen blijken.

De raad kan bovendien een bijzonder of algemeen mandaat geven aan één of meer lasthebbers van zijn keuze.

Art. 7. Elk jaar moet, ter gelegenheid van de jaarlijkse algemene vergadering, de raad van beheer rekening doen over zijn beleid in het afgelopen jaar.

Art. 8. Na de ontbinding van de vereniging zal haar bezit worden overgedragen aan een ander werk met Vlaams-katholieke strekking waarvan het maatschappelijk doel het meest het doel van de huidige vereniging benadert.

Art. 9. Voor al hetgene dat door deze statuten niet wordt geregeld zal de wet van 27 juni 1921 van toepassing zijn.

Gedaan te Antwerpen, 24 november 1979.

(Get.) Meerts, L., Belpaire, A.; Mgr. Daclémans, A.; Roppe, L.; Van Damme, G.; Collin, F.; Baudouin, F.; Claesen, M.; De Ferm, H., Van Cauwelaert, M.

(5081)

N. 5110

**Society of Regional Anaesthesia,
association internationale**

Overijse

Numéro d'identification 5110 /80

STATUTS

Article 1er. Il est constitué une association internationale à but scientifique dénommée : « Society of Regional Anaesthesia ».

Cette association est régie par la loi du 25 octobre 1919 modifiée par la loi du 6 décembre 1954.

Le siège social de l'association est établi à Overijse, Vlietjeslaan 11.

Art. 2. L'association a pour objet l'étude, la promotion, la recherche scientifique et l'information concernant l'anesthésie loco-régionale.

Cette spécialisation médicale permet notamment d'éviter l'anesthésie générale dans l'intérêt du malade.

L'association organisera des congrès, publiera des travaux scientifiques, encouragera la recherche et l'information dans cette discipline médicale.

Art. 3. L'association se compose de personnes physiques et de personnes juridiques légalement constituées suivant les lois et usages de leurs pays d'origine.

Art. 4. L'admission de nouveaux membres est subordonnée aux conditions suivantes :

1° formuler la demande dans les conditions fixées par le conseil d'administration. Le conseil décide souverainement de l'acceptation des membres;

2° acquitter la cotisation.

Les membres peuvent donner leur démission dans les conditions suivantes : lettre recommandée au conseil.

L'exclusion de membres de l'association peut être proposée par le conseil d'administration, après avoir entendu la défense de l'intéressé et être prononcée par l'assemblée générale à la majorité des deux tiers des voix des membres présents ou représentés.

Le membre qui cesse (par décès ou autrement) de faire partie de l'association est sans droit sur le fonds social.

Art. 5. Les membres paient une cotisation fixée annuellement par l'assemblée générale sur proposition du conseil d'administration.

Art. 6. L'assemblée générale possède la plénitude des pouvoirs permettant la réalisation de l'objet de l'association.

Tous les membres y ont droit de vote.

L'assemblée a notamment le pouvoir de nommer ou de révoquer les administrateurs, d'approuver les comptes et budgets annuels, de modifier les statuts et de dissoudre l'association.

Art. 7. L'assemblée générale se réunit de plein droit sous la présidence du président tous les ans, à l'endroit indiqué sur la convocation. Celle-ci est faite par lettre.

Elle est envoyée quinze jours avant l'assemblée et contient l'ordre du jour.

Une assemblée extraordinaire pourra, en outre, être convoquée par un cinquième des membres s'ils le jugent utile.

Les membres pourront chacun se faire représenter à l'assemblée générale par un autre porteur d'une procuration spéciale.

Chaque membre ne pourra cependant être porteur de plus d'une procuration.

Art. 8. Sauf dans les cas exceptionnels prévus par les présents statuts, les résolutions sont prises à la simple majorité des membres présents ou représentés et elles sont portées à la connaissance de tous les membres.

L'assemblée ne pourra statuer valablement que si la moitié des membres sont présents ou représentés.

Il ne peut être statué sur tout objet qui n'est pas porté à l'ordre du jour, sauf décision unanime.

Les résolutions de l'assemblée générale sont inscrites dans un registre signé par le président et conservé par le secrétaire qui le tiendra à la disposition des membres.

Art. 9. L'association est administrée par un conseil composé au minimum de cinq membres et au maximum de vingt membres; un administrateur au moins doit être de nationalité belge.

Les administrateurs sont nommés par l'assemblée générale pour une durée de six ans.

Les administrateurs peuvent être révoqués par l'assemblée générale statuant à la majorité des deux tiers des membres présents ou représentés.

Art. 10. Le conseil élit en son sein un président, un secrétaire et un trésorier, éventuellement et deux vice-présidents.

Art. 11. Le conseil se réunit sur convocation spéciale du président ou de deux administrateurs.

Art. 12. Les résolutions du conseil d'administration sont prises à la majorité des administrateurs présents ou représentés.

Le conseil ne pourra statuer valablement que si la moitié des membres sont présents ou représentés.

Chaque administrateur ne pourra cependant être porteur de plus d'une procuration.

En cas de partage des voix, celle du président est prépondérante.

Les résolutions sont inscrites dans un registre signé par le président et conservé par le secrétaire qui le tiendra à la disposition des membres de l'association.

Art. 13. Le conseil a tous les pouvoirs de gestion et d'administration sous réserve des attributions de l'assemblée générale.

Il peut déléguer la gestion journalière à son président ou à un administrateur ou à un préposé. Il peut, en outre, conférer sous sa responsabilité des pouvoirs spéciaux et déterminés à une ou plusieurs personnes.

Art. 14. Tous les actes qui engagent l'association sont, sauf procurations spéciales, signés par deux administrateurs qui n'auront pas à justifier envers les tiers des pouvoirs conférés à cette fin.

Art. 15. Les actions judiciaires tant en demandant qu'en défendant sont suivies par le conseil d'administration représenté par son président ou un administrateur désigné à cet effet par celui-ci.

Art. 16. L'exercice social est clôturé le 31 décembre.

Le conseil est tenu de soumettre à l'approbation de l'assemblée générale le compte de l'exercice écoulé et le budget de l'exercice suivant.

Art. 17. Toute proposition ayant pour objet une modification aux statuts ou la dissolution de l'association doit émaner du conseil d'administration ou d'au moins un tiers des membres de l'association.

Under Bruce Scott's leadership, two committees were created from the very first beginning: (a) One to lead the establishment and set up of the Society across Europe, initially known as the ESRA Committee, that can be considered as the first atypical ESRA Board, and (b) Another to plan and organize the first scientific meeting of the Society, named the 1st ESRA Scientific Meeting Organizing Committee, which is similar to the current ESRA Scientific Committee (Table 3).

Table 2.

ASRA General Principles & Core Values that were embraced & adopted during the Establishment of ESRA

- **Inclusiveness:** A Society for all Physicians & Scientists, interested in RA for Obstetrics, Surgery & Pain Management
 - **Encouragement** of Specialization, Research, Courses, Conferences, Workshops, & Publications
 - **Development of Safe Practice** by all means and in any European country
 - **Diversity:** A Society working beyond geographical or national boundaries
 - **Equity:** A Society in which no medico-political activity influences Training Programs
-

Table 3.

ESRA Foundational Structure: Creation of 2 Initial Committees

The ESRA Committee	The 1st ESRA Scientific Meeting Organizing Committee
DB Scott, UK (Chairman)	DB Scott, UK (Chairman)
E Fava, Italy	DG Littlewood, UK
A Hollmen, Finland	JH McClure, UK
MA Nalda-Felipe (Spain)	JAW Wildsmith, UK
O Schulte-Steiberg, Germany	
A Van Steenberge, Belgium	
AM Wilkening, France	

CHAPTER 2.

The Early Years

The First ESRA Congress

ESRA held its inaugural scientific meeting in the McEwan Hall of the University of Edinburgh, Scotland, UK, from September 16 to 18, 1982, with Bruce Scott serving as the chairman of the event (Table 3). The cover of the congress scientific program, along with some of its content, as well as the first panel are presented in Figures 9 & 10. This landmark event (the first ESRA General Meeting as it was named) was organized in collaboration / association with ASRA, which again agreed to provide funding, while several UK companies (ASTRA Pharmaceuticals Ltd, Duncan Flockhart & Co Ltd, Dupont UK Ltd, and Roche Products Ltd) offered substantial sponsorship.

The Edinburgh meeting was as successful as the earlier one in Heidelberg, marking the emergence of ESRA and its establishment as a separate, distinct and independent entity. The meeting lasted two days, with the two-day event featuring scientific activities that were conducted in a single plenary hall, with only one session taking place at a time. This format fostered a focused and cohesive environment for the exchange of knowledge and ideas, which was considered an innovation for its time.

The ESRA Administrative Structure

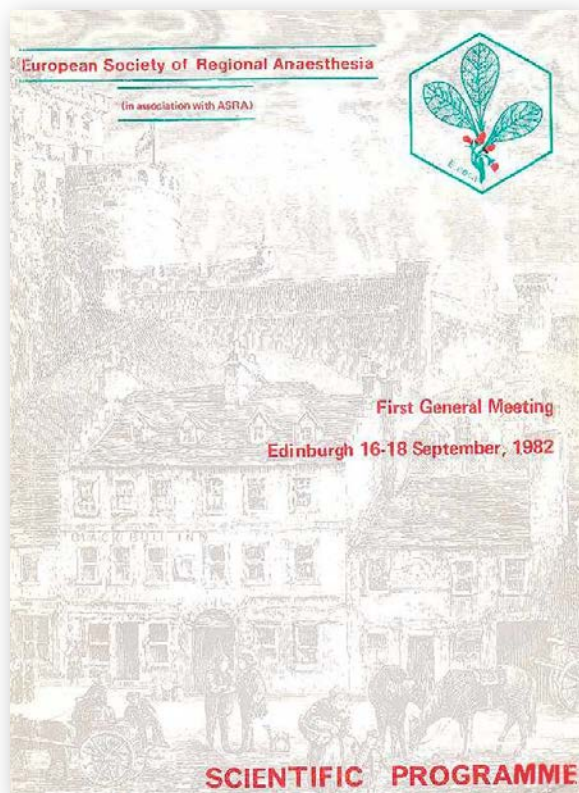
Initially, the ESRA leaders implemented a Zonal Structure to deal with and address the unique management challenges posed by the European countries diversity. Major Annual Scientific meetings were designated to be conducted in English. However, once a geographical or linguistic Zone had a sufficient number of members, it was allowed to establish a Committee to organize additional Meetings in its local language(s). The chairpersons of these Zonal Committees constituted the main Society Board. The key positions within the Board—President, Secretary General, and Treasurer—were selected from among these individuals.

Donald Bruce Scott (UK) was the inaugural-founding President of ESRA, with Albert Van Steenberge (Belgium) serving as General Secretary and Ottheinz (Otto) Schulte–Steinberg (Germany) managing the finances as Treasurer. All three held their respective positions from 1982 until 1989. In 1989, Hans Nolte (Germany) succeeded Bruce Scott as President, with the latter moving into the newly created role of Past President, which became a permanent part of the Executive Board from that year. When it was time for Albert Van Steenberge to select a successor as ESRA General Secretary, he nominated Andre Van Zundert (Belgium), a suggestion that was supported by Bruce Scott and Mauritius Soetens (Belgium), who was trained in RA under the supervision of Albert Van Steenberge and Sol Schnider (San Francisco, USA).



Figure 9.
The Members of the First Panel at the Inaugural ESRA Meeting, held in Edinburgh, in 1982
From Left to Right: John Anthony Winston Wildsmith (UK), Alfred Lee (UK), and Alon Winnie (USA)

Figure 10.
Cover and Parts of Content of the Scientific Program of the 1st ESRA Meeting, held in Edinburgh in 1982



E.S.R.A. COMMITTEE

D. B. Scott (*Chairman*) —U.K.
 Professor E. Fava—Italy
 Professor A. I. Hollmen—Finland
 Professor M. A. Nalda Felipe—Spain
 O. Schulte Steinberg—G.F.R.
 A. Van Steeneberge (*Secretary*) —Belgium
 Professor Ag. M. Wilkening—France

LOCAL ORGANISING COMMITTEE

D. B. Scott (*Chairman*)
 D. G. Littlewood
 J. H. McClure
 J. A. W. Wildsmith

SECRETARIAT

E.S.R.A. Meeting Secretariat
 The University of Edinburgh
 Centre for Industrial Liaison and Consultancy
 16 George Square
 Edinburgh EH8 9LD
 Scotland, U.K.

European Society of Regional Anaesthesia
 (in association with ASRA)
 Edinburgh 16-18 September, 1982

Astra congratulates Europe on the birth of
THE EUROPEAN SOCIETY OF REGIONAL ANAESTHESIA

Today, in 1982, it is more than 30 years since the modern era of regional anaesthesia began.

Ever since, Astra has strived to promote research and education within the field of regional anaesthesia.

However, the need for a European organisation, which can lead the way in disseminating results and ideas within this field has long been recognized.

Therefore, we, and others interested in widening the knowledge of regional anaesthesia, see the formation of E.S.R.A. as a very important event. We are convinced that it will be a great step towards better understanding of regional anaesthesia both from a scientific and from a practical, clinical point of view.

We wish the E.S.R.A. and all the participants a most rewarding and enjoyable congress and the Society all the best for the future.

Sincerely,
ASTRA PHARMACEUTICALS

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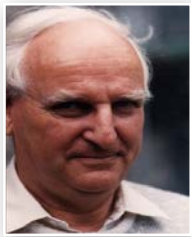
ACKNOWLEDGMENTS

The Organising Committee gratefully acknowledge the support given to the Meeting by:

Astra Pharmaceuticals Ltd
 City and District of Edinburgh
 Duncan Flockhart & Co Ltd
 Dupont (UK) Ltd
 Roche Products Ltd

Throughout the latter half of the 1980s, Albert Van Steenberge mentored Andre Van Zundert, introducing him to the complexities of managing a scientific organization. He exposed him to the challenges of organizing the annual meetings and introduced him to numerous «international gurus» in RA. Meanwhile, his wife Françoise also provided to Andre invaluable and crucial insights regarding ESRA membership and ESRA administration. In 1989, Andre succeeded Albert as ESRA General Secretary, a position he maintained until 2000, when he was appointed ESRA Fifth President. Additionally, in 1989, JAW Wildsmith was honoured with the position of Treasurer of the society. From that moment and afterwards, ESRA had regular elections for the President and rest of Major Officers of the Society, as per its rules and Bylaws. In Figure 11A the elected Presidents of ESRA and similarly in Figure 11B the elected General Secretaries, from 1982 until today, are depicted.

Figure 11.
ESRA Presidents from 1982 until nowadays



Donald Bruce Scott,
UK
1982 - 1989



Hans Nolte, Germany
1989 - 1993



Albert Van Steenberge,
Belgium
1993 - 1997



Athina Vadalouka,
Greece
1997 - 2000



Andre Van Zundert,
Belgium
2000 - 2003



Slobodan Glorijevic,
Switzerland
2003 - 2006



Giorgio Ivani,
Italy
2006 - 2009



Marc Van De Velde,
Belgium
2009 - 2014



Jose De Andres,
Spain
2014 - 2017



Alain Delbos,
France
2017 - 2020



Thomas Volk,
Germany
2020 - 2023



Eleni Moka,
Greece
2023 - 2026

Figure 11B.
ESRA General Secretaries from 1982 until today



Albert Van Steenberghe
Belgium, 1982 – 1989



Andre Van Zundert
Belgium, 1989 – 2000



Narinder Rawal
Sweden, 2000 – 2009



Jose De Andres
Spain, 2009 – 2013



Barry Nicholls
UK, 2013 – 2016



Thomas Volk
Germany, 2016 – 2019



Clara Lobo
Portugal, 2019 – 2022



Luis Valdes
Spain, 2022 – 2025

During the first years of the society, the position of SG was somewhat similar to that of President today, but with longer term. According to the initial Bylaws, the SG term was 4 years and could be repeated, as it had more responsibilities as well as. The President's term was one time only for 3 years. For example, the initial SG remained in their positions longer. As such, they could accomplish more changes and improvements within their teams and had a greater impact.

Important milestones were achieved during the period of different SGs: The RA Diploma (former EDRA) project, the initiation of organizing longer Board meetings, the introduction of recorded minutes-taking, the structured AGAs, the regular update of Bylaws, the introduction of Committees and ToR, the establishment of several new zones, including the zonal reports, the development of cadaver WS in Eastern Europe, as well as other achievements included in an extensive list.

The initial ESRA Zones, that were established in 1982, included Benelux (Belgium, Netherlands and Luxemburg together), France, Germany, Italy, Scandinavia (Sweden, Denmark, Norway, Finland, Iceland), Iberia (Spain & Portugal), and the British Isles (UK & Ireland), demonstrating ESRA's commitment to accommodating regional differences, while fostering a cohesive scientific community. Greece officially became a zone member in 1988, followed by Austria & Switzerland, and Portugal (after the division of Iberia Zone to Spain and Portugal) in 1990, as well as Turkey in 1994. The aim of ESRA was to attract all European countries, by offering educational, training and research opportunities, adhering to a philosophy of inclusivity and knowledge advancement beyond barriers.

During the first decade of ESRA existence, all administrative work was undertaken by the Board members aided by their Zonal Committee colleagues and families, with a huge debt being owed to Francoise Moore-Van Steenberge. However, as the society and the annual meetings were growing fast, it became clear that professional support was both necessary and affordable, and efforts were made across this direction.

The Early Society Expansion and the ESRA Ambassador Program

Soon after its foundation, ESRA actively supported the establishment of national or regional groups or organisations of RA throughout Europe, inviting and encouraging them to join and affiliate with the society under its rules, regulations ToR and Bylaws. ESRA Ambassadors, such as Albert Van Steenberge (Belgium), Slobodan Gligorijevic (Switzerland), Marc Van De Velde (Belgium) and Patrick Narchi (France) have supported and represented Eastern European countries throughout these efforts(Figure12). In addition, Narinder Rawal (Sweden), due to his origin from India has also contributed to the visibility of the society outside Europe, mainly focusing on India and other Asian countries. Finally, Mathieu Gielen, as an ESRA Board member, visited Moscow in 1994, to search the potential for an ESRA Zone to be established in Russia, and evaluate the possibility of expanding ESRA into the biggest European country, but there too many challenges. He then provided a report to the ESRA Board of that time(Figures13and14).

Figure 12.

Chairs of the ESRA Ambassador Program and other ESRA KOL, that supported substantially the Society Expansion



Albert Van Steenberge
Belgium



Slobodan Gligorijevic
Switzerland



Marc Van De Velde
Belgium



Patrick Narchi
France



Narinder Rawal
Sweden

The ESRA Ambassador Program / Committee has flourished over time and clear rules and guidance have been instituted. In this context, ESRA nowadays provides both administrative advice and some financial aid for the development and legal registration of new National /Zonal bylaws or constitution, which support the goals set out in the ESRA Status. It offers administrative support in the form of a suggested template for associations and societies to write their own bylaws or constitution. The current ESRA office proofreads the English version of the proposed bylaws or constitution and gives advice or help where necessary. ESRA is prepared to give financial assistance to help with legal fees to officially register the national/zonal association or society within the country of origin, as a part of the total financial aid for setting up the society /association and the inaugural meeting. ESRA also gives assistance in organizing an inaugural meeting of the new national / zonal association or society, which is ideally organized «in house» to keep cost both of organization and registration fees (if applicable) to the minimum. Finally, ESRA gives assistance in preparation of both program and contributing speakers. ESRA supports financially the inaugural meeting by covering the costs (travelling & subsistence) of two ESRA speakers. Any income generated is transferred to the newly formed society as a grant from ESRA, allowing the newly formed society to have a start-up fund. ESRA also invites the representative of the new national/zonal association/society to attend the Council of Representative (COR) meeting at its Annual Congress.

Figure 13.

Mathieu Gielen (The Netherlands): An active ESRA Board member, who contributed substantially in the dissemination of knowledge, RA hands – on practice, teaching and society expansion

(A) At the ESRA Fun Run of 2012, in Bordeaux, France

(B) At the Gala Dinner of the ESRA Annual Congress that took place in Glasgow, UK in September 2013



Figure 14.

Report – Testimonial of Mathieu Gielen (The Netherlands), after his visit in Russia, in 1994, to explore potentials for the ESRA Expansion.

Report of the visit to Moscow (June: 8-12, 1994) of Dr. Mathieu Gielen on behalf of the ESRA.

This report will not go into every detail of all discussions regarding the medical education and anaesthesiology in particular but will try to give a general conclusion of the situation and the possibilities for the ESRA to help our colleagues in Russia.

Wednesday, June 8.

According to the intinerary (●) Mr. Boris Lyapin, deputy director of ISED (Institute for social and economic development) and Marina Sidorenko, aide of the deputy director, were at the airport to welcome me and guide me to the hotel COSMOS. This is a comfortable hotel of 1600 rooms, the price for a double room is \$ 100/night. Breakfast \$ 5. Marina Sidorenko was continuously at my side as interpreter because only a few of the colleagues I have met during my visit spoke English. She did her job perfect. During the dinner, also attended by Nataliya Babaeva, director information department of ISED, some details of my visit were discussed. After the dinner I visited clinic number 61 (of the Moscow medical academy) where Dr. Eduard Nikolaenko treated a private patient together with Dr. Dimitri Sevostianov. The hospital was old and dirty but the patient was on a relatively clean intensive care room (one bed), ventilated for more than a month after a thorax trauma (shot gun). He was on a Russian ventilator and the monitoring equipment included oxygen saturation measurement via a Russian type Ohmeda apparatus. The (important and rich?) patient was treated with modern drugs and antibiotics available from Germany within 24 hours.

Thursday, June 9.

Attending the All-Russia Society of Anaesthesiologists and Reanimatologists Congress and meeting Professor Dr. Victor N. Semenov, president of the Russia Society. A short speech (translated by Marina Sidorenko) on behalf of the ESRA (2) was given at the opening of the Congress which was attended by around 500 anaesthesiologists. The program (3) is included.

In the clinical Hospital number 15, I discussed with Dr. Irina Gridchick and colleagues their problems. She gave me a list of the equipment they need (●). They have send this list to the director of the clinic. He seems to agree if he gets the money from the government. In Russia only 3% of the national income goes to health care (in the Netherlands it is around 9% and in the USA around 14%). They showed me the operation rooms (relatively clean) where a lot of gastric operations were done for gastric ulcera. Cimetidine or ranitidine was not available for treatment! The hospital has 1600 beds and 13.000 anaesthesias are performed (20% regional?). They perform spinal anaesthesia with a standard spinal needle (22G and too long a bevel) and Sovcainum (Stovocaine) which they claim has a duration of 5-6

hours. There is a need for bupivacaine and modern pencil point needles, but at a low price. They have some Tuohy needles and epidural catheters, but these are not always available.

In the late afternoon we visited the Institute for medical equipment research and development with Boris Lyapin, Marina Sidorenko, Nataliya Babaeva and Prof. Nikolaenko. We spoke with Robert I. Barlokov Deputy general director of the Russian Academy of Medical Science and Medical Engineering Research Institute. Joint-stock company "VNIMP-VITA". He explained to us the problems they have to change from the old system. He has sound ideas and he was proud of what they achieved up to now, but he is well aware of the problems they have to face with modern equipment from the western countries. The anaesthesia equipment (5), although probably technically all right, looks not attractive for us, only the price is low at this moment.

Friday, June 10.

The visit to the Institute of Transplantation was interesting. The operation rooms and intensive care were well equipped and clean. I noticed a Russian ventilator but also Drager and Servo apparatus. Dr. Koslov and colleagues showed us around but there was no activity because the Institute has his 25th anniversary and a week holidays. Here Prof. Nikolaenko presented me to Dr. Poptov Vitali, a young doctor who is willing to go abroad for further medical education.

During our visit to the Setchenov Medical Academy (University) we discussed with the director of the University and the chief of Anaesthesiology the training and teaching in Anaesthesiology. The director and the chief did not agree with each other on many aspects and it was difficult for me and my interpreter to get a good idea of the situation as they discussed in Russian. The director has old ideas. As I understand it, the basic medical training is seven years. Then a two year training in Anaesthesiology (natura) is sufficient to give anaesthesia. I asked about the number of anaesthesias performed in that period but the answer was: 700 hours! Every three years there are advanced courses (ordinatura) to arrive in a higher category and a higher salary (which is very low) and to obtain a certificate. Every five years a registration is necessary. Although I asked and asked again to explain to me the details of the training program I could get no straight answer. My opinion is that most of the anaesthesiologists have insufficient training and especially teaching and practising regional anaesthesia is minimal.

Saturday, June 11: sightseeing.

Sunday, June 12: departure.

CONCLUSION.

The anaesthesiologists need help from an independent organization. The old 'controlled' system is still functional in many ways, but young doctors want to change. The hospitals are in a bad condition. The salaries are low and most people seem not to be interested. Only a few speak English. In my opinion the best way to improve the situation is to go there and teach them in their hospitals. Also we have to find young doctors (Prof. Nikolaenko could only provide me with one) to make the necessary improvements with our help. An independent office of the ESRA in Moscow (the ISED?) where colleagues can apply for membership of the ESRA (at a very low price) so that they get the IMRA will provide us with a list of colleagues who are interested in regional anaesthesia.

Enclosure

Speech at the IV Congress of All-Russia Society of Anaesthesiologists and Reanimatologists.

Mister president, members of the board, dear colleagues.

As a member of the board of directors of the ESRA, the European Society of Regional Anaesthesia, I was invited to this meeting by the president of your society Professor Semenov. It is my pleasure to have the opportunity to adress a few words to you on behalf of the ESRA.

The European Society of Regional Anaesthesia was founded some 13 years ago and has grown to the largest international society in Anaesthesia in Europe, and we want you to join us. Our last meeting in Barcelona, Spain, was attended by 1400 anaesthesiologists and among them was your colleague Professor Nikolaenko.

The aim of the ESRA is to teach, train and develop Regional Anaesthesia and to get it more practiced by anaesthesiologists and more accepted by surgeons and patients. Regional anaesthesia is safer, cheaper and requires fewer equipment than general anaesthesia but requires more skill from the anaesthesiologist. During my stay I hope to discuss with you training and teaching in regional anaesthesia, the goals of the ESRA.

I wish you a succesful meeting.

Dr. Mathieu Gielen, Moscow June 9, 1994.

IV Congress of the All-Russia Scientific Society of Anaesthesiologists and Reanimatologists (ARSSAR)

Moscow, June 9-10, 1994

A C E N D A

1. Organizational problems of the All-Russia and Regional Scientific Societies of anaesthesiologists and reanimatologists in the Russian Federation.

2. Risks and concerns in the work of anaesthesiologists and reanimatologists. Prevention and treatment of possible complications. Anaesthesiology and reanimatology standards.

3. Infection in reanimatology, anaesthesiology and intensive care sections.

4. Innovations in anaesthesiology and reanimatology.

A meeting of the chief pediatricians-reanimatologists/ anaesthesiologists is also planned.

The Initial Barriers & Challenges

The early years of ESRA were marked by significant challenges, including limited resources, varying levels of interest in RA across different countries, and the need to establish the credibility of the society in the medical community. However, the Founders' dedication and the growing interest in RA across Europe and beyond helped overcome these obstacles.

Following the society foundation, it soon became obvious that ESRA needed to be established all over Europe. Language problems were a major issue. In some countries it was expected to have everything translated in the country's official language, which was a huge burden. From the very beginning, the ESRA Board decided to have only one official language, i.e., English (as the scientific language of modern times) at the annual meetings that were organized. However, it was soon understood that it was essential to bring the «language of RA» to the diverse corners of Europe. Therefore, many zonal meetings were organized often in the local language, to make sure that the local anaesthesiologists could maximally benefit from them. These small-scale conferences provided scientific content in the language that was appropriate according to the local conditions. Many ESRA Board members and ESRA KOL nowadays remember and report giving lectures in events, whereby there were more than 3 lecture halls full of participants, with a screen in each room to show the presenter, while a translator facilitated the attendees to maximize the understanding of the presentation messages. Andre Van Zundert reported that, several times, he went to the operating theatre of a hospital in many countries, to teach the RA blocks in practice, on patients undergoing surgery. This is something that is no longer possible, given the fact one needs to have official registration as a doctor in the country's medical registry to get licensed. And it would also not be clever to do so, while being uninsured. In this context, even if some ESRA pioneers consider themselves too naive to realize these potential dangers for themselves, still, their bravery was the fuel to disseminate RA all over Europe.

In addition, prior to the advent of electronic communication, ESRA relied on traditional methods for correspondence. Emails and social media were non-existent, and as such all communications had to be circulated via ordinary mail. The use of fax machines did offer a quicker alternative for sending messages and letters. However, it was not uncommon at that time for an invitation letter to a potential speaker in the US or Europe, for an annual ESRA meeting, to take up to two months to receive a reply. In this context, the goal of ESRA leaders was to have a provisional scientific meeting agenda ready to be discussed at the Board Meeting, which took place just before the Annual Congress. In addition, the congress programs were largely developed and mainly worked out, based on suggestions from various Board Members. Also, it is worth noting that smartphones, which revolutionized communication, only gained widespread acceptance in the last 10 years.

Furthermore, managing the myriad currencies in Europe before the establishment of the euro was another early ESRA challenge, a problem exaggerated by the difficulty of transferring funds out of some countries. Indeed, wire transfers from one country to another, even in Western countries, was a huge undertaking, involving high costs. Exchange rates were favourable to the banks and commission charges on transfers could result in the loss of up to a third of the original payment. To minimize losses, membership subscriptions were collected by the Zonal Committees, when possible, and transferred centrally in a single annual payment. In addition, ESRA offered life memberships through a one-off payment. This option, well supported particularly by British members, provided members with a discount and allowed the society to build its financial reserves faster than would have been possible otherwise.

The ESRA Emblem & Logo

The original ESRA Emblem & Logo was just the RED Letters ESRA(Figure15), and we are not aware of the individual who conceived this idea and of the identity of its designer. In the course of time, Andre Van Zundert suggested to update the ESRA logo, by adding the 12 yellow stars, that would make the society emblem look more «European». Unfortunately, as per his testimonial, he made an error, as the stars of the European Union logo are 5-pointed, whereas at the end he utilized 6-pointed ones(Figure16). According to him, later, he found that the pentagram fits in well with the circle, which is also a symbol of perfection. The five-pointed star is also the symbol of man as an individual possessing five fingers and toes, five senses and five limbs, and due to his «mistake» he often offers his apologies accordingly.

The emblem of the society remained unaltered for 44 years, highlighting its dynamism and recognition. However, by the end of 2024, it will be updated to become equally dynamic but more modern, also symbolizing the ESRA continuity. The plan is that the new, updated ESRA emblem & logo is officially registered in the Registry of Trademarks of the European Union, as it has already happened with the Society full name and acronym.

Figure 15.
The original first logo of ESRA



Figure 16.
The current ESRA emblem compared with the EU logo

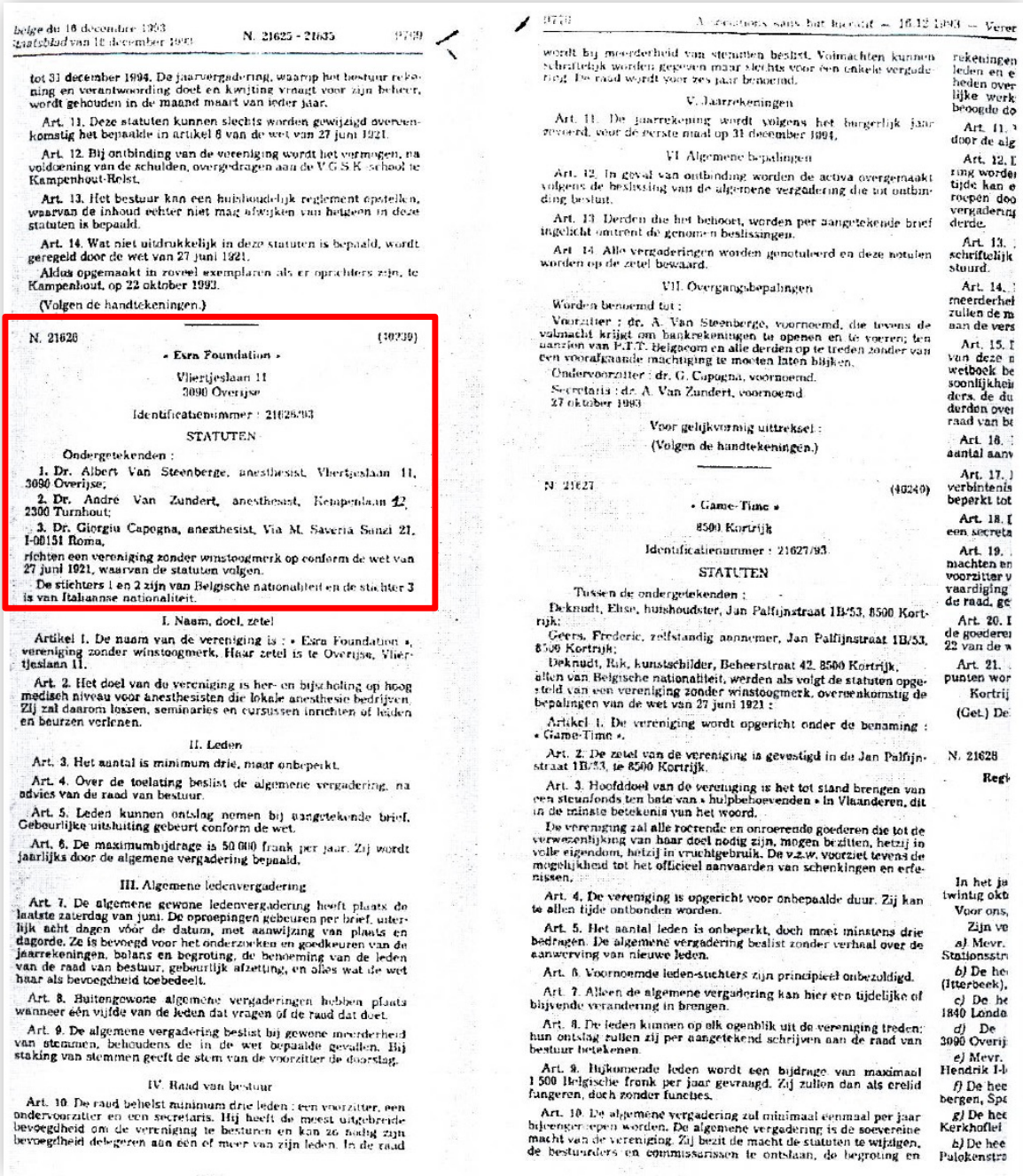


The ESRA Foundation

On October 27, 1993, the ESRA Foundation was established, with its statutes being published on December 16, 1993, in the Belgian Monitor, the official legal document of the Belgian government. The pioneers of this achievement were Albert Van Steenberge (Belgium), Andre Van Zundert (Belgium) and Giorgio Capogna (Italy). The foundation's mission was to organize educational activities in RA and Pain Therapy for anaesthesiologists. Additionally, it was authorized and empowered to grant awards and prizes, to recognize excellence in the fields. However, this foundation was dissolved after 2000, as finally it was proven in practice that it was dysfunctional and extremely bureaucratic (Figure 17).

Figure 17.

The Bylaws of the ESRA Foundation that was established in 1993, as they have been published in the Belgian Monitor



CHAPTER 3.

ESRA Growth & Consolidation

ESRA Membership

ESRA membership was introduced in the early days of ESRA. Most probably, the founding fathers kept the membership fee very low, in order to attract as many colleagues as possible. Noteworthy, in the 1980s and 1990s, RA was not taught in many centres and the majority of the European anaesthesiologists had minimal or no knowledge and practice of RA in their hospitals.

ESRA used to produce and deliver a «membership card» for its members, which was a plastic, two-sided, low-cost business-size card, with the ESRA logo, the ESRA membership number, the name of the anaesthesiologist who was ESRA member, and the year of entrance in the society on it. Later on, as soon as internet became available, the credentials for entering the members platform on the society website we added (Figure 18). Importantly, the membership fees and contributions were very low, and as such, one could become an ESRA member for life for less than 100 USD. Initially, the membership list was just typed on a typewriter, and later on a computer. Back in those years, people were not so much acquainted with membership fees, and attendance of most scientific meetings was for free.

ESRA started with something less than 100 members in 1982, whereas nowadays it has become an interdisciplinary community, serving more than 30.000 healthcare providers, including more than 8.000 members from Europe and the rest of the continents. We are sure that the society founding fathers would feel proud that the society has expanded and grown substantially, showcasing that their spirit, enthusiasm and efforts flourished over the decades.

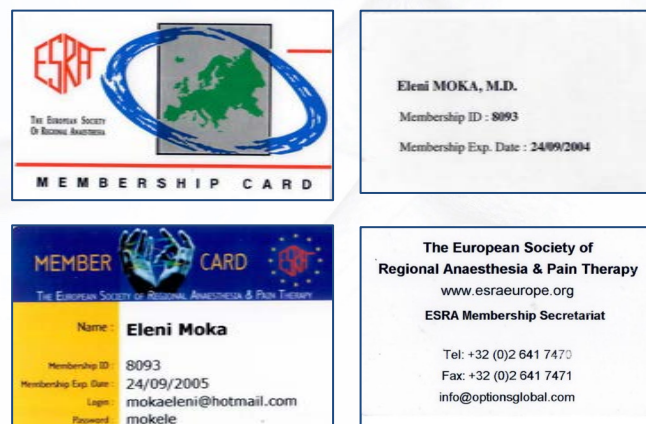
ESRA Life Members

ESRA, at its infancy, offered the Life Membership, in an effort to increase the visibility of the society, attract participating members, and engage enthusiastic healthcare professionals from all European countries in its activities. As such, should one pay twice the membership fee, could automatically become an ESRA Life Member. In the 1990s, the ESRA Board decided to stop offering this type of membership to interested people.

Recently the ESRA Major Officers and Board have decided to offer a Life Membership to all Past Major Officers, and Committees Chairs, as well as a free membership to all past Board Members, for a number of years equal to the number of those they have served the society. Currently, ESRA counts around 100 Life Members in its database.

Figure 18.

Examples of the two-sided ESRA membership cards of 2004 and 2005 (kindly provided by Eleni Moka, Greece)



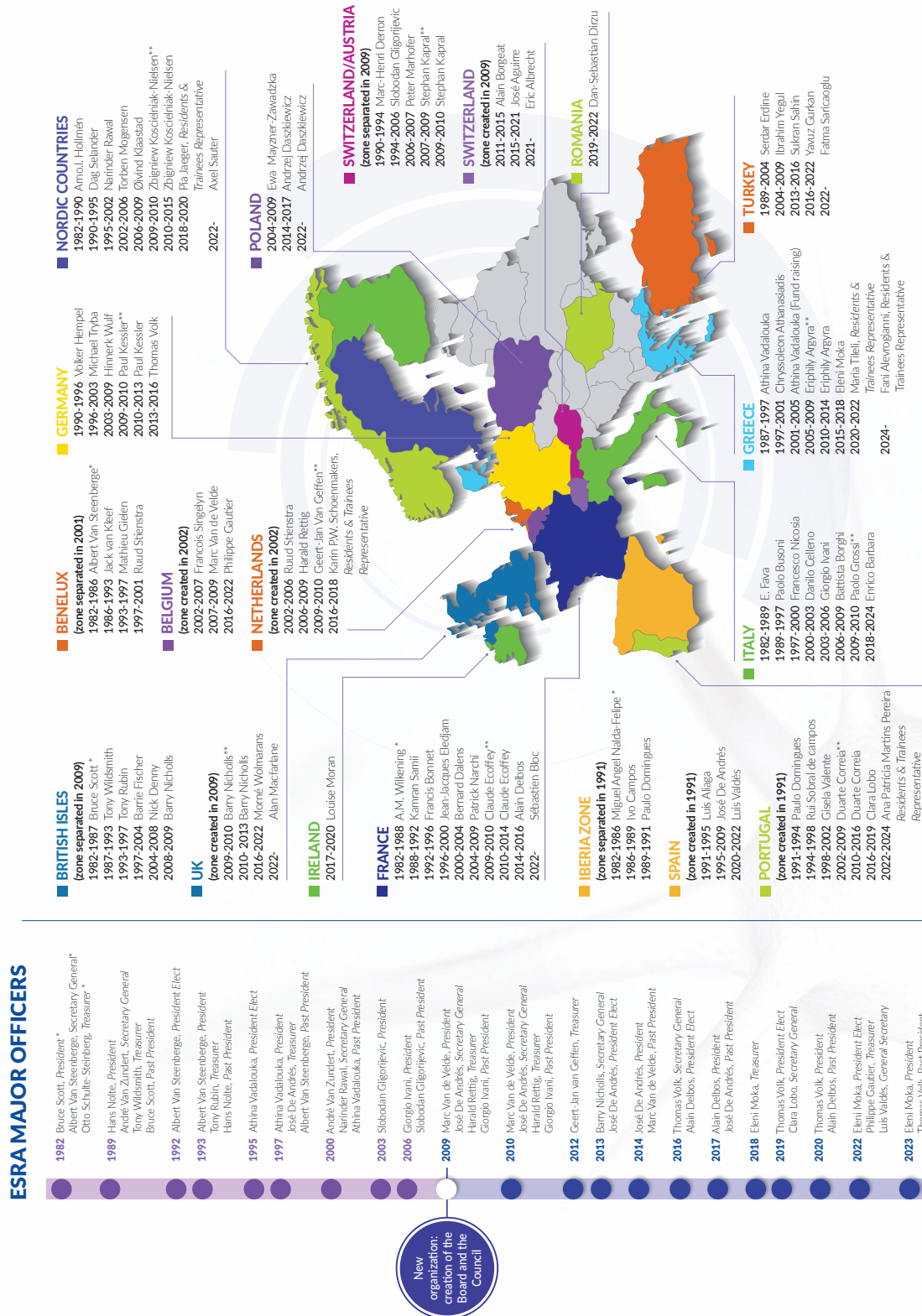
ESRA Zones & National Societies

From the early years since its establishment, the goal of ESRA was to embrace as many European countries as possible under its scientific umbrella. As such, the system of zones, giving the opportunity to groups of countries to become visible and participate officially in the society was followed. Not surprisingly, at the beginnings of ESRA, many European countries had a voice inside the society, such as Benelux (Belgium, The Netherlands, Luxemburg), British Isles (UK and Ireland), France, Italy, Scandinavia (Sweden, Denmark, Norway, Finland, Iceland), Iberia (Spain and Portugal) since 1982, Greece since 1988, Germany since 1990, Switzerland & Austria since 1990, Turkey since 1994, and Poland since 1997.

The fall of the Communist regimes of Eastern Europe led to a major expansion for ESRA, with the society working hard to embrace the interests of clinicians in those countries. However, this development exacerbated the problem of the Board having grown too large, as new zonal committees had been formed or those encompassing several countries split into their constituents. More specifically: (a) Benelux countries separated in 2001, and the zones of Belgium and Netherlands were created in 2002, (b) British Isles countries separated in 2009, and the UK zone was created in 2009, whereas Ireland was established as an ESRA zone much later in 2017, (c) Iberia zone countries separated in 1991 and the zones of Spain and Portugal were established immediately after in 1991, and (d) Switzerland – Austria zone separated in 2009 to the Swiss and Austrian zones at the same year. The result of all these changes was a loss of the cohesion and efficiency typical of the smaller organization in the early years. Between 2005 and 2011, this difficulty was addressed by initiating a major change to the society's constitution. Multiple discussions took place, often in intense tone due to disagreement (as it happened in the 2005 Annual congress in Berlin, during the Board Meeting and the Annual General Assembly, and in 2008 during the Annual congress in Salzburg). Indeed, the process required much consultation to address the interests of all groups and was led by Narinder Rawal (Sweden), Jose de Andres (Spain), Nick Denny (UK), Slobodan Gligorijevic (Switzerland), Marc Van de Velde (Belgium), Erifili Argyra (Greece), and Harald Rettig (the Netherlands).

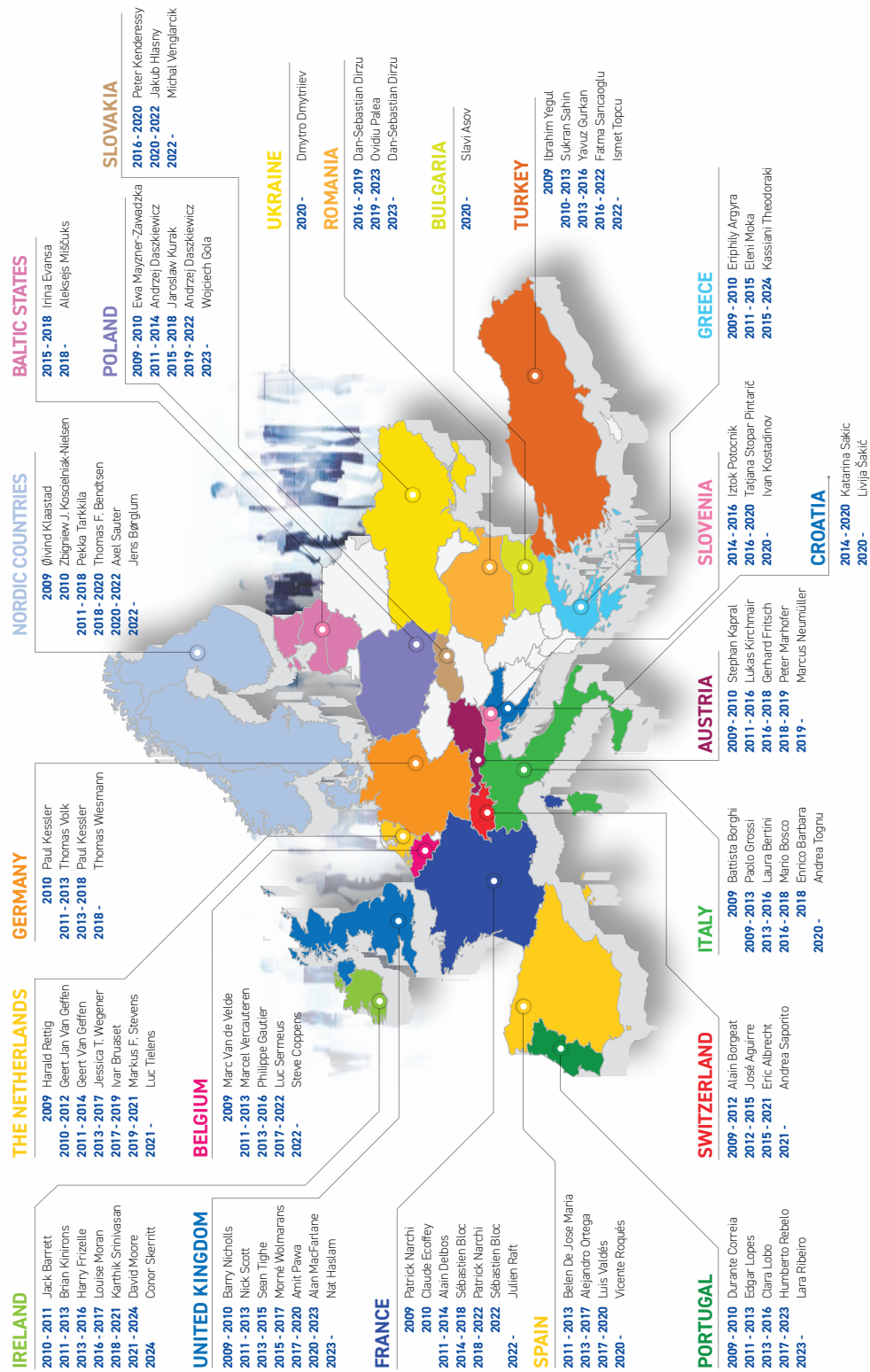
Finally, after 5 years of intense work, at the 2010 General Assembly in Porto, the newly reformed ESRA Bylaws were approved, introducing a Council, a sort of «parliament» formed by elected representatives from the national societies, which replaced the zonal committees. Currently, each national society is represented in the Council of Countries Representatives, but the voting power of the representatives depends on the number of members in their countries. The Council meets annually to consider the accounts and other matters proposed by the Board; and when a vacant position in the Executive Board appears (usually in every third year) it elects the Major Officers (MOs) of the society, notably the President, Secretary General, and Treasurer, as well as the Executive Board members. As per the new Bylaws, a rotational system is applied to Council and Executive Board Members and the terms of office of MOs & Board Members are predefined to 3 years, once renewable, except for the President, who cannot serve the society for a second term. The President is elected one year prior to the commencement of his/her term and participates in the MOs team and Board as President Elect for one year. Also, to maintain the continuity of the society, the Immediate Past President participates in the Executive Board as MO for another 2 years, whereas he/she serves as Chair of the Congress Scientific Committee for 3 years after the end of his 3 – year term as President. Because these matters must be approved and ratified by the General Assembly held during each annual scientific meeting, ESRA became more efficient, democratic, and transparent than it had been. Nowadays, as technology facilitates communication extremely effectively, online Board and Council Meetings take place more regularly. The MOs, Board Members and Councilors over the years are presented in Figures 19 & 20. Recently, new national societies entered ESRA; Romania in 2018, Bulgaria in 2019, and Czech Republic in 2024. Creation of more ESRA national societies is in the pipeline (North Macedonia, Bosnia Herzegovina, Serbia, Albania, Monte Negro and Hungary). In addition, the South Africa zone was created without any voting right.

Figure 19.
ESRA Major Officers and Board Members over time in the society history



* Founder members ** New organization in 2009, creation of the Board and the Council

Figure 20.
ESRA Zones & Council of Countries Representatives over time in the society history



The Current ESRA Administration

As it has been mentioned, for the first decade of ESRA's existence, all administrative work was undertaken by the Board members aided by their zonal committee colleagues and families, a huge debt being owed to Françoise Van Steenberghe. However, as the society and the annual meetings were growing fast, it soon became obvious that professional support was both necessary and affordable. Options EuroCongress, a Professional Congress Organizer (PCO) taking care of the ESRA Annual Congresses and other scientific activities, provided support from 1993 through 2005, including memberships handling. In 2006, the PCO KENES International took over, being responsible for the congresses and events organization and oversight, also filling the management role. This guidance brought a high degree of professionalism and a major improvement in ESRA finances too.

In 2012, the ESRA MOs and Executive Board Members decided to employ a professional director to support them throughout the society management. This director (ESRA CEO, Mr Florian Locatelli from Switzerland) together with his secretariat team (Aline Christen from Switzerland who was employed in 2013, and Morgan Lanoy from France who was employed in 2017) were charged with managing the society's affairs on a day-to-day basis, under the oversight and control of ESRA MOs. As such, KENES International was no more responsible for managing the ESRA memberships, whereas ESRA collaboration with KENES as its core PCO continues up to 2019, with the Bilbao annual congress being the last organized by them. During the COVID pandemic a PCO bidding was organized and KIT Group was selected, serving as PCO for the 2022 Annual Congress that was held in Thessaloniki, Greece. From 2023 and onwards the official PCO of ESRA is MCO Congress, with whom ESRA has signed a 4-year contract until the end of 2026.

Also, in 2020, following the resignation of the ESRA CEO, the society started to organize its internal office, by hiring employees or collaborating with external providers, in an effort to establish an administrative independency in the society and a potential plan to take over the responsibility of the annual congress organization in the future. In Figure 21 one can see the current ESRA office team and structure, which consists of 10 employees and services providers, whereas in Figure 22 the ESRA organizational chart is presented. ESRA continuously updates its administrative structures with the primary goal of enhancing the dissemination of knowledge in RA and, more recently in Pain Management. The official & legal basis of ESRA is situated in Geneva, Switzerland, following its movement from Brussels in 2013, due to financial and regulatory reasons related to VAT. ESRA has its office in Geneva, despite the fact that its employees work remotely. However, ESRA Office Team and MOs meet regularly in person, usually 5 times per year. Due to the volume of high level responsibilities, ESRA Office Team, MOs and Executive Board Members are insured annually for any type of liability that can be related to their actions and initiatives.

Based on all changes that have been described, the society has become mature, better organized and more solid. Regulations, policies and rules are strictly applied in all activities, according to the society Bylaws and Terms of References (ToR), with ESRA Office following them regularly for any necessary action(s). In addition, finances are controlled efficiently, reassuring the financial sustainability of the society. From 2023 and onwards an audit of ESRA finances takes place on an annual basis. Bylaws, ToR and all policies are reviewed on an annual basis too and all necessary alterations usually take place and are approved every September, during the Council & Board meeting and the Annual General Assembly (AGA) that are held in parallel to the annual congress. In 2023, the MOs and Board have decided to proceed with certification of ESRA by ISO 9000:2015, with the evaluation process having started and planned to be completed by the end of 2024.

Figure 21.
ESRA Office Team, Roles and Structure in 2024



Aline Christen,
Switzerland
Administrative Manager
Quality Officer
ESRA - DPM (former
EDPM) Coordinator



Konstantina Prifti,
Greece
Accounting Officer



Christina Gryparis,
Greece
Memberships Coordinator
ESRA - DRA (former
EDRA) Coordinator



Kalliopi Platsi,
Greece
Congress Manager



Vivien Penning - Titze,
Germany
Events Manager



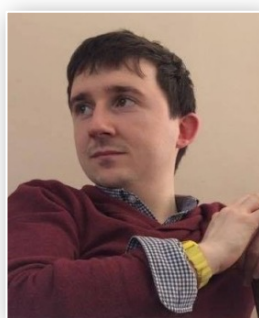
Beatrice Torri,
France
Industry Manager



Maja Jeremic,
Switzerland
EU Projects Manager



Anna Balatska,
Spain
Marketing
Manager

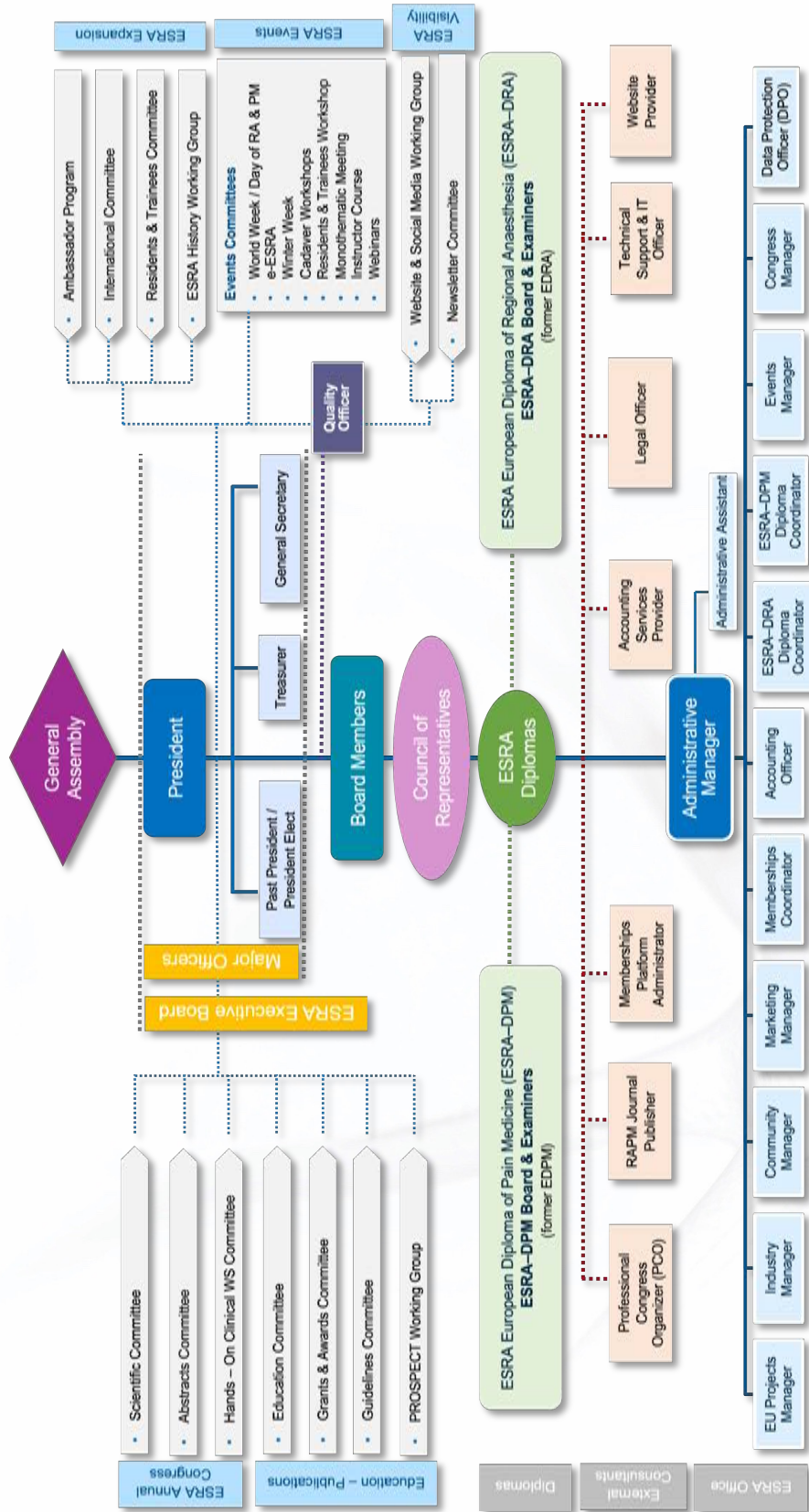


Jeremy Ruckebush,
France
Community
Manager



Roseanne Wilkinson,
UK
PROSPECT Secretariat
PROSPECT Medical Writing

Figure 22.
ESRA Governance & Organizational Chart



CHAPTER 4.

ESRA Congresses, Workshops, Scientific Meetings.

ESRA Annual Congress

Since ESRA establishment, the Annual Congress has always been an integral part of the Society's Educational Program. As such, two years after the Heidelberg meeting in 1980, the first ESRA congress took place in Edinburgh, in September 1982 with great success (Table 3 & Figure 10). This first meeting in Edinburgh began with the JY Simpson Memorial Lecture, presented by Philip Bromage (USA) and continued with a session on history of local anaesthetics, chaired by Joel Katz (USA) and with JAW Wildsmith (UK), JA Lee (UK) and AP Winnie (USA) as speakers (Figure 23).

Over the years the ESRA scientific meetings grew and flourished, currently expanding to four days in up to 15 parallel lecture halls and featuring multiple concurrent sessions, such as networking symposia, plenary experts' panel discussions, instructional «refresher course» lectures, PRO-CON debates, «ask the expert» interactive sessions, «second opinion» discussions, «tips & tricks» sessions, «problem based» learning discussions (PBLD), free papers and video contests, poster presentations and competition, various Hands-On clinical workshops on Ultrasound Guided Regional Anaesthesia (UGRA) and Pain Management, and Hands-On Cadaver Workshops. ESRA, following the evolution of technology, in the early 2010s started offering the option of a poster presentation in an electronic format. Similarly, many other innovative sessions are introduced on an annual basis, including complex case discussions with audience-submitted content, trainees' sessions, LIVE demonstrations of RA and Pain techniques on models and the 360 open space simulation courses. The annual congresses are pre-planned well in advance and take place in major European cities, each with unique social programs, typically featuring the cuisine and culture of the hosting country (Figure 24). These social components, together with the friendships that spring from them, add to the pleasure of attending and ensure that registrants come from all over the world.

Figure 23. Scientific Sessions of 1st ESRA Congress, Edinburgh, September 1982

SCIENTIFIC PROGRAMME	
Thursday, September 16th, 1982	
10.00-17.30	Registration
16.00	J. Y. Simpson Memorial Lecture by Professor P. R. Bromage, in Royal College of Surgeons.
17.30-18.00	Opening Ceremony: McEwan Hall Introductory Remarks: Dr D. B. Scott, Chairman, ESRA Dr H. Carron, President, ASRA
18.15-20.00	Reception, Student Centre.
Friday, September 17th, 1982	
09.00-09.05	Opening remarks Dr D. B. Scott, Chairman European Society of Regional Anaesthesia
SESSION ONE:	HISTORY OF LOCAL ANAESTHESIA Chairman: Prof. J. Katz, University of California, San Diego, U.S.A.
09.05-09.20	Three Edinburgh Men Dr J. A. W. Wildsmith The Royal Infirmary, Edinburgh, U.K.
09.20-09.45	History and current status of local anaesthesia in Europe Dr J. A. Lee Southend-on-Sea, Essex, U.K.
09.45-10.10	History and current status of local anaesthesia in North America Prof. A. P. Winnie University of Illinois, Chicago, U.S.A.
10.10-10.40	COFFEE
SESSION TWO:	REGIONAL ANAESTHESIA IN OBSTETRICS Chairman: Dr L. D. Bridenbaugh, The Mason Clinic, Seattle, U.S.A.
10.40-10.50	Current status of regional anaesthesia in obstetrics in Europe Dr A. Van Steenberghe Brussels, Belgium.

The ESRA Annual Congresses were held jointly with EuroPain between 1998 and 2000 (Figure 25), and the European Society of Obstetric Anaesthesiology in 2000 & 2001, but continued collaboration with ASRA has had a more lasting effect.

Figure 24.

Hosting Cities of the ESRA Annual Congresses, from 1982 and onwards

- | | | |
|--------------------------------------|---|--------------------------------------|
| 1982 - Edinburgh, UK | 2011 - Dresden, Germany | 2021 - Virtual Congress |
| 1983 - Leiden, Netherlands | 2012 - Bordeaux, France | 2022 - Thessaloniki, Greece |
| 1984 - Vienna, Austria | 2013 - Glasgow, UK | 2023 - Paris, France |
| 1985 - Rome, Italy | 2014 - Seville, Spain | 2024 - Prague, Czech Republic |
| 1986 - Malmö, Sweden | 2015 - Ljubljana, Slovenia | |
| 1987 - Paris, France | 2016 - Maastricht, The Netherlands | |
| 1988 - Mainz, Germany | 2016 - Maastricht, The Netherlands | |
| 1989 - Lisbon, Portugal | 2017 - Lugano, Switzerland | |
| 1990 - Bern, Switzerland | 2018 - Dublin, Ireland | |
| 1991 - Athens, Greece | 2019 - Bilbao, Spain | |
| 1992 - Brussels, Belgium | 2020 - International e-Congress | |
| 1993 - Dublin, Eire | | |
| 1994 - Barcelona, Spain | | |
| 1995 - Prague, Czech Republic | | |
| 1996 - Nice, France | | |
| 1997 - London, UK | | |
| 1998 - Geneva, Switzerland | | |
| 1999 - Istanbul, Turkey | | |
| 2000 - Rome, Italy | | |
| 2001 - Warsaw, Poland | | |
| 2002 - Barcelona, Spain | | |
| 2003 - Valetta, Malta | | |
| 2004 - Athens, Greece | | |
| 2005 - Berlin, Germany | | |
| 2006 - Monte Carlo, Monaco | | |
| 2007 - Valencia, Spain | | |
| 2008 - Genoa, Italy | | |
| 2009 - Salzburg, Austria | | |
| 2010 - Porto, Portugal | | |



Figure 25.

(A) Co-organization of XVIII ESRA Annual congress with EuroPain, Istanbul, Turkey, 1999

(B) Eli Alon (Switzerland), President of ESOA, lecturing at the joint ESRA – ESOA Congress, held in Athens, Greece, in 2000



Traditionally, in ESRA Annual Congresses, an international forum of specialists is invited as faculty to lead the discussions and ensure the exchange of cutting-edge knowledge and expertise between colleagues. The didactic sessions, particularly those related to the application of peripheral nerve blocks were very well-attended, immediately after their introduction, and can be characterized as the most popular ones. Often, as a tribute to the dynamic role of the hosting country, in the past, the scientific program featured sessions and workshops in the local language, as it happened in the 15th and 19th ESRA Annual Congress being held in Nice in 1996 and in Rome in 2000, although the final experience was neither so positive nor cost-effective. In 1995, the ESRA lecture was introduced, being delivered by JAW Wildsmith (UK), and becoming a prominent feature of the Annual Congresses. The following year, in 1996, the ASRA lecture was added to the Annual Congress program, with the inaugural lecture being delivered by John Rowlingson (USA).

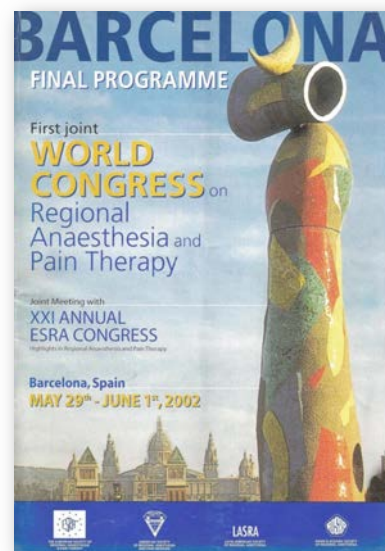
The 1984 meeting in Vienna was a joint venture marking the centenary of Carl Koller's discovery, and the RA societies were delighted to play host to his daughter, Hortense, who authored the definitive biography of her father. The Vienna meeting marked a 4-year cycle of joint RA conferences, held as satellites to World Congresses of Anaesthesiology. These meetings took place first in Williamsburg (1988) as a collaborative effort of ESRA and ASRA, under the leadership of B. Covino (from USA) and JAW Wildsmith (from Europe), and as it is depicted in Figure 26. A. Van Zundert strongly supported this initiative of ESRA – ASRA collaboration. The next editions of these meetings took place in Brussels (1992), Auckland (1996), when the conference became known as the International Symposium on Regional Anaesthesia (ISRA), and Québec (2000). To showcase the diverse applications of RA, enhance the understanding and improve the knowledge in the field, as well as to attract new members to join the society, the ESRA Board of Directors devoted a lot of efforts in the planning of ISRA, that were organized by A. Van Zundert. The inaugural ISRA, took place in New Zealand from April 9–11, 1996, and was supported by ESRA, ASRA, AOSRA, and LASRA, with JAW Wildsmith (UK) being at the helm of its scientific committee.

The success and growth of these ISRA events resulted in the decision to globalize RA and establish the freestanding World Congress on Regional Anaesthesia and Pain Therapy, that provided a worldwide perspective on RA and Pain Medicine. The 1st one took place in Barcelona in 2002, under the leadership of A. Van Zundert who was ESRA President at that time (Figure 27), followed by Rio de Janeiro in 2006, Sydney in 2013, Cape Town in 2014, New York in 2018, and Paris in 2023 (Figure 28), in collaboration with all continental societies (ESRA, ASRA, LASRA, AFSRA, and AOSRA).

Figure 26.
2nd International Symposium of Regional Anaesthesia (ISRA), Williamsburg, Virginia, USA, 1988



Figure 27.
1st World Congress of Regional Anaesthesia & Pain Therapy – Joint Meeting with the 21st ESRA Annual Congress, Barcelona, 2002



During the COVID Pandemic ESRA did not organize any in person annual congress. However, it remained at the forefront and instead the ESRA Virtual Congress took place in September 2021. This was a successful event, hosting online 1.500 participants, and being expanded in three parallel virtual rooms (Figure 29). Interestingly, in one of the virtual rooms, the first day of the meeting, the Open Forum Day took place, during which topics related mainly to education and RA / Pain Medicine career opportunities were discussed, with the input of international Key Opinion Leaders. Before COVID Wonderful Congresses took place (Figures 30A, B).

In 2022, ESRA marked its 40th anniversary since the organization of its first meeting in Edinburgh (1982), looking back on its development and achievements in the field. The first annual congress after the pandemic took place in Thessaloniki, Greece (39th ESRA Annual Congress), with over 1.750 attendees, 250 faculty members, 215 well attended sessions, 62 fully booked workshops and more than 500 presented abstracts. The meeting was held under the leadership of Alain Delbos (France) and Eleni Moka (Greece), and was both scientifically and socially rewarding, as it was a loud comeback! Organizing this congress was bitter and sweet, since its very start, as the early proceedings were interrupted due to the pandemic and the congress, originally planned for September 2020, was postponed twice, wave after wave after wave... Fortunately, and with everyone's efforts, ESRA organized one of the greatest meetings of its history, face-to-face!

There are so many highlights one can focus on and some impressions from this congress are depicted in Figure 30C. Of note the social program has been characterized as exceptional and as one of the best in ESRA history.

During the congress, a tremendous sense of anticipation filled the air as delegates assembled in the beautiful setting of the Concert Hall in Thessaloniki for the opening ceremony of the first face-to-face ESRA Congress since the start of the pandemic. This would be the first time the ESRA community had been together in three years. The orchestra assembled and took their seats, and soon, the first bars of The Ode to Joy filled the hall. The networking dinner took place at the wonderful setting of the nautical club of Thessaloniki. All were invited and all made sure to mark their presence with smiles and good mood, tasting the wonders and colored flavors of Greek cuisine.

ESRA MOs, were very proud of it and paid homage to the local organizing committee for their countless efforts and extreme dedication to the success of this event. Also, due recognition for the support from the Greek Government and the Thessaloniki's local authorities was expressed loudly.

Figure 28.
6th World Congress of RA and Pain Medicine (6th WCRAPM), hosted by ESRA, as a joint meeting with its 40th Annual Congress, in Paris, in September 2023



Figure 29.
ESRA Virtual Congress, September 2021



Figure 30A.
Impressions from the ESRA Annual Congress, in Dublin in 2018



Figure 30B.
ESRA Annual Congress, Bilbao 2019

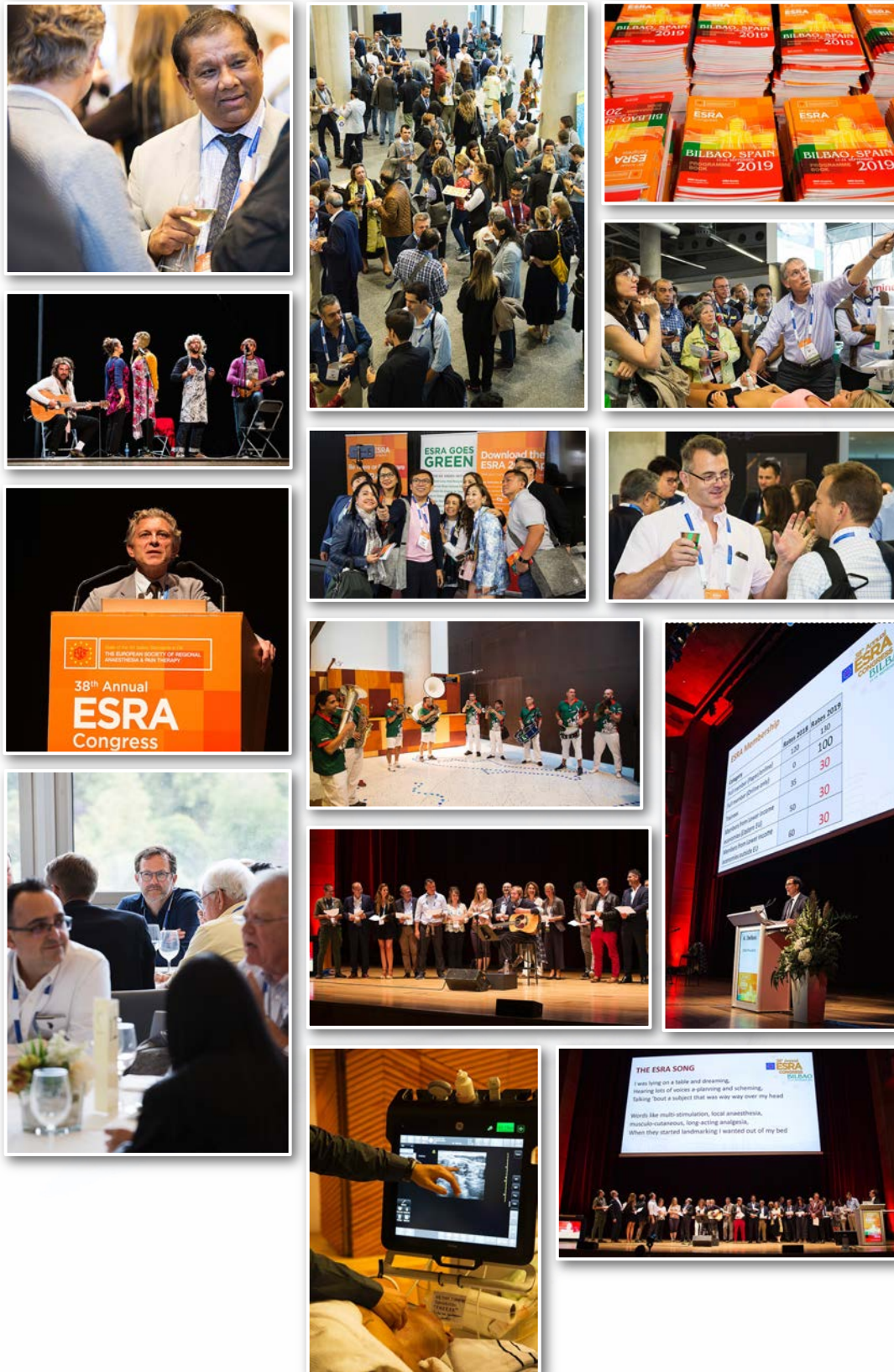


Figure 30C.

Visual and highlights of the 39th ESRA Annual congress, Thessaloniki, Greece, June 2022



The Aristotle University Symphony Orchestra and Chorus



Outdoor space of the venue during the first day of the congress



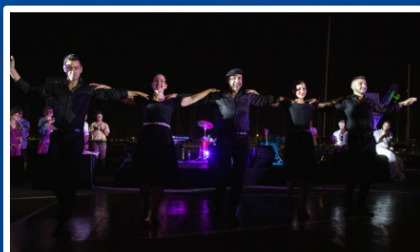
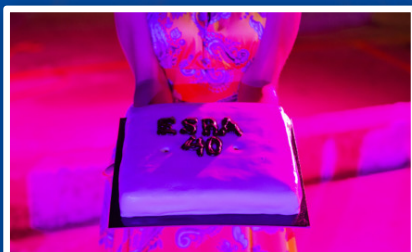
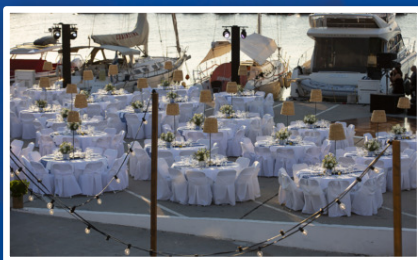
Jose De Andres (left) receiving the Carl Koller Award by Thomas Volk (right)



Jose Aguirre (right) receiving the Recognition of Education in RA Award by Thomas Volk (left)



Aurore Latragne (left) and Alba Sabaté (right) receiving an award for their Chronic Pain paper, by Thomas Volk (middle)



Highlights and Impressions from the Annual networking Dinner (Gala Dinner)

Figure 30C.
Visual and highlights of the 39th ESRA Annual congress, Thessaloniki, Greece, June 2022 (continued)



In 2023, ESRA hosted its biggest scientific event ever, the 6th World Congress of RA and PM, in Paris, as a joint event with its 40th Annual Congress (Figure 28). Joining collaborative efforts with all sister societies (ASRA Pain Medicine, AFSRA, LASRA, AFSRA and AORAPM), the impressive numbers of more than 3.300 Delegates, more than 300 Faculty Members & Key Opinion Leaders from all continents, 135 clinical and cadaver workshops and more than 750 abstracts were achieved.

In the enchanting heart of Paris, during the inaugural week of September 2023, the city witnessed the grandeur of the “Regional Anaesthesia & Pain Medicine Week”, an haute couture affair hosting the illustrious World Congress of Regional Anaesthesia and Pain Medicine (WCRAPM), which transcended expectations, offering a transformative experience. This extraordinary event unfolded as a breathtaking spectacle, akin to the prestige and allure of the renowned Paris Fashion Week (Figure 31).

Alain Delbos (France) and Eleni Moka (Greece) led the scientific committee and supervised the whole organization. An expanded, high-quality scientific content was offered to all participants, in parallel with a great family atmosphere, combined with networking, interactivity, knowledge sharing and exchange of new ideas. This congress was not just another ESRA event; it showcased that, in the rapidly evolving landscape of healthcare, deepening partnerships is the cornerstone, upon which we can build bridges, learn from each other, support fundamental changes and establish progress.

Similarly, for the 2024 congress, being held in Prague, ESRA has built an amazing Scientific Program to serve the needs of its members. It aims to enlighten and engage the audience within a comprehensive and high-quality Scientific Program, packed with the most groundbreaking scientific achievements and evidence-based practice recommendations, delivered by more than 250 well-respected international experts and KOL, as well as the rising stars of the future, all serving on our faculty team.

An audience of more than 2.000 participants is anticipated, with a representation from more than 100 countries from all over the world. This congress is another opportunity in 2024 to network, as well as to share and underpin the latest updates, advancements and leading-edge research and innovation across the spectrum of Regional Anaesthesia (RA), Perioperative care, PocUS, as well as Acute Postoperative & Chronic Pain Management (Figure 32).

Figure 32.
41st ESRA Annual Program, Prague, September 2024



Figure 31.
Impressions from the 6th World Congress of Regional Anaesthesia & Pain Medicine, Paris, France, September 2023



Alain Delbos (France)



Admir Hadzic (Belgium) & Colleagues



Samer Narouze, USA (right), Vrushali Ponde, India (left) Balavenkat Subramanian (middle)



Thomas Volk (right) Vishal Uppal (left)



Flashmobe Dancing



Luis Valdes & Colleagues from AFSRA



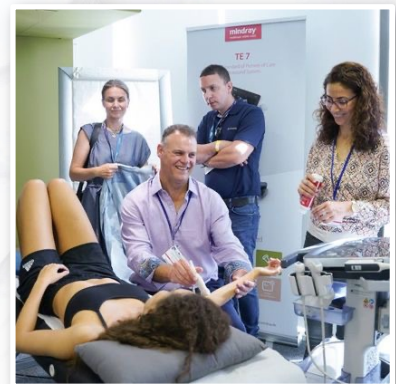
Opening Ceremony



Vincent Chan (Canada)



From left to right, Alain Delbos (France), Patrick Narchi (France), Eleni Moka (Greece), Athina Vadalouca (Greece), Ioanna Siafaka (Greece)



Morne Wolmarans (UK)

Figure 31.
Impressions from the 6th World Congress of Regional Anaesthesia & Pain Medicine, Paris,
France, September 2023.
(continued)



ESRA Cadaver Workshops

In 1997, ESRA's activities took a major step forward with the establishment of the very popular Cadaver Workshops, held in Innsbruck, Austria, under the guidance of Slobodan Gligorijevic (Switzerland), and with the enthusiastic support of Bernhard Moriggl, from the local anatomy Department (Figure 33). The first ESRA Cadaver Workshop in Innsbruck (Figure 34) took place as a zonal meeting of Switzerland - Austria, with Slobodan Gligorijevic serving as the chair of this event. This was a significant educational initiative, which was further improved and fine-tuned over the years, remaining one of the most popular ESRA activities until today. It is worth mentioning the CAD WS educative and scientific importance, its contribution to image and popularity of RA and ESRA, as ESRA was the first RA Society in the world that started Anatomy WS on a regular base and open to all anaesthesiologists worldwide.

Figure 33.

- (A) Bernhard Moriggl,
- (B) Slobodan Gligorijevic, while teaching,
- (C) Impressions from various Cadaver Workshops



Figure 34.

Programs and Visuals of the 1st and 2nd ESRA Cadaver Workshop, taking place in Innsbruck, in 1997 and 1999



From 2015 and onwards, under the leadership of Paul Kessler, Germany, who serves as Chair of the Cadaver Workshops Committee, as well as of Peter Merjavý, UK and Andrzej Krol, UK, who are Committee Co-Chairs (Figure 35), ESRA significantly expanded its accredited workshops, featuring cadaver sessions and practical hands-on training across multiple European cities except Innsbruck, for example Madrid, Paris, and Witten. The cadaver workshops have also expanded in the field of pain and under the guidance of Andrzej Krol, ultrasound and C-Arm facilitated interventional chronic pain techniques are regularly demonstrated and taught. Nowadays, the Innsbruck Cadaver Workshop takes place twice per year, in February and May. Also, each workshop is divided in one dedicated to RA, and another focused on interventional chronic pain techniques. In 2024, the 35th and 36th RA, as well as the 12th and 13th Chronic Pain Cadaver Workshops took place in February and May, which were evaluated as excellent (Figure 36). Additionally, due to their importance, these workshops are included in the prerequisites & eligibility criteria for the participation in the ESRA – DRA (former EDRA) exams.

Figure 35.

Chair and Co-Chairs of Cadaver Workshops Committee in 2024

(A) Paul Kessler, Germany

(B) Peter Merjavý, UK

(C) Andrzej Krol, UK



Figure 36.

Cadaver Workshops taking place in 2024



Another important event was added to the ESRA hands - on activities: The Eastern European anatomical Cadaver Workshop, with the first one being held in Ljubljana, Slovenia in 2003, guided by Slobodan Gligorijevic and Narinder Rawal (Figure 37). The Eastern European Cadaver Workshops keep being organized, with Paul Kessler (Germany), Peter Merjavy (UK), and Andrzej Krol (UK) serving as event chairs and co-chairs respectively, and following a venue rotation between Ljubljana, Prague, Krakow and Budapest, usually every 2 years. In 2024, this Workshop will take place in Prague (Figure 38). Participants have always received excellent instruction from professional anatomists and widely experienced users of RA and Chronic Pain techniques.

Figure 37.
The 1st ESRA Eastern European Cadaver Workshop, Ljubljana, Slovenia, 1997

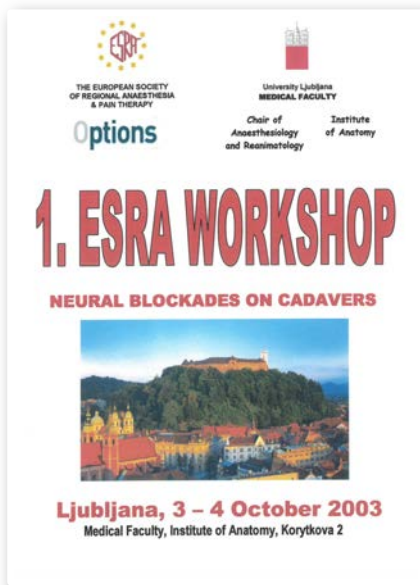


Figure 38.
The 21st ESRA Eastern European Cadaver Workshop, Prague, Czech Republic, 2024



The great interest in the Cadaver Workshops has led their leaders to search for opportunities to organize these events outside Europe. As such, the first ESRA accredited Cadaver Workshops took place in 2024, in Philippines, in close collaboration with the Manila Academy of Regional Anaesthesia. The feedback from both participants as well as ESRA instructors was excellent, and as such the plan is to organize similar events in Asia and Latin America (Figure 39).

Figure 39.
ESRA accredited Cadaver Workshops outside Europe (Manila, Philippines)



Other ESRA Scientific Meetings

ESRA expanded its global presence and footprint by holding a fruitful international meeting in Jaipur, India, from February 9–13, 1998, with Narinder Rawal (Sweden) being the chair of the event (Figure 40A). Zonal meetings in the form of small-scale versions of the major conferences, with content and language appropriate to local conditions, have also contributed greatly to ESRA's success. Similarly, Narinder Rawal was the chairman of a series of international meetings (International Conferences on Pain Control & Regional Anaesthesia – IPCRA) that were held in Santiago (Chile), Cape Town (South Africa), Hong Kong, Havana (Cuba), Marrakesh (Morocco), and Kochi (India) in the 2000s and until mid 2010s. The United Kingdom has had an annual meeting since the mid-1980s and Spain since 1997 (average attendance of more than 500). Following the very successful annual congresses of Lisbon in 1989 (Figure 40B), the society further engaged with and reached out to the Balkan countries, by organizing the 1st Mediterranean and Balkan Congress in Athens, Greece, from June 19-21, 1998, chaired by Athina Vadalouka (Greece), and attracting over 550 participants (Figure 41). Another two Mediterranean and Balkan congresses were organized by the Greek zone, each attracting more than 600 participants.

Figure 40A.
Albert Van Steenberghe at the International RA Meeting in Jaipur, in February 1998



Figure 41.
1st ESRA Mediterranean & Balkan Congress, Athens, Greece, 1998
(A) Program, (B) Barry Fischer, UK, (C) Athina Vadalouka, Greece

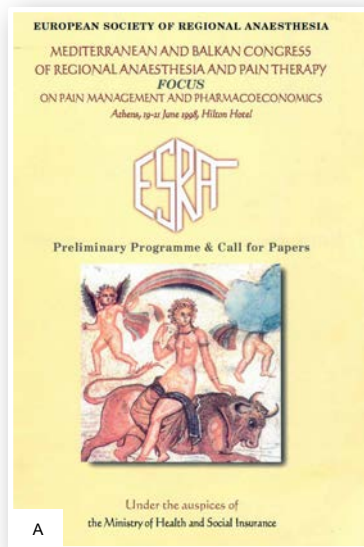


Figure 40B.
Paolo Busoni and his wife (left), Robert Macintosh and his wife (middle) and Athina Vadalouka (right) in Lisbon ESRA Annual Congress, Portugal (1989)



Another important event was added in the portfolio of ESRA scientific activities, and this was the Winter Week Conference, that was first organized in 2002, under the leadership of Andre Van Zundert and Slobodan Gligorijevic. The selected venue was initially set in Switzerland, but the meeting is currently held in Langenfeld, Austria (Figure 42). In January 2025, its 19th edition will take place. Following the paradigm of those who inspired this meeting, Geert Jan Van Geffen, The Netherlands and Jens Borglum, Denmark (Figure 43) were leading the event since the mid 2010s and in 2023, Matthias Desmet, Belgium stepped up as Co - Chair (Figure 44).

Another successful ESRA activity is the Monothematic meeting that was introduced in the mid 2010s, with Marc Van De Velde, Belgium serving as its chair. Initially it was taking place every Spring as a Spring meeting, but currently it has been moved to end of September - beginning of October, as a sunny Autumn conference. The venue has been Algarve, Portugal and the 8th Edition will be held in October 2024 (Figure 45). The thematic axis of Monothematic Meeting has been rotating between Obstetric RA, Perioperative Pain and ERAS, as well as Chronic Pain Medicine.

Figure 42.

Impressions from the various Winter Week Conferences that have been organized over the years

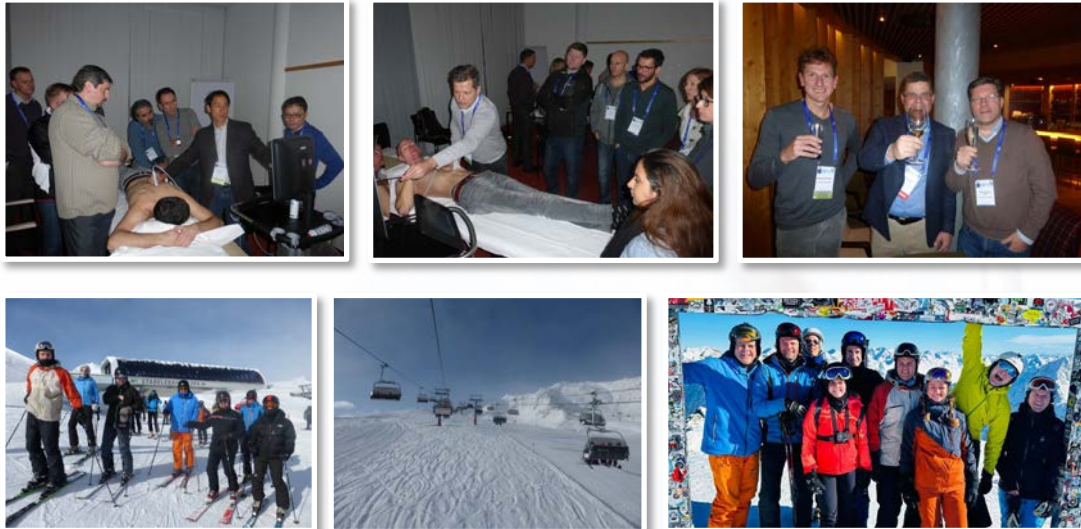


Figure 43.

Leaders of Winter Week Conference from mid 2010s and onwards

(A) Geert Jan Van Geffen, The Netherlands

(B) Jens Borglum, Denmark



Figure 44.

Matthias Desmet, the new Co-Chair of Winter Week, from 2023 and onwards

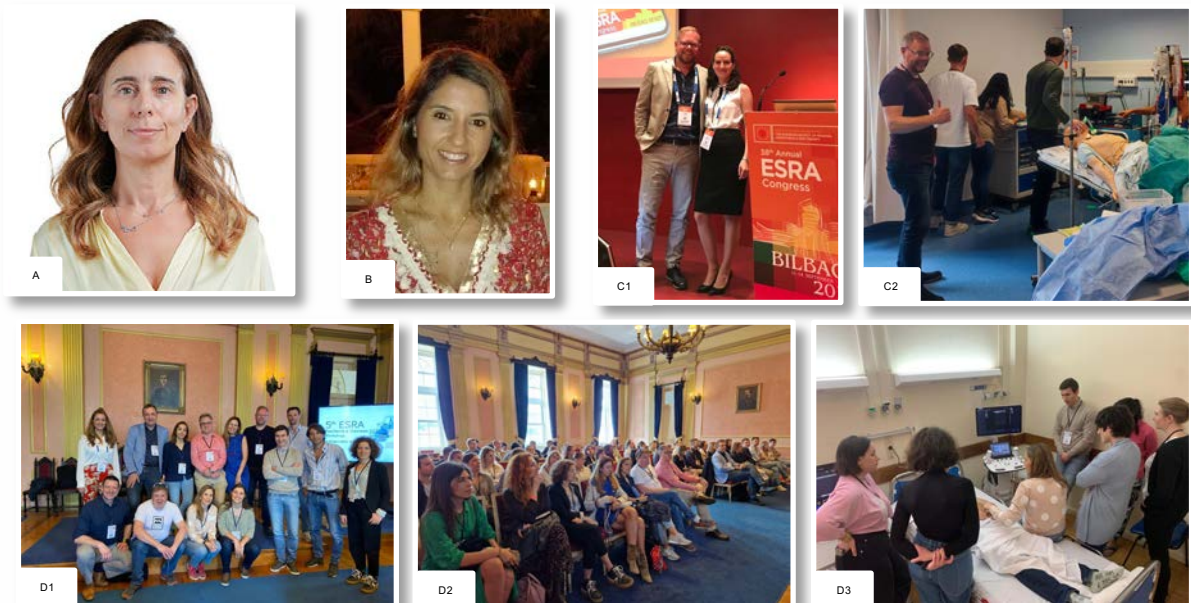


Figure 45.
Highlights from the ESRA Monothematic Meetings



In the mid 2010s ESRA designed and offered to its members another workshop, fully dedicated to anaesthesiology residents, who want to get started and be introduced in the art of regional anaesthesia. At a very attractive price and in one of Europe’s most vibrant cities, Porto, beginners can learn basic anatomy and regional blocks with hands-on sessions and simulation in emergency situations and common complications associated with RA. The initial leader of this meeting was Clara Lobo (Portugal) succeeded by Lara Ribeiro (Portugal), who currently serves as Chair of the Event, with Josip Azman (Sweden), who is the Event Co-Chair (Figure 46).

Figure 46.
Highlights & Key Person involved in the organization of Trainees Workshop
(A) Clara Lobo (Portugal), (B) Lara Ribeiro (Portugal), (C1 - C2) Josip Azman (Sweden)
(D1 - D3) Impressions from the Activity



Last but not least, ESRA pioneered for another time by starting organizing the ESRA Instructor Course in 2016. The idea belongs to Jessica Wegener, from The Netherlands (Figure 47), who was the leader of the project, and since 2023, Peter Merjavy, UK, is the Chair of the event. This course is one of the best for learning teaching skills and instruction techniques in a great environment! It is a unique opportunity to focus on “how” to teach in the first place instead of “what” is taught.

Instructors in the field of Regional Anaesthesia are supported and encouraged by ESRA. Education in RA is part of the ESRA’s main goal of establishing Comfortable Care Everywhere. This course provides additional educational knowledge, teaching skills and instruction techniques to instructors. ESRA offers the opportunity to develop your educational values in Regional Anaesthesia. The meeting was initially held in Amsterdam, but currently it has moved to Belgium with its 5th edition taking place in Antwerp (Figure 48).

Figure 47.

Jessica Wegener from The Netherlands, who pioneered by introducing the ESRA Instructors Course



Figure 48.

5th ESRA Instructor Course, November 2024



CHAPTER 5.

ESRA Honours & Awards.

Soon after its establishment, ESRA has taken great pride in recognizing excellence within its fields, through its esteemed Awards. From its inception, ESRA committed itself and has been dedicated to honouring the outstanding contributions of individuals and teams, who have achieved significant milestones in Regional Anaesthesia, later expanding to include Pain Therapy as well. These Awards highlight and celebrate various aspects of professional achievement, including groundbreaking research, clinical excellence, educational leadership, exceptional dedication and innovative practices, of those who have advanced the practice and science in these areas. By acknowledging these remarkable accomplishments, ESRA aims to inspire continued excellence and foster a spirit of innovation and collaboration among its members and the broader medical community.

The Awards that are currently presented by ESRA include:

- «Carl Koller» Gold Medal Award
- «Recognition of Education in Regional Anaesthesia» Award (former «BBraun» Award)
- «Recognition of Education in Pain Medicine» Award
- «Albert Van Steenberghe» Award (for the Best Regional Anaesthesia Published Paper)
- «Best Chronic Pain Paper» Award (for the Best Chronic Pain Published Paper)
- Other Award such as:
 - ✓ «Best 3 Free Papers» Awards (presented during the ESRA Annual Congresses)
 - ✓ «Best 3 Posters» Awards (presented during the ESRA Annual Congresses)
 - ✓ «Best 3 Videos» Awards (presented during the ESRA Annual Congresses)
 - ✓ «Best 3 infographics» Awards (presented during the ESRA Annual Congresses)

«Carl Koller» Gold Medal Award

Building on the esteemed precedent established by the ASRA Gaston Labat Award, which honours significant contributions from leading figures in the field, ESRA instituted the «Carl Koller» Gold Medal Award, just four years since the constitution of the society, during its Annual Congress, held in Vienna, in 1984. Financially supported by the Koller family, the first gold medal (Figure 49) was awarded to John Alfred Lee from the United Kingdom, presented by Carl Koller's daughter (Figure 50). Since its inception, this prestigious ESRA Award has recognized a series of distinguished leaders from across the globe, being presented, on an annual basis during the ESRA Annual Congress (Table 4 & Figure 51). Initially sponsored by ASTRA and later by AstraZeneca from Sweden, the responsibility for sponsorship was assumed by Sintetica from Switzerland in 2012 and until 2016. After Sintetica ceased sponsoring the Award, ESRA began covering the cost of the Carl Koller Gold Medal Award on its own.

Figure 49

The 1st ESRA Carl Koller Gold Medal Award, with the society logo engraved in the front



The transition of sponsorship from ASTRA and AstraZeneca to Sintetica, and eventually to ESRA itself, underscores the society's unwavering commitment to recognizing and fostering exceptional talent and groundbreaking work in the field. Each recipient of this award has left an indelible mark on the medical landscape, contributing to the evolution of practices that enhance patient care and outcomes.

Nowadays, the «Carl Koller» Gold Medal Award has become a well-established tradition within ESRA. It is presented to leading figures from around the world, in recognition of their outstanding lifetime contributions to the fields of Regional Anaesthesia and/or Pain Medicine. This Award symbolizes ESRA's highest honour, celebrating the exceptional achievements and lasting impact of its recipients on the profession (Figures 52, 53, 54).

It stands as a testament to the enduring legacy of excellence and innovation in our fields. As we reflect on its history and significance, we are reminded of the profound impact that dedicated individuals can have on their profession and the lives of countless patients. The award continues to inspire new generations of regional anaesthesiologists and pain medicine specialists, encouraging them to strive for excellence and push the boundaries of what is possible. The 2024 Awardee is Admir Hadzic (USA - Belgium).



Figure 50
The 1st ESRA Carl Koller Gold Medal Award was presented to John Alfred Lee, UK, during the 3rd ESRA Annual Congress, held in Vienna, Austria, in 1984

Table 4.
List of the ESRA «Carl Koller» Gold Medal Award recipients over the years

Year	Venue	Carl Koller Gold Medal Award Recipients
1982	Edinburgh, Scotland, UK	---
1983	Leiden, Netherlands	---
1984	Vienna, Austria	John Alfred Lee, UK
1985	Rome, Italy	John Bonica, USA
1986	Malmö, Sweden	Torsten Gordh, Sweden
1987	Paris, France	Luc Lecron, France
1988	Mainz, Germany	Robert Macintosh, UK
1989	Lisbon, Portugal	Philip Bromage, USA
1990	Bern Switzerland	Bruce Scott, UK
1991	Athens, Greece	Ben Covino, USA
1992	Brussels, Belgium	Nicholas Greene, USA
1993	Dublin, Eire	James Moore, UK
1994	Barcelona, Spain	Fidel Pages, Spain
1995	Prague, Czech Republic	Daniel Moore, USA
1996	Nice, France	Bertil Lofstrom, Sweden
1997	London, UK	Alon Winnie, USA
1998	Geneva, Switzerland	Hans Nolte, Germany
1999	Istanbul, Turkey	Albert Van Steenberge, Belgium
2000	Rome, Italy	Prithvi Raj, USA
2001	Warsaw, Poland	Paul Buchoj, Sweden
2002	Barcelona, Spain	Michael Cousins, Australia
2003	Valetta, Malta	Henrik Kehlet, Denmark
2004	Athens, Greece	Tony Wildsmith, UK
2005	Berlin, Germany	Mathieu Gielen, The Netherlands
2006	Monte Carlo, Monaco	Paolo Busoni, Italy
2007	Valencia, Spain	Felicity Reynolds, UK
2008	Genova, Italy	Dag Selander, Sweden
2009	Saltzburg, Switzerland	Barrie Fischer, UK
2010	Porto, Portugal	Narinder Rawal, Sweden
2011	Dresden, Germany	Joseph Neal, USA
2012	Bordeaux, France	Per Rosenberg, Finland
2013	Glasgow, Scotland, UK	Stephan Kapral, Austria
2014	Seville, Spain	Bernard Dalens, Canada
2015	Ljubljana, Slovenia	Marcel Vercauteren, Belgium
2015	Maastricht, The Netherlands	Vincent Chan, Canada
2017	Lugano, Switzerland	William Harrop Griffiths, UK
2018	Dublin, Ireland	Barry Nicholls, UK
2019	Bilbao, Spain	Guy Weinberg, USA
2020	--- (COVID Pandemic)	--- (COVID Pandemic)
2021	Virtual	Marc Van De Velde, Belgium
2022	Thessaloniki, Greece	Jose De Andres, Spain
2023	Paris, France	Manoj Karmakar, Hong Kong
2024	Prague, Czech Republic	Admir Hadzic, Belgium

Figure 51.
ESRA Awards 1984 – 2024



Figure 52.
ESRA «Carl Koller» Gold Medal Award presented by Athina Vadalouka (Greece) & Andre Van Zundert (Belgium) to Albert Van Steenberge (Belgium), during the ESRA Annual Congress, held in Istanbul, in 1999



Figure 53.
ESRA «Carl Koller» Gold Medal Award presented by Athina Vadalouka (Greece) to Prithvi Raj (USA), during the ESRA Annual Congress, held in Rome, in 2000



Figure 54.

ESRA «Carl Koller» Gold Medal Award Recipients during the latest years

(A) Guy Weinberg (USA), Bilbao, Spain, in 2019

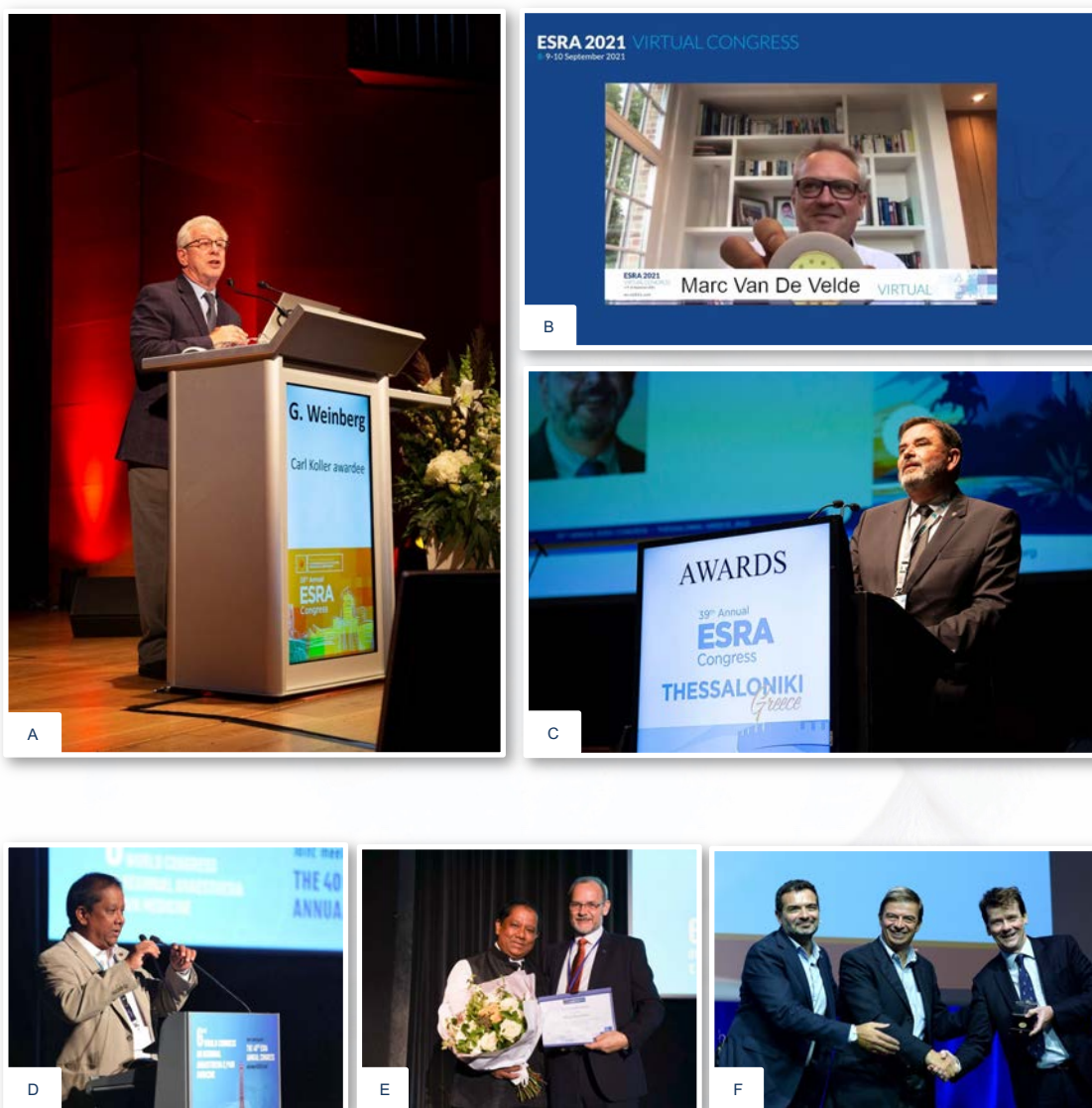
(B) Marc Van De Velde (Belgium), Virtually, in 2021

(C) Jose De Andres (Spain), Thessaloniki, Greece, in 2022

(D) Manoj Karmakar (Hong Kong), Paris, France, in 2023

(E) Thomas Volk presenting the Award to Manoj Karmakar in Paris, France, in 2023, during the 6th World Congress of Regional Anaesthesia and Pain Medicine

(F) William Harrop Griffiths, in Lugano, Switzerland in 2017



«Recognition of Education in Regional Anaesthesia» Award (former «BBraun» Award)

In 2005, ESRA introduced an Award for an «Outstanding Merit in the Training of Regional Anaesthesia Methods and Procedures», initially sponsored by BBraun, and as such named «BBraun» Award. The inaugural recipient of this prestigious Award was Alain Delbos from France, honoured during the 24th ESRA Annual Congress held in Berlin, Germany. Alain Delbos received this accolade for his exceptional contributions to Ultrasound-Guided Regional Anaesthesia (UGRA) education and training, notably through his pioneering DVD on 3-D simulation for teaching and hands-on practice in upper and lower limb peripheral nerve blockade (Figure 55). Since 2005, ESRA continuously undertakes to support outstanding innovative activities or developments in the field of Regional Anaesthesia by annually presenting the aforementioned Award (Figure 56).

This Award is a reflection on Excellence in Teaching & Clinical Education in the field of Regional Anaesthesia. BBraun sponsored the award until 2012, after which the sponsorship ceased. The Award was subsequently renamed the «Recognition of Education in Regional Anaesthesia» Award and is now offered annually to honour outstanding innovative activities or developments in the field. A list of Award recipients over time is presented in Table 5 & Figure 51. The 2024 Awardee is Vincent Chan (Canada).

Figure 55.
The 1st «Recognition of Education in Regional Anaesthesia» Award Recipient: Presented to Alain Delbos (France) in 2005, during the 24th ESRA Annual Congress, held in Berlin, Germany

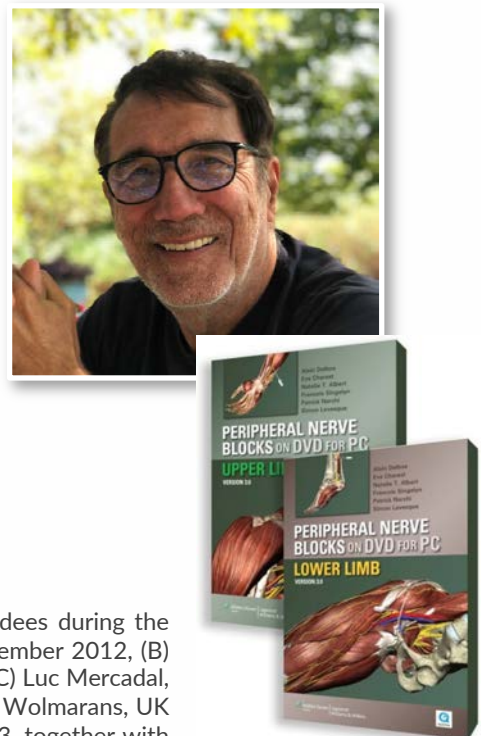


Figure 56.

ESRA «Recognition of Education in Regional Anaesthesia» Awardees during the latest years: (A) Admir Hadzic, USA, in Bordeaux, France, in September 2012, (B) Jose Aguirre, Switzerland, in Thessaloniki, Greece, in June 2022, (C) Luc Mercadal, France, Virtually in 2021, and (D) Clara Lobo, UAE (left) & Morne Wolmarans, UK (right), who shared the Award in Paris, France, in September 2023, together with Thomas Volk, Germany (middle), who was ESRA President at that time

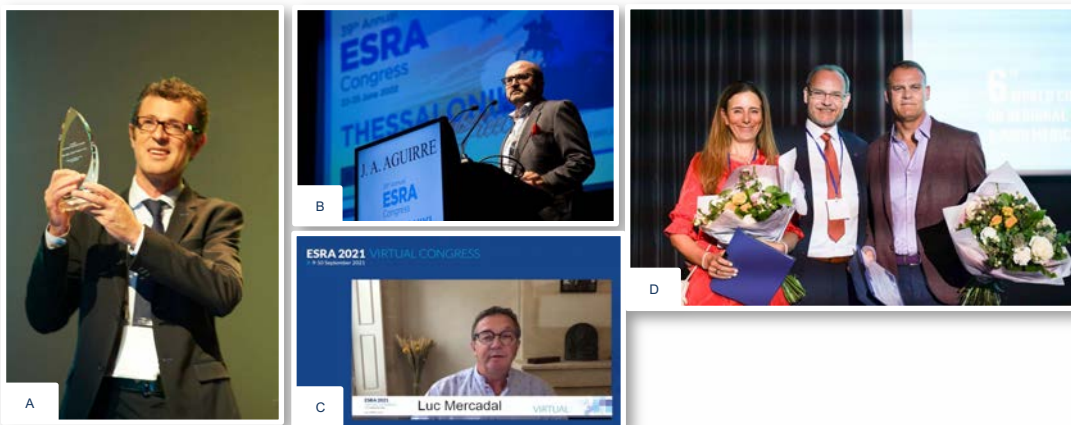


Table 5.

List of the ESRA «Recognition of Education in Regional Anaesthesia» Award Recipients over the years

Year	Venue	«Recognition of Education in Regional Anaesthesia» Award Recipients
2005	Berlin, Germany	Alain Delbos, France
2006	Monte Carlo, Monaco	Martin Johr, Switzerland
2007	Valencia, Spain	Stephan Kapral, Austria
2008	Genova, Italy	Barry Nicholls, UK
2009	Saltzburg, Switzerland	Hans Hinrich Mehrkens, Germany
2010	Porto, Portugal	Slobodan Gligorijevic, Switzerland
2011	Dresden, Germany	Miguel Angel Reina, Spain
2012	Bordeaux, France	Admir Hadzic, USA
2013	Glasgow, Scotland, UK	Alain Borgeat, Switzerland & EDRA Board
2014	Seville, Spain	Jose De Andres, Spain
2015	Ljubljana, Slovenia	Xavier Capdevila, France
2016	Maastricht, The Netherlands	Xavier Sala – Blanch, Spain
2017	Lugano, Switzerland	Paul Kessler, Germany
2018	Dublin, Ireland	Oivind Klaastad, Norway
2019	Bilbao, Spain	Manoj Karmakar, Hong Kong
2020	--- (COVID Pandemic)	--- (COVID Pandemic)
2021	Virtual	Luc Mercadal, France
2022	Thessaloniki, Greece	Jose Aguirre, Switzerland
2023	Paris, France	Clara Lobo, UAE & Morne Wolmarans, UK
2024	Prague, Czech Republic	Vincent Chan, Canada

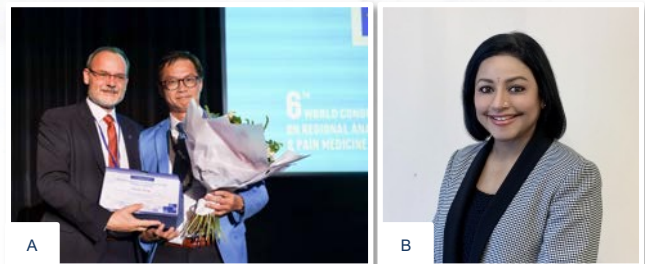
«Recognition of Education in Pain Medicine» Award

Similarly to the former «BBraun» Award, the «Recognition of Education in Pain Medicine» Award was introduced in 2023, with Philip Peng (Canada) being its first recipient during the 6th World Congress of Regional Anaesthesia and Pain Medicine, being held in Paris, France, as a joint event with the 40th ESRA Annual Congress.

Via this newly established annual Award, ESRA undertakes to support outstanding innovative activities or developments in the field of Pain. This award is a reflection on excellence in teaching & clinical education in the field of pain medicine. The forthcoming recipient of this Award is Athmaja Thottungal (UK), with the award being presented in Prague in 2024, during the 41st ESRA Annual Congress (Figure 57).

Figure 57.

(A) The 1st «Recognition of Education in Pain Medicine» Award presented by the ESRA Immediate Past President, Thomas Volk (Germany) to Philip Peng (Canada) in 2023, during the 6th World Congress of RA and Pain Medicine, held in Paris (B) Athmaja Thottungal, the recipient of the 2nd Award in Prague 2024 Annual ESRA Congress



«Albert Van Steenberge» Award for the Best Published Paper in Regional Anaesthesia

The ESRA «Albert Van Steenberge» Award was created in 2010 in the memory of Albert Van Steenberge, one of the society's founding members, and was first presented in 2011, during the ESRA Annual Congress, held in Dresden, Germany.

That year, via this Award, ESRA introduced an eponymous lecture honouring Albert Van Steenberge, during which the best published paper was presented by the principal author. Papers by Europeans on subjects relevant to Regional Anaesthesia and published during the previous year are reviewed, and the best is selected as the basis for the lecture, which is presented at the ESRA Annual Congress.

Recipients of this Award are recognized based on the following:

- The recipient must be of European nationality
- The award will recognize a scientific article considered most relevant, in its contribution to the practice of Regional Anaesthesia and published in the year preceding the Annual Congress

An extensive list of Awardees is depicted in Table 6 & Figure 51, whereas snapshots from the respective Award Ceremonies are depicted in Figure 58.

Figure 58.

(A) The 1st «Albert Van Steenberge» Award presented to Thorsten Steinfeldt (Germany) in Dresden, in 2011, (B) Server A, receiving the Award in Bilbao, Spain, in 2019, (C) Kubulus C, receiving the Award, in Lugano, Switzerland, in 2017, (D) Fenten M, receiving the 2020 Award online, (E) Ferre F, receiving the Award during the ESRA Virtual Congress in 2021, and (F) Maurice Sambruski A, is the Albert Van Steenberge Awardee in 2023, in Paris, France



Table 6.

«Albert Van Steenberge» Award Recipients, 2011 – 2024

2011, Dresden (Germany): Steinfeldt T, Nimphius W, Werner T, Vassiliou T, Kill C, Karakas E, Wulf H, Graf J. Nerve injury by needle nerve perforation in regional anaesthesia: Does size matter? *Br J Anaesth*, 2010; 104(2): 245 – 253.

2012, Bordeaux, France: Karanikolas M, Aretha D, Tsolakis I, Monantera G, Kiekkas P, Papadoulas S, Swarm RA, Filos KS. Optimized perioperative analgesia reduces chronic phantom limb pain intensity, prevalence, and frequency: A prospective, randomized, clinical trial. *Anesthesiology*, 2011; 114(5): 1144 – 1154.

2013, Glasgow, Scotland, UK: Piegeler T, Votta-Velis EG, Liu G, Place AT, Schwartz DE, Beck-Schimmer B, Minshall RD, Borgeat A. Antimetastatic Potential of Amide-linked Local Anesthetics: Inhibition of Lung Adenocarcinoma Cell Migration and Inflammatory Src Signaling Independent of Sodium Channel Blockade. *Anesthesiology*, 2012; 117(3): 548 – 559.

2014, Seville, Spain: Schäper J, Wagner A, Enigk F, Brell B, Mousa SA, Habazettl H, Schäfer M. Regional sympathetic blockade attenuates activation of intestinal macrophages and reduces gut barrier failure. *Anesthesiology*, 2013; 118(1): 134 – 142.

2015, Ljubljana, Slovenia: Desmet M, Braems H, Reynvoet M, Plasschaert S, Van Cauwelaert J, Pottel H, Carlier S, Missan C, Van De Velde M. I.V. and perineural dexamethasone are equivalent in increasing the analgesic duration of a single-shot interscalene block with ropivacaine for shoulder surgery: A prospective, randomized, placebo-controlled study. *Br J Anaesth*, 2013, 111(3): 445 – 452.

2016, Maastricht, The Netherlands: Bomberg H, Kubulus C, List F, Albert N, Schmitt K, Gräber S, Kessler P, Steinfeldt T, Standl T, Gottschalk A, Wirtz SP, Burgard G, Geiger P, Spies CD, Volk T. German Network for Regional Anaesthesia Investigators. Diabetes: A risk factor for catheter-associated infections. *Reg Anesth Pain Med*, 2015; 40(1): 16 – 21.

2017, Lugano, Switzerland: Kubulus C, Schmitt K, Albert N, Raddatz A, Gräber S, Kessler P, Steinfeldt T, Standl T, Gottschalk A, Meissner W, Wirtz S, Birnbaum J, Stork J, Volk T, Bomberg H. Awake, sedated or anaesthetised for regional anaesthesia block placements? A retrospective registry analysis of acute complications and patient satisfaction in adults. *Eur J Anaesthesiol*, 2016; 33(10): 715 – 724.

2018, Dublin, Ireland: Bendtsen TF, Moriggl B, Chan V, Børglum J. The Optimal Analgesic Block for Total Knee Arthroplasty. *Reg Anesth Pain Med*, 2016; 41(6): 711 – 719.

2019, Bilbao, Spain: Server A, Reina MA, Boezaart AP, Prats-Galino A, Esteves Coelho M, Sala-Blanch X. Microanatomical Nerve Architecture of 6 Mammalian Species. Is Trans-Species Translational Anatomic Extrapolation Valid? *Reg Anesth Pain Med*, 2018; 43: 496 – 501.

2020, online e-ESRA congress: Fenten MGE, Bakker SMK, Scheffer GJ, Wymenga AB, Stienstra R, Heesterbeek PJC. Femoral nerve catheter vs local infiltration for analgesia in fast track total knee arthroplasty: short-term and long-term outcomes. *Br J Anaesth*, 2018; 121(4): 850 – 858.

2021, virtual ESRA congress: Ferré F, Pommier M, Laumonerie P, Ferrier A, Menut R, Bosch L, Balech V, Bonneville N, Minville V. Hemidiaphragmatic paralysis following ultrasound-guided anterior vs posterior suprascapular nerve block: A double-blind, randomised control trial. *Anaesthesia*, 2020; 75(4): 499 – 508.

2022, Thessaloniki, Greece: Bloc S, Perot BP, Gibert H, Law Koune JD, Burg Y, Leclerc D, Vuitton AS, De La Jonquière C, Luka M, Waldmann T, Vistarini N, Aubert S, Ménager MM, Merzoug M, Naudin C, Squara P. Efficacy of parasternal block to decrease intraoperative opioid use in coronary artery bypass surgery via sternotomy: A randomized controlled trial. *Reg Anesth Pain Med*, 2021; 46(8): 671 – 678.

2023, Paris, France: Maurice-Szamburski A, Grillo P, Cuvillon P, Gazeau T, Delaunay L, Auquier P, Bringuier S, Capdevila X. Comparison of continuous with single-injection regional analgesia on patient experience after ambulatory orthopaedic surgery: A randomised multicentre trial. *Br J Anaesth*, 2022; 129(3): 435 – 444.

2024, Prague, Czech Republic: El-Boghdadly K, et al. Standardizing nomenclature in regional anesthesia: an ASRA-ESRA Delphi consensus study of upper and lower limb nerve blocks. *Reg Anesth Pain Med*, 2023; rapm-2023-104884, DOI: 10.1136/rapm-2023-104884 [epub ahead of print].

«Best Chronic Pain Paper» Award for the Best Published Paper in Pain Medicine

Similarly to the «Albert Van Steenberge» Award, the «Best Chronic Pain Paper» Award was established in 2020, to recognize chronic pain articles, as it is the case with Regional Anaesthesia ones. The award was first presented in 2021, during the ESRA Virtual Congress, that took place online due to the COVID pandemic.

For this Award, the best published paper in the field of Pain is presented by the principal author annually. Papers by Europeans on subjects relevant to Chronic Pain and published during the previous year are reviewed, and the best is selected as the basis for the respective lecture, which is presented at the ESRA Annual Congress.

Recipients of this Award are recognized based on the following:

- The recipient must be of European nationality
- The award will recognize a scientific article considered most relevant, in its contribution to the practice of Chronic Pain Medicine and published in the year preceding the Annual Congress

The list of the «Best Chronic Pain Paper» Awardees is presented in Table 7 & Figure 51.

Table 7.

«Best Chronic Pain Paper» Award Recipients, 2021 – 2024

2021, ESRA Virtual Congress

Horne AW, Vincent K, Hewitt CA, Middleton LJ, Koscielniak M, Szubert W, Doust AM, Daniels JP, GaPP2 collaborative. Gabapentin for chronic pelvic pain in women (GaPP2): A multicentre, randomised, double-blind, placebo-controlled trial. *Lancet*, 2020; 396(10255): 909 – 917.

2022, Thessaloniki, Greece

Latragna A, Sabaté San José A, Tsimpos P, Vermeiren S, Gualdani R, Chakrabarti S, Callejo G, Desiderio S, Shomroni O, Sitte M, Kricha S, Luypaert M, Vanhollebeke B, Laumet G, Salinas G, St John Smith E, Ris L, Bellefroid EJ. Prdm12 modulates pain-related behavior by remodeling gene expression in mature nociceptors. *Pain*, 2021; 63(8): e927 – e941.

2023, Paris, France

Hara S, Andresen H, Solheim O, Carlsen SM, Sundstrøm T, Lønne G, Lønne VV, Taraldsen K, Tronvik EA, Øie LR, Gulati AM, Sagberg LM, Jakola AS, Solberg TK, Nygaard ØP, Salvesen ØO, Gulati S. Effect of Spinal Cord Burst Stimulation vs Placebo Stimulation on Disability in Patients With Chronic Radicular Pain After Lumbar Spine Surgery: A Randomized Clinical Trial. *JAMA*, 2022; 328(15): 1506 – 1514.

2024, Prague, Czech Republic

Sandhu HK Booth K, Furlan AD, Shaw J, Carnes D, Taylor SJC, Abraham C, Alleyne S, Balasubramanian S, Betteley L, Haywood KL, Iglesias-Urrutia CP, Krishnan S, Lall R, Manca A, Mistry D, Newton S, Noyes J, Nichols V, Padfield E, Rahman A, Seers K, Tang NKY, Tysall C, Eldabe S, Underwood M. Reducing Opioid Use for Chronic Pain With a Group-Based Intervention: A Randomized Clinical Trial. *JAMA*, 2023; 329(20): 1745 – 1756.

Other ESRA Awards

To encourage those that are at the beginning of their careers, ESRA also presents various awards during its Annual Congress, mainly to the principal authors of free papers & posters. these awards are the following:

- «Best 3 Free Papers» Awards
- «Best 3 Posters» Awards
- «Best 3 Videos» Awards
- «Best 3 infographics» Awards

The Best Free Papers and Best Posters Awards were first introduced in 1999, during the ESRA Annual Congress taking place in Istanbul. the prizes were first sponsored by Beckton - Dickinson, although some years after ESRA took over the cost. The best 3 videos awards were introduced in 2017 (suggestion of Paolo Grossi, Italy - Figure 59) during the ESRA Annual Congress taking place in Lugano, whereas the best infographics awards (proposal of Eleni Moka, Greece) were first presented in the 6th World Congress of RA and Pain Medicine that was hosted by ESRA (Paris, France, 2023).

Currently the Awards Prizes have as follows and are fully sponsored by ESRA.

- 3 Best Free Papers in RA (1st Prize 1.500 EUR, 2nd Prize 1.000 EUR, 3rd Prize 750 EUR)
- 3 Best Free Papers in Pain Medicine (1st Prize 1.500 EUR, 2nd Prize 1.000 EUR, 3rd Prize 750 EUR)
- 3 Best e-Posters in RA (1st Prize 750 EUR, 2nd Prize 500 EUR, 3rd Prize 250 EUR)
- 3 Best e-Posters in Pain Medicine (1st Prize 750 EUR, 2nd Prize 500 EUR, 3rd Prize 250 EUR)
- 3 Best Videos (1st Prize 1.000 EUR, 2nd Prize 750 EUR, 3rd Prize 500 EUR)
- 3 Best Infographics (1st Prize 500 EUR, 2nd Prize 350 EUR, 3rd Prize 250 EUR)

Figure 59.

Paolo Grossi, Italy (left) & the Video Competition - Awards Committee (right)



Last but not least, ESRA during the late 1990s introduced the ESRA Leadership & Distinguished Services Award, following the model of ASRA. This award was presented to Athina Vadalouka, Greece, in 2000, during the Annual Congress, being held in Rome (Figure 60).

The award faded over the years, for reasons that are not known. However, there is a plan to be reintroduced from the beginning, based on more clear rules and rubrics.



Figure 60.
Narinder Rawal & Jose De Andres, presenting the ESRA Leadership & Distinguished Services Award to Athina Vadalouka (Greece), in Rome, in 2000

CHAPTER 6.

ESRA Grants.

ESRA Educational Grants

ESRA offers the ESRA Educational Grant in order to achieve the distinctive goals of ESRA:

- to encourage specialization of anaesthesiologists and other physicians in RA or pain management
- to promote and sponsor courses and workshops
- to encourage teaching of RA in anaesthesiology training programs
- to help anaesthesiologists in under resourced countries

ESRA members from all over the world are encouraged to apply. However, emphasis is placed on applications from anaesthesiologists coming from countries that lack the financial infrastructures needed to achieve the education in RA or Pain Medicine.

This training module is supported by ESRA with 4000 EUR per grant recipient, and up to 6 Grants are presented on an annual basis (Figure 61). As such, the selected candidates can proceed with their training in one of the ESRA Approved Training of Excellence. The aim of these Training Centres is to create a database of institutions throughout Europe that have the expertise and facilities to offer extended training (3-6months) in Regional Anaesthesia and/or Pain Medicine (RAPM). These extended training modules are available to trainee anaesthesiologists and specialists in Europe. Priority is given to trainees from countries where there are no recognized training schemes in RAPM, trainees from low-income countries and ESRA members.

Institutions which would like to be registered as an ESRA approved training Centre fill out the necessary application form. The ESRA Board then assesses the application, following the suggestions of the Education and Grants – Award Committees. The approval is then confirmed in writing to the institution. The information and contact details of the institution are ultimately added to the ESRA approved training centres page of the ESRA website.

Figure 61.

The ESRA Educational Grants presented by Axel Sauter, in Thessaloniki, in 2022 (left) and Paris in 2023 (middle and right)



ESRA Research Grants

The ESRA research grant fund was established in collaboration with AstraZeneca in 1998 to encourage clinicians and basic scientists to perform studies regarding regional anaesthesia. The initial scope was to reward the work of young researchers. It was first meant to stimulate basic scientific and clinical research in the fields of local anaesthetics, pharmacology, obstetrics and pain management. The ESRA Research Grant Fund (sponsored by ASTRA Zeneca at its beginning) awarded up to 10.000 USD per year to encourage the research in the aforementioned areas. The first award was presented in 1999 to Dr E. Zohar from Israel, during the ESRA Annual Congress taking place in Istanbul, Turkey. In 2000, this grant was shared by two young researchers, Dr M.D. Lopez – Alarcon from Spain and Dr V. Koutsoukou from Greece (Figure 62).

Nowadays, ESRA proudly continues to present the ESRA Research Grant in order to achieve its distinctive goals, such as to encourage specialization of anaesthesiologists and other physicians in regional anaesthesia or pain management, promote, sponsor and encourage research in experimental, epidemiological or clinical settings regarding regional anaesthesia or pain management, and help anaesthesiologists in under-resourced countries to develop their scientific programs. ESRA members from all over the world are encouraged to apply. Applicants should be ESRA members and should be in at least their third year of anaesthesia specialization or enrolled in a regional anaesthesia PhD program. Applications can be forwarded any time of the year to the ESRA Office. The amount of financial support is 10.000 EUR per successful candidate and the cost is fully covered by ESRA (Figure 63).

Figure 62.

The ESRA Research Grant presented to Dr V. Koutsoukou (Greece) & Dr M.D. Lopez - Alarcon (Spain), in Rome, in 2000



Figure 63.

The ESRA Research Grant recipients of 2023 (Paris, World Congress of RA & Pain Medicine)



Note:

While mentioning support for the society, it is appropriate to acknowledge the contributions made by colleagues from the pharmaceutical and equipment industries, notably Astra/AstraZeneca, BBraun, Sintetica, and Beckton Dickinson over the years. Admittedly, ASTRA was a major player in the field during the previous decades and ESRA the obvious ambassador to promote RA and Local Anaesthetics. The personal contacts of ESRA KOL (Donald Bruce Scott, Albert Van Steenberge, Hans Nolte, Narinder Rawal, Andre Van Zundert) with ASTRA were substantial. As per a personal testimony of Andre Van Zundert, his relationships with Irene Karlzohn and Jan – Robert Jansson, but also Presidents of ASTRA – Local Anaesthetics were of utmost importance in acquiring the funding that would cover the various awards cost.

CHAPTER 7.

ESRA Publications

Once ESRA was firmly established, many members felt strongly that it should develop its own journal, quite literally as a competitor of ASRA's journal, then *Regional Anesthesia*. Bruce Scott and Tony Wildsmith, the first Europeans to serve on the Editorial Board of *Regional Anesthesia* were joined by Andre van Zundert in arguing against this proposal. The 3 recognized that the demand for a separate journal was often fueled by a desire to find a less rigorous avenue for publication of research that did not meet the required standard. Their views prevailed, producing 3 great benefits: (a) The *Regional Anesthesia* to become the official journal of ESRA, (b) the development of another journal named *International Monitor*, and (c) the establishment of *Highlights in Regional Anaesthesia & Pain Therapy*.

Regional Anesthesia & Pain Medicine (RAPM) Journal – Guidelines

With the support of then Editor-In-Chief Gerry Ostheimer (USA), *Regional Anesthesia* (later renamed *Regional Anesthesia & Pain Medicine*) became the official journal of both ESRA & ASRA, and eventually all, societies of *Regional Anaesthesia and Pain Medicine*. This has helped the journal achieve both high status and one of the best Impact Factors in the field of anaesthesiology. The collaboration between the societies has extended to the production of joint clinical guidelines, the first of these being published, on *Ultrasound Guided Regional Anaesthesia (UGRA)*, in 2009.

Traditionally, ESRA participated in the development of comprehensive Guidelines or Recommendations on RA and PM practices, in close collaboration with ASRA Pain Medicine, but also other organizations. The majority of those have been published in RAPM, although other journals have hosted some of them. In this context, the latest ones include, but are not limited to (a) the Joint Guidelines with the European Society of Anaesthesiology and Intensive Care (ESAIC) on how to manage patients on antithrombotic drugs who need RA, published in *European Journal of Anaesthesiology* in 2022, (b) the International Consensus Meeting (ICM) Recommendations on Venous Thromboembolism (VTE), published in *The Journal of Bone and Joint Surgery* in 2022, (c) the International Consensus on anatomical structures to identify on ultrasound for the performance of basic blocks in UGRA, published in RAPM in 2022, and (d) the Evidence-Based Clinical Practice Guidelines on Postdural Puncture Headache, as a Consensus Report from a Multisociety International Working Group, published in RAPM and *JAMA Open* in 2024.

Currently, RAPM remains the official journal of ESRA. Multiple ESRA KOL have served in the Editorial Board of RAPM over the years, including but not limited to Albert Van Steenberghe (Belgium), Donald Bruce Scott (UK), John Anthony Winston Wildsmith (UK), Andre Van Zundert (Belgium), Narinder Rawal (Sweden), Jose De Andres (Spain), Alain Borgeat (Switzerland), Marc Van De Velde (Belgium). In 2024, Sam Eldabe (UK) was elected as Editor-In-Chief for Chronic Pain, whereas Xavier Capdevila (France) is serving as one of the journal Executive Editors. In addition, ESRA KOL are included in the Editors list of the Journal, namely Thomas Bendsten (Denmark), Jens Borglum (Denmark), Brian O' Donnell (Ireland), Urs Eisenberger (Switzerland), Eleni Moka (Greece) and Axel Sauter (Norway). Furthermore, Eric Albrecht (Switzerland), Pia Jaeger (Denmark), Axel Maurice – Szaburski (France), Steve Coppens (Belgium), Xavier Sala – Blanch (Spain) Athmaja Thottungal (UK), Emmanuel Guntz (Belgium – France), Kris Vermylen (Belgium) and Yavuz Gurkan (Turkey) serve the journal as Associate Editors. Extensive discussions are taking place together with ASRA Pain Medicine on how to further strengthen this bond between the 2 societies. Finally, from 2024 and onwards the RAPM journal is distributed only online to ESRA members.

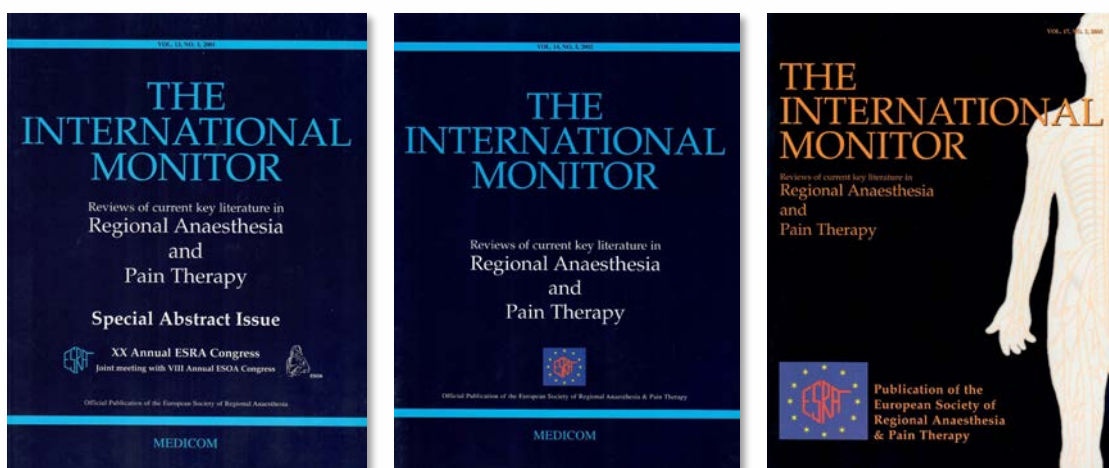
International Monitor on Regional Anaesthesia & Pain Therapy (IMRAPT)

In looking for an alternative publishing initiative, ESRA developed the International Monitor on Regional Anaesthesia & Pain Therapy (IPRAPT) concept in 1989 (Figure 64). In this, all anaesthesia-related journals were scanned and reviewed by an expert editorial team, led successfully by Mathieu Gielen until 1995, who was succeeded by Narinder Rawal, holding this position until 2005. Succinct summaries of relevant original research were presented, giving the reader quick access to material of immediate personal relevance. The International Monitor on Regional Anaesthesia and Pain Therapy was sponsored initially by ASTRA/ASTRA ZENECA, appeared quarterly and was very popular, but the funding for this useful resource ended in 2005 and print publication ceased.

It is interesting to dive into more details regarding this journal, as they have been reported by Andre Van Zundert, who served as Secretary General and later President of ESRA. According to him, during his frequent meetings with ASTRA in Sodertalje, Sweden, it became clear that ASTRA was willing to support financially a journal in Europe. Having a European Journal focusing on RA was a dream of ESRA. But funding of such a journal was not very easy and the project became an utopia. ASTRA proposed to provide funding for IMRAPT (printing and distribution costs), as long as ESRA provided the scientific content. The Board accepted this proposal. However, it was not possible for the Secretary General to take on this extra task. Therefore, Mathieu Gielen (The Netherlands) was asked to serve as the first Editor-in-Chief and later Narinder Rawal took over this position. IMRAPT was a real success in the beginning. It was a good example of practical information, including numerous high-level reviews, but also information about ESRA (for example Presidential and Secretary General Reports, as well as Annual Congress and Other Educational Activities Reports). In addition, the IMRAPT hosted the Annual congress proceedings (abstracts and presented lectures texts). As such, the ESRA Newsletter, that was initially started by Athina Vadalouka (Greece), was soon incorporated within IMRAPT, and was no longer to the ESRA members as an individual Letter, saving costs for the society. Unfortunately, due to huge pressures from the other ASTRA departments (with huge funding and income, such as cardiovascular, and respiratory medicine drugs, finally, the local anaesthetics department was not supported enough internally within the ASTRA company and the funding for IMRAPT was eventually stopped, reflecting the end of this «ESRA publication». However, the ESRA Board decided to maximally support RAPM journal and considered the latter also as their own.

Figure 64.

Some Issues of the IMRAPT Journal of ESRA



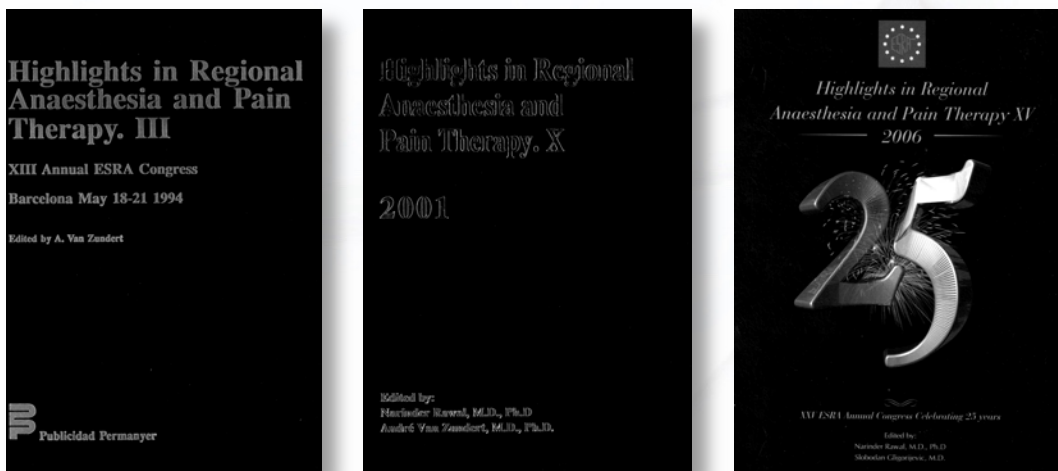
«Highlights» in Regional Anaesthesia

Over the years, as the size and authority of the annual congresses grew, the demand increased for key meeting elements to be published. This need was met initially by newsletters and expanded conference brochures, finally leading to the highly successful «Highlights» in Regional Anaesthesia series of books (Figure 65).

Printing scientific programs and congress proceedings, as well as posting them by regular mail was an extensive financial burden for ESRA. The Scientific Program was printed in a restricted number of hard copies in a low-cost format. Once Options EuroCongress became the official core PCO for ESRA, it was suggested they could print at a low cost the extensive volumes of «Highlights» in Regional Anaesthesia, as they owned a printing company. As such, very short abstracts of speakers' presentations were no longer published; on the contrary full manuscripts were included in these books, to the benefit of the congress participants.

A lot of time and workload were devoted to the organization, proofreading and finalization of these book series, which now provided instead of some 35 pages of abstracts, a text volume of more than 350 pages, with a nice hard leather cover, containing full manuscripts, refresher courses and a long reference list on the included topics. Andre Van Zundert (Belgium) initiated the publication process of the «Highlights» in 1992, was the first Editor, and served as Editor-In-Chief until 1999. From 2000 to 2003, he co-edited this edition with Narinder Rawal (Sweden), who then continued as Co-Editor alongside with the society Presidents, Slobodan Gligorijevic (Switzerland) and Giorgio Ivani (Italy), until 2009. In 2010, Jose de Andres (Spain) and Marc Van De Velde (Belgium) succeeded them and took over as Editors-in-Chief. Following the ceasing of ESRA collaboration with Options EuroCongress, KENES International took over the printing process and cost, until ESRA decided no longer to produce them in print, and only provide electronic information in relation to the congress proceedings. However, a RAPM supplement dedicated to the annual congress is issued every year, including all presented abstracts as well as full manuscripts related to the speakers' presentations. These RAPM supplements are released online every September.

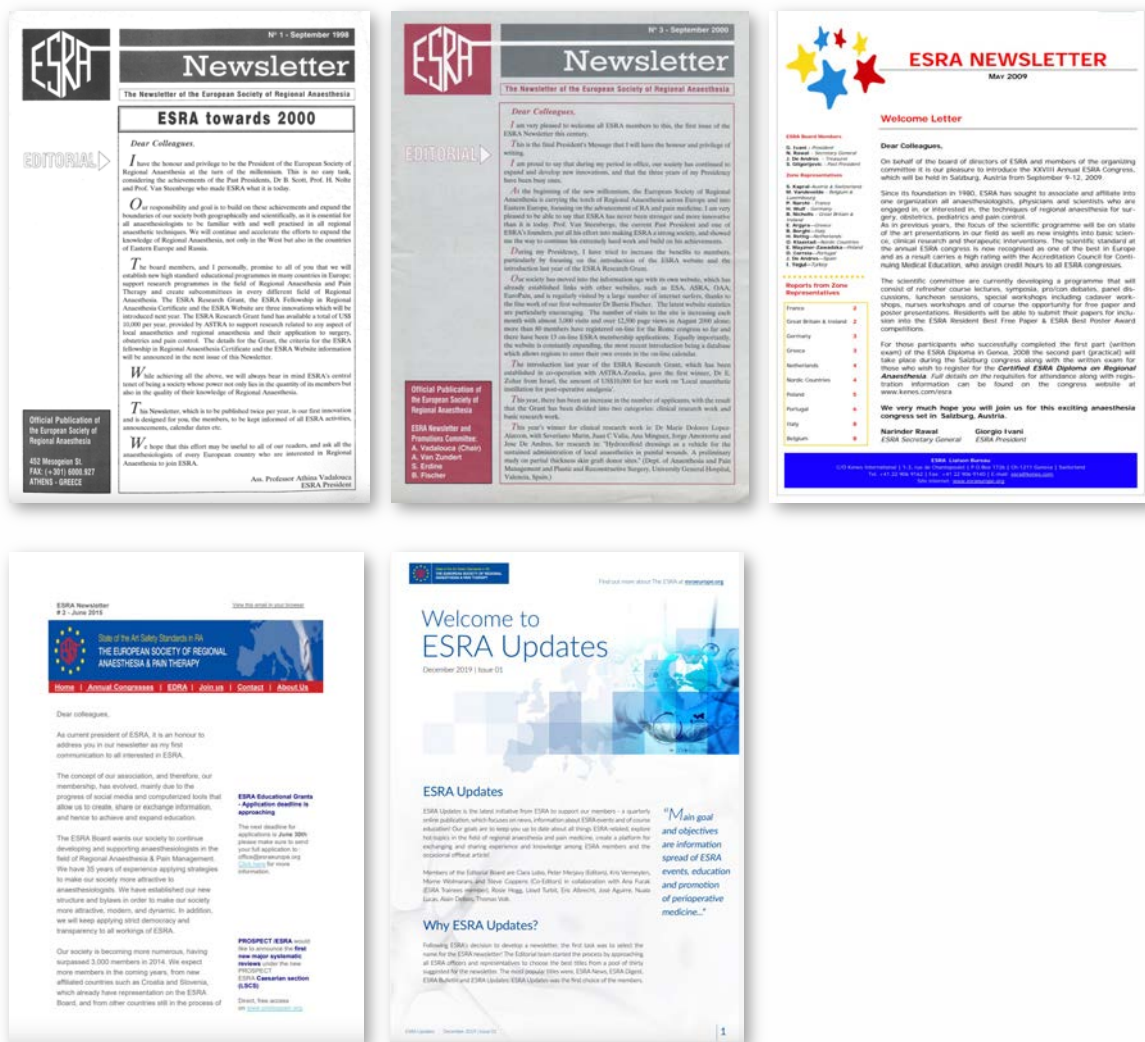
Figure 65.
Some Issues of the «Highlights» in Regional Anaesthesia



ESRA Newsletter

An ESRA Newsletter was first published and distributed to the society members in September 1998. This initiative was an idea of Athina Vadalouka (Greece), and continued to be printed until 2009. The initial editorial team consisted of Athina Vadalouka (as Editor-In-Chief), and Andre Van Zundert, Serdar Erdine, and Barry Fischer as group members. In 2015, the idea revived but the Newsletter was shared online with the society members. In December 2019, the newsletter was reestablished under the name «ESRA Updates». The «ESRA Updates» represents the new format of the ESRA Newsletter, initiated by Clara Lobo (Portugal), and serves the society by offering content that is not only informative, but also engaging for the members. Its main goal and objectives are to spread information on ESRA events and training opportunities and disseminate the spirit of enthusiasm among our younger colleagues (Figure 66).

Figure 66. Some Issues of the ESRA Newsletter, distributed over the years, either as hard copies or online



Procedure Specific Postoperative Pain Management (PROSPECT)

Prospect (Procedure Specific Postoperative Pain Management) is a group of surgeons and anaesthesiologists, which was formed in 2002 (Figure 67). Their aim was to develop a clinical decision support service, designed to improve the management of postoperative pain on a procedure-specific basis. The group uses evidence-based research methodology to develop the best available consensus recommendations in a clinically useful format.

Since 2003, Prospect has covered 20 common surgical procedures, undertaking systematic reviews and providing consensus recommendations for postoperative pain management, as well as updating the reviews as new data become available. The evidence and recommendations are presented on the Prospect website (web-based tool) and are easily transferable to clinical practice. PROSPECT also publishes peer-reviewed manuscripts in the surgical, anaesthesiology and pain literature, presents them at international anaesthesiology, surgical and pain congresses, and is consulted by national and international health groups for advice. The PROSPECT website, which is a part of ESRA website, offers:

- Easily accessible, practical and pragmatic advice on pain management throughout the peri-operative period
- Content (all recommendations) that is freely available to all
- Evidence-based arguments for and against the use of analgesic interventions in specific surgical procedures
- Translations of the summary recommendations in six languages.

In 2014, PROSPECT and ESRA formalized an agreement to strategize and plan their future partnership and to expand the group membership. To plan for its long-term future and introduce new members to the working group, PROSPECT was pleased with this potential, and a formal Memorandum of Association between the two entities was initially signed and was updated the latest years.

PROSPECT, although an ESRA working group, still remains an independent academic body within the society academic umbrella. Currently, under the leadership of Marc Van De Velde (Belgium), continues to benefit from the academic endorsement and support of ESRA and develops some of the best available Consensus Recommendations in a clinically useful format. These are readily transferable in daily practice, serve as a clinical decision support service, and are designed to improve postoperative pain management on a procedure-specific basis. As such, they are translated into multiple languages to be readily available for clinicians across all corners of the world.

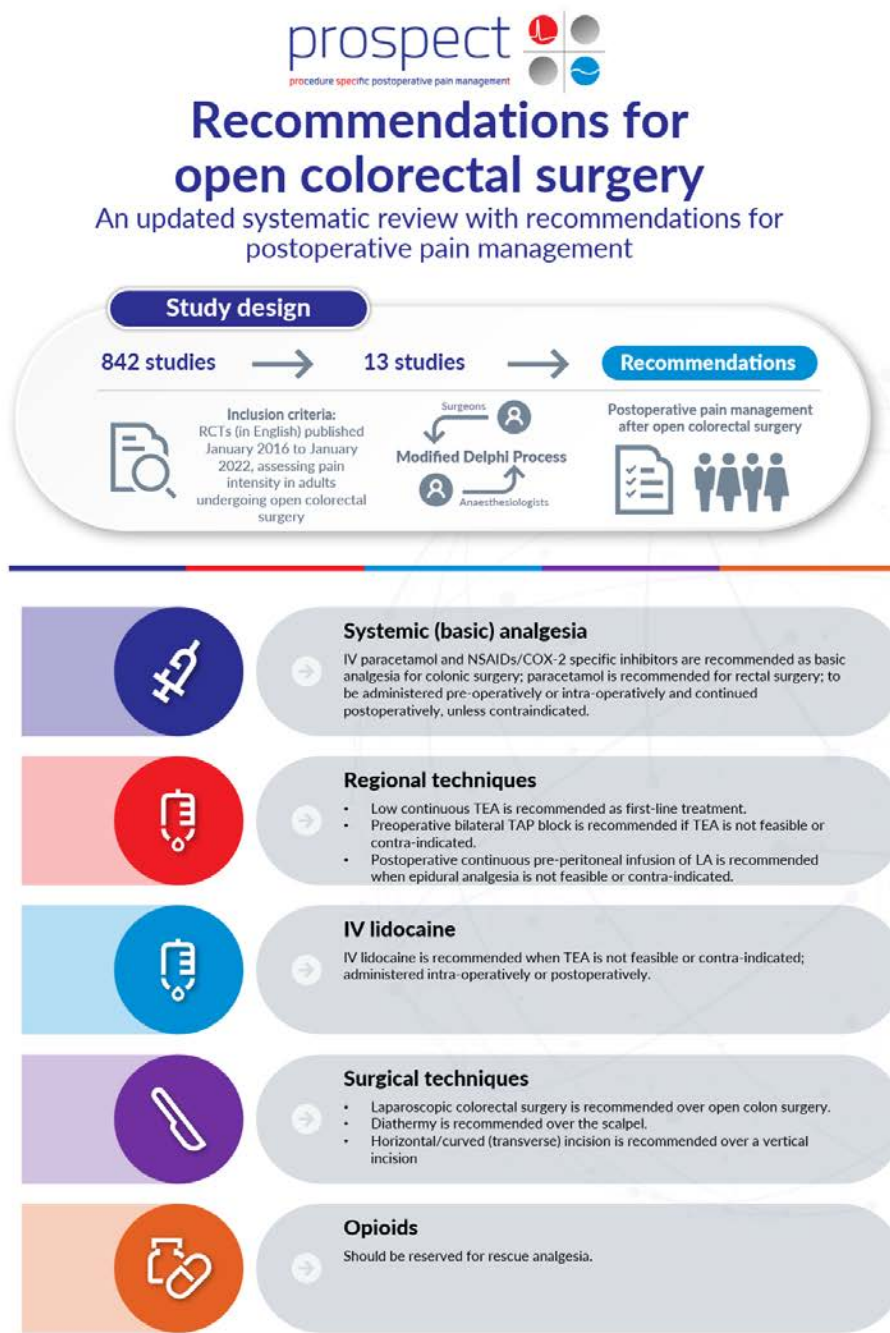
Figure 67A.
A. PROSPECT Logo



<https://esraeurope.org/prospect>

Figure 67B.

B. Example of PROSPECT Infographic, of the Recommendations regarding the Procedure of Open Colorectal Surgery



Thomas Uten, et al. Pain management after open colorectal surgery: An update of the systematic review and procedure-specific postoperative pain management (PROSPECT) recommendations. *Eur J Anaesthesiol* 2024;41:363–366.

COX, cyclo-oxygenase; IV, intravenous; LA, local anaesthetic; NSAIDs: non-steroidal anti-inflammatory drugs; RCT, randomised controlled trial; TAP, transabdominal plane; TEA, thoracic epidural analgesia



CHAPTER 8.

ESRA e-Learning.

The 1990s were characterized by rapid advancements in technology, which had a profound impact on the field of medicine, including RA and Pain Therapy. ESRA embraced these changes, recognizing the potential of technology to enhance education, research and clinical practice. The society began incorporating digital tools and resources into its activities, making information more accessible to its members. As such, the advent of the digital age brought about transformative changes in how ESRA operated and engaged with its members. The widespread availability of digital tools and platforms allowed the society to enhance its educational offerings and reach a broader audience. ESRA launched its website, which evolved into a comprehensive portal, providing access to a wealth of resources, including guidelines, research papers, video tutorials, webinars, online courses, virtual conferences, and updates on upcoming events. The use of digital technologies also facilitated real-time communication and collaboration among members. Virtual meetings and webinars became commonplace, allowing anaesthesiologists from different parts of the world to participate in discussions and training sessions without the need for travel. This shift towards digital engagement not only increased accessibility but also fostered a more inclusive and diverse community.

ESRA's commitment to education continued to evolve in response to the changing landscape of medical training and professional development. The society introduced a range of innovative educational programs designed to cater to different learning preferences and needs. Online courses, interactive modules, and virtual reality simulations were developed to provide immersive learning experiences. The use of advanced technologies, such as augmented reality and artificial intelligence, further enhanced the effectiveness of ESRA's educational initiatives. These technologies allowed for more personalized and adaptive learning, enabling practitioners to gain proficiency in regional anaesthesia techniques through realistic simulations and tailored feedback.

As such, the information is now provided more efficiently through the society website, which at the beginning included monitor-style reviews, under the heading «What's New», supported by the companies Baxter & B Braun (Figure 68). The content of the «What's New» section was under the responsibility of Narinder Rawal, whereas the webmaster at the early years was Barry Fischer, UK (Figure 69). In addition, throughout this new digital environment, DVDs were issued and distributed at each annual meeting; together with other items, these now comprise the ESRA Academy.

The ESRA Academy was founded in 2010, was presented at the annual congress in Porto, and was further reformed from scratches in the coming years, being re-launched and presented in 2015 by Paolo Grossi (Italy), and further updated in 2018 - 2019 by Alain Delbos (France). The Academy continues to be a valuable tool for all ESRA members, by hosting a variety of online educational content, including but not limited to recorded lectures, videos, and live demonstrations of RA/Pain techniques.

In the era of rapid E-Learning transformation, ESRA was a pioneer. It keeps staying in tune with the latest trends and technologies and has adapted the provision of its educational content to the new digitally driven world. Since 2017, it offers its members & audience access and navigation into the USabcd platform, a unique E-Learning concept, which provides the empowerment one needs with the knowledge of RA and Point-of-Care Ultrasound in clinical practice. Clinicians who utilize the USabcd tool may take advantage of its focused, structured and comprehensive format to improve their diagnosis capabilities and optimize patients' care in the perioperative, ICU and emergency medicine setting.

In 2018 and 2019, ESRA was phenomenal in expanding its social media presence and outreach, attracting thousands of followers on platforms like Facebook, Instagram, LinkedIn and Twitter.

ESRA prioritized education for anaesthetists in training and young specialists across Europe and devotes much of its efforts to the residents, the lifeblood of our profession and the promising future of medical care. Their enthusiasm, fresh perspectives, and unwavering commitment to patient well-being pave the way for innovation and excellence in our fields. Alongside experts' guidance, ESRA fully supports the ESRA Trainees Group that was created in 2016, and their annual course, whereas a part of the ESRA website educational content is fully dedicated to them (Trainees Corner). In addition, another part of the society website is devoted to our patients, under the subheading «Patients Corner».

The ESRA Updates, the new format of the ESRA Newsletter, initiated – relaunched by Clara Lobo (Portugal), serves the society by offering content that is not only informative but also engaging for the members. Its main goal and objectives are to spread information on ESRA events and training opportunities and disseminate the spirit of enthusiasm among our younger colleagues. Since May 2016, ESRA, also started offering a Master Diploma (MSc) to its members, in partnership with the University of East Anglia, which can be attended online.

In 2020 and 2021, ESRA responded to the COVID-19 pandemic by moving many educational events to online formats. Innovative web-based training activities, including free webinars for everybody and not only the society members, virtual or hybrid meetings and the well-established e-Congresses (e-ESRA) maintained the society at the knowledge forefront, and finally became tradition. Currently, these tools continue to thrive on an annual basis, showcasing the ESRA dedication to improving RA and Pain Medicine through education, research, and international cooperation.

Figure 68.
The ESRA «What's New» online Initiative



Figure 69.
Barry Fischer, UK: The first ESRA Webmaster



CHAPTER 9.

ESRA Innovative Initiatives.

Change of The ESRA Name – Establishing Pain Therapy as a Core Focus

The society name changed from European Society of Regional Anaesthesia to European Society of Regional Anaesthesia and Pain Therapy, maintaining the same acronym (ESRA). Due to the close relation of anaesthesiologists with the field of pain management and based on the fact that RA is applied to relieve pain, it became clear to the ESRA Board members that the addition of the words «Pain Therapy» was absolutely mandatory. Pain was and continues to be a branch of the practice of many anaesthesiologists, as those are probably the most suitable to guide the analgesia regimens and apply regional analgesia blocks to patients with chronic pain. Also, ESRA Board members believed that this change of the society name would attract the pain medicine industry in the society activities.

As such, ESRA expanded its scope to include pain therapy as a core focus alongside RA. Recognizing the growing importance of pain management in health care, the society established dedicated committees and initiatives to address various aspects related to pain medicine. This expansion reflected the evolving needs of patients and practitioners, as well as all the increasing recognition of pain management as a critical component of anaesthesia practice. In addition, ESRA tried a few times to incorporate EuroPain within its annual meetings, but it seemed not to be too successful as an approach. As such, following a collaboration of a very short time, each society returned again to its own pathways. Nevertheless, the chronic pain section flourished inside ESRA. Nowadays, except the UEMS – CESMA accredited pain diploma, a large part of the society events is solely dedicated to the management of chronic pain patients. However, as the field of chronic pain is quite broad, still many efforts seem to be needed before the pain section is fully stabilized inside ESRA.

ESRA E-Congress: The well known e-ESRA

At the end of the previous decade, ESRA introduced innovative online educational initiatives, and is proud of its interactive e-Congress (e-ESRA), which was first launched in 2018, by Alain Delbos (France) and Luc Mercadal (France). This internet-based activity (Figure 70), a unique educational concept, brought a new dimension of online education, for a maximum learning outcome, and it is remarkable that it was released before the COVID pandemic. With an extended 24-hour program, broadcasted live all over the world in parallel streams, and the enthusiastic interaction of participants, via live chats, polls & quizzes with instant results, a virtual experience of a full congress, dedicated to RA, Perioperative Care & Pain Medicine, has been accomplished. While this event started as a pure ESRA activity, soon it became popular and is now organized as an international activity. Its 6th edition took place in April 2024, under the leadership of Jose Aguirre (Switzerland), with the active involvement of not only ESRA, but also ASRA Pain Medicine, LASRA, AFSRA and AOSRA-PM (Figure 71). It attracted more than 1.200 delegates connected online in one single day, across all continents. Interesting lectures of short duration, podcasts, videos, and Live Demonstration Sessions were presented, and are available for replay, via the ESRA Academy. The e-ESRA represents a hub for elevating education standards and for promoting international collaboration and networking. It opens the doors to knowledge for physicians from Europe and beyond, in a flexible and affordable way, and fosters a diverse and enriching exchange of ideas, transcending any geographical boundaries.

Figure 70.
The e-ESRA Pioneers, Alain Delbos (left) and Luc Mercadal (right)



Figure 71.
(A) The Event Visual
(B) Jose Aguirre (Switzerland) and Eleni Moka (Greece), opening the 6th Edition of the e-ESRA, in April 2024
(C) Impressions from the backstage, Rosie Hogg, UK (left) and Jose De Andres, Spain (right)



World Day & World Week of Regional Anaesthesia & Pain Medicine

The unique experiences and insights of all ESRA followers are not just valued but celebrated! In the past, the highlighting event of such celebration was the European Day of RA, that was first organized in 2018, as an initiative of Alain Delbos (France) and Sebastien Bloc (France) [presented in Figure 72], and which continued to take place at the beginning of each year in January, until 2023, with only exception of the years of the COVID pandemic. Together with the National Societies of RA and Pain Therapy, multiple cities in different European countries every year participated simultaneously, with a common scientific program, aiming at interactivity and exchange of scientific opinions between trainees and experts on hot topics related to RA and Perioperative Care. The primary goal was discussing innovations and combining theory with clinical methodology and Hands-On Practice. With this event, ESRA kept promoting signaling the encouragement of training, education and research in the context of improved quality of continuing medical education among European Anaesthesiologists.

Following the footsteps of such meetings, and in the same spirit of enthusiasm, ESRA aspired to expand this activity worldwide to contribute to its mission fulfilment. Under the presidency of Eleni Moka (Greece), ESRA, together with its Sister Societies AFSRA, ASRA Pain Medicine, AOSRA and LASRA, launched the 1st World Week and the 1st World Day of RA and Pain Medicine in January 2024, drawing more than 14.000 participants from more than 140 cities across all continents. The embracing of this event worldwide was phenomenal, as were the post in all social media. It was a true celebration (Figure 73)!!! During this week, in the concept of a strengthened alliance, RA and Chronic Pain physicians around the globe were connected together, to shine a spotlight on the critical fields of RA and Pain Medicine, under the inspiring theme "Joining Hands for a Pain Free Future Worldwide". Recognizing that progress transcends individual achievements, leaders of all RA and PM Sister Societies acknowledged the power of unity, identified shared visions and missions, and recognized the potential for our patients' benefit. the event is planned with its 2nd edition, that will take place in January 2025.



Figure 72.
Sebastien Bloc (France), the Chair of the World Day & World Week of RA & Pain Medicine (former European Day of RA)

Breaking News

CASABLANCA

1st World Day of Regional Anesthesia & Pain Medicine

Joining Hands for a Pain Free Future Worldwide

1st WORLD DAY OF REGIONAL ANAESTHESIA & PAIN MEDICINE

Saturday, 27 January 2024

• One Day
• One Common Scientific Program
• A new 1000h+ annual of Continuity

WORLD DAY

Your Local Face-to-Face Meeting
There must be one city around you!

27 JANUARY 2024

9:00AM
Casablanca Sina Center
Faculté de Médecine et de Pharmacie de Casablanca

Hands on Training

Contact
tél : +212 664473262
mail : afak.nsir@univh2c.ma

Il s'agit d'un espace d'actualisation et d'échange d'expériences, par des conférences updates, mais aussi et surtout d'apprentissage pratique des différentes techniques d'anesthésie locorégionale par ateliers pratiques hands-on, utilisant des simulateurs type phantom et simulation hybride.

Cette journée, animée par des éminents experts marocains dans le domaine d'anesthésie locorégionale, est proposée gratuitement, sous inscription préalable, aux médecins anesthésistes réanimateurs juniors voulant apprendre et seniors voulant se perfectionner dans les techniques d'anesthésie locorégionale et prise en charge intégrée de la douleur.



Figure 73. Impressions from the 1st World Day & 1st World Week of RA and Pain Medicine, January 2024

CHAPTER 10.

ESRA Diplomas.

Education and Excellence in the Provision of Care in Europe and beyond represent an integral part of the ESRA mission. The society is proud of the two jewels on its crown: The ESRA European Diploma of Regional Anaesthesia (ESRA-DRA, former EDRA) and the ESRA European Diploma of Pain Medicine (ESRA-DPM, former EDPM), which were officially established in 2006 and 2017, respectively. Both aim to harmonize and improve quality standards for safe, independent practice in our fields, in Europe and elsewhere. The Diplomas assess the competencies of anaesthesiologists and pain physicians, acting within a multidisciplinary team and practicing as specialists. They also intend to complement national standards and enhance the competent, ethical, and professional care of RA and Pain Medicine. The ESRA Diplomas Exams, which are quite popular, are organized regularly on an annual basis, remotely and in person, within but also outside the European territory. Both of them, in 2023, during the 6th World Congress of Regional Anaesthesia and Pain Medicine, have been evaluated and received official accreditation by the Council for European Medical Specialists Assessment (CESMA), an advisory body of the European Union of Medical Specialists (UEMS). Pioneers in this endeavor were Morne Wolmarans (UK) and Sam Eldabe (UK), for the ESRA-DRA (former EDRA) and ESRA-DPM (former EDPM) respectively.

ESRA European Diploma of Regional Anaesthesia (ESRA-DRA / former EDRA)

The idea of creating and introducing the ESRA European Diploma of Regional Anaesthesia (ESRA-DRA, former EDRA) was conceived at the dawn of the new millennium, by some members of the Executive Board of ESRA. The first examinations towards the Diploma acquisition were held in 2006, during the 25th ESRA Annual Congress that took place in Monaco. The primary goal of ESRA-DRA (former EDRA) has always been, and continues to be, to establish high standards for the practice of RA and reassure that proficiency and excellence are achieved during RA application. The Diploma assesses both the theoretical knowledge, as well as the practical skills and competences of anaesthesiologists performing RA routinely. It has been designed with the intention to broaden the activity spectrum and expand the expertise of those anaesthesia specialists, who are already in clinical practice, and are eager and interested in acquiring additional knowledge, encompassing the entire field of RA and Acute Pain Management.

ESRA-DRA (former EDRA): A Brief History

Even nowadays, academic training and qualifications in RA and Acute Pain Management vary considerably across Europe. At one end of the spectrum, in some countries, such as UK, France and Netherlands, comprehensive programs offer structured clinical training, well-established RA fellowships and a formal examination process, all leading to independent practitioner status. Conversely, in other regions, training programs can be shorter in duration and lack any formal qualification at their end, finally leaving the subsequent professional advancement and development to be dependent on individual determination and ambition. Therefore, the quality and status of regional anaesthesiologists continue to vary considerably across Europe.

Additionally, language barriers present a special problem and a unique challenge in many European countries. Moreover, even where structured training is available, there are no definitive key performance indicators to measure or evaluate the resulting quality of practice. At annual and regional ESRA meetings, trainees often expressed a strong desire for an academic qualification to support their career aspirations and help them with their professional evolution. Under the light of these major differences in RA training across countries, in the early 2000s, some members of the ESRA Executive Board recognized the need for accreditation of RA competence in Europe. It was also felt that ESRA was ideally positioned and best qualified to address this unmet need, drawing on its 20-year experience at that time in organizing RA congresses and similar scientific events across the continent.

The ESRA Board of Directors discussed in length and debated extensively all the aspects surrounding the proposal for a Diploma, focusing specifically on its credibility as an indicator of clinical proficiency, and the challenges related to the logistics of organizing a suitable examination.

The project took several years to be implemented and to become a reality, facing substantial skepticism, expressed from many individuals, ESRA Board Members and scientific societies (including ESRA national zones), regarding the validity of, and the necessity for such an examination.

Ultimately, the ESRA Board decided to proceed under the collective leadership of Andre van Zundert (Belgium), Giorgio Ivani (Italy), and Narinder Rawal (Sweden), with valuable assistance and significant contribution from external advisors.

The examinations, with examiners selected from across Europe, started and continue to be conducted during the ESRA annual congress. Part I of the Diploma Examination is a multiple-choice examination, that candidates must pass before proceeding to the Part II oral examination a year later. Initially, some organizational dilemmas and challenges were faced, particularly in defining the criteria and requirements for being an examiner. Also, efforts to address and overcome these issues have significantly improved the examinations' content, quality, and consistency. Such improvement is evident and reflected in the growing number of candidates.

At the turn of the new millennium, the ESRA Board of Directors evaluated and meticulously assessed the myriad concerns related to the innovative idea of introducing and creating a Diploma of RA (an idea conceived around 2002), alongside with the challenges and hurdles associated with its implementation. This idea became one of the main strategic goals of the society. The original concept of an «ESRA School of Regional Anaesthesia» was proposed by André Van Zundert (Belgium) and was actively supported by Narinder Rawal (Sweden), who suggested RA training centres of excellence, and Giorgio Ivani (Italy). It took some years for the concept to be formulated and materialized, with several Key Opinion Leaders (KOL) involved in the discussion expressing significant concerns and reservations regarding the necessity and the risks undertaken in organizing such an examination.

Finally, the whole concept was followed (despite diverse discussions and some resistance, from USA, GB, as well as of some Board members) and was eventually realized in 2003 - 2004, with the first Examination being started in 2006.

Eventually, in 2003 a Diploma Subcommittee was created and established inside ESRA, comprising of the following ESRA Board Members and KOL: Giorgio Ivani (Diploma Subcommittee Chair, Italy), Narinder Rawal (ESRA Secretary General, Sweden), André Van Zundert (ESRA Immediate Past President, Belgium), Slobodan Gligorijevic (ESRA President, Switzerland), Paolo Grossi (Italy), Stephan Kapral (Austria) and Erphyli Argyra (Greece).

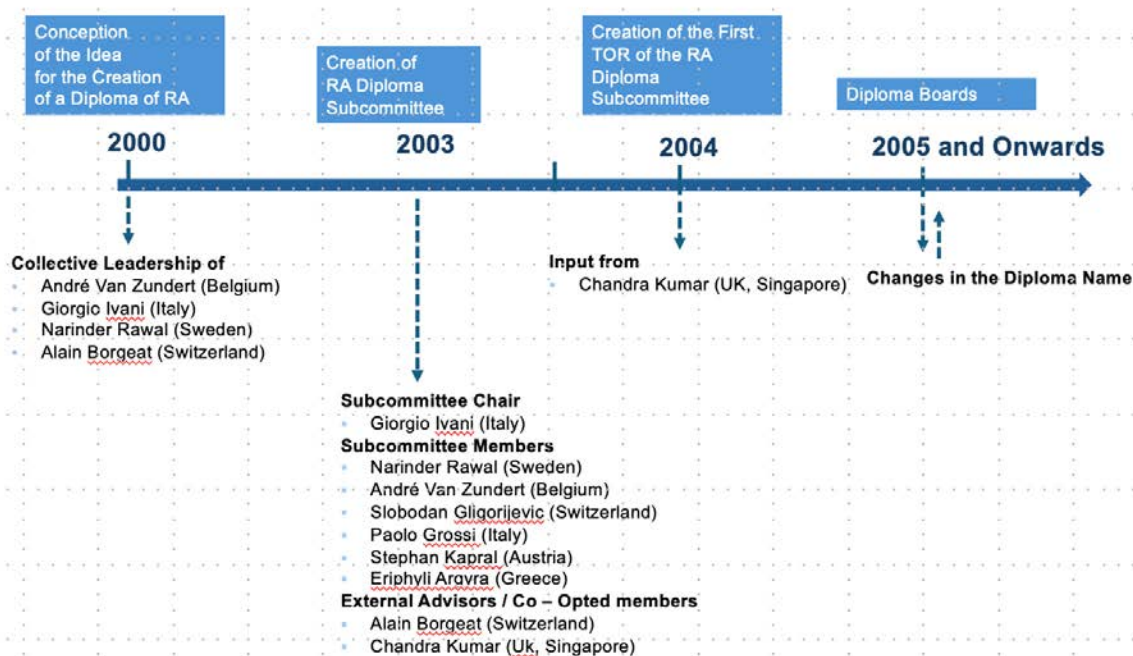
Valuable help and expertise during deliberations on adopting an appropriate examination model were provided in 2004, by external, co-opted advisors, Chandra Kumar (UK, Singapore) and Alain Borgeat (Switzerland), based on their experiences within the Royal College of Anaesthetists (UK) and the European Diploma of Anaesthesia examinations respectively. Later on both become Diploma Board members. Following the resignation of Andre Van Zundert, according to the decision of the ESRA Board, Alain Borgeat replaced him as Chair. Chandra Kumar also played a key role in developing the initial ESRA-DRA (former EDRA) Terms of Reference (TOR). Based on the TOR, which have been updated regularly in the course of time, the ESRA-DRA (former EDRA) had regular change in the synthesis of its Board of Directors, as it is depicted in Table 8 & Figure 74.

Table 8.
Chairs and Officers of the Board of the ESRA European Diploma of Regional Anaesthesia (ESRA - DRA, former EDRA) over the years of its history

Chairs	Years
Giorgio Ivani (Italy)	2003 - 2005 (As Chair of the RA Diploma Subcommittee)
André Van Zundert (Belgium)	2005 - 2010
Alain Borgeat (Switzerland)	2010 - 2016
Jose Aguirre (Switzerland)	2016 - 2021
Morne Wolmarans (UK)	2021 - present
Vice - Chairs	
Giorgio Ivani (Italy)	2005 - 2010
Alain Borgeat (Switzerland)	2005 - 2010
Slobodan Gligorijevic (Switzerland)	2010 - 2016
Narinder Rawal (Sweden) / Part I	2016 - 2022
Morne Wolmarans (UK) / Part II	2016 - 2021
Oya Yalcin Cok (Turkey) / Part I	2022 - present
Peter Merjavy (UK) / Part II	2021 - present

Figure 74.

Evolution of Governance of ESRA European Diploma of Regional Anaesthesia (ESRA–DRA, former EDRA) over Time: Important Milestones, Chairs & Board Members



ESRA–DRA Board of Directors over time

Year(s)	September 2005 – September 2010	September 2010 – September 2013	September 2013 – September 2016
Chair	André Van Zundert (Belgium)	Alain Borgeat (Switzerland)	Alain Borgeat (Switzerland)
Vice – Chair(s)	Giorgio Ivani (Italy) Alain Borgeat (Switzerland)	Slobodan Gligorijevic (Switzerland)	Slobodan Gligorijevic (Switzerland)
Members in alphabetical order	Eriphyli Argyra (Greece) Xavier Capdevila (France) Jose De Andres (Spain) Slobodan Gligorijevic (Switzerland) Chandra Kumar (UK, Singapore) Barry Nicholls (UK) Narinder Rawal (Sweden) Audun Stubhaug (Norway) Marc Van De Velde (Belgium)	Eriphyli Argyra (Greece) Svetlana Galitzine (UK) Chandra Kumar (UK) Slobodan Gligorijevic (Switzerland) Narinder Rawal (Sweden) André Van Zundert (Belgium) Marc Van De Velde (Belgium), ex-officio	Jose Aguirre (Switzerland) Eriphyli Argyra (Greece) Svetlana Galitzine (UK) Eleni Moka (Greece) Narinder Rawal (Sweden) Morne Wolmarans (UK) Marc Van De Velde (Belgium), ex-officio / 2013–2014 Jose De Andres (Spain) (ex-officio) / 2014–2016 Co – Opted Members Chandra Kumar (Singapore) André Van Zundert (Australia)
Year(s)	September 2016 – September 2019	September 2019 – September 2022	September 2022 – September 2025
Chair	Jose Aguirre (Switzerland)	Jose Aguirre (Switzerland) / 2019–2021 Morne Wolmarans (UK) / 2021–2022	Morne Wolmarans (UK) / 2022–2024 (option for renewal for another 2 years till 2026)
Vice – Chair(s)	Narinder Rawal (Sweden) – Part I Morne Wolmarans (UK) – Part II	Narinder Rawal (Sweden) – Part I Morne Wolmarans (UK) – Part II / 2019–2021 Peter Merjavy (UK) – Part II / 2021–2022	Oya Yalcin Cok (Turkey) – Part I / 2022–2025 Peter Merjavy (UK) – Part II / 2020–2025
Members in alphabetical order	Eriphyli Argyra (Greece) / 2016–2017 Svetlana Galitzine (UK) Lucas Kirchmair (Austria) Clara Lobo (Portugal) Peter Merjavy (UK) / 2017–2019 Eleni Moka (Greece) Jessica Wegener (The Netherlands) Jose De Andres (Spain), ex-officio / 2016–2017 Alain Delbos (France), ex-officio / 2017–2019 Co – Opted Members Chandra Kumar (Singapore) Herman Schmbi (Canada) André Van Zundert (Australia)	Barbara Brechaart (Belgium) / 2020–2022 Oya Yalcin Cok (Turkey) Svetlana Galitzine (UK) / 2019–2020 Clara Lobo (Portugal) Alan MacFarlane (UK) Alexandros Makris (Greece) Peter Merjavy (UK) / 2019–2021 Louise Moran (Ireland) / 2020–2022 Emine Aysu Salviz (Turkey) Andrea Saporito (Switzerland) / 2020–2022 Alain Delbos (ex-officio) / 2019–2020 Thomas Volk (Germany) / 2020 – 2022 Co – Opted Members Chandra Kumar (Singapore) Herman Schmbi (Canada) André Van Zundert (Australia)	Barbara Brechaart (Belgium) / 2022–2026 Alan MacFarlane (UK) Alexandros Makris (Greece) Louise Moran (Ireland) / 2022–2023 Emine Aysu Salviz (Turkey) Andrea Saporito (Switzerland) / 2023–2026 Thomas Volk (Germany), ex-officio / 2022–2023 Eleni Moka (Greece), ex-officio / 2023–2025 Co – Opted Members Chandra Kumar (Singapore) Balaji Packianathaswamy (UK) Herman Schmbi (Canada) André Van Zundert (Australia)

Also, in 2005 the ESRA Board approved the Subcommittee Report regarding the necessary requirements for the ESRA–DRA (former EDRA) examinations, in terms of which candidate could be eligible to be sitting for the exams. These prerequisites are reviewed regularly and usually once every year, with the latest version being presented in the ESRA website. The examinations, with examiners drawn from all over Europe, were held and continue to take place at the time of the ESRA annual congress and consisted of two parts. Part I examination includes multiple-choice questions (Single best answer and without negative points in case of wrong answer). Passing Part I examination is necessary before the candidate could take the Part II oral examination, which during the previous years included live models for demonstration of landmark techniques of central and peripheral nerve blocks, as well as discussion on clinical case management and RA complications.

A certification process indicates that the individual has obtained a minimum set of recommended competencies to act as a consultant in RA. ESRA does not have any legal authority to oversee credentiality; it is an educational society that can only recommend a best practice and training, as well as offer educational support. For example, it serves as a monitoring body to assess whether an individual should or should not be performing Ultrasound Guided RA techniques (UGRA).

The first ESRA–DRA (former EDRA) Part I Exam was held at the 25th ESRA anniversary congress, in Monaco in 2006. The First ESRA–DRA (former EDRA) Part II exam was conducted the following year, at the annual congress in Valencia (Spain), and 4 candidates participated in Monaco and Valencia respectively. ESRA–DRA (former EDRA) has come a long way since then. The exams have been taken by 2137 candidates, and in 2019 the Diploma Board was getting ready to celebrate our 1000th Diplomate. Although, the COVID pandemic had put a stop to that, ESRA had reached that goal soon after, as exams started to take place online too. Interestingly, a 2016 survey of 120 Diplomates showed that 78% believed their diploma had a positive influence on their academic career, it contributed to establishing their position as expert in RA at their institution (29% respondents) and academic career as a teacher/trainer in RA (41% respondents).

All organizations go through challenges as they evolve. Not surprisingly, there were some organizational ‘teething problems’ in the early years such as lack of clear criteria for selecting examiners and syllabus contents of oral examinations. This problem has been solved and clear prerequisites exist for a specialist to be selected as examiner. There was also some criticism of the quality and language of the MCQs and under-representation of ultrasound-guided blocks. Furthermore, some real and perceived problems in the ESRA – DRA (former EDRA) Board led to unplanned changing of two successive chair positions over a relatively short period. In 2009 Marc van de Velde (Belgium) and Barry Nicholls (UK) (Figure 75) from ESRA Board helped to address leadership issues. With the exception of this intervention the academic content of the diploma and the examinations have remained completely independent from ESRA. A much-needed stability in ESRA–DRA (former EDRA) Board was achieved during the chairmanship of Jose Aguirre (Switzerland) from 2016 till 2021 (Figure 76).



Figure 75.
Barry Nicholls (UK)



Figure 76.
Jose Aguirre, Switzerland

ESRA – DRA (former EDRA) Today

From the start, the ESRA–DRA (former EDRA) has been an independent and transparent board for conducting the examinations and awarding diploma in RA and acute pain management. However, the role of ESRA has been crucial in the diploma development, as it has the overall responsibility for all the logistics, funding and legal liability. In general, ESRA–DRA (former EDRA) reflects the goals and standards of the parent organization. The close association with ESRA has worked well throughout its history.

The main changes in the Diploma conduction over the years have as follows:

Part I.

- Exams are organized in collaboration with Orzone, as their Ortrac system allows complete analytics under ongoing exam with availability of results immediately after exams. It can also assess item performance (too easy or too difficult questions can be removed and eventually the pass rate may be adapted).
- Online examinations, including remote exams «from home», have been successfully conducted and will likely be a regular feature in future.
- Change in exam format from MCQ (true/false) to SBA (Single Best Answer) was a transition that in part is still ongoing.
- Exams outside Europe (India, Singapore, Saudi Arabia, Qatar, Dubai) and at the World Congress of Regional Anaesthesia (WCRA) meetings (Cape Town / South Africa, in 2014, New York / USA in 2018, and Paris / France in 2023) have taken place.
- Multilingual ESRA – DRA (former EDRA) Part I exams in other languages except English (Spanish, Turkish) have also taken place.

Part II.

- Split into IIA and IIB: IIA exam online includes discussion of a clinical case and problem solving of RA-related complications with 2 examiners and an observer. IIB oral exam (live) takes place at ESRA annual congress or ESRA workshop. This system streamlines the examination process to adapt to increased demand, also improving the exam standards, because in this way the candidate would be examined by 4 examiners and 2 observers instead of 2 examiners and an observer.
- Improved examiner recruitment process has been open to all ESRA–DRA (former EDRA) Diplomates. Also, an enlarged group of examiners from 12 in 2006 to 48 today is available.
- A structured oral part IIB examination is in place, with standardized questions, similar questions to all, reading material provided to all examiners, and an evaluation form with point system for candidates' evaluation.
- An updated list of prerequisites is applied, including Hands–On Cadaver and US Guided Clinical Workshops (based on a point system), with a list of «ESRA – DRA (former EDRA) approved» WS being available.

Noteworthy throughout this Diploma history one should not forget its name and acronym. Initially, the Diploma was named ESRA Diploma, and then European Diploma of Regional Anaesthesia & Acute Pain Management, with the acronym EDRA. However, due to legal obstacles, and in order to accomplish its registration in the EU trademark list, the name and acronym were discussed extensively, following the legal advice of experts in the topic. As such, the new full name of the Diploma became «ESRA European Diploma of Regional Anaesthesia», with the acronym «ESRA-DRA». Both the full name as well as the acronyms have received their trademark registration in EU since the end of 2023 – beginning of 2024 respectively.

A variety of important changes have taken place over the years (Table 9). All these accomplishments have been achieved over a period of several years and with the help of successive ESRA-DRA (former EDRA) Board members. Everyone during terms term have improved on the work of their predecessor, generating a cumulative and durable impact. Thus, the current ESRA-DRA Chair, Morne Wolmarans (UK) has built on the forward-looking policies of previous chairs, Andre Van Zundert (Belgium), Alain Borgeat (Switzerland), and Jose Aguirre (Switzerland). Special thanks should go to the latest Part I and Part II Vice-Chairs, Narinder Rawal (Sweden), Oya Yalcin Cok (Turkey) and Peter Merjavý (UK) respectively, for their outstanding contributions and collaboration with ESRA & ESRA-DRA (former EDRA) Executive Boards during the latest years. Last but not least, ESRA had the privilege to work with the Diploma examiners over the years, as their hard work cannot and should not be underestimated. ESRA would like to express its gratitude for this exciting journey and wishes for a continued success (Figure 77A & 77B).

Figure 77A.

Some of the KOL that contributed to the ESRA-DRA (former EDRA) evolution

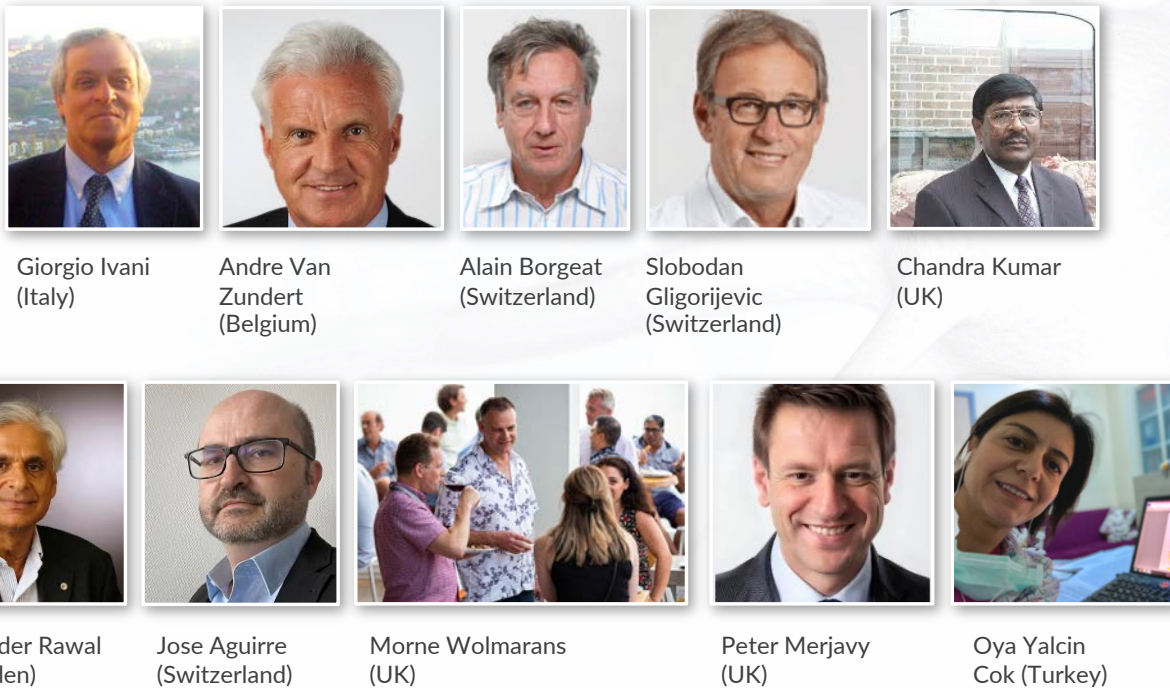


Figure 77B.
Impressions from ESRA - DRA (former EDRA) exams



Table 9.

Important changes in ESRA–DRA (former EDRA) over the years

-
- Examinations Curriculum and TOR (revised several times)
 - ESRA approved cadaver workshops – meetings
 - Classical Cadaver Workshop in Innsbruck since 1997
 - Winter Week initially in Grindenwald and then Langenfeld since 2002
 - Eastern European Cadaver Workshop in Ljubljana since 2003
 - Cadaver Workshops in Madrid from 2017 – 2019
 - Cadaver Workshop in Paris from 2017 – 2019
 - Streamlined and democratic selection of examiners and recruitment of additional examiners (from 12 in 2006 to nearly 50 today)
 - Accreditation of the ESRA–DRA (former EDRA) Diploma by UEMS/CESMA in 2023, during the World Congress of RA and Pain Medicine, in Paris (hosted by ESRA as a joint meeting with 40th ESRA Annual Congress)
-

ESRA – DRA (former EDRA) Part I

- Question writing group since 2016
 - Exams outside Europe since 2015 (Singapore, India, Qatar, Saudi Arabia, South Africa, USA)
 - From paper to online exams since 2017
 - Remote online exams (from home) since 2021
 - Transition from MCQ (true/false) format to SBA questions from 2021 (ongoing)
 - Exams in other languages (Spanish, Turkish) since 2019
-

ESRA – DRA (former EDRA) Part II

- Inclusion of US as part of oral exam since 2017
 - Standardized questions, with answer sheet since 2021
 - Split into 2 parts, Part IIA and IIB, with Part IIA taking place online since 2021
 - Point system for assessment of candidates since 2021
 - Exams at other venues (not annual ESRA congress) since 2021 (Witten, Thailand)
-

ESRA European Diploma in Pain Medicine (ESRA–DPM / former EDPM)

Similar to ESRA–DRA, and as part of its ongoing commitment to advancing the field of pain management, ESRA established the ESRA Diploma of Pain Medicine (ESRA–DPM). This certification represents a significant milestone in ESRA's history, emphasizing the society's dedication to promoting excellence and uniformity in pain medicine practices across Europe.

Recognizing the diverse approaches to pain management across European countries and the need for a standardized level of expertise, ESRA launched the ESRA – DPM, with the first written exams taking place in 2017, in Lugano and the first oral ones (viva) in 2018, in Dublin, both in the context of the ESRA annual congress. The initiative was developed to provide a structured educational framework that would elevate the competency of professionals working within the realm of pain medicine. The diploma aimed to harmonize pain management practices, ensuring that all certified professionals share a common base of knowledge and skills.

Structure of the Program

The ESRA – DPM program is comprehensive, encompassing various aspects of pain assessment, diagnosis, and management. It integrates the latest research and clinical practices, offering participants a robust curriculum that covers both theoretical knowledge and practical skills. The program includes modules on the pharmacological treatment of pain, interventional techniques, psychological approaches, and the physiopathology of pain, among others. An extensive exam curriculum is available at the ESRA website.

The Pioneers of this initiative are reflected in Table 10, reflecting the first diploma board. The new Diploma Board, elected in 2023 is presented in Table 11. Specific gratitude goes to Sam Eldabe, UK, Jose De Andres (Spain), and Eric Buchser (Switzerland) (Figure 78), for their countless efforts to standardize the ESRA – DPM exam, but also to S. Eldabe for his support to ESRA for receiving an EU grant named TARA, and which is related to migraine and its management



The Initial ESRA – DPM (former EDPM) Board

Table 10

The first ESRA–DPM Board

Chair

Sam Eldabe, UK

Vice-Chairs

- Eric Buchser, Switzerland
- José De Andrés, Spain

Members:

- Duarte Correia, Portugal
- Pasquale De Negri, Italy
- Andrzej Krol, UK
- Sarah Love-Jones, UK
- Christophe Perruchoud, Switzerland
- Gina Votta-Velis, USA

Associate Faculty Members

- Vaishali Wankhede, Switzerland
- Gaurav Chabra, UK
- Anu Kansal, UK
- Maurizio Marchesini, Italy
- Senthil Jayaseelan, UK
- Athmaja Thottungal, UK

Table 11

The ESRA–DPM Board from 2023 and onward

Chair

Andrzej Krol, UK

Vice-Chairs

- Eric Buchser, Switzerland
- Athmaja Thottungal, UK

Members:

- Gaurav Chabra, UK
- Pasquale De Negri, Italy
- Senthil Jayaseelan, UK
- Anu Kansal, UK
- Maurizio Marchesini, Italy
- Christophe Perruchoud, Switzerland
- Vaishali Wankhede, Switzerland

Structure of the Program

The ESRA - DPM program is comprehensive, encompassing various aspects of pain assessment, diagnosis, and management. It integrates the latest research and clinical practices, offering participants a robust curriculum that covers both theoretical knowledge and practical skills. The program includes modules on the pharmacological treatment of pain, interventional techniques, psychological approaches, and the pathophysiology of pain, among others.

Certification Process

To earn the ESRA-DPM, candidates must undergo a rigorous assessment process that includes well standardized written exams (Part I) in the form of MCQs, and oral ones (Part II), with practical assessments, and case study evaluations. This ensures that only those who meet the high standards set by ESRA are certified. The diploma not only enhances the practitioner's qualifications but also contributes to their professional development and career progression in pain medicine. The Part I was taking place in person, during the ESRA Annual Congress but since the COVID pandemic is being held online, with the support of ORZONE via their specific platform called Ortrac. A detailed curriculum exists and is available in the ESRA website. Also, specific rules exist regarding examiners selections and candidates prerequisites. The whole examination is conducted in English only.

Impact and Reception

Since its inception, the ESRA-DPM has been highly regarded by professionals in the field of pain therapy. It has attracted a large number of participants from various countries, reflecting the growing recognition of the importance of specialized skills in pain management. The diploma has also fostered greater collaboration among pain medicine professionals, facilitating a more integrated approach to patient care across Europe. The exams have also taken place outside Europe, in Bangladesh more than once.

Future Prospects

Looking forward, ESRA continues to develop and expand the ESRA-DPM program. The society plans to incorporate more advanced technologies, such as digital tools and simulation-based learning, as well as skills evaluation on cadavers, to enhance the learning experience and ensure the proficiency in pain medicine. Furthermore, ESRA aims to foster stronger links between pain medicine and other medical specialties to promote interdisciplinary understanding and care.

The ESRA European Diploma of Pain Medicine is a testament to ESRA's vision of a unified standard in pain treatment and education across Europe. By establishing this diploma, ESRA not only strengthens the expertise of individual practitioners but also enhances the overall quality of pain management services, ultimately benefiting patients suffering from chronic and acute pain conditions. This initiative confirms ESRA's role as a leader in the field of pain therapy, committed to both educational excellence and the advancement of clinical practices.



Figure 78.
(A) Sam Eldabe (UK)
(B) Jose De Andres (Spain)
(C) Eric Buchser
(Switzerland)

CHAPTER 11.

Collaborations: Global Outreach & Influence.

ESRA has consistently emphasized international collaboration and global outreach as cornerstones of its mission. These efforts not only enhance the society's impact, but also foster a broader understanding and adoption of advanced RA & Pain Medicine Techniques worldwide. ESRA has built a robust network of partnerships with its continental sister societies and other organizations, in Europe and across the globe, enabling joint conferences, reciprocal educational programs, and shared research initiatives that enhance the scope and depth of knowledge in the field. Great examples in this direction are the organization of the World Congress of RA and Pain Medicine in Paris, in September 2023, the World Day & World Week of RA and Pain Medicine being held for the first time in January 2024 and the e-ESRA that takes place every March or April. All are ESRA initiatives and become a reality in close collaboration with ASRA Pain Medicine, AFSRA, LASRA and AOSRA – PM.

ESRA embraces diversity within its community and offers unparalleled networking opportunities and friendships that span the globe. Collective efforts with partners that share similar values and principles are more than welcome, as they enhance the richness of discussions and perspectives, providing a global outlook on our fields. A great example inside ESRA is its International Committee, established in 2021, to give a sound voice to physicians from all continents involved in RA and Pain Medicine.

ESRA's commitment to education and training extends beyond Europe, organizing workshops, seminars, exams and training sessions in countries, where access to advanced educational resources may be limited, while maintaining global standards of care. Through its international collaborations, ESRA has also played a crucial role in influencing RA and pain management practices worldwide, advocating for the importance of RA and pain therapy.

Supporting international research collaborations is another significant aspect of ESRA's global outreach. These projects, mainly in the form of common guidelines with other societies, contribute to the scientific community and ensure that the latest findings and innovations are shared across borders. ESRA also launches several initiatives tailored to address specific regional challenges, including campaigns to raise awareness about the benefits of RA in surgical settings (as it happens with the case of World Day & World Week of RA and Pain Medicine), efforts to address the opioid crisis by promoting non-opioid pain management techniques, and programs aimed at underserved populations to improve access to pain therapy.

ESRA's involvement in international medical conferences and symposiums as both a host and participant underscores its commitment to global engagement. These events provide platforms for sharing insights, debating ideas, and forging new relationships that bridge geographical and cultural divides. By connecting practitioners across continents, influencing policy, supporting research, and providing education, ESRA not only enhances the quality of pain management globally but also solidifies its position as a leader in the field. These efforts ensure that ESRA continues to be a key player in the international medical community, dedicated to improving patient outcomes and advancing health care standards worldwide.

CHAPTER 12.

Testimonials regarding ESRA.



**Giorgio Ivani,
Italy**

ESRA means friendship, means people who love RA, find through ESRA the answers they need to perform their work safely and with success. ESRA is Efficacy & Safety in RA...



Eric Albrecht, Switzerland

Throughout my time with ESRA, I have been fortunate to witness the incredible enthusiasm, commitment, and friendliness of the people building this community. In my eyes, ESRA represents more than just a professional association; it is like a tight-knit community, bound together by a mutual dedication to promoting the fields of RA and pain management. Our common objective is to disseminate this expertise as widely as possible, with the ultimate goal of enhancing patient treatment and satisfaction.



**Oya Yalcin Cok,
Turkey**

ESRA is a family to me, not by blood, however more precious than any, bound by its enthusiasm for expanding the knowledge and education of RA, and its elegance in every communication and activity. I wish ESRA a long and prosperous future, where I will continue to learn a lot and contribute as much as I can.

What is ESRA for you?



**Paul Kessler,
Germany**

I have always been interested in exchanging knowledge with other anaesthesiologists, especially those from other countries. Do they do RA like I do, or do they use other blocks? ESRA broadens the horizon for RA. It offers an ideal platform for getting in touch with other regional anaesthesiologists, and over the years I have built up many international friendships. What I also really appreciate is that the focus of ESRA is education and training in RA, and the ESRA offers many opportunities for members to get involved here.



**Athina Vadalouca,
Greece**

ESRA is like family to me, and I am proud to have served as its President. Its commitment to excellence in RA and pain management is invaluable to clinicians across Europe and beyond.



**Sam Eldabe,
UK**

ESRA to me represents meeting with my friends, having a good time and doing good things for the advancement of RA and pain...



**Patrick Narchi,
France**

For me, ESRA stands for embracing new horizons, sharing expertise, a friendly ritual, and definitely addictive.



**Alan MacFarlane,
UK**

I have been lucky enough to be part of ESRA for many years. Everyone involved who I have met over the years is passionate, dedicated and welcoming. To me ESRA is a family, and I think this is because we all share a common goal: to advance the fields of both RA and pain medicine and to share this knowledge, all of which we hope will ultimately benefit our patients.



**Andrzej Dazskiewicz,
Poland**

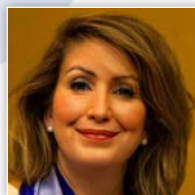
For me, ESRA is more than just an organization; it represents a community of like-minded professionals who are deeply committed to advancing the practice of RA and pain medicine. Being part of ESRA has allowed me to connect with passionate individuals, who share a common vision of improving patient care through education, innovation and collaboration. The sense of camaraderie and mutual support within ESRA makes it feel like a second family, united by the goal of advancing our specialty for the benefit of patients worldwide.

What is ESRA for you?



**Jose De Andres,
Spain**

ESRA has been for me a life experience. Always learning and sharing, scientifically, and in all the years of service in the board, working to always make ESRA better and more attractive to all our followers and members.



**Eleni Moka,
Greece**

To me, ESRA represents innovation, knowledge sharing, a passion for education, and lifelong friendships. It is not just a professional society; it is a family at the core of our professional journeys.



**Alain Delbos,
France**

ESRA is an essential platform that highlights the latest advancements in science and techniques each year. It is a place, where I can broaden my skills, engage with global scientific leaders, and gain insights that go beyond national boundaries. For me, ESRA is crucial for ongoing professional development and hands-on learning. It is more than just a professional organization; it's a close-knit international community. It offers a unique opportunity to connect with experts from around the world. ESRA inspires me to push my boundaries, motivating me to work with enthusiasm and dedication to enhance my scientific expertise. It's a place where learning and personal growth thrive in an atmosphere of collaboration and shared passion.



Dan Sebastian Dirzu, Romania

For me as the National representative of Romania, ESRA was the perfect opportunity to increase the knowledge about RA in Romania. In less than 10 years since I started the ARAR - the Romanian chapter of ESRA - RA became a widespread custom in all Romanian hospitals, even the smallest ones.

This is a major accomplishment, considering that 10 years ago, even though the neuraxial procedures were very popular, the number of anaesthesiologists able to execute Ultrasound Guided Nerve Blocks was low and only in major teaching departments from university hospitals. We are also doing further steps in training specialist in chronic pain, and hopefully in the future, with the ESRA support we will also have enough specialists in this domain



Clara Lobo, UAE

ESRA is my happy place—a family, a joyful gathering of friends celebrating regional anesthesia and pain management. Since my first meeting in Rome in 2000, I've grown both professionally and personally, contributing as an EDRA board member and examiner, ESRA councilor, and Secretary General during the challenging COVID-19 pandemic. I was privileged to initiate the successful ESRA webinars and contribute to the ESRA updates, actively shaping and witnessing the evolution of our global ESRA family.

What is ESRA for you?



Yavuz Gurkan, Turkey

ESRA is not only sharing knowledge and experience, it is a lot of laughter and fun. Enjoy being part of the ESRA family!



Thomas Volk, Germany

In ESRA I find trusted knowledge, friendship, curiosity, fun, enthusiasm. ESRA unites bright minds and we love what we do.



Axel Sauter, Norway

To me, ESRA is a forum for outstanding academic and clinical exchange and the basis of many friendships between colleagues from all over the world.



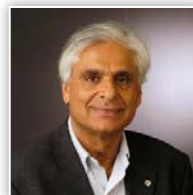
**Luis Valdes,
Spain**

ESRA is all about passion, friendship, camaraderie, equality, selfless giving, and the joy of teaching. It's a unique blend of everything I love, all focused on regional anaesthesia... I follow my heart!



**Mathieu Gielen,
The Netherlands**

ESRA was a very important part of my life. I have met colleagues from all over the world to discuss and improve the art of RA. Some of them are still good friends.



**Narinder Rawal,
Sweden**

As a past ESRA Major Officer and Founding Father of EDRA and PROSPECT initiatives, it is such a pleasure and joy to see ESRA go from strength to strength and also be part of a fantastic journey which has transformed ESRA into the leading RA society in the world. What a privilege!

What is ESRA for you?



**Sébastien Bloc,
France**

The acronym ESRA represents much more than just the European Society of Regional Anaesthesia and Pain Medicine. It symbolises Excellence in practice, Support for its members, commitment Research, and the continuous Advancement of our field in regional anaesthesia and pain medicine. To be a part of ESRA is to be part of a dynamic community, united by a shared passion for innovation, learning, knowledge exchange and collaboration. To be a part of ESRA is to be part of a family dedicated to excellence.



**Andre Van Zundert,
Australia**

ESRA was my first contact with teaching and training on an international basis. I am a strong believer in lifelong learning and that good teachers also need to be good learners. ESRA provided all of these. ESRA is a true family of friend with one goal, improving safe care to patients.



**Barry Nicholls,
UK**

ESRA... is sharing knowledge and friendship from one generation to the next.

Reflecting on ESRA Journey: Conclusions & Future Directions

As we reflect on the remarkable journey of the European Society of Regional Anaesthesia and Pain Therapy (ESRA), it is evident that the society has been a beacon of innovation, collaboration, education, and friendship within the medical community. From its inception, ESRA has been driven by a commitment to enhance patient care through the advancement of RA and Medicine and very soon took a character of its own to accommodate the diverse languages and healthcare systems of the European continent. This commitment has seen ESRA evolve from a small gathering of pioneering and inspiring anaesthesiologists to a major European society, with a profound international impact on the practice of medicine across Europe and beyond.

Over its 44 years of history, ESRA has done much to publicize the evidence on RA and Pain Therapy and encourage further development. It has also paved the way in democratizing European anaesthesia, by being the first offering its membership to all. Educationally, activities grew from a single annual congress to include zonal and other meetings, cadaver workshops, a major online program, and collaborations (guidelines and conferences) with the other sister societies. Also, its structure has been consolidated and become mature via a complete reform of its Bylaws to make the society truly democratic and transparent to all, and by the introduction of two diploma examinations (on RA and Pain Medicine), an entirely novel project.

All ESRA milestones that have been described, allow us to reflect on the progress that has been made and the work that lies ahead. Throughout its remarkable journey, ESRA expanded its horizons and pushed the boundaries to become an international community for everyone who aspires to high standards and professionalism in RA, Perioperative Care and Pain Medicine.

Despite challenges, the history of ESRA is a testament to the power of inclusivity, collective endeavor and the pursuit of excellence. A vibrant tapestry of ideas and shared values were and continue to be created by joining efforts. Through its annual congresses, educational programs, and research initiatives, ESRA has played a pivotal role in setting standards and promoting best practices. The society's efforts have not only improved patient outcomes but have also shaped the careers of countless practitioners, providing them with the skills and knowledge to excel in their fields. As we embark on this journey together, let us remember that in unity, we may find strength, and in inclusion, we can discover the boundless potential for growth and innovation. When combined, our individual strengths have the power to collectively achieve remarkable advancements in the pursuit of knowledge, scientific research and patient care.

The relationship with other RA and Pain Medicine Societies, is strong, with even greater scope for collaborative activities in the future. The main aim of ESRA is to promote the teaching and use of RA techniques in surgery and pain management for improved patient outcome. The worldwide increase in the use of RA during the last decades is encouraging, and the society can be proud of its role in this progression. However, past success does not guarantee future success. Societies including ESRA, no matter how vibrant, do not progress without continued input from their member, especially the generations, dedicated to its aims.

Looking to the future, ESRA is poised to continue its legacy of excellence. The society is committed to embracing innovative technologies and methodologies that promise to transform the landscape of pain management and anaesthesia. The ongoing expansion of its educational programs will equip new generations of healthcare professionals with the expertise to meet the challenges of an ever-evolving medical environment.

Moreover, the role in global medical advocacy will expand, pushing for policies that support the optimal use of RA and pain therapy in healthcare systems worldwide. By fostering a greater understanding of these disciplines, ESRA will enhance their integration into routine clinical practice, thereby improving the quality of life for patients suffering from acute and chronic pain.

In conclusion, the history of ESRA is not just a record of past achievements, but a foundation for future successes. As ESRA continues to grow and adapt, it will undoubtedly remain at the forefront of its field, driven by a relentless pursuit of excellence and a deep commitment to the well-being of patients. The journey thus far has been inspiring it is a story of progress, resilience and dedication. Nevertheless, the path ahead is even more promising, but also still challenging. As we look forward, we do so with optimism and enthusiasm for what the next chapters of ESRA's history will bring. ESRA will continue to extend the hand of partnership to everyone that shares its vision, ensuring a brighter future to reach global excellence and a universal health coverage.

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UNITING

our Mission, Vision, Principles & Core Values



We build a world where acute and chronic pain are managed effectively, patients receive the highest standard of care, tailored to their needs, and where our collective expertise and partnerships contribute to universal health coverage. We are dedicated to leading this transformative journey, setting benchmarks for excellence, and inspiring the next generations of specialists in RA, Perioperative Care, PoCUS, and Pain Medicine

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