State of the Art Safety Standards in RA
THE EUROPEAN SOCIETY OF REGIONAL ANAESTHESIA & PAIN THERAPY

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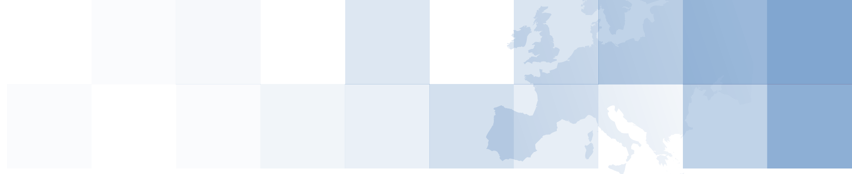

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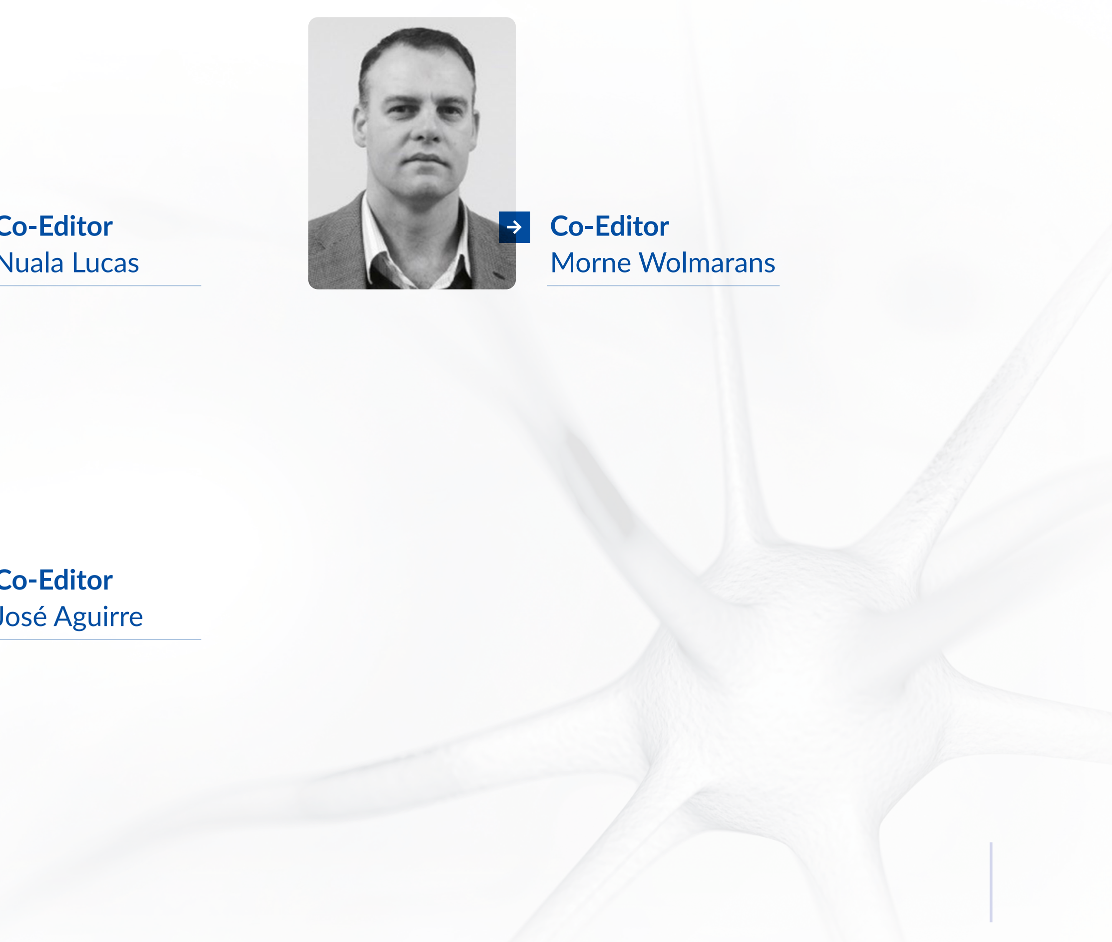


Editorial

Nuala Lucas (Co-Editor of ESRA Updates, Norwick Park Hospital, Harrow, UK) @noolslucas

"The entire ESRA team wants to express its condemnation of the violence in Ukraine and our solidarity with those suffering because of the incursion."

The editorial board of ESRA Updates welcomes you to the first edition of 2022

As the acute phase of the pandemic passes, we look forward to the return of face-to-face meetings. Online technology has helped us deliver some tremendous regional anaesthesia education, and we are proud of the virtual meetings we have held over the last two years. Despite these innovations and successes, face-to-face meetings offer unparalleled opportunities for learning, gaining experience, professional networking and making friends! We are very excited about the *39th Annual Congress held in Thessaloniki, Greece 22-25 June*. The Scientific and Local Organizing Committees have worked tirelessly to deliver a truly outstanding programme. The four days of the programme provide comprehensive and unrivalled education in regional anaesthesia, including State of the Art Lectures, Networking Sessions, Expert Opinion and Panel Discussions, the ever-popular PRO-CON Debates. What will make this ESRA congress exceptional is the provision of practical teaching; Hands-On Clinical and Cadaver Workshops, Live Demonstrations on Models, alongside Live Demonstrations from the operating room with simultaneous Streaming. Finally, the Congress is an excellent opportunity for Residents, Trainees and Fellows to showcase their regional anaesthesia work in the Free Papers and ePosters Sessions. The submission process for abstracts is open, and we encourage everyone invited to submit their work for inclusion in the ESRA Best Free Paper and Best Abstract Award competitions! If you want to know more about the Congress, check out the articles in this edition of Updates about the *abstract submission process* and *Trainees Corner*.

If you need to top-up your regional anaesthesia continuing professional development before the Congress, you don't have to wait too long. We are excited about our *European Day on March 19th*. Featuring discussions about awake knee and shoulder surgery, paraspinal block and post caesarean section analgesia, we are sure this will be a fun, informative day!

The time is now for regional anaesthesia. This edition of ESRA Updates is packed full of interesting reading – *Journal Club, Regional Anaesthesia Training during COVID-19* and a thought-provoking commentary on the problem of *vascular puncture during regional anaesthesia*. All well worth a read!

Finally, we must mention the terrible events that we have seen unfold in Ukraine over the last week. The entire ESRA team wants to express its condemnation of the violence in Ukraine and our solidarity with those suffering because of the incursion. We are grateful to Dr Dmytriiev, who has shared *some of his experiences of the last few days with us*. The situation in Ukraine is uncertain, and we do not know how events will unfold over the coming weeks. Our thoughts are with all those affected by the conflict. ESRA stands with Dr Dmytriiev and all our colleagues in Ukraine.

I am a doctor! And I am Ukrainian!

Dmytro Dmytriiev (Medical Clinic «OncoHelp», Ukraine)

"We, the Doctors of Ukraine, will try and save as many lives as we can, and do our work to the highest possible standard, despite the difficulties we face."

I am a doctor! And I am Ukrainian!

I have often been asked how a doctor's life has changed since the war started.

Life for doctors changed back in 2014, when we first saw casualties from conflict in our country. We cared for the wounded and also learned how to treat chronic pain syndromes associated with traumatic injuries. We also saw the huge psychological impact on young men after the first years of war. We have learned how to manage all these problems and we hoped for better times!

But what happened on 24 February of 2022 will stay in our hearts for a very long time. You can ask what change our lives and practice has seen in the last few days? There are the answers:

- We have learned how to safely deliver pregnant women who came to seek safety in shelters during shelling.
- We have learned how to treat wounded children (and to hide our tears while we do this).
- We have learned how to deliver urgent clinical care, e.g., surgery, and dialysis, during alarms and shelling.
- We have learned how to do surgery with windows protected with sand bags.
- We have learned to differentiate the sounds of air-raid sirens and our ambulances.
- We have learned to move resuscitation rooms to the basement of the hospital during alarms and shelling.
- We have learned to donate blood in massive amounts and how to conserve rare blood groups.
- We have learned how to remove marks left from rocket strikes from the roofs of our hospitals.

And this is not an entire list of what we have learned. We, the Doctors of Ukraine, will try and save as many lives as we can, and do our work to the highest possible standard, despite the difficulties we face. We will do this with open hearts and compassion.

And we will do this, because caring for patients is our job. And, of course such beautiful children are born in the underground during war!

Read Dr. Dmytro Dmytriiev letter

5th ESRA Day

Sébastien Bloc (Claude Galien Private Hospital – Quincy Sous Senart – Paris, France) @sebebloc

"The 5th edition will focus on shoulder, knee, breast, and C-section surgery."

5th ESRA Day 2022

Once upon a time, there was a face-to-face meeting.
Once upon a time, there was a meeting organized in several European cities, the same day, with the same programme.
Once upon a time there was a meeting based on exchange, discussion with experts, interactivity.
Once upon a time there were round tables, workshops, podcasts, hands-on sessions, quizzes.

Come and find this same spirit during the *5th edition of European Day* which will take place on Saturday 19th March 2022.
The 5th edition will focus on shoulder, knee, breast, and C-section surgery.
There will be lectures on anaesthesia and analgesia techniques, as well as live demos, for each of the themes. Not forgetting that podcasts on anatomy will also be available.
As every year, a large part of the meeting will be dedicated to workshops and round tables.
Come and have a full technical and practical focus on these subjects with local experts.

One day
One program

5TH EUROPEAN DAY OF REGIONAL ANAESTHESIA

Saturday, 19 March 2022

European Day

March 2022, Saturday 19th
5th European Day of Regional Anaesthesia
There certainly should be a city near you.
To register, please click here.

4th ESRA Residents and Trainees Course

Humberto Rebelo (Hospital da Luz, Vila Novade Gaia, Portugal) @RebeloHumberto

Josip Azman (Linkoping University Hospital, Sweden)

"This course has a highly differentiated team of trainers with extensive experience in the areas covered."

The ESRA Residents Course, this year with a new format, aims to acquire skills in Regional Anesthesia, Acute Pain and Perioperative Assessment using several formats of learning: training in ultrasound with live models, training scenarios in a simulation environment and structured discussions of theoretical topics and clinical cases that allow knowledge acquisition and consolidation for daily clinical practice and preparation for the European Diploma of Regional Anaesthesia and Pain Therapy (EDRA).

This course has a highly differentiated team of trainers with extensive experience in the areas covered, allowing learning in a relaxed atmosphere, with great cooperation and sharing of knowledge and practical experiences conceived for beginners and / or young specialists in Anaesthesia that wish to grow and develop skills in the art of regional anaesthesia.

The course will be held in the magnificent city of Porto, in Portugal, a fascinating and vibrant city that has much to offer. The city boasts an extensive history, captivating tourist attraction, buzzing nightlife, along with outstanding tourist facilities.

There is a lot to love about Porto, and the diversity of the city will appeal to a wide range of visitors. There is a warren of narrow streets that make up the ancient Ribeira district, there are the grand plazas of Trindade, and the beaches and Ocean views of the Foz district.

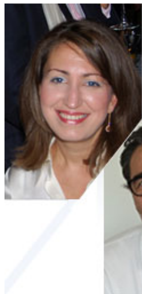
Porto is famed to produce Porto wine, which is matured in the vast cellars that stretch along the banks of the mighty Douro River. This is a proud city with a rich history, but is also young and energetic, with social nightlife, liberal attitudes and a blossoming artisan scene.

All information & registration *click here*.

Call for Abstracts!

Eleni Moka (ESRA Treasurer, Creta Interclinic Hospital, HHG - Heraklion-Crete, Greece) @mokaeleni

Alain Delbos (ESRA Past President; Medipole Garonne, France) @alaindelbos



"We will finally meet in person, having the splendid sea view landscape in our retina [...] while sharing knowledge, clinical experience and research in Regional Anaesthesia and Pain Medicine."

ESRA is very excited to invite you to the first annual congress after the pandemic – *39th ESRA annual congress, 22nd-25th June 2022 in Thessaloniki, Greece*!

We will finally meet in person, having the splendid sea view landscape in our retina and appreciating the Greek food in our palate, while sharing knowledge, clinical experience and research in Regional Anaesthesia and Pain Medicine.

The deadline for submission of your work is approaching fast! The ESRA Abstracts Committee is happy to recognize so many submissions so far and decided to extend the deadline until the end of March!!

We really appreciate your efforts and contribution and wish to recognize the best ones with the following awards:

- The prizes for the best RA and the best Pain free paper are EUR 1,500 for the first place, EUR 1,000 for the second place and EUR 750 for the third place.
- The prizes for the best RA and the best Pain ePosters are EUR 750 for the first place, EUR 500 for the second place and EUR 250 for the third place.

Abstract prizes are awarded to those judged by the Scientific Committee to be the best submissions of their category. These prizes are chosen based on scores from abstracts submitted, and abstract presented either in an Oral or E-Poster format. The presenting author must be a trainee or resident to be considered for the abstract prizes.

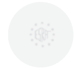
If you prefer, you can send us your educational video and apply for the *ESRA Educational Video competition*.

- The prizes for the best Educational Video are EUR 1000 for the first place, EUR 750 for the second place and EUR 500 for the third place.

The Best Free Paper, Best E-Poster Presenter and Best Educational Video award winners will be announced during the ESRA Awards Ceremony at the ESRA 2022 Congress. The 1st, 2nd and 3rd place winners will receive their prize after the Congress.

Hope to see you there!

ESRA Trainee Corner in the Annual Congress in Thessaloniki



Ana Fuæak

ESRA Trainee Corner debuted in Bilbao in 2019! It was a huge success as it fulfilled it's purposed of joining trainees around a cup of coffee and an ultrasound machine!

Trainees want to learn and connect with other trainees, create a world-wide alive and vibrant network of experiences, companionship and learning basic ultrasound guided blocks.

If you are a first timer in ESRA's annual meeting, this is the space to visit! It is a great networking place where you will find a happy face, sharing tips & tricks, guiding you on what to do and which lectures to visit. During the Thessaloniki congress, a daily pop up notification will advertise the Trainee Corner' s activities to help you.

On the other hand, if you are a regular participant, you can just visit and catch up.

The ESRA Trainees Corner in the 38th Annual ESRA Congress in Bilbao

We are preparing a networking event for Trainees during the Congress to celebrate life, anaesthesiology and friendship. After a huge break from live events due to the covid 19 pandemic it will be refreshing to meet new colleagues and experts face to face. Stay tunned!

We are also curious and excited to know all about your projects and research.

The Trainee Corner will definitely be a reason for trainees, amongst others, to come to Thessaloniki, Greece in June 2022.
To know more and register, just follow the link – *https://esra2022.com*.

Positive blood aspiration with ultrasound-guided peripheral blocks, do we all do the same?

Elena Segura Grau (Centro Hospitalar Tondela Viseu, Portugal)

J Saldanha-Marques (Centro Hospitalar Universitário São João, Portugal)

F Salgado-Seixas (Centro Hospitalar Universitário do Porto, Portugal)

I Dinis (Centro Hospitalar Tondela Viseu, Portugal)

Clara Lobo (Editor of ESRA Updates; Cleveland Clinic Abu Dhabi, UAE) @claralexlobo

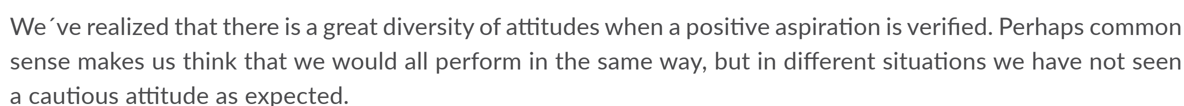
Positive blood aspiration with ultrasound-guided peripheral blocks, do we all do the same?

Dear Editor,

Regional anesthesia techniques, either alone or in combination with general anesthesia, have gained popularity across the world. In the last two decades, the widespread use of ultrasound guidance improved both safety and quality of regional techniques.[1]

Nevertheless, the incidence of unintended puncture of venous (0.06%) and arterial vessels (0.12%) cannot be neglected.[2] In this regard, one of the most feared complications is the local anesthetic systemic toxicity (LAST), with an incidence of 2.6/10 000 for ultrasound-guided blocks.[3]

In addition to the use of ultrasound, there are other measures recommended in literature to identify and decrease the occurrence of these events. Recently, Macfarlane et al. summarized the proper conduct to safely perform peripheral nerve blocks, which also includes (1) performing the technique in awake patients; (2) incremental injection of local anesthetics; (3) considering the use of adrenaline as a marker of intravascular administration; (4) aspiration before injection.[4]



We´ve realized that there is a great diversity of attitudes when a positive aspiration is verified. Perhaps common sense makes us think that we would all perform in the same way, but in different situations we have not seen a cautious attitude as expected.

Interestingly, we have not found any evidence or guidelines regarding this topic, and this could be the reason for discrepancy in clinical practice.

We believe that performing the block in the same location after vascular puncture might be risky. With the rupture of the vessel wall, there is a theoretical risk of systemic absorption of local anesthetic due to either passive diffusion or pressure gradient favoring entry in blood vessels (increased interstitial pressure during the injection or hematoma formation).

In our understanding, when a vascular puncture is identified, it would be safer, in most cases and if feasible, to cancel the technique and perform the peripheral block in another location. In this regard, other questions are raised: (1) Should we still perform the block despite the potential nerve injury associated with vascular damage?; (2) What is the ideal distance from the puncture to perform the block safely?; (3) Would a second puncture be safer proximal or distal to the first puncture?; (4) Would this second approach reduce the risk of a new bloody tap?; (5) Should a second puncture be considered for deep / vascularized locations?

Although we strongly advocate for peripheral nerve blocks in our practice as an important component of a multimodal strategy, regional anesthesia shouldn't be compulsory and must be carefully considered weighing the pros and cons, risks and benefits after the occurrence of such (and another) complication.

Therefore, we want to emphasise the importance of reporting vascular puncture during regional anesthesia techniques and how anaesthesiologists manage them. We believe this would encourage the development of guidelines and standardization of clinical practice.

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ESRA Journal Club

Eric Albrecht (University Hospital of Lausanne, Switzerland) @DrEAlbrecht

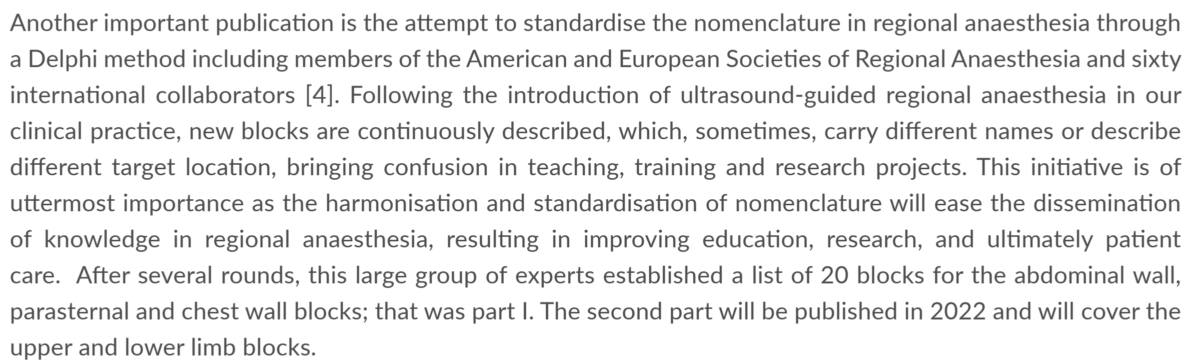
"I finally selected four articles that bring evidence and guidance to, I hope, our clinical practice and our way we conduct research and read the literature."

ESRA UPDATES Journal Club invites leading experts in (regional) anaesthesia to select one (or more) article(s) which for him/her were/are important, interesting or changed his/her clinical practice. This choice can be a general big, randomized study but can also be very personal. For this edition our choice went to the program director of regional anesthesia of the University Hospital of Lausanne, Prof Eric Albrecht. He is the principal author of more than 100 peer-reviewed articles published in high profile journals and three French-language books. So, who else better than to ask which articles changed his clinical practice.

«The year 2021 is filled with many valuable articles. Making a selection was difficult and complex. However, after careful consideration, I finally selected four articles that bring evidence and guidance to, I hope, our clinical practice and our way we conduct research and read the literature.

The first article is a large randomised controlled trial performed by Dr Neuman and colleagues and published in the *New England Journal of Medicine* [1]. In this multicenter study including 1600 patients, the authors investigated whether a spinal anaesthesia would decrease the mortality or improve the recovery after hip fracture surgery, as compared with general anaesthesia. Main outcomes were death within 60 days after surgery, inability to walk 3 metres without the assistance of another person at 60 postoperative days, and delirium in the immediate postoperative period. Unfortunately, spinal anaesthesia was not superior to general anaesthesia whatever the outcome considered. Indeed, patients of both groups had a mortality rate of approximately 4% and inability to walk independently at 60 days of about 15%; the incidence of postoperative delirium was around 20% in both groups. While these results are undoubtfully very disappointing for any physician passionate by regional anaesthesia, one should not forget that spinal anaesthesia provides successful postoperative pain relief, as compared with general anaesthesia, that can be extended up to 24 postoperative hours, when long-acting opioids are administered in the intrathecal space [2]. As a reminder, a dose of 100 mcg of intrathecal morphine is a ceiling dose for analgesia and a threshold dose for increased postoperative nausea and vomiting [2].

A remarkable publication is a systematic review and meta-analysis on the impact of peripheral nerve blocks in patients undergoing total hip or knee arthroplasty, published in *Regional Anesthesia and Pain Medicine* [3]. After including 122 studies, this international group of experts concluded that peripheral nerve block improves postoperative outcomes following total hip and knee arthroplasty. Indeed, the use of a PNB was associated with lower odds ratios for several complications such as cardiac complications, respiratory failure or cognitive disorder, among others.



Another important publication is the attempt to standardise the nomenclature in regional anaesthesia through a Delphi method including members of the American and European Societies of Regional Anaesthesia and sixty international collaborators [4]. Following the introduction of ultrasound-guided regional anaesthesia in our clinical practice, new blocks are continuously described, which, sometimes, carry different names or describe different target location, bringing confusion in teaching, training and research projects. This initiative is of uttermost importance as the harmonisation and standardisation of nomenclature will ease the dissemination of knowledge in regional anaesthesia, resulting in improving education, research, and ultimately patient care. After several rounds, this large group of experts established a list of 20 blocks for the abdominal wall, parasternal and chest wall blocks; that was part I. The second part will be published in 2022 and will cover the upper and lower limb blocks.

Finally, I would like to highlight an article published in Anaesthesia and written by Dr J.B. Carlisle on the "zombie" trials, that I think any physician should be aware of [5]. While the terminology might be intriguing, Dr Carlisle described a very worrisome and alarming problem, which is the fabrication of false data. Based on the analysis of the summary baseline data and then the individual patient data of all randomised controlled trials submitted to Anaesthesia, Dr Carlisle concluded that 44% of the submitted trials had false data. We shape our clinical practice on robust evidence, provided by the scientific literature. Knowing that close to 50% of the trials submitted contain erroneous data is troublesome. Before transferring the evidence of a research report into the clinical practice, it is mandatory to seek confirmation and wonder whether the research question is logical, coherent, and supported by the methodology.»

Prof. Dr. med. Eric Albrecht
Program Director |1 Regional Anaesthesia |2 Clinical Research
Department of Anaesthesia
University Hospital of Lausanne and University of Lausanne
Lausanne, Switzerland

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PROSPECT guidelines for postoperative pain management after radical prostatectomy

Roseanne Wilkinson (Medical Writer, Medical Writing Ltd - Cambridge, UK)

PROSPECT guidelines for postoperative pain management after radical prostatectomy

The PROSPECT working group of anaesthesiologists and surgeons provides clinicians with recommendations for postoperative pain management based on systematic review and critical appraisal of the available procedure-specific evidence in the context of multimodal peri-operative care pathways.

Adequate pain management is important for patients undergoing prostatectomy to enhance their recovery and avoid prolonged hospital stays (*Joshi 2014*; *Tan 2015*). Patients often experience moderate pain on movement after open radical prostatectomy, and although robot-assisted or laparoscopic surgery is typically less painful, trocar ports can give rise to parietal pain (*d'Alonzo 2009*; *Woldu 2014*).

A previous PROSPECT review (*Joshi 2015*) found limited evidence on which to base recommendations for managing pain after prostatectomy. However, with the introduction of new analgesic regimens and the more widespread use of robot surgery, a literature update was needed.

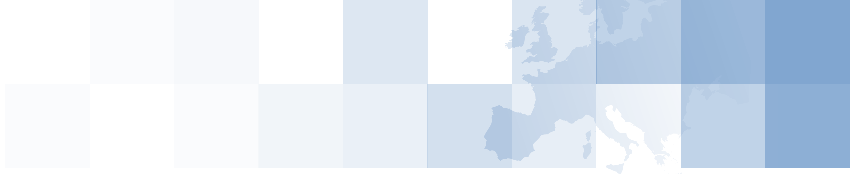
So, the PROSPECT working group developed updated recommendations to reflect the latest evidence, which were published in 2021:

PROSPECT guidelines update for evidence-based pain management after prostatectomy for cancer. *Lemoine A, et al. Anaesth Crit Care Pain Med 2021;40:100922.*

The overall recommendations for prostatectomy are shown in Table 1 and on the *PROSPECT website*.

Table 1. Overall recommendations for peri-operative pain management in patients undergoing radical prostatectomy	
Paracetamol	Recommended despite limited procedure-specific evidence (Grade B)
Systemic lidocaine	Intraoperative continuous intravenous infusion of lidocaine is recommended for open surgery (Grade B)*
NSAIDs or COX-2-selective inhibitors	Recommended provided there are no contra-indications (Grade A)
TAP block	Recommended for laparoscopic/robotic procedures (Grade A)
Wound infiltration	Recommended for open surgery (Grade B)†

*Use of systemic lidocaine contraindicates the simultaneous use of infiltration with local anaesthetics (*Foo 2021*). The duration of lidocaine infusion should be limited to the intraoperative and immediate postoperative periods for safety reasons.
†In the absence of intravenous lidocaine use.



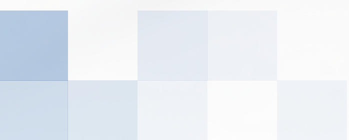
Updates and ongoing PROSPECT work

The PROSPECT working group continues to work on new procedure reviews and updates to previous recommendations. Those nearly finalised include total knee arthroplasty (update), sternotomy, hip fracture, craniotomy, appendectomy, open abdominal hysterectomy (update), laparoscopic colectomy, and open colectomy (update). Other ongoing updates include open thoracotomy, laparoscopic cholecystectomy, and haemorrhoidectomy reviews.

Evidence and recommendations for all PROSPECT reviews (currently 20 surgical procedures) can be found on the website, *https://esraeurope.org/prospect/*, together with links to all PROSPECT publications (most are open access).

The unique PROSPECT methodology is available at *https://esraeurope.org/prospect-methodology*/.

PROSPECT is supported by an unrestricted grant from the European Society of Regional Anaesthesia and Pain Therapy (ESRA) as an independent Working Group of the society.



RA Training during COVID-19: Tuen Mun Hospital, Hong Kong

Tony Ng (Tuen Mun Hospital/NTWC, Hospital Authority, Hong Kong)

"To be fair, the COVID pandemics has inevitably affected all aspects of RA training to a certain extent in our hospitals – from skills acquisition, teaching to research."

It is my pleasure to share the regional anaesthesia training in our hospital cluster with anaesthetists in Europe. I am a specialist in both anaesthesiology and pain medicine with subspecialisation in interventional pain medicine and regional anaesthesia. I graduated in the University of Hong Kong and ran through my specialist training in the Hong Kong College of Anaesthesiologists (HKCA) and the Australian and New Zealand College of Anaesthetists with subsequent overseas training in interventional pain management in National Seoul University Hospital in South Korea, interdisciplinary pain management in Sydney and paediatric pain management in Melbourne. I also obtained my Fellow in Interventional Pain Practice (FIPP) diploma from the World Institute of Pain in Budapest later on. My special endeavours are ultrasound-guided regional anaesthesia and interventional pain management.

For those who are unfamiliar with Hong Kong, it is a small but highly dense city of about 7.5-8 million inhabitants and is located to the east of the Pearl River estuary on the southern coast of China. In our locality, public hospitals are managed by Hospital Authority (something like NHS in the UK) and are grouped into 7 hospital clusters. Tuen Mun Hospital (TMH), as a tertiary referral centre, belongs to the New Territories West Cluster (NTWC) which has two other smaller acute hospitals – Pok Oi Hospital (focusing on surgery of intermediate magnitude) and Tin Shui Wai Hospital (focusing on ambulatory service and day surgery). TMH was founded in 1990, followed by Pok Oi Hospital in the late 2007 and Tin Shui Wai Hospital in 2019. TMH is one of the largest public hospitals locally with around 2000 beds while the other two hospitals offer an addition of 1000 beds. Our hospital cluster is serving about 1.15 million people in our territory. Both anaesthesia and pain services of these 3 hospitals are run by the same Department. Apart from being the training centres of both anaesthesia and pain medicine in the HKCA, our hospitals also serve as teaching hospitals for medical students in the anaesthesia module from the Chinese University of Hong Kong(CUHK). Across the whole hospital cluster, we have 26 operation theatres in total and there are an average of 18000 operations with anaesthetist involvement annually. An operation theatre extension block is also approaching its completion and will provide 20 extra theatres in the short future.

The locations of our hospitals

Tuen Mun Hospital (TMH)

The Operating Theatre Extension Block

Pok Oi Hospital

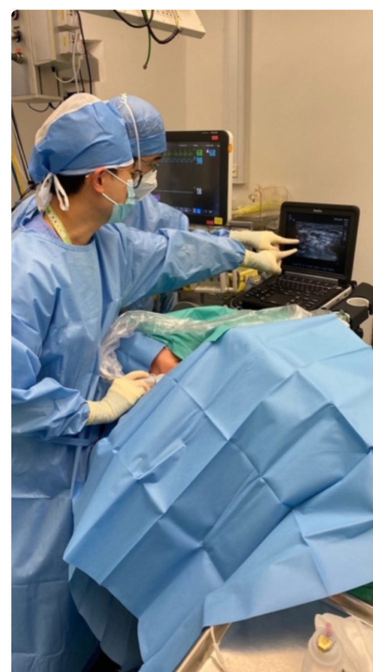
Tin Shui Wai Hospital (TSWH)

TMH and other satellite hospitals in NTWC significantly contribute to the total caseload of regional blocks and non-labour epidurals in Hong Kong. We have roughly 1900 nerve blocks (~73 blocks/theatre/year) performed annually while we approximately do 400-500 epidurals/combined spinal epidurals (CSE) a year. About 300 labour epidurals are performed in obstetrics every year. In particular, our caseloads in plexus blocks and CSE are comparable to the total cases done in all other public hospitals in Hong Kong. This caseload makes our facility quite unique and appealing to anaesthetic trainees in our locality and many of them would be rotated to our hospital cluster to learn about regional blocks and epidurals.

Supervising an anaesthetic trainee to perform knee articular branch block with the assistance of AR goggles

Furthermore, our Department is enthusiastic in trying new regional blocks and adopting relevant evidence-based medicine to heighten our quality of care, for example, routine TAP blocks for all hepatectomy cases, bilateral erector spinae plane catheters for pelvic exenteration with ileal conduit and various motor-sparing blocks for appropriate orthopaedic operations. For fragility hip fracture, we have reintroduced the continuous spinal anaesthesia technique which is a disappearing art somehow in recent years and this has helped many challenging frail patients go through their operations smoothly. One of our satellite hospitals has also been chosen as the pilot hospital for smart hospital project in our locality. We are implementing various new technologies into our anaesthetic and operating theatre services. With the enlightenment by Professor Nakamoto from Kansai University in Osaka, we have started to use augmented reality (AR) to perform USG-guided pain interventions and regional blocks while we are further polishing it in a hope to maximise its clinical benefits to us.

Regarding our in-house training, we have standardised tutorials to teach trainees about local anaesthetic pharmacology and technical aspects of regional anaesthesia regularly, as well as the perioperative conduct of regional block. However, traditional transition of skills and technical pearls by apprenticeship is still a crucial part of our RA training. There is routine specialist supervision for trainees who perform any regional block until they become provisional fellows. For those young specialists who want to advance the block skills such as articular branch block, lumbar plexus block and pericapsular hip neurolysis, supervision from senior specialists experienced in regional anaesthesia will be easily accessible. A dedicated regional block team is being formed with dedicated block rooms. It will be led by senior specialists experienced in regional anaesthesia and the other membership will include junior specialists and trainees with the possible inclusion of block nurse. We hope this will enhance the skill acquisition for trainees in the regional block module and facilitate further skill advancement of junior specialists. While we have been formulating a regional anaesthesia fellowship training program for overseas fellows, we encourage our new specialists to seek for overseas training opportunities with substantial financial supports from both our hospital and the Hospital Authority.



Demonstration to a junior anaesthetic trainee

To be fair, the COVID pandemics has inevitably affected all aspects of RA training to a certain extent in our hospitals – from skills acquisition, teaching to research. The initial impact was a caseload drop by around 20% in the early COVID waves in 2020. It was even up to 50% in some other hospital clusters. We had to armour ourselves with N95 masks and PPE gears for all airway manipulations. Medical student teaching and intern attachment were all cancelled. Yet, in order to minimise airway manipulation and opioid use, we actually opted for more regional anaesthesia and central neuraxial anaesthesia whenever possible and this practice continued in late 2020 and 2021 when our service was resumed. Only a light plane of sedation was usually offered to avoid unnecessary airway manipulation after thorough communications with our patients beforehand. This turned out to be an unexpected opportunity for our trainees to get exposed to various regional block techniques earlier in their careers.

Supervising a junior trainee to perform an axillary brachial plexus block

Previously, our anaesthesia trainees would get familiarised with central neuraxial block first before learning more sophisticated regional blocks. Nowadays, we have adjusted our training schedule to allow junior trainees to acquire the common regional block techniques in the first few months of training, such as femoral triangle block, axillary brachial plexus block and TAP block. In the past, while we had periodic Continuous Medical Education (CME) meetings on regional anaesthesia, it might not be logistically easy to allow too many colleagues to attend overseas conferences physically. The COVID pandemic has actually pushed all of us to the era of hybrid or virtual conference more quickly and this subsequently allows colleagues to update their knowledge more easily. We can also consolidate the new knowledge by watching the playbacks too. Nonetheless, I have to say most of us prefer physical conferences much more as we have missed a lot of opportunities to form bonds and friendship with anaesthesiologists worldwide, as well as enjoying the cultures and beautiful sceneries of different countries.

Research wise, all research activities were suspended in the initial COVID-19 lockdowns but we could luckily resume all the research work afterwards after adapting to the "new normal". Yet, it was never an easy task for all colleagues who conducted research activities under the extra stress from COVID-19. Luckily, some of the research work has been completed and successfully published, such as the posterior hip pericapsular neurolysis in inoperable hip fracture in RAPM and the PADDI trial in NEJM.

Airway manipulations by our anaesthetic trainees in the COVID era

Apart from our in-house training, HKCA also plays an essential role in regional anaesthesia training in Hong Kong. In our recently revised anaesthesia training curriculum, regional anaesthesia has become a dedicated training module that all anaesthesia trainees in Hong Kong have to complete in order to fulfil the training requirement. The module consists of general knowledge about safe perioperative conduct of regional anaesthesia, applied pharmacology and technical skills while the training will be conducted in a work-based assessment format. Regional anaesthesia and the relevant anatomy are also regularly examined in our fellowship examination in the formats of hands-on Objective Structured Clinical Examination (OSCE), Multiple Choice Questions (MCQs), Viva and Short Answered Questions (SAQ). Additionally, an ultrasound-guided regional anaesthesia (USRA) training course with mini-lecture and hands-on workshop is held quarterly for all anaesthesia trainees to ensure all of them have an adequate exposure and training in regional anaesthesia even though their working hospitals may not routinely advocate such a practice. In the COVID era, nevertheless, our training course has been interrupted during lockdown while we still managed to organise 2-3 courses a year in 2020 and 2021. Strict infection control precautions were applied, such as routine temperature measurement, social distancing of at least 1.5 meters apart between attendees and universal masking. Assessment on regional anaesthesia in the fellowship examination has also been switched to the virtual platform and the hands-on ultrasound demonstration by candidate has been sacrificed unavoidably.

The small group hands-on workshop in our USRA training course by HKCA in the non-COVID time. Now, it is cut to 4 people per group.

We used to have quite a few popular international conferences in regional anaesthesia and pain medicine held in Hong Kong, for instance, the International Symposium on Spine and Paravertebral Sonography (ISSPS) organised by Professor Manoj Karmakar from the CUHK. It was cancelled in 2020 and we only managed to organise a virtual education series in the 2nd half of 2021. The COVID pandemic has stripped us of the hands-on opportunity to learn from various experts from all over the world in ISSPS. Another one is the Multidisciplinary Musculoskeletal Ultrasound Congress on Pain Medicine (MSKUSPM) organised by Dr Carina Li from Multidisciplinary International Association of Musculoskeletal Pain (MIA) and Hong Kong Pain Society. Apart from the hands-on ultrasound workshops, there are precious opportunities for anaesthetists and pain physicians to explore the anatomy of various nerves and relevant structures in the cadaver workshops under the guidance of world-class experts such as Professor Philip Peng and Professor Samer Narouze. All these have been stripped away by the COVID-19. We only managed to organise a local physical symposium in a smaller scale without any workshop in 2021.

With the past experience of SARS in 2003, the old generation of anaesthesiologists might somehow have more psychological experiences to tackle the COVID-19 pandemic. Yet, no one would have expected the pandemic would last for more than 2 years. Here, resilience and adaptation to the "new normal" are of paramount importance to all of us. Literally, COVID-19 reflects two sides of the same coin to me. Yes, it has given us a lot of troubles and inconvenience. Yet, it in turn has provided us some new learning experiences and has directed us to perform more regional anaesthesia as the sole anaesthetic technique in various operations. Without doubt, I truly hope the pandemic can end soon so that we can travel to attend conferences and meet friends physically. Let's stay safe and strong.

The setup of mini-lecture with social distancing in the USRA training course by HKCA in the COVID era

The ESRA Educational Grant

José Aguirre (Balgrist University Hospital, Switzerland) @JAG_4773

"I consider it a privilege to teach and educate the next generation."

The ESRA Educational Grant (*https://esraeurope.org/esra-educational-grant*) was introduced for ESRA Members to support of participation in a teaching program in an ESRA Approved Training Institution in Regional Anaesthesia and Pain Medicine in Europe. The grant (max. 3'000€) encourages the participation in teaching programs (rotations) and/ or research of a duration of at least three months and is thought to cover travel costs and costs of living at the teaching site.

The applicants choose an ESRA Approved Training Center where they wish to do their extended training and after a positive contact a competitive application is sent to ESRA. The Grant Committee will select twice a year the best candidates based on a rating score and the ESRA Board will decide depending on the number and quality of the applications, how many Grants will be distributed.

The Balgrist University Hospital in Zurich, Switzerland was the first Hospital hosting ESRA Educational Grants in 2011 and has hosted since then 23 Grant winners and many trainees that did not receive the Grant but wanted to learn from us from all over the world. Time to ask some of the last Grant winners (Tea from Slovenia, Federica from Italy, Luisa from Portugal) and a colleague who did not received it but wanted to follow the steps of a colleague at her hospital (Laura from Portugal) some questions about their motivations, expectations, experiences and advises:

Why did you apply for this grant / what were your expectations.

> The main reason seems to be the interest in discovering regional anaesthesia (RA) in a different setting and to experience working abroad.

> The main expectations: are to further develop the one competences in RA skills in the area of Regional Anesthesia, focusing on the use of ultrasonography and neurostimulation.

How did you select your Training Center?

> All Trainees stated, that the most important aspect was to look for a center with "hands on possibilities"

> The high dedication to RA techniques as main anaesthesia technique and the specialization in orthopaedic surgery were also important aspects.

> Apart from the information displayed on the hospital website, meeting the consultants at congresses and workshops and of course the experience of prior grant winners were the most important tools to select the Training Center.

What were you able to learn (in Regional Anesthesia)?

- This is of course very dependent on the Training Center. Our trainees mostly report things like: a standardized way to perform different blocks, systematic pre-scanning and evaluation of the sono-anatomy, apply this knowledge to adapt different continuous RA techniques to the patient. The most important factor is, that trainees had the possibility to perform the blocks themselves under supervision of the same 2 senior consultants.

Laura enjoying the great team spirit with Choukri, one of our anaesthesia nurses

What were you able to learn additionally (sedation, other aspects of anesthesia)?

- The Swiss way of running a RA-based anaesthesia as part of an efficient operation room management.
- TCI-based general anaesthesia and conscious sedation techniques
- We include in our program rotations to two other hospitals: Regional Hospital of Bellinzona (PD Dr. A. Saporito) and the Ophthalmology Clinic of the University Hospital in Bern (Dr. F. Lersch) with the aim to see further RA and sedation techniques but also to travel around the country and see more of Switzerland. This experience is most appreciated.

How was this experience on the personal level? Was it worth leaving home to see how others do?

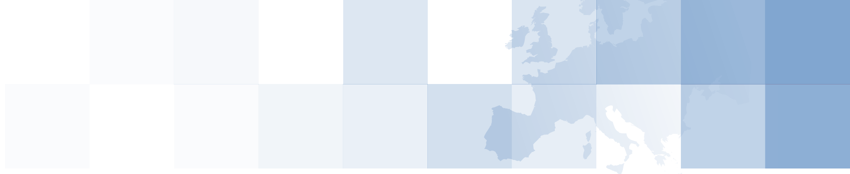
- The possibility to go abroad with the ESRA Educational Grant is considered an invaluable experience. It broadens your horizons, you learn new techniques but also how others solve the same problems you have at home just in another way. Knowing other enthusiasts in RA, different structures and a new culture is seen as an important experience during education.

What was the best thing / event / experience during your stay?

- To work with inspiring, hardwork and highly skilled people with such different backgrounds from mine.
- The personal touch of the team and of the responsible for the program ("...scientific and educational competence, highly contagious eagerness and unmatched good humour)
- Knowing the Swiss culture, cheese and chocolate and the possibility to travel to and enjoy different places
- The possibility to participate to scientific work and to write articles

Was it worth it? Why would you recommend it to your colleagues?

- Definitely! I was one of the most enriching experiences of my residency.
- The warmth, level of excellence and commitment I encountered played a major role in my motivation for continously practicing anesthesia to the highest standards.



Inadvertent Placement of an Infraclavicular Catheter in the Interscalene Region With an Unusual Complication: A Case Report

Tea Osterc, MD,* Barbara Rupnik, MD,† Andrea B. Rosskopf, MD,‡ Alain Borgeat, MD,† Urs Eichenberger, MD,† and José Aguirre, MD†

Tea (left) and Barbara took advantage of the Grant with publishing and developing a professional career in Switzerland and inside ESRA (here as tutor during the European Day of Regional anaesthesia Worksop)

Aperitif on the roof of the Balgrist Hospital belonged to the program to introduce our trainees in the Swiss Cheese specialities

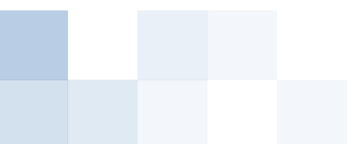
Federica served as a model during the European Day of Regional Anaesthesia

Stacy practicing needle guidance on a tofu model

From the perspective of the responsible for the program in our hospital my view is that the ESRA Educational Grant offers a great possibility to educate young colleagues, spread the knowledge of RA, learn from the trainees how things are done in other places and teach them to solve daily problems using the knowledge they have acquired. I consider it a privilege to teach and educate the next generation. You have to be an enthusiast, have a team who supports the spirit of teaching and you have to take your time to teach also during a busy program.

In this spirit, some of our ESRA Grant winners have taken advantage of visiting us spending additional time in research and in developing a professional career in Switzerland. Tea Osterc engaged herself in different case reports of which one was publish recently (see pictures). Barbara Rupnik was offered a consultant position in our hospital due to her performance after her stay and is now consultant in one of the biggest hospitals in Zurich. Additionally, she is engaged as workshop tutor and lecturer inside ESRA and is an EDRA examiner.

I can only recommend to all dedicated residents to compete for this Grant and take the opportunity to visit one of the ESRA Approved Training Institutions all over Europe. Not only you will make an unforgettable experience, you might also push your career to a higher level!



Why become an ESRA member?

Thomas Volk (ESRA Past-President, Germany) @ThomasVolk16

Clara Lobo (Editor of ESRA Updates; Cleveland Clinic Abu Dhabi, UAE) @claralexlobo

Renewal is the main thing most people have in mind when they reach the final days of the year and prepare for a new beginning.

2021 year started with a new hope – COVID-19 vaccine – and, although with several bumps caused by pandemic waves all over Europe, ESRA managed to organize several presential meetings: the 5th ESRA Sunny Autumn in Algarve – Portugal, the XVIII ESRA Eastern European Cadaver Workshop – Hungary and the ESRA Cadaver Workshop in Witten-Herdeck – Germany. These meetings were highly attended and ESRA received great reviews from all the delegates.

We are preparing several events, presential and virtual, for the upcoming year of 2022. The pandemic appears to have a less impact in travel and gatherings. You can find the upcoming Workshops *here*.

Now that the new year started, *ESRA membership can be renewed*.

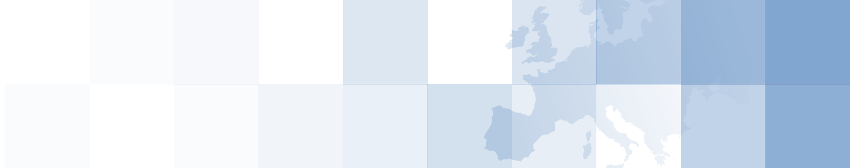
Why should you become an ESRA member?
ESRA Major Officers will share their early experience as ESRA members.

Thomas Volk testimony:

I was trained in a university hospital where Epidurals were standard for abdominal surgery and Spinals had just to be established for C-Sections. When I became responsible for orthopedic anesthesia, peripheral blocks were uncommon and exclusively performed using nerve stimulation. It soon became clear, that ESRA is THE address for those seeking knowledge. The whow-effects in anatomy and during patient treatments never stopped since my first successful block. There also is another component, which can be felt immediately: And this is the ESRAs spirit of respect and friendship.

Clara Lobo testimony:

I was trained in a university hospital where Epidurals were standard for abdominal surgery and Spinals had just to be established for C-Sections. When I became responsible for orthopedic anesthesia, peripheral blocks were uncommon and exclusively performed using nerve stimulation. It soon became clear, that ESRA is THE address for those seeking knowledge. The whow-effects in anatomy and during patient treatments never stopped since my first successful block. There also is another component, which can be felt immediately: And this is the ESRAs spirit of respect and friendship.



My other passion suffered a slower growth, more mature but keeping the same flame: Pain Therapy. I am lucky to have them both in my clinical practice.
ESRA became my second home.

The place where I learn, exchange experiences and knowledge with the best and most renowned and celebrated leaders in the field of Regional Anesthesia and Pain Therapy.

I was elected Secretary General in September 2019. Being inside of its organization made more aware of how important it is to develop tools for education and promote research, including all stakeholders (industry partners, education partners, patients and members).

During this intense journey, within the ESRA, I found wonderful and simple people, that are there for the knowledge, the science and the education. There are no barriers between teacher and student, no frontiers between faculty and attendant.

The easy-sharing environment, the cozy atmosphere are the true hallmarks of ESRA. ESRA appreciates and respects everyone, despite the diversity of its more than 6000 members around the world. Welcome to the ESRA Family.

ESRA Board statement on nurse practitioners

ESRA Board

ESRA is the leading professional European Society in Regional Anesthesia and Pain Therapy.
Anesthesiology has pioneered patient safety for decades. There has been an enormous improvement on the reduction of mortality and morbidity related to anesthesia care due to great efforts and commitment of the Anaesthesia physicians, represented by national and international medical organizations, who developed and promoted key standards and guidelines in patient safety.

With the expansion of surgical / anesthesia technologies and an increasing complexity of patient's co-morbidities, a profound knowledge of patients' medical condition is necessary to meet the demanded applicable and required safety standards in Europe.

Anesthesiologists are highly trained physicians, specifically prepared, through years of general and specialized medical training, to meet all challenges that may come inside or outside the operating theatre, as the provision of safe care goes well beyond the fulfillment of procedural tasks.

ESRA values the competences and importance of anesthesia nurse practitioners as a part of anesthesia care teams. Anesthesia nurses work under the supervision of anesthesiologists. Both nurse practitioners as well as anesthesia physicians have their particular fields of activity and responsibility, which correlate with their respective backgrounds in training and expertise. Shifting these responsibilities without providing the individuals concerned with the necessary professional background will not only result in considerable potential risks for patient safety but would also entail burdening the professionals concerned with considerably more responsibility in a highly questionable manner.

In any event, shortages in the workforce and/or other resources should not be compensated in a way that entails compromising patient safety and high quality care standards.

ESRA Board

Clinical Workshops at the Annual Congress

José Aguirre (Balgrist University Hospital, Switzerland) @JAG_4773

Eleni Moka (ESRA Treasurer, Creta Interclinic Hospital, HHG - Heraklion-Crete, Greece) @mokaeleni

"This is of pivotal importance for the ESRA spirit of teaching before assessing the knowledge."

Hands on workshops are an ideal learning platform to broaden the own knowledge, practice, discuss with other colleagues advantages and disadvantages of different techniques and to learn from each other. However, this is only possible, when you have enough time to practice, when the level of the workshop is suited to your needs, when the workshop leader is an expert of the topic and when the group is small enough that all can practice and ask questions. From the teaching point of view a hands-on workshop is ideal to demonstrate concepts and techniques, to compare and discuss them with the participants in a surrounding where all participants have about the same amount of experience. Only then the instructor can raise their level of competence. This is of pivotal importance for the ESRA spirit of teaching before assessing the knowledge. For all those who want to take the EDRA visiting the clinical (and of course also the cadaver) hands on workshop is an ideal preparation for a successful exam.

Workshop on the 39th Annual Esra Congress in Bilbao

In Thessaloniki we will offer clinical hands-on workshops for regional anaesthesia (17), POCUS (6), paediatric regional anaesthesia (4) and chronic pain (10) of 2 hours with a maximum of 6 participants per group and one tutor per workstation. At every workstation you will find a high-end ultrasound machine from different companies and a human model for live scanning (no needling). All workshops will take into account that there are different level of expertise and you will have the choice to register according your experience. Each workshop will have a main topic (e.g. Peripheral Nerve Blocks Above Clavicle) In these 2 hours there will be 4 rotations, therefore each participant will be able to practice at 4 different stations with 4 different sub-topic and 4 different instructors, all experts in the assigned topics. This system will guarantee that all participants are exposed to practical training on real conditions and to live discussions under regional anaesthesia / chronic pain enthusiasts. We have increased the offer of hands on workshops compared to previous congresses to allow participation to more congress delegates.

Additionally, we introduced "Mini hands-on clinical workshops" of 1h where the possibility for own scanning is limited but on the other hand in small groups of 6 participants an expert will demonstrate his techniques / approaches on a live model and will answer to all practical questions. For all those who could not get a Workshop place this mini hands-on clinical workshop offers a good alternative to improve the knowledge and discuss different techniques.

Don't miss the chance to book a clinical hands-on Workshop! See you in Thessaloniki!
Congress website: https://esra2022.com