

Welcome to ESRA Updates

January 2023 | Issue 11



ESRA Journal Club (p. 6)

[> Read More](#)



Regional anesthesia and pain education in Greece (p. 8)

[> Read More](#)



ESRA Webinars 2023 (p. 12)

[> Read More](#)



Cadaveric Workshops in 2023 (p. 13)

[> Read More](#)



ESRA Winter Week 2023 (p. 15)

[> Read More](#)



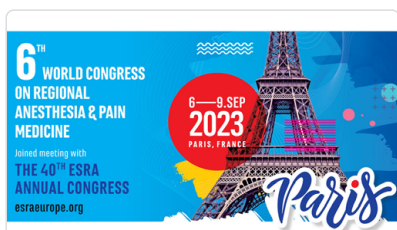
Why to become or stay an ESRA Member? (p. 16)

[> Read More](#)



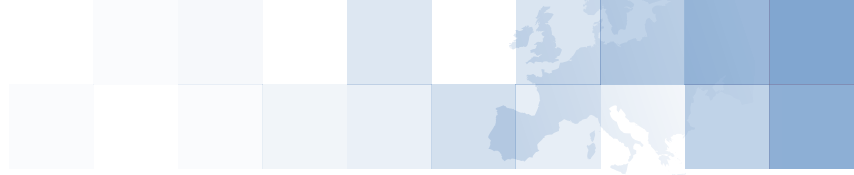
ESRA day in the UAE (p. 18)

[> Read More](#)



USG WARS 2 - "Pandemonium in Paris" (p. 19)

[> Read More](#)



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“Though environments may vary, the goal of striving for quality improvement in regional anaesthesia unites us all.”

*‘Approach the New Year with resolve to find the opportunities hidden in each new day.’
Michael Josephson*

The editorial board of ESRA Updates welcomes you to the first edition of 2023. January is the month for fresh starts, resolutions and goal setting – the world of regional anaesthesia is no exception – the ESRA community has much to look forward to in 2023!

This edition of ESRA Updates features a range of articles from colleagues providing different insights into regional anaesthesia. Peter Merjavý, Paul Kessler and Andrzej Krol describe [the ESRA cadaveric workshops](#). These highly organised and intensive teaching experiences are a must for committed regional anaesthetists and pain physicians, providing valuable anatomical education, and promoting excellence in regional anaesthesia and pain therapy. Places are still available for courses in March, June and November.

Though environments may vary, the goal of striving for quality improvement in regional anaesthesia unites us all. The COVID-19 pandemic transformed the pattern of our lives, personally and professionally. Lockdowns and isolation reminded us of what we had come to take for granted – the value of learning from each other and collaborating whenever possible. In this edition of ESRA Updates, you can read about education in regional anaesthesia and pain medicine from colleagues in [Greece](#) and [Slovenia](#). Check out these thought-provoking and informative articles!

One of the most exciting events this year is the [6th World Congress on Regional Anaesthesia and Pain Medicine](#), to be held in Paris on 6-9th September and hosted by ESRA. Following the enormous success of the ESRA Congress in Thessaloniki last year, the World Congress promises to be another outstanding event! It will be a Joint Meeting with fellow regional anaesthesia and pain medicine societies, including the American Society of Regional Anaesthesia and Pain Medicine, the Latin American Society of Regional Anaesthesia, the Asian & Oceanic Society of Regional Anaesthesia and Pain Medicine and the African Society of Regional Anaesthesia. The venue is the iconic Palais des congrès de Paris – ViPARiS, just a few steps away from the most beautiful avenue in the world. The innovative programme provides comprehensive and unrivalled education in perioperative medicine, regional anaesthesia and pain therapy, including State of the Art Lectures, Networking Sessions, Expert Opinion and Panel Discussions, the ever-popular PRO-CON Debates. This World Congress will be an excellent opportunity for Residents, Trainees and Fellows to showcase their regional anaesthesia work in the Free Papers and ePosters Sessions.

If you need to top-up your regional anaesthesia and pain medicine continuing professional development before the World Congress, there are plenty of options with European Day on January 28th, the 5th e-ESRA on 18th March and the 5th ESRA Residents and Trainees Workshop on 21st-22nd April. Check out all ESRA events here https://esraeurope.org/meetings/?meeting_type=esra-events.

The community of regional anaesthesia and pain therapy grows year upon year and there is no better way to join this community than by becoming a member of ESRA. You can [read more about the benefits of ESRA membership](#) in this edition of ESRA Updates.

We wish all our members and regional anaesthesia and pain medicine colleagues the very best for 2023!

The ESRA Updates Team

Education in Regional Anaesthesia in Slovenia



Ivan Kostadinov (University clinical center Ljubljana, Slovenia)



“For many years in Slovenia, regional anesthesia has been the mainstay of patient management during anesthesia and pain treatment and became even more popular after the introduction of ultrasound in 2008.

Undergraduate education in regional anesthesia

In Republic of Slovenia the study at the faculty of medicine takes 6 years to complete. In recent years Department of Anaesthesiology and Reanimation at The Faculty of Medicine at the University of Ljubljana and University of Maribor established new subjects – some of them obligatory for all students and some of them optional. During undergraduate study medical students get familiar with basic anesthesiology, reanimatology, intensive care treatment and pain management. Reanimatology is part of curriculum from the 1st year of study with the upgrade



During undergraduate study medical students get familiar with basic anesthesiology, reanimatology, intensive care treatment and pain management.

Throughout to the 6th year of the study. Obligatory perioperative medicine subject in the 4th year of the medical study includes the field of regional anesthesia, where local anesthetics, neuraxial and regional techniques with the use of ultrasound, as well as complications are presented. Also, lectures dedicated to acute and chronic pain management, including obstetric pain are part of the program. Lectures are followed by observation of practical skills in the operating theatres.

Additionally, for all interested students optional subject of anesthesiology is available, which offers in depth insight into anesthesia techniques and complications, regional anesthesia techniques, enhanced recovery after surgery programs, patient blood management. Besides, pain management optional subject offers an insight into pain pathophysiology, acute and chronic pain

management, including drugs, regional techniques and non-pharmacological possibilities and treatment of cancer pain. Students spend a few days in pain office observing pain management techniques and during this period they also prepare a seminar.

Both above mentioned departments at medical faculties run optional Emergency medicine program, usually in the 3rd or 4th year of study. It includes medical emergencies, periarrest conditions and resuscitation, including different trauma patients.

Postgraduate education in regional anesthesia

The residency in Anesthesiology, reanimatology and perioperative intensive care medicine takes 6 years in total to become a full specialist. The trainees experience their first contact with regional anesthesia at the beginning of the process at the Medical Simulation Centre at University Medical Centre in Ljubljana, where basic neuraxial and peripheral nerve techniques are practiced on the manikins, including complications. After 2 weeks of Anesthesiology beginner course residents start working in the operating theaters with their mentors. They get the experience in regional techniques at different anesthesia units (primarily in traumatology, orthopedics, and obstetrics, but also in plastic surgery, ENT, urology, abdominal surgery, emergency department...). Trainees are guided from the basic single shot and catheter technique blocks, such as: femoral, proximal sciatic, popliteal, saphenous, scalp block, axillary, interscalene, blocks around clavicle, subcostal TAP block and posterior TAP block, to more advanced blocks, such as: psoas compartment, quadratus lumborum, paravertebral, stellate ganglion block, ultrasound guided epidurals etc. The focus of teaching is on safe regional anesthesia techniques with the use of ultrasound, neurostimulation and using low injection pressure. In order to promote obstetric regional anesthesia techniques, trainees are assigned to resident night shifts at obstetric departments, where they practice epidural catheters, TAP and QL blocks. The circulation at each unit is completed with oral and/or practical exam. After approximately 6 months of residency trainees attend the regional anesthesia exam in the Medical Simulation Centre at UMC Ljubljana, where they perform a scenario with regional anesthesia complication, followed by a debriefing and an oral exam in regional anesthesia and acute pain management. During the residency, a certain number of anesthesia procedures has to be performed (neuraxial procedures, peripheral nerve blocks, pain management procedures...), the record of which is kept in the trainee's logbook. As the logbook is not absolutely precise in the number of specific skills a mentor assesses the competency of a trainee in a specific area. Three months of residency are dedicated to acute postoperative and chronic pain management, where education is provided by an interdisciplinary team of anesthesiologists, psychiatrists, physical therapists, and pain nurses. During this time regional anesthesia techniques for chronic pain management are acquired.



Trainees have to attend 12 modules during residency, which cover the majority of areas of anesthesiology, reanimatology, perioperative intensive care and pain management. One of the modules is dedicated to regional anesthesia. During this module residents listen to lectures, refresh their knowledge of the nerve anatomy on cadavers and practice the use of ultrasound on live models in small groups. Module concludes with a written test. Many of our trainees also take part in ESRA Cadaver Workshops and ESRA Congresses.

In Slovenia, trainees of all surgical specialties have to spend 2 months of training in anesthesiology. During this time, they get familiar with regional anesthesia techniques and their application in clinical practice.

For many years in Slovenia regional anesthesia has been the mainstay of patient management during anesthesia and pain treatment and became even more popular after the introduction of ultrasound in 2008. To refresh the knowledge in regional anesthesia a School of ultrasound guided regional anesthesia has been established in 2018 and repeated in 2019. Due to pandemic the 3rd school will only take place in 2023. The school is attended by consultants as well as trainees. Through this school and other educational activities, the knowledge of regional anesthesia techniques has spread throughout all Slovenian hospitals and regional anesthesia has been promoted in all surgical fields.

As an ESRA accredited teaching institution, at University Medical Centre Ljubljana we are happy to accept EU and non-EU trainees and specialists to take part in our teaching program in regional anesthesia and pain therapy. All foreign physicians are registered by The Medical Chamber of Slovenia and this way they are allowed to work hands on with our patients.

ESRA Journal Club



Andrea Saporito (Bellinzona Regional Hospital, Switzerland)



Roberto Dossi (Bellinzona Regional Hospital, Switzerland)



«We have read with great interest the meta-analysis by Dr Kunutsor and Colleagues on clinical effectiveness and safety outcomes of spinal anesthesia compared to general anesthesia in hip fracture surgery [...]»

SRA UPDATES journal club invites leading experts in (regional) anesthesia 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 Andrea Saporito (MD, MBA, DESA, EDRA) and his colleague Roberto Dossi.

Dr Saporito is the vice-Chair of Anesthesia and Operating Rooms Manager at Southern Switzerland Cantonal Hospital Trust (EOC) c/o Bellinzona Regional Hospital (Bellinzona, Switzerland).

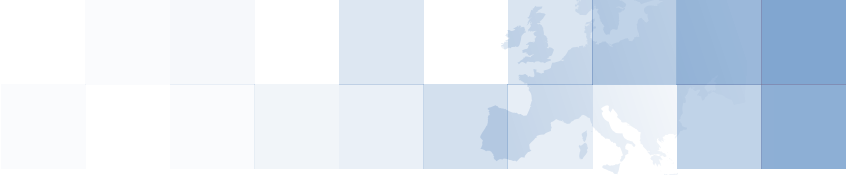
He is a clinical researcher in the fields of anesthesiology and perioperative medicine, with particular expertise in regional anesthesia and the economics and management of the perioperative processes. Several publications in international, peer-reviewed medical journals.

He is the secretary of the Swiss Association of Regional Anesthesia (SARA), faculty member of the European Society of Regional Anesthesia (ESRA). And he got a master degree in Healthcare Economics and Management (MHA) at the University of Southern Switzerland (USI).

Spinal versus general anesthesia for hip fracture surgery: show must go on!

We have read with great interest the meta-analysis by Dr Kunutsor and Colleagues on clinical effectiveness and safety outcomes of spinal anesthesia compared to general anesthesia in hip fracture surgery, published in the British Journal of Anesthesia last September.

Comparison of regional anesthesia and general anesthesia with regard to -more or less- meaningful outcomes has originated a longstanding and contentious debate during the last decade, which is currently living a revival, particularly after the publication, by Dr Neuman and Colleagues on the New England Journal of Medicine, of their paper 'Spinal Anesthesia or General Anesthesia for Hip Surgery', in November 2021.



Neuman conducted a superiority trial in 46 North American hospitals, randomly assigning 1600 patients, undergoing hip fracture repair, either to spinal or general anesthesia. Primary outcome was an original composite death or inability to walk three meters two months after enrollment one. Secondary outcomes were –more understandably- 2 months mortality, delirium, length of hospital stay and ambulation at 60 days. The study failed to demonstrate a statistically significant superiority of spinal over general anesthesia with regard to all these outcomes, making a good deal of sensation within the regional anesthesia community on both side of the ocean.

When interpreting the results of this trial, regional anesthesia enthusiasts likely tend to dilute the actual clinical impact of its findings, arguing that the fact that spinal anesthesia failed to show a superiority in terms of mortality or functional recovery, does not mean it does not have a series of other both clinical and practical potential advantages, ranging from a short term optimal pain control to the avoidance of mechanical ventilation in patients at high risk for severe pulmonary complications, to the cost-effectiveness profile, related to operating room time utilization and an increased requirement of intensive postoperative surveillance in more fragile patients.

We hoped that Kunutsor and Colleagues might have shed a slightly more tangential light on the otherwise black and with picture presented by Neuman, highlighting more effectively the many shades of gray of this complex topic. Their use of a consensus-based core outcome set and public involvement defined outcomes is interesting, as it focuses on less commonly investigated aspects, like time from injury to surgery, incidence of acute coronary syndrome, hypotension, acute kidney injury, pneumonia and pain. Their systematic review is methodologically sound, tough finally including only 15 studies, for a total of 3866 patients. Unfortunately, it seems that most of them reported only few outcomes of the core outcome set initially identified (the most frequent being –again- mortality, delirium, hypotension and acute coronary syndrome) and that 12 out of 15 showed a high risk of bias when tested with the Cochrane Risk of Bias tool. Much to the chagrin of those hoping for a spinal revenge, the results of the meta-analysis -once again- showed no significant differences between spinal and general anesthesia for hip fracture surgery in any of the above-mentioned outcomes but acute kidney injury.

Should regional anesthesia enthusiasts admit defeat and just take note of the fact that probably general anesthesia has (fortunately) being evolving over time, reaching to an equivalent safety and effectiveness profile?

We leave the question open. But we also leave the readers with two personal considerations:

1. clinical conclusions on such an important topic can presently be drawn on the basis of just a small bunch of trials (the majority of which with a high risk of bias);
2. to use the Authors' words 'few (trials, ed.) reported outcomes important to patients, which should be considered when designing future RCTs'.

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Regional anesthesia and pain education in Greece



Kassiani Theodoraki (National and Kapodistrian University of Athens, Greece)



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«Anesthesiology and/or Emergency Medicine and/or Intensive Care Medicine is part of the compulsory curriculum in all medical schools, aiming at increasing pre-graduate exposure to the relevant specialties.»

In Greece there are seven medical schools in major cities of the country, namely Athens, Thessaloniki, Larissa, Ioannina, Patra, Heraklion and Alexandroupolis, consisting of three preclinical and three clinical academic years. The Athens Medical School is the largest in the country. Anesthesiology and/or Emergency Medicine and/or Intensive Care Medicine is part of the compulsory curriculum in all medical schools, aiming at increasing pre-graduate exposure to the relevant specialties.

The aim of Anesthesiology as an academic subject in the pre-graduate level is to provide medical students with the knowledge and ability to formulate a basic anesthetic management plan, understand the risks and benefits associated with general and regional anesthesia and develop an approach to perioperative pain management and acute resuscitation.

Teaching about pain is not well-integrated into the compulsory Medical School curriculum and both basic science material as well as the complex behavioral and psychosocial implications of pain have not been major components of the Greek medical education for many years. This is a worldwide problem; defects of conventional medical education regarding the basic science of pain means that this subject is properly addressed by very few medical schools around the world. Pain is one of the most undertreated medical complaints, with barriers to effective pain management lying in poor education of health professionals and misconceptions regarding patients in pain. Fortunately, in most medical schools of Greece, an elective undergraduate course about the management of malignant and non-malignant chronic pain has been integrated in the educational program in order to meet the educational needs of future physicians.



«Fortunately, in most medical schools of Greece, an elective undergraduate course about the management of malignant and non-malignant chronic pain has been integrated in the educational program in order to meet the educational needs of future physicians.»

The course is in most cases quite popular and is selected by a vast majority of medical students. As an example, we describe the Course of the Athens Medical School, that includes most of the IASP's recommended content on medical school pain curriculum. It is taught for 25 hours per semester, 20 hours of which being lectures and five hours being participation in pain clinic practice. A few years ago, we performed a study, the results of which were later published [1]. The study aimed to assess whether this elective undergraduate course on chronic pain offered in the Athens Medical School influences knowledge and attitudes of medical undergraduates about chronic pain and helps them clarify pain-related concepts or change their perceptions and beliefs towards chronic pain. According to their responses, medical students had good knowledge about the definition and consequences of pain and those who attended the pain course had greater knowledge regarding the adequacy of treatment of chronic pain and were more familiar with the recent classification of types of pain. Students who did not have exposure to the undergraduate pain course had little information regarding pain clinics and had poor knowledge regarding the use of opioids in cancer and in non-malignant chronic pain. All students responding to the questionnaire expressed concerns regarding addiction to opioids. It appears therefore that although students enter medical school with little knowledge about pain issues, pain awareness can be positively influenced by education. A curriculum about pain should not only teach the basic science of pain but also present treatment strategies available and address the socio-emotional dimensions of pain. Additionally, if misconceptions about opioid use and addiction are properly elucidated early in medical education, the future health practitioners will be one step forward in achieving the goal of alleviating suffering patients' pain.



«Students also have the opportunity to actively practice in pain clinics in the pharmacological therapies of pain as well as in interventional techniques under specialist guidance.»

As far as postgraduate pain education is concerned, Athens University offers the postgraduate program: "Algology: Pain Management, Diagnosis and Treatment, Pharmacological, Interventional and other Techniques". This program incorporates among others, teaching on the anatomy, history and genetics of pain, physiology, biochemistry and pharmacology of pain, epidemiology, statistics and research methodology in pain, psychology of pain, ethics and code of conduct in pain, evaluation and diagnosis of pain as well as organization, curriculum and function of pain clinics. Postgraduate students are thoroughly taught about the pharmacological management of pain, adverse effects and interaction of drugs used in the treatment of pain and interventional techniques used in the treatment

of pain syndromes. Special clinical subjects are also taught, such as management of pain during end-of-life care, alternative methods in the treatment of pain, rehabilitation medicine, physical therapy and occupational therapy in the management of pain, nursing techniques in the treatment of pain and pain management of special needs patients. Students also have the opportunity to actively practice in pain clinics in the pharmacological therapies of pain as well as in interventional techniques under specialist guidance. A similar postgraduate program is offered by the Larissa University, called Algology and Palliative care.

The Greek Chapter of the European Society of Regional Anesthesia and Pain Therapy (ESRA-Hellas) has established a structured six-day intensive hands-on regional anesthesia teaching module held annually since 2009. This Course consists of theoretical didactic lectures on the principles of regional anesthesia, the basics of ultrasound (US) machine operation, image optimization, recognition of sonoanatomy, scanning techniques and practice on manufactured or non-human tissue phantoms (blue phantom gel models and porcine meat) as well as identification of needle insertion points and US scanning on volunteer live models. The Course has been attended by a significant number of Greek Anesthesiologists from all parts of Greece so far, is popular and consistently highly ranked among participants. Very recently, a survey leading to a publication was performed whose aim was two-fold: first to provide an overview about the current practice of regional anesthesia in Greece and secondly to evaluate the effect the aforementioned training Course has on participants' knowledge and attitude towards regional anesthesia [2].

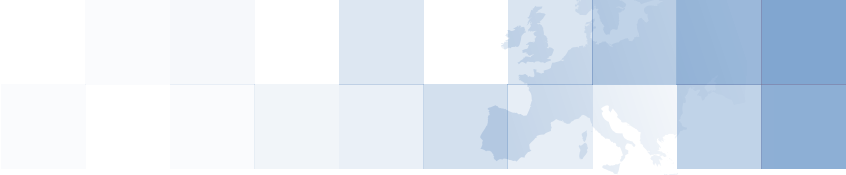
The main findings of this survey were that anesthesiologists who have attended the regional anesthesia Course are more knowledgeable regarding the performance of peripheral blocks with neurostimulation and/or US guidance as compared to those who have not attended the Course. Attendees are also less likely to practice exclusively general anesthesia in their hospitals, more likely to attempt regional anesthesia techniques and the insertion of peripheral nerve catheters and more likely to consider taking the EDRA exam as opposed to non-attendees. This study also highlighted some interesting findings regarding regional anesthesia pattern of practice in the Greek region. The majority of respondents declared that their technique of choice for lower extremity surgery is a neuraxial block as opposed to a peripheral block. The popularity of central nerve blocks was confirmed in the survey since the majority of anesthesiologists who responded ascertained their very good level of knowledge in central blocks, which did not seem to be affected by the attendance of the Course. Greek anesthesiologists also often use epidural catheters for the provision of postoperative analgesia, whereas this practice is not affected by the attendance or not of the Course either. Also, attendees of the regional anesthesia Workshop ascertained that the Workshop contributed significantly to the acquisition of the theoretical knowledge in all aspects of regional anesthesia, including the basics of US guidance for nerve localization. However, the majority of participants in the Course, by stating that the Course has changed their practice only a little, seem to be reluctant to universally incorporate US use in their everyday routine, admitting that even after the Course, they lack the confidence in broad US application and implementation in their daily practice. It appears therefore that despite the intensive structure of the Greek regional anesthesia Workshop, participants feel that more is needed in terms of quantity of learning so that key competencies taught can safely be extrapolated to the clinical realm and true day-to-day incorporation of regional anesthesia in routine practice can be achieved. Still, it appears that the Course, despite its weaknesses, creates the foundation for the consolidation of basic knowledge in the performance of central and peripheral blocks via US guidance. Moreover, the Course fulfils the target of familiarizing participants with regional anesthesia practice, by creating interest and motivation in the use of regional anesthesia procedures and perhaps enabling long-term retention of skills taught. Similar smaller scale regional anesthesia courses are performed annually nationwide, many of them endorsed by ESRA Hellas.



«It seems that at a national level, future advances in regional anesthesia and pain will be highly dependent on the quality of education both in the pre-graduate and postgraduate level.»

It seems that at a national level, future advances in regional anesthesia and pain will be highly dependent on the quality of education both in the pre-graduate and postgraduate level. Some years ago, the lack of a formal stepwise program incorporated in the curriculum of residency had been emphasized as a significant shortcoming to systematic training in regional anesthesia techniques. In the last couple of years, the situation has changed as relevant administrative authorities have realized the importance of standardized training and formalized teaching programs in many medical specialties including anesthesiology. Training programs have started moving away from apprenticeship models which prevailed in the last several decades and provided inconsistent

learning experiences towards competency-based methods of education. Thus, the curriculum of the specialty has been redesigned, amendments have been suggested, deficiencies have been identified and a structured program of specific rotations offering more targeted education in regional anesthesia by incorporating formal regional anesthesia rotations has now been officially integrated into the residency curriculum of Greek anesthesiologists.



Regarding regional anesthesia and pain related subjects, the 60-months spanning, Anesthesiology Specialty curriculum in Greece includes among others: 2 months rotation in anesthesia for gynecological surgery, 4 months rotation in anesthesia and analgesia for obstetrics, 3 months rotation in anesthesia for orthopedic surgery, 1 month rotation in anesthesia in ophthalmology and 3 months rotation in pain clinics. During the training period, the residents' logbook must include at least 100 epidurals, 100 combined spinal-epidurals, 150 spinals and 50 peripheral nerve blockades. Additionally, it must include 100 techniques of acute pain management (regional analgesia, intravenous analgesia, multimodal, PCA, PCEA etc), 50 cases of monitored anesthesia care and 40 chronic pain cases.

As for pain teaching, the importance of undergraduate pain education cannot be overemphasized since inadequate pain management training is still the norm in European medical schools including those in the Greek region. Attempts are now being rigorously made to introduce a comprehensive curriculum of pain education in the context of various mandatory undergraduate courses in Greek medical schools. Through this process, medical students' anxiety about encountering patients suffering from chronic pain will be alleviated and they will acquire the clinical skills required to assess and manage pain effectively. Equipped with both knowledge and confidence, they will realize that working with pain patients, although challenging, can be both worthwhile and rewarding.

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ESRA Webinars 2023



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



«I feel so grateful as the chair of ESRA webinars to look back and realize that over 23,000 attendees from so many different backgrounds, experiences, cultures and nationalities shared the knowledge of our esteemed faculty.»

2022 is a wrap!

The ESRA webinar team has so much to be grateful!

ESRA started the ESRA webinars in the middle of the COVID-19 pandemic. The sudden interruption of face-to-face events was a big worldwide problem that the Scientific Community felt, deep on their core.

ESRA's culture is based on the organization of workshops and events, promoting an intimate and very close relationship with its members and delegates, across 40 years of existence. This was a bond that could not be lost! It was urgent to overcome this gap. ESRA needed to find a way to keep contact with and provide some type of support. The resources available were sparse and a novelty for the most of us: the online broadcasting. Following a lot of discussion and planning, ESRA went live with the first ESRA webinar the 30th July 2020. Since then, and after more than 30 accredited webinars (32 to be exact), I feel so grateful as the chair of ESRA webinars to look back and realize that over 23,000 attendees – average of 700 participants per webinar – from so many different backgrounds, experiences, cultures and nationalities shared the knowledge of our esteemed faculty. All ESRA webinars are available in the [ESRA Academy](#) for the members who want to review or could not attend the live broadcast. They are a source of cutting edge and high quality standards, collecting good feedback reviews (4-5 stars).

ESRA and I want to thank to all the faculty that so gracefully offered their time, knowledge and experience – without you nothing would have been possible!

But a new year is coming and ESRA webinar team want to keep the high standards and the novelty, giving way to creativity, diversity and the forefront for discussion, scientific growth and bringing everyone together for 1 hour each month and debate perioperative medicine, regional anaesthesia and pain therapy.

2023 is the year of cooperation.

We will start a new series of ESRA webinars with our Sister Societies (AFSRA, ASRA, AOSRA and LASRA), Obstetric Anaesthetists' Association, as well as with national societies (in their native language). Stay tuned for the new ESRA webinars program coming up soon.

Cadaveric Workshops in 2023



Peter Merjavy (Craigavon Area University Teaching Hospital, Northern Ireland, UK) @PeterMerjavy



Paul Kessler (Orthopedic University Clinic, Frankfurt, Germany)



Andrzej Krol (St. George's Hospital, London, UK)

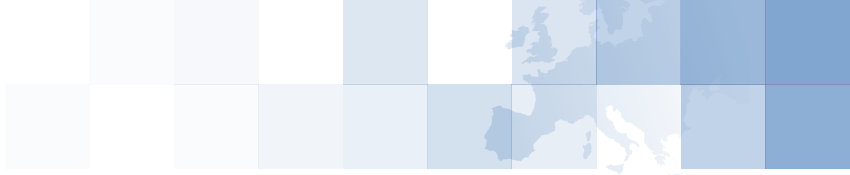


«We, as ESRA cadaveric workshop chairs are looking forward to meet you in one of our workshops in 2023 to share our enthusiasm and passion for regional anaesthesia and pain medicine.»

Cadaveric hands-on workshops have established firm place in the education of regional anaesthesia for various peripheral and central nerve block techniques as well as for chronic pain interventions. They are also required for passing the European Diploma in Regional Anaesthesia (EDRA) Part II – practical exam.

ESRA Chairs for cadaveric workshops for both regional anaesthesia and chronic pain prepared a list of official ESRA cadaveric workshops for year 2023. All workshops have evolved from anatomy teaching on purely formaldehyde dissected cadavers some 15-20 years ago to completely different format. Participants can learn the anatomy from interactive presentations including live demos of sono-anatomy presented by ESRA experts, practicing various techniques of needle guidance on phantoms and finally performing the actual blocks on soft embalmed or fresh frozen cadavers. Needling cadavers under ultrasound or fluoroscopic guidance brings unique opportunity for the participants to practice multiple blocks under direct supervision of experts focusing not only on actual block performance, but also on ergonomics, verbal and non-verbal communication. Participants can also master their technique by performing the same block again and again until they get the right outcome. This can also be achieved for placing the perineural or fascial plane block catheters.





ESRA cadaveric workshops are extremely popular among anaesthesiologists practicing in Europe and many other countries across the globe. As they get fully sold out within weeks of opening registration, we strongly advise to book early to avoid any disappointment as the places are limited. ESRA will keep the number of participants in each group to maximum 8 people and often the group is subdivided to smaller parts in order to allow more hands-on experience for the participants.

Support of industry is very important part of cadaveric workshop education process. During the workshops, the participants have unique opportunity to practice on state-of-the-art ultrasound machines from different manufactures in the most realistic simulation environment possible. Other sponsors bring different regional anaesthesia equipment (needles, catheter kits, automated syringe driver unit with injection pressure limitation ...) all for the practical use by course attendees. Interaction with the industry reps in real time during the workshop can answer many questions and gives opportunity to establish the important contacts for further cooperation.



In 2023 ESRA will offer following cadaveric workshops for regional anaesthesia and chronic pain:

- > 10th ESRA Pain CAD WS, 1-2.March 2023, Innsbruck, Austria
- > 33rd ESRA RA CAD WS, 3-4.March 2023, Innsbruck, Austria
- > 11th ESRA Pain CAD WS, 14-15.June 2023, Innsbruck, Austria
- > 34th ESRA RA CAD WS, 16-17.June 2023, Innsbruck, Austria
- > 20th ESRA Eastern Europe RA CAD WS 29-30.September 2023 Prague, Czech Republic
- > 3rd ESRA RA CAD WS, 11-12.November 2023, Witten, Germany

ESRA will also offer 9 cadaveric workshops during the 6th World Congress of Regional Anaesthesia and Pain Medicine in Paris 6-9.September 2023. 7 workshops will be dedicated to regional anaesthesia and 2 to pain medicine. This will present unique collaboration of ESRA with other societies as the faculty for both RA and Pain workshops are carefully selected to include experts from all over the world.

In total, ESRA will offer place for 628 participants in 2023. 460 places for regional anaesthesia workshops and 168 places for pain medicine. We, as ESRA cadaveric workshop chairs are looking forward to meet you in one of our workshops in 2023 to share our enthusiasm and passion for regional anaesthesia and pain medicine.



ESRA Winter Week 2023



Jens Borglum (Zealand University Hospital, University of Copenhagen) @JensBorglum



«Our faculty are not only experts but also very nice and approachable.»

Once again ESRA will be the host for the traditional ESRA Winter Week at Aqua Dome (<https://www.aqua-dome.at>) in Längenfeld, Austria on January 23-27, 2023. The last ESRA Winter Week at Aqua Dome was in January 2020, but due to Covid-19 ESRA has not been able to host this popular yearly event.



ESRA WW in 2023 will also be slightly different from the previous years, since we want to protect our delegates from the perceived risk of Corona contamination. Thus, we will not have the very popular afternoon hands-on scanning sessions in groups with an instructor and a model. Instead, we will present exciting live scanning sessions on a big screen with the different presenters/instructors explaining and pointing at the screen. Of course, during the day (morning and afternoon) there will be – as always – the grand interactive lectures with questions and answers. The faculty present at the ESRA WW in 2023 has once again been carefully chosen and includes experts from around the world. Our faculty are not only experts but also very nice and approachable. They all welcome a lively discussion, and they will gladly answer any questions.

ESRA looks very much forward to hosting the ESRA WW in 2023. As usual the congress is fully booked. Please inspect [our website](#) if you want to know more.

Why to become or stay an ESRA Member?



Jens Borglum (Zealand University Hospital, University of Copenhagen) @JensBorglum



“The answer depends very much of what YOU want and what level YOU want to achieve in your Regional Anaesthesia and Pain Therapy knowledge and skills.”

Dear Regional Anaesthesia Enthusiasts all over the world!

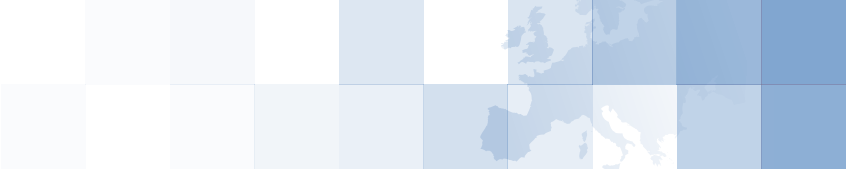
For 40 years the European Society of Regional Anaesthesia and Pain Therapy (ESRA) has been pursuing its goals: to stimulate research, promote education, and train anaesthesiologists in Regional Anaesthesia, Pain Therapy, POCUS and peri-operative care, not only in Europe but also abroad. In 2021, ESRA had an audience of 23,000 specialists including 6,500 voting members all around the world. We are proud of a membership growth by 10% per year on average and of our 13,000 followers on each social media platform: Facebook and Twitter. Additionally, we share the passion and the enthusiasm of our specialty with our 4 Sister Societies in the remaining continents: ASRA, LASRA, AFSRA and AOSRAPM.

But, why should you become or stay an ESRA Member? What does ESRA offer to you in particular? How can ESRA promote your knowledge, your education and / or your career? The answer depends very much of what YOU want and what level YOU want to achieve in your Regional Anaesthesia and Pain Therapy knowledge and skills

Our Annual Congress, in Paris 2023 it will be the World Congress of Regional Anaesthesia & Pain Medicine, offers you a unique platform to learn, present your results, discuss, exchange opinions, explore nerves and procedures on cadaveric models, actively scan models and discuss with the leaders of our specialty and this all surrounded by many social activities allowing active networking. During the congress we offer sessions for Residents and EDRA (European Diploma in Regional Anaesthesia & Acute Pain Management) diplomats giving to the next generation the chance to meet future colleagues and mentors.

The rest of the year ESRA promotes education (https://esraeurope.org/meetings/?meeting_type=esra-events) offering several activities like:

- > Regional Anaesthesia and Chronic Pain Cadaver Workshops
- > the Winter Week Conference in the Öztaler Alpen (Längenfeld) in Austria
- > the European Day of Regional Anaesthesia: in several countries and in different cities in each country the congress program is offered by local speakers sharing podcasts and polls with the other countries
- > the e-ESRA: an interactive online congress where all 5 big Regional Anaesthesia Societies participate and where hot topics, discussions, live demonstrations etc. are broadcasted from a TV Studio in Paris through the Web around the globe to reach every Regional Anaesthesia and Pain Therapy Enthusiast at home

- 
- > the ESRA Sunny Autumn Meeting as monothematic conference where one topic is dissected during one week by experts in the sunny Algarve, Portugal
 - > The ESRA Residents & Trainees Workshop to hook the next generation of Regional Anaesthesia addicts
 - > Several Webinars during the year discussing with experts important topics of our specialty
 - > The ESRA Educational Grant (<https://esraeurope.org/grants-awards/>) to allow anaesthesiologists coming from countries that lack the financial infrastructures needed to achieve the education in regional anaesthesia to travel to ESRA Approved Training Institutions in Europe and increase their experience

Keep in mind: the fees for all events listed up here are reduced for ESRA Members!

ESRA promotes also research offering an ESRA Research Grant (<https://esraeurope.org/grants-awards/>) to help anaesthesiologists, specially those in under-resourced countries, to develop their scientific programmes

To boost your career ESRA offers you two Diplomas to distinguish you as an expert of the corresponding specialty:

- > The EDRA (European Diploma in Regional Anaesthesia & Acute Pain Management): A 2-year educational track to start with at earliest after 2 years of an anaesthesiology training programme which ends up a written and oral examination
- > The EDPM (European Diploma of Pain Medicine) with the purpose to harmonize and improve quality standards for safe, independent practice of interventional pain medicine in Europe and elsewhere. After a Fellowship or equivalent and after completed a minimum of 6 months training in Pain Medicine a written and a practical examination will lead to the EDPM

Additionally, all European Countries represented in ESRA (ESRA Council of Representatives) have a National Regional Anaesthesia Society. Often, the memberships for ESRA or for the National Society are reduced in case of a membership in both Societies. Moreover, an engagement to spread Regional Anaesthesia knowledge and research inside your Country can lead not only to a career in the National Society but also inside ESRA representing your Country in the Council of Representatives and from there applying for an Executive Board position or for any ESRA sub-committee.

ESRA awards great achievements in Regional Anaesthesia and Chronic Pain Research and Education with prestigious Awards (<https://esraeurope.org/grants-awards/>) like the Carl Koller Award, the Recognition of Education in Pain Medicine Award, the Recognition of Education in Regional Anaesthesia Award, the Albert Van Steenberge Award and the Best Chronic Pain Paper Award. To be awarded with one or more of these Awards will for sure be a mark of excellence in your CV.

Finally, you get access to all this and to the e-Version of the RAPM (Regional Anesthesia & Pain Medicine Journal) for ONLY 100€ (30€ for members from lower economies, 45€ for residents and nurses) per year!!!

Now that you know all the good reasons why to become or remain an ESRA Member, you will agree with me that the correct question is: Don't ask anymore what ESRA can do for you, but what can you do for ESRA?

ESRA day in the UAE



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



Amar Salti (Pain Department of Cleveland Clinic, Abu Dhabi)



“Abu Dhabi will be the 1st city outside Europe to host the next ESRA day.”

We are happy to announce that this year 2023, in Abu Dhabi we will celebrate Regional Anaesthesia and Pain Therapy joining ESRA and Europe, next 28th January at the Rotana Beach Hotel, for the 6th ESRA day.

We are very excited to bring to you the 6th ESRA day, which program was carefully designed to touch every moment of the patient's perioperative journey considering pain (acute, chronic and transitional):

- > during the morning, we will start with several sessions to bring light and discuss every moment of the perioperative period, including the patient first contact with the Anaesthesiology Service – the pre-anaesthesia consult – and covering all other phases: intra and post-operative aeras, including the transitional and chronic pain aspects and the Ambulatory Service,
- > to the afternoon, we offer a plethora of workshops to practice and improve your skills in Regional Anaesthesia with a well-known, experienced faculty.

Abu Dhabi will be the 1st city outside Europe to host the next ESRA day.
The registration is open!

This is a great opportunity to all interested in Acute and Chronic Pain, Regional Anaesthesia and Peri-operative Medicine to come together, attend high quality education event (DOH CME accreditation in process) and become an ESRA member with all benefits included (see [here](#) and register [here](#).)

See you there!



Etihad towers, in Abu Dhabi
Photo by [Kamil Rogalinski](#) on [Unsplash](#)



The Sheikh Zayed Grand Mosque, Abu Dhabi
Photo by [Azhar J](#) on [Unsplash](#)



The Louvre Abu Dhabi
(<https://www.louvreabudhabi.ae>)
Photo by [Thomas Drouault](#) on [Unsplash](#)

USG WARS 2 – “Pandemonium in Paris”



J Balavenkatasubramanian (Ganga Hospital, Coimbatore, India)



“Teams will each be equipped with an ultrasound machine and a volunteer. Their activities (USG feed) will be split and displayed on a large screen for the audience to view.”

USG Wars is a session designed to break conventions of learning in a light-hearted manner during the conference.

4 teams, each consisting of 2 regional anesthesia experts will face off against each other in a bid to match wit and scanning skills. The teams will be thrown questions in the form of a riddle which will point them towards the anatomical structure that needs to be scanned. The team must decipher the riddle and quickly scan the correct structure on the volunteer present and freeze the image. They then must describe what is seen on the screen and provide some useful learning points for the audience present.

Teams will each be equipped with an ultrasound machine and a volunteer. Their activities (USG feed) will be split and displayed on a large screen for the audience to view. In addition to the host there will be two more assistants who will be at each of the stations to facilitate the scanning.

The format will consist of two preliminary rounds and one final round. Each preliminary round has 3 riddles, and the winners of the preliminary rounds will face off in the final.

The host assumes the role of the Riddler (a popular villain from the Batman comic) and attempts to ensure that the participants have challenges in scanning while conducting the session in a satirical manner.

The proposed participants for the USG wars session.

- 1) Dr TVS Gopal
- 2) Dr Vrushali Ponde
- 3) Dr Ritesh Roy
- 4) Dr Sivashanmugam T
- 5) Dr Amit Dikshit
- 6) Dr Harshal Wagh
- 7) Dr Rammurthy Kulkarni
- 8) Dr Azam Danish

Dr Vaibhavi Upadhye and Dr Archana Areti will be required to assist in conducting the proceedings. All the scientific programme can be found on the [World Congress website](#).