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November 2024 | Issue 16



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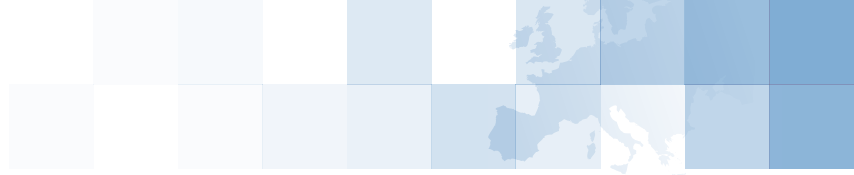
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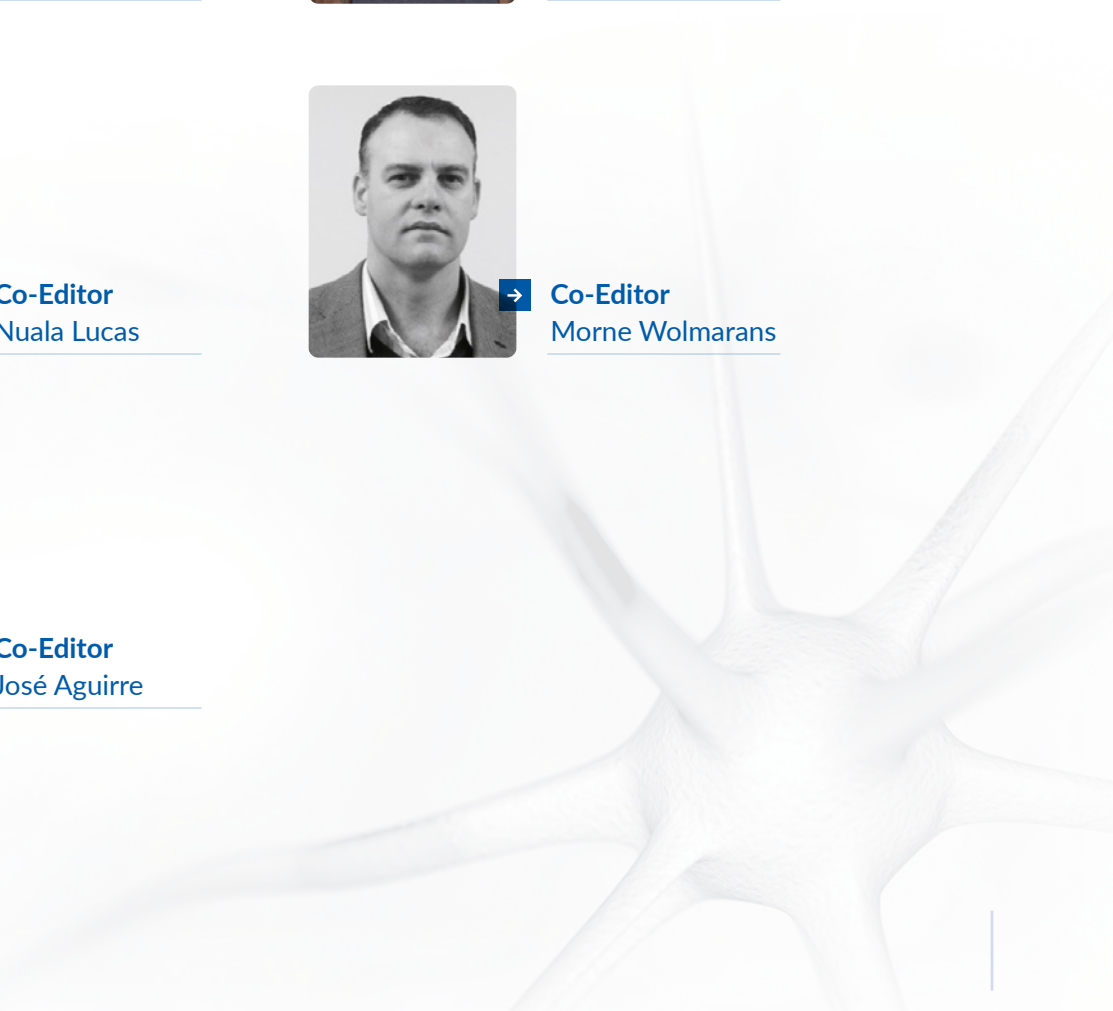
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Editorial



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



«Let's stroll through Prague and relive the highlights together!»

Welcome to *ESRA Updates*, our post-Prague celebration! This issue channels the energy, camaraderie, and breakthroughs from our September meeting, set against the historic beauty of the Czech capital. Let's stroll through Prague and relive the highlights together!

Starting with [Celebrating Excellence: The Big Winners of ESRA 2024](#), picture it at the majestic Prague Castle - an iconic setting for honoring our award recipients. Just as the castle has stood for centuries, our winners' contributions will shape the future of regional anesthesia, setting new standards and inspiring our community.

Next, in [Numerically Speaking: ESRA Annual Meeting](#), imagine yourself at the bustling Old Town Square, where every number tells a story - from attendees and lectures to new connections and shared knowledge. It's a snapshot of our gathering's scale and impact, showing how Prague became a true hub of learning and collaboration.

Then, we're off to [Expertly Unscripted: 3 Minds, 36 Questions, Zero Filter!](#) Here, like the playful sculptures of the Lennon Wall, three of our favorite experts open up with unfiltered answers, surprising insights, and humor, reminding us that behind every brilliant mind is a unique personality—and often a great story!

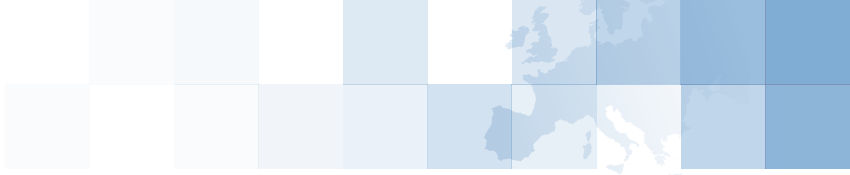


Expertly Unscripted: 3 Minds, 36 Questions, Zero Filter!

Winning Together: [Celebrating the Journey of All Competitors](#) takes us to Charles Bridge, where each competitor's journey, like each stone on the bridge, adds to the strength of our community. We applaud every participant, knowing that their commitment and drive are the foundation of our shared progress.

In [Stepping Into the Elite: ESRA Diplomates Shine](#), we visit the gothic spires of St. Vitus Cathedral. Here, we celebrate our new ESRA diplomates whose hard work and excellence have earned them a place among the elite, joining the ranks of those who continue to elevate our field.

[ESRA Youth](#) brings us to the vibrant atmosphere of Wenceslas Square. Bursting with potential, our young members are the future of ESRA. Their energy and fresh perspectives fuel our evolution, just as the square symbolizes Prague's dynamic spirit and constant renewal.



The [ESRA-DRA Part I & Part II Exams 2024](#) session is like a walk through the historic halls of the Klementinum Library, filled with knowledge and tradition. These exams challenge the best and brightest, and this year's participants are more prepared than ever to take their place in regional anesthesia's future.

[Introducing the ESRA Catch the Moment Photo Contest](#) is set against the whimsical backdrop of Prague's Dancing House, where creativity and originality are celebrated. Just as the building defies convention, our members' photos capture the unique, often surprising moments of anesthesia in action.

Finally, we couldn't end without our [Journal Club with John McDonnell](#). Set in the cozy ambiance of a Prague café, this issue's journal club invites you to dig into the latest literature with our very own expert, serving up knowledge with a side of insightful commentary (and perhaps a Czech pastry or two!).

And to the incredible people of the Czech Republic, especially the welcoming locals of Prague - *děkujeme!* Your city's charm, warmth, and boundless hospitality made this ESRA meeting one for the ages. Here's to unforgettable memories, lifelong friendships, and a future as bright as the lights on Charles Bridge at night!



Celebrating Excellence: The Big Winners of ESRA 2024



Editorial team



Celebrating Excellence: The Big Winners of ESRA 2024

The ESRA Annual Conference never disappoints, and this year we are excited to celebrate the outstanding contributions of those who have helped shape the future of regional anaesthesia and pain medicine. From groundbreaking research to innovative educational tools, the ESRA community once again demonstrated its brilliance. These awards celebrate the hard work, innovation, and dedication of our members, and we encourage all ESRA attendees to aim high!



Albert Van Steenberge Award

The Albert Van Steenberge Award honors the memory of one of ESRA's founding members and highlights the most relevant scientific article in regional anaesthesia from the past year. This year's prestigious award goes to Kariem EL BOGHADLY for his paper, [Standardizing nomenclature in regional anaesthesia: an ASRA-ESRA Delphi consensus study of upper and lower limb nerve blocks](#), which has set a new standard in our field (click on the article to access it).



Best Chronic Pain Paper Award

Recognizing excellence in chronic pain research, the Best Chronic Pain Paper Award celebrates a scientific article that made the greatest impact on the practice of chronic pain management. This year's award is presented to K Harbinder SANDHU for her groundbreaking work, Reducing Opioid Use for Chronic Pain With a Group-Based Intervention: A Randomized Clinical Trial (Trial. JAMA. 2023 May 23;329(20):1745-1756)



Best Free Papers and e-Posters Awards

The Best Free Papers and e-Posters Awards recognize remarkable contributions to research and innovation in regional anaesthesia and pain medicine. These awards highlight the creativity and rigor displayed in the conference's poster and paper sessions, celebrating innovative studies and fresh insights that push our field forward. Congratulations to the winners for their impactful work, inspiring us all to continue pursuing excellence and advancing the science and practice of regional anaesthesia. We look forward to seeing even more inspiring entries at next year's event!

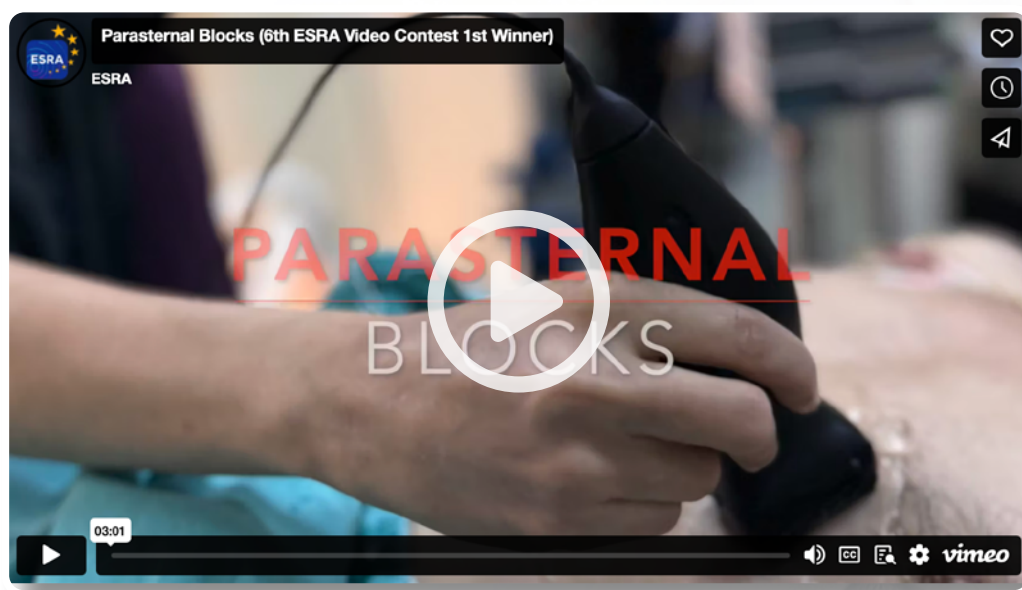
- > Best Free Paper in Regional Anaesthesia
Sivakumar Ranjith Kumar, for *Chronic Pain and Health-Related Quality of Life after Major Breast Cancer Surgery: A Randomised Double-blind Study Comparing Single-level Vs. Multi-level Thoracic Paravertebral Block.*
- > Best Free Paper in Pain Medicine
Amanda Lee, for *Development of a novel virtual reality-based application as an adjunctive modality in chronic non-cancer pain management.*
- > Best e-Poster in Regional Anaesthesia
Bojana Miljković, for *Efficacy of intraoperative sub-anesthetic dose of ketamine on postoperative analgesia and presence of nausea for patients undergoing laparoscopic antireflux surgery.*
- > Best e-Poster in Pain Medicine
MinHye Chang, for *Effect duration of lumbar sympathetic ganglion neurolysis in patients with complex regional pain syndrome: a prospective observational study.*



[All ESRA Abstracts are available on the RAPM Supplement](#)

Best Educational Video Competition

Education is at the heart of ESRA's mission, and this year's Best Educational Video Competition winner, Burhan DOST, captured that spirit perfectly with his video, Parasternal Blocks. His creative approach is a powerful tool that will continue to educate and inspire.





Best Infographic Award

Visual learning is powerful! Infographics are a dynamic way to communicate complex information, and the **Best Infographic Award** was designed to celebrate the most engaging and informative submissions. This year, Hipolito LABANDEYRA takes the spotlight with his infographic **Regional Anesthesia in Patients with Antithrombotic Drugs**, offering a visually compelling guide to important topics in our field. This prize was sponsored by [The Journal of Personalized Medicine](#).



REGIONAL ANESTHESIA IN PATIENTS WITH ANTITHROMBOTIC DRUGS

HIPOLITO LABANDEYRA¹ XAVIER SALA-BLANCH¹
¹Laboratory of Surgical Neuroanatomy (LSNA), Human Anatomy and Embryology Unit, Faculty of Medicine and Health Sciences, Barcelona, Spain

UNIVERSITAT DE BARCELONA

CLINICAL SCENARIO: DEEP NERVE BLOCKS/NEURAXIAL BLOCKS, SINGLE PUNCTURE, WITHOUT CATHETER

- Clinically significant bleeding.
- Deep and/or non-compressible bleeding site.
- Timely Withdrawal and reinstitution of antithrombotics to reduce the risk of bleeding.

DEEP NERVE BLOCKS/NEURAXIAL BLOCKS

Head, Neck
Stellate ganglion, Deep cervical plexus, Cervical paravertebral

Upper limb
Infraclavicular

Thorax
Epidural, Thoracic paravertebral

Lower limb, back
Lumbar plexus, Psoas compartment, Lumbar sympathectomy, Lumbar paravertebral, Quadratus lumborum, Transversalis fascia, Sacral plexus, Pericapsular nerve group (PENG), Sacral (proximal approaches), Spinal, Epidural

ANTITHROMBOTIC DRUGS

- Vitamin K Antagonists (VKA)
 - Warfarin, Acenocoumarol, Phlegocoumanol
- Oral Direct Factor Xa Inhibitors (ODF-Xa)
 - Rivaroxaban, Apixaban, Edoxaban (SEE TABLE)
- Parenteral Direct Factor Xa Inhibitors
 - Fondaparinux (FDX)
 - Direct Factor IIa Inhibitor Dabigatran
- Low Molecular Weight Heparins (LMWH)
 - Enoxaparin
 - Unfractionated Heparin (UFH)
- Aspirin
- P2Y Inhibitors (P2Y)
 - Clopidogrel, Prasugrel, Ticagrelor

TIME FROM LAST DOSE UNTIL INTERVENTION

TIME FROM INTERVENTION UNTIL NEXT DOSE

ASPIRIN
≤ 200 mg/day
No testing required

LMWH low dose
anti-Xa ≤ 50 IU/kg/day; enoxaparin ≤ 40 mg/day 12h/24h if CrCl <30ml/min
No testing required

ODF-Xa low dose
Apixaban No testing required
FDX low dose
≤2.5mg/day
36h (72 h if CrCl <50 ml/min)

ASPIRIN > 200 mg/day
Objective: normal platelet function

VKA
Acenocoumarol Objective: INR normal
ODF-Xa high doses
72h or until target lab value if CrCl <30 ml/min
Objective: ODF-Xa level <30ng/ml (Alternative: anti-Xa ≤ 0.1 IU/ml)

DABIGATRAN high dose 150 MG 2/D
(110-150mg 2/D if CrCl 110-150ml/min or age >75-80)
72h or until target lab value (until target lab value CrCl <50 ml/min)
Objective: DTI level <50 ng/ml (Alternative: TT in normal range)

IP2Y
85h Clopidogrel 300 mg

IP2Y
24h Ticagrelor 24h Prasugrel (therapeutic anticoagulation guidelines)

ASPIRIN > 200 mg/day

UFH low dose
IV or subcutaneous surgery

UFH low dose
4h ≤ 200 IU/kg/day/SC
≤100 IU/kg/day/IV
No testing required

UFH high dose
Until target lab value (6h IV, 12h SC)
Objective: aPTT or anti-Xa or ACT in normal range

ODF-Xa low dose
rivaroxaban, edoxaban (30h if CrCl <50 ml/min)
No testing required
LMWH high dose
24 h (48 h if CrCl <30 ml/min)
Objective: anti-Xa ≤ 0.3 IU/ml

ODF-Xa low dose
Apixaban No testing required
FDX low dose
≤2.5mg/day
36h (72 h if CrCl <50 ml/min)

DABIGATRAN low dose
48h: 220 mg/day (150 mg/day if CrCl 30 to 50 ml/min or age > 75, concomitant use of verapamil, amiodarone, or quinidine)
No testing required

VKA
Warfarin Phlegocoumanol
Objective: normal INR

IP2Y
8 days of Ticagrelor
8 days of Clopidogrel
No testing required

VKA
Phlegocoumanol
Objective: normal INR

IP2Y
7 days of Prasugrel
No testing required

INDICATION	Rivaroxaban	Apixaban	Edoxaban
VTE prophylaxis after hip/knee replacement	10 mg po	5 mg po	25 mg po
Prevention of stroke and systemic embolism in AF	15-20 mg po BID if CrCl ≥ 50 ml/min; 10 mg po without adjustment if CrCl 30-50 ml/min (instead of 20 mg po)	5 mg po BID	NA
Acute coronary syndrome	2.5 mg po BID	NA	NA
Prevention of thrombotic events in AF	2.5 mg po BID	NA	NA
Stroke prevention in non-valvular AF	15mg po BID if CrCl 15-50 ml/min	5 mg po BID if CrCl 15-50 ml/min; 2.5 mg po BID if CrCl 15-50 ml/min and weight ≤ 60 kg	10 mg po BID if CrCl ≥ 50 ml/min; 5 mg po BID if CrCl 30-50 ml/min; 2.5 mg po BID if CrCl 15-30 ml/min
Acute VTE treatment	15 mg po BID for 21 days, then 10 mg po BID x 27 days, then 5 mg po po BID if CrCl < 30 ml/min	10 mg po BID for 21 days, then 5 mg po po BID	10 mg po BID for 21 days, then 5 mg po po BID if CrCl 30-50 ml/min; weight ≤ 60 kg or use of epidural, thrombolysis, or operation of thrombotic vessel

VTE: Venous Thromboembolism; CrCl: Creatinine Clearance; AF: Atrial Fibrillation; P2Y: P2Y₁ Inhibitors; FDX: Fondaparinux; DTI: Dabigatran; TT: Thrombin Time; INR: International Normalized Ratio

RISK FACTORS FOR BLEEDING WITH CHRONIC USE OF ANTITHROMBOTICS

BODY WEIGHT

AGE

PATHOLOGIES AND/OR CONDITIONS THAT INCREASE THE RISK OF BLEEDING

HEPATIC FUNCTION

CONCOMITANT USE WITH OTHER DRUGS

RENAL FUNCTION

The next dose according to guidelines for:

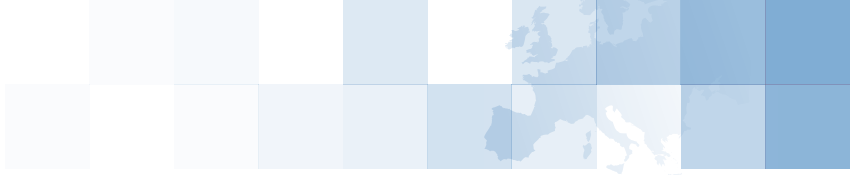
- postoperative VTE prophylaxis
- therapeutic anticoagulation

VKA
LMWH low-doses
Dabigatran low-doses
LMWH low-doses
UFH low-doses/subcutaneous
FDX low-doses/subcutaneous

Routine administration post-intervention
Aspirin low dose
Clopidogrel 75mg

INTERVENTION
ACT: Activated Clotting Time; aPTT: Activated Partial Thromboplastin Time; anti-Xa: Anti-Factor Xa Activity; CrCl: Creatinine Clearance; DTI: Direct Thrombin Inhibitor; TT: Thrombin Time; INR: International Normalized Ratio

Kriebitz S, Ferrandis R, Godier A, et al. Regional anesthesia in patients on antithrombotic drugs: Joint ESA/ESRA guidelines. Eur J Anaesthesiol. 2022;39(2):100-132. doi:10.1097/EJA.0000000000001600



These winners embody the innovative spirit of ESRA, and we invite YOU to be next! Participating in the conference isn't just about learning—it's about contributing, inspiring, and sharing your knowledge with the world. Whether through research, video, or infographic, ESRA provides a platform for your voice to be heard and your work to be celebrated. Submitting your work is a fantastic opportunity to contribute to the field and gain recognition from peers.

Take advantage of the opportunity to showcase your work at next year's conference and stand a chance to be one of our next award winners. Who knows – next year, you could be one of the winners standing in the spotlight!

The benefits are immeasurable—whether it's expanding your professional network, enhancing your expertise, or earning recognition on a global stage.

Start preparing now, because the future of regional anaesthesia and pain medicine is in your hands. Stay inspired, and we look forward to seeing more groundbreaking work at future ESRA conferences!



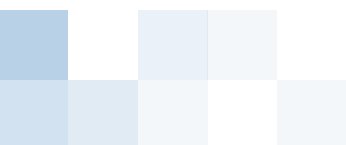
*Kariem El Boghdady:
Albert Van Steenbergue Award Article*



The 3 winners of the 6th ESRA Video Contest



The 3 winners of the Infographics Competition



Numerically Speaking: ESRA Annual Meeting



Editorial team



«The numbers don't lie – ESRA 2024 was an event to remember!»

What an incredible ESRA Annual Meeting! This year's event was filled with knowledge, connections, and a whole lot of fun. Let's take a quick dive into the numbers that made #ESRA2024 unforgettable:

We welcomed 2,150 attendees from all corners of the globe, representing an astounding 83 different nationalities! Truly, ESRA is an international family, bringing together diverse perspectives and expertise from around the world.

The workshops were a huge hit, with a total of 2,855 participants across our 120 clinical, mini, and cadaver workshops – all fully booked! Hands-on learning at its best.

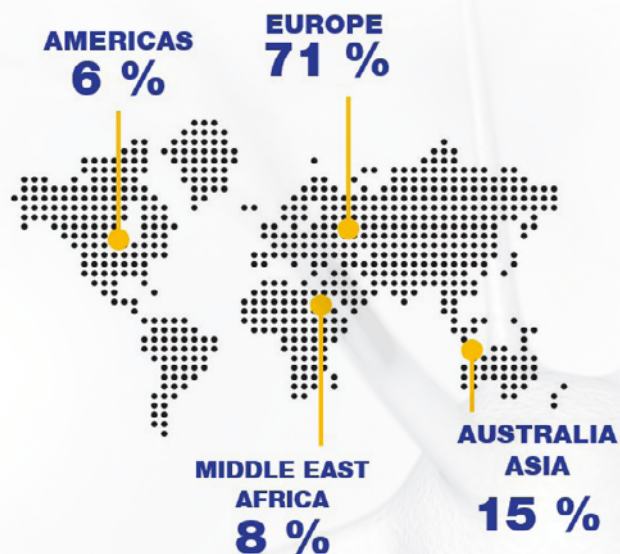
Social media was buzzing too! The #ESRA2024 hashtag saw 1,822 tweets and an impressive 8,885,987 impressions, keeping the energy alive online and spreading the ESRA spirit worldwide.

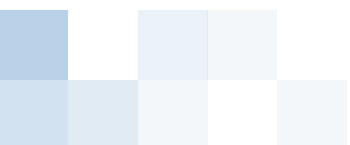
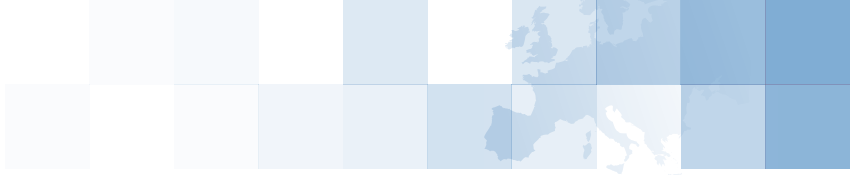
A big thank you to our sponsors, who helped make this event so successful. We had 23 sponsor booths, showcasing the latest innovations and advancements in the industry. Your support is truly appreciated!

And last but not least, the much-anticipated Fun Run was a blast! +100 participants laced up their sneakers and joined in for a morning of laughter, fitness, and camaraderie.

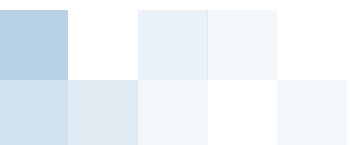
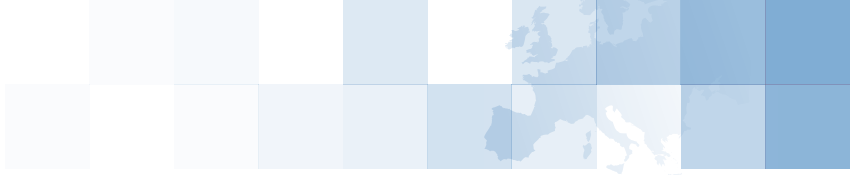
The numbers don't lie – ESRA 2024 was an event to remember! With such an international and diverse gathering, we can't wait to see what next year brings. Until then, keep the momentum going, and thank you for being part of this incredible journey!

ATTENDANCE









Expertly Unscripted: 3 Minds, 36 Questions, Zero Filter!



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

In this edition of the ESRA Updates, we're thrilled to introduce a new feature "Expertly Unscripted": a light-hearted and playful interview. For this first number, we will interview our incredible 2024 ESRA Awardees. This time, we step away from the operating room and research lab to discover more about the personalities behind the awards. We asked them quirky, unexpected questions that reveal their fun side, favorite things, and even how they'd handle an alien invasion!

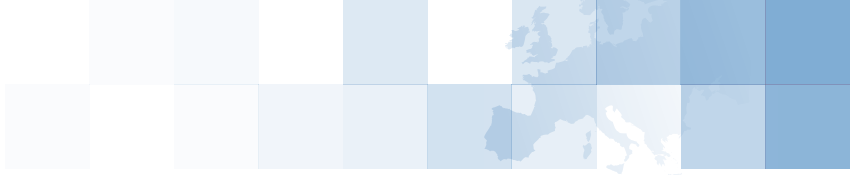


Carl Koller Award

The Carl Koller Award is the recognition of ESRA for an outstanding lifetime contribution to the field of Regional Anaesthesia and/or Pain Medicine.



Admir Hadzic
Professor of Anaesthesiology
Director, NYSORA (The New York School of Regional Anaesthesia)
Founder: NextLevelCME; e-Learning Management System in Medicine
Consultant, Department of Anaesthesiology, Ziekenhuis Oost-Limburg, Genk, Belgium



1. Win a Nobel Prize or star in a blockbuster movie?

When I was younger, I was all about winning the Nobel Prize. Now, I'd rather be in a blockbuster—fame, fun, and no one asks for footnotes!

2. Have a robot assistant or a personal chef?

I am not a foodie, so a personal chef would be wasted on me. A robot assistant, though? Now that's someone who can remind me to eat in the first place!

3. Be able to teleport or time travel?

Teleport, for sure—why mess with the past?

4. Always have to whisper or always have to shout?

I'd go with whispering—people lean in and listen to you when you whisper.

5. Give a lecture while juggling or while riding a unicycle?

Definitely juggling—at least I'd keep it interesting without the ego trip of a unicycle. Cyclists are too busy bragging about Strava stats anyway! It's not my fav crowd

6. Drink only green smoothies forever or eat only chocolate bars forever?

Neither - I'm not big on chocolate, and I prefer meat over smoothies. After all, cows have mastered the art of turning grass into something actually delicious!

7. Have 10 clones of yourself or 10 different superpowers?

Definitely the 10 superpowers—dealing with 10 versions of myself sounds like a nightmare.

8. Ride a dolphin to work or have a pet dragon?

If these are the only two choices, then pet dragon, no contest, though my Dodge Viper is better than either option

9. Have a talking pet or be able to talk to plants?

Definitely a talking pet.

10. Be a professional magician or a professional stand-up comedian?

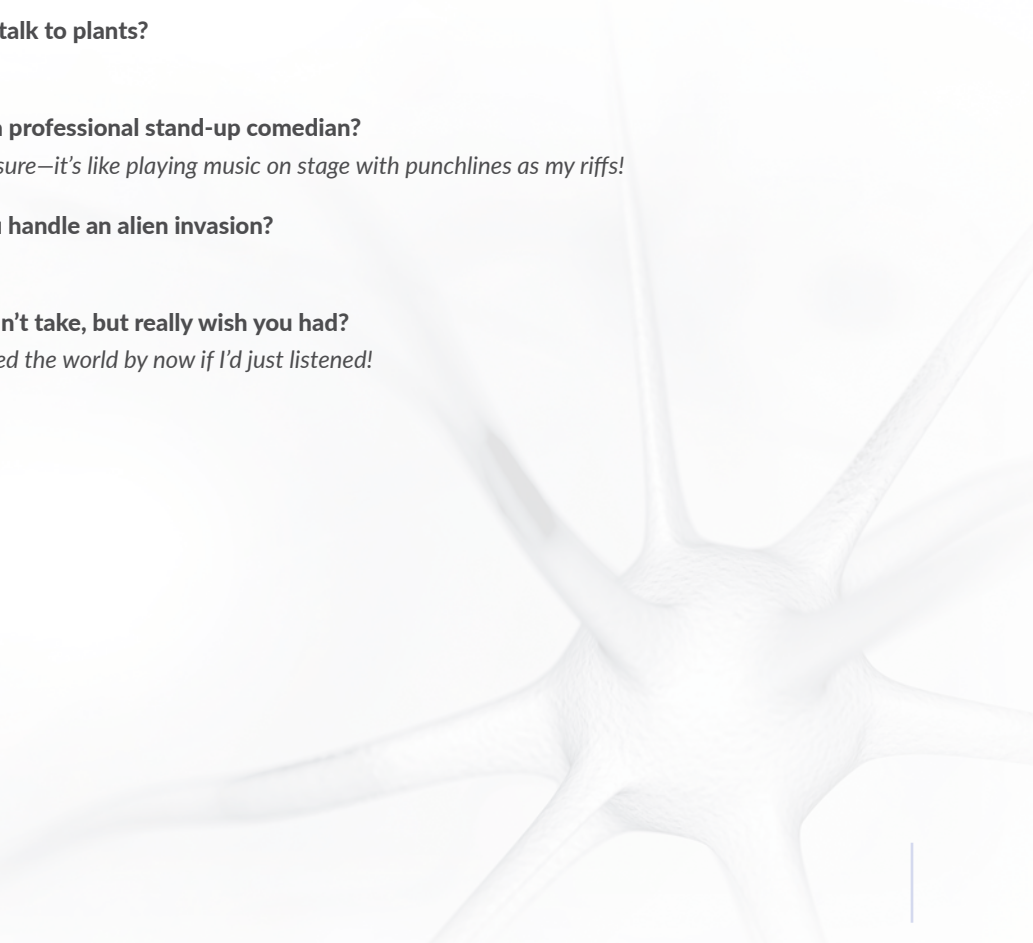
Professional stand-up comedian, for sure—it's like playing music on stage with punchlines as my riffs!

11. In three words, how would you handle an alien invasion?

I would hide in my music studio!

12. What's the best advice you didn't take, but really wish you had?

"Don't hit snooze"—could've conquered the world by now if I'd just listened!





Recognition of Education in Pain Medicine Award

ESRA undertakes to support outstanding innovative activities or developments in the field of Pain by annually awarding the Pain Medicine Award. This award is a reflection on excellence in teaching & clinical education in the field of pain medicine.



Athmaja Thottungal
Consultant- Anaesthesia and Pain management,
Kent and Canterbury Hospital
East Kent University Foundation NHS Trust, UK

1. Have X ray vision or super hearing?

X ray vision.

2. Eat spicy food every day or never eat sweets again?

Spicy food everyday.

3. Only wear scrubs or only wear formal clothes for a year?

Only wear scrubs.

4. Ride a rollercoaster or a camel to work?

Camel to work.

5. Always have to speak in rhyme or never be able to tell a joke again?

Always have to speak in rhyme.

6. Work from a hammock or from a bouncy castle?

Work from a hammock.

7. Know everything about the past or everything about the future?

Know everything about past.

8. Dance like no one's watching or sing like no one's listening?

Dance like no one is watching.

9. Only communicate via hand signals or through interpretive dance?

Through interpretive dance.

10. Wear flip-flops in the snow or boots on the beach?

Flip-flops in the snow.

11. In three words, how would you handle an alien invasion?

Love, laugh and be merry.

12. What's the best advice you didn't take, but really wish you had?

Learn to say NO.



Recognition of Education in Regional Anaesthesia Award

ESRA undertakes to support outstanding innovative activities or developments in the field of Regional Anaesthesia by annually awarding the Regional Anaesthesia Award. This award is a reflection on excellence in teaching & clinical education in the field of regional anaesthesia.



Vincent Chan
Head, Regional Anaesthesia & Pain Programme
Department of Anaesthesia and Pain Management, University Health Network
Professor of Anaesthesia, University of Toronto

1. Pizza or pasta?

Pasta.

2. Teach in your pajamas or perform a block in a superhero costume?

Perform a block in a superhero costume.

3. Cats or dogs?

Dogs for sure.

4. Operate in outer space or underwater?

Outer space.

5. Never drink coffee again or never sleep in again?

Never drink coffee again.

6. Ice cream for breakfast or cereal for dinner?

Ice cream for breakfast.

7. Fly to a conference in a hot air balloon or on a magic carpet?

On a magic carpet.

8. Be invisible for a day or read minds for a day?

Read minds for a day.

9. Only use emojis to give a lecture or sing all your responses in a Q&A session?

Use emojis to give a lecture (probably a lot more difficult).

10. Always be 10 minutes early or 20 minutes late?

10min early.

11. In three words, how would you handle an alien invasion?

Fight or flight.

12. What's the best advice you didn't take, but really wish you had?

Start my golf game earlier in life.

Winning Together: Celebrating the Journey of All Competitors



Editorial team



«As famed Olympian Pierre de Coubertin once said, “*The most important thing in the Olympic Games is not to win but to take part; the essential thing in life is not conquering but fighting well.*”»

At ESRA, we believe that no matter where you finish, every participant is a winner in the pursuit of excellence. This year’s competition was more demanding than ever, with an increased number of competitors showcasing remarkable work across all categories. The jury faced a tough job in selecting the top entries, as the quality of submissions was at an all-time high. Each contribution—whether in research, education, or even the Fun Run—reflected the passion and commitment of our amazing community.

As famed Olympian Pierre de Coubertin once said, “The most important thing in the Olympic Games is not to win but to take part; the essential thing in life is not conquering but fighting well.” This embodies the spirit of ESRA, where the journey to improvement, growth, and excellence is what truly matters.

We extend a warm congratulations to our 2nd and 3rd place winners in the following categories:



Best Free Paper in Regional Anaesthesia:

- > 2nd place: **Idrys Henrique Leite Guedes**, for *Comparison between erector spine block (ESPB) to thoracicparavertebral plane block (TVPB) using ropivacaine plasma concentration analysis: a randomized double-blind clinicaltrial*
- > 3rd place: **Hipolito Labandeyra**, for *Ultrasound-Guided Approach to the Superior Gluteal Nerve: An Anatomical Study*



Best Free Paper in Pain Medicine:

- > 2nd place: **Dhruv Jain**, for *Efficacy of epidural verapamil injection for chroniclumbar radicular pain: A randomized, double blind study*
- > 3rd place: **Bernard Edwards**, for *Does iPACK a punch? A prospective observational studyon the efficacy of pain relief and functionalimprovement of an iPACK block for chronic kneeosteoarthritis*



Best e-Poster in Regional Anaesthesia:

- > 2nd place: **Stefano Doria**, for *Effect of Epidural Analgesia on Regional Lung Ventilation in Parturient Women as Assessed by Thoracic Impedance*
- > 3rd place: **Berna Caliskan**, for *Nociception Level Index Guided Perioperative Pain Management in Paediatric Patients*



Best e-Poster in Pain Medicine:

- > 2nd place: **Giulia Topi**, for *Combination therapy for Persistent Idiopathic Facial Pain: a clinical retrospective study*
- > 3rd place: **Nadiya Segin**, for *Phantom Pain and experience in botulinotoxotherapy*



Best Educational Video:

- > 2nd place: **Melody Herman**, for [*Is That A Pneumothorax? International Evidence-Based Recommendations for Lung POCUS*](#)
- > 3rd place: **Azaresh Ramineedi**, for [*Ultrasound Assisted Spine Scanning*](#)



Best Infographic:

- > 2nd place: **Shruti Shrey**, for [*What is blocking the block? Causes of fascial plane block failure*](#)
- > 3rd place: **Marko Popovic**, for [*Points for pain*](#)



[All ESRA Abstracts are available on the RAPM Supplement](#)

And let's not forget the Fun Run heroes, who put their heart into the race:

- > 2nd place women: **Miraç Selcen Özkal Yalin**
- > 3rd place women: **Branka Stražičar**
- > 2nd place men: **Gerard Moreno Giménez**
- > 3rd place men: **Andy Ng**



Congratulations to the early risers who participated to the Networking on the Run

To all our participants: thank you for your dedication and passion. Your efforts push the boundaries of regional anesthesia and pain medicine, and you remind us that the search for excellence never truly ends. You've inspired us all, and we can't wait to see what you'll achieve next year!

Stepping Into the Elite: ESRA Diplomates Shine



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



«Becoming an ESRA diplomate comes with numerous benefits: it affirms your expertise, strengthens your professional reputation, and connects you with a global network of professionals committed to advancing the field.»

The ESRA Annual Meeting 2024 welcomed an impressive number of applicants for both the **ESRA-Diploma in Regional Anaesthesia (ESRA-DRA)** and **ESRA-Diploma in Pain Medicine (ESRA-DPM)**, demonstrating the ever-growing enthusiasm for advancing education in regional anaesthesia and pain management.

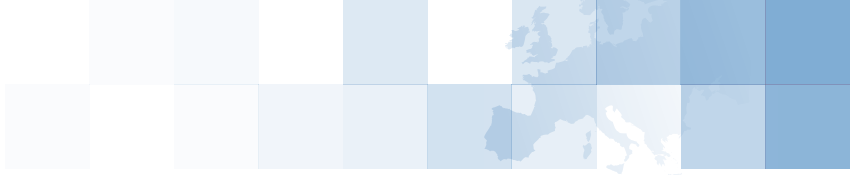


The ESRA-DRA Part 1 exam gathered 136 candidates in Prague

This year, we saw **304** applicants for the exams, each on the path to joining the prestigious ranks of ESRA diplomates.

The **ESRA-DRA Part 1** exam tested candidates' theoretical knowledge, while **Part 2B** added an exciting, hands-on component, with oral exams and demonstrations of techniques on live models. With examiners closely observing the candidates, this part tested not only technical skill but also the ability to communicate clearly and confidently. The energy was palpable as 152 skilled and passionate candidates demonstrated their expertise. The examiners, excited to welcome new talent, are integral to ensuring the high standards of the ESRA-DRA diploma.

For the **ESRA-DPM, Part 1** evaluated candidates on the theoretical aspects of pain medicine, while **Part 2** focused on clinical application and patient management skills. Each stage is designed to ensure future diplomats have the comprehensive knowledge needed to excel in the dynamic field of pain medicine.



One of the highlights of the meeting was the **ESRA Diplomates Reception**, a celebratory gathering for all new and existing ESRA-DRA and ESRA-DPM diplomates. Hosted by the ESRA Board and Executive Officers, this event provided a wonderful opportunity for networking, sharing experiences, and celebrating new accomplishments.

Becoming an ESRA diplomate comes with numerous benefits: it affirms your expertise, strengthens your professional reputation, and connects you with a global network of professionals committed to advancing the field. For many, it's not just an accolade—it's a transformative step in their career.

78 new diplomates now join the prestigious ESRA Diplomate's Club, and we look forward to witnessing their future contributions to the field.

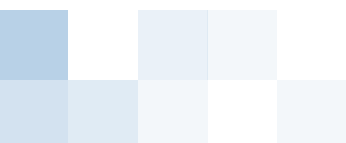
Welcome to the elite club of ESRA diplomates, where excellence meets expertise. You've earned your spot among the top in regional anaesthesia and pain medicine!



ESRA-DPM Diplomates in 2023 & 2024 present in Prague



ESRA-DRA Diplomates in 2023 & Spring 2024 present in Prague



ESRA Youth



Steve Coppens (Co-editor of ESRA Updates, UZ Leuven, Belgium) @Steve_Coppens



«Never have I seen a society being so inclusive and striving to renew and rejuvenate itself through the attraction of young talent.»

ESRA is truly an inspiring community that exemplifies the power of collaboration and innovation.

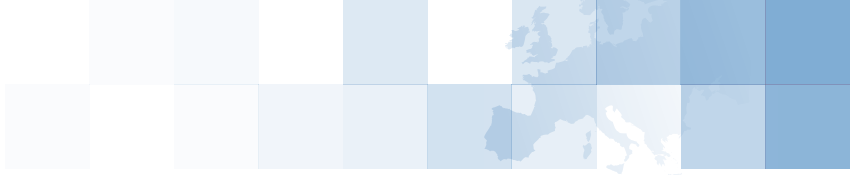


The Trainees Corner in Prague

It stands out as a remarkable scientific society, dedicated to actively engaging young people in the field. The enthusiasm and commitment to fostering the next generation of scientists and researchers is unparalleled. Here, young individuals are not just welcomed; they are encouraged to participate, learn, and contribute, creating an environment where their voices are valued and their ideas can flourish. This vibrant atmosphere is a testament to ESRA's mission to empower youth and cultivate a passion for science that will drive progress and discovery for years to come.

No matter where you turn, you'll see fellows, residents, and trainees actively engaged in every aspect of the yearly ESRA main congress event. Their presence is pervasive and uplifting, creating an atmosphere of collaboration and enthusiasm. From the charming igloos hosting poster presentations—where innovative ideas are shared and discussed—to the vibrant Trainees Corner, which serves as a hub of activity and networking, it's clear that these individuals are at the heart of the experience. Each space buzzes with energy, as participants passionately exchange knowledge, insights, and support, fostering an inclusive community that values the contributions of every member. This interconnectedness not only enhances the learning experience but also promotes a sense of belonging and motivation among all involved.

It's clear that the established faculty members actively seek out the Trainees Corner, showing genuine interest in the contributions of emerging talents. Their frequent visits reflect a commitment to mentorship and collaboration that is truly admirable. The fact that a renowned figure like Amit Pawa is willing to volunteer his time and expertise to teach these aspiring professionals highlights the deep-rooted culture of support within the community. This kind of engagement not only enriches the learning experience for trainees but also underscores the collective desire to nurture the next generation of leaders. The presence of seasoned faculty at the Trainees Corner symbolizes an inspiring commitment to fostering the growth and development of young individuals, ensuring they have the guidance and resources needed to thrive.



When ex-president and chair of the scientific committee Thomas Volk reviews the scientific program after the event, his first priority is to identify new and exciting talent. He begins by asking, “Was there a young, engaging lecturer who stood out?” He is keen to know if any fresh, up-and-coming voices are emerging in the field. Volk then follows up with a specific request: “Can you please, pretty please provide the names of these promising individuals and the topics they presented?”

I've had the opportunity to invite several of my former fellows to deliver talks, and they consistently exceeded expectations with their presentations. Not only did they perform exceptionally well, but they were also warmly welcomed by the audience and received strong support from the community. This atmosphere of encouragement and camaraderie helped them feel more confident, allowing them to showcase their talents and ideas effectively. It's always rewarding to see how their contributions are valued and how they continue to grow in their professional journeys.

Every year, ESRA also proudly supports the Porto Residents and Trainees Workshop, an event specifically tailored for anaesthesiology residents eager to dive into the world of regional anaesthesia. This workshop, meticulously crafted by ESRA, serves as an ideal starting point for beginners who are keen to master the fundamentals of these techniques. Set in one of Europe's most dynamic and culturally rich cities, the workshop offers a comprehensive learning experience at a highly affordable price. Participants have the opportunity to explore basic anatomy and practice regional blocks through hands-on sessions. Additionally, they engage in simulations designed to prepare them for emergency situations and to handle common complications that arise in the practice of regional anaesthesia. This combination of theoretical knowledge and practical training makes the workshop an invaluable stepping stone for any aspiring anaesthesiologist.



The Taboo & Pictionary Competition was open for trainees only, a fun one to watch!

The ESRA educational grants are again a prime example of how to inspire and motivate young professionals. These extended training modules offer an incredible opportunity for young aspiring anaesthetists across Europe. Whether you're a trainee or already practicing, these modules are designed to help you deepen your skills and expertise in regional anaesthesia. What's particularly special is that priority are given to trainees from countries that lack formal regional training programs, those from low-income countries, and members of ESRA. This means that if you come from a place where these opportunities are scarce, ESRA is here to back you. This initiative is again an unparalleled chance to be part of a global network of professionals dedicated to advancing their careers and improving patient care.

In my humble opinion all these examples show how exceptional ESRA is. Never have I seen a society being so inclusive and striving to renew and rejuvenate itself through the attraction of young talent. It is a testimony to this organization's outstanding performance.

I am truly elated to be part of this.



The Diplomates & Trainees Reception in Pivnice Obecnidum



Workshop during the #ESRA2024

ESRA-DRA Part I & Part II exams 2024



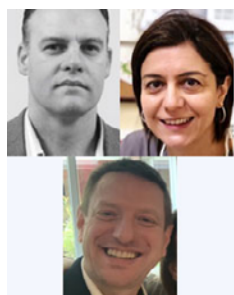
Morné Wolmarans (Norfolk and Norwich University Hospital, UK) @docmome



Oya Yalcin Cok (Baskent University, Faculty of Medicine, Turkey) @oyacok



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



«We extend our sincere congratulations to all successful ESRA-DRA candidates and especially to the 13 new ESRA-DRA Diplomates who join the growing family of Regional Anaesthesia experts around the world.»

First of all, we would like to take this opportunity to inform our readers about an important update: the acronym for the European Diploma in Regional Anaesthesia has changed this year from EDRA to ESRA-DRA due to legal circumstances ensuring compliance surrounding the trademark process.



The ESRA-DRA Part 1 exam in Prague

Every ESRA Diploma in Regional Anaesthesia (ESRA-DRA) marks a significant moment in advancing education and certification of expertise within the field of regional anaesthesia.

During the recent 41st ESRA Annual Congress in Prague, we were pleased to welcome 136 candidates taking the ESRA-DRA Part 1 (written) exam, alongside 152 candidates sitting the ESRA-DRA Part 2B (practical) exam.

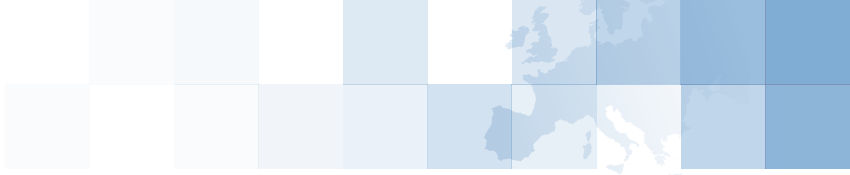
As the results of the recent exams will be announced soon, we would like to take this opportunity to share with our readers the outcomes of the ESRA-DRA online exam held on 14th April 2024.

Sunday, 14th April 2024, was a notable day. The ESRA-DRA board decided to organise online ESRA-DRA exams, administering both Part 1 and Part 2A on the same day.

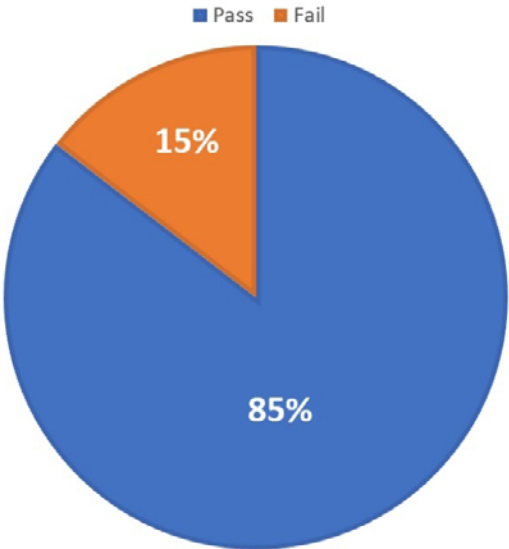
A total of 183 participants registered to sit the written (Part 1) exam, which consisted of 120 Single Best Answer Questions. The time limit was set at 120 minutes, with a few candidates being granted an additional 30 minutes due to their medical conditions.

The overall success rate was 81.97%, with the highest-scoring candidate achieving nearly 85% of correct answers.

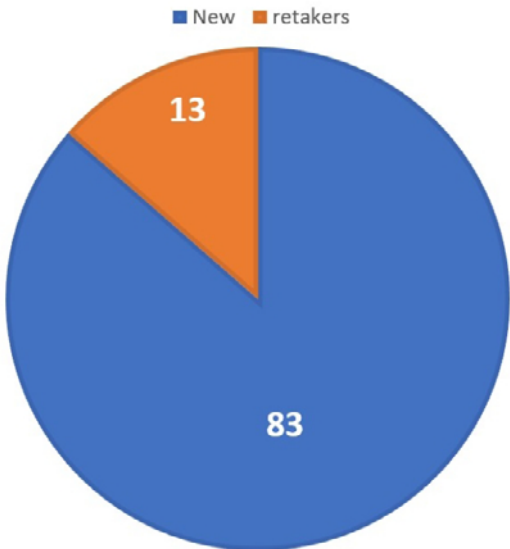
Post-exam analysis, which included item performance analysis, distractor analysis, and cohort analysis, revealed a Cronbach's Alpha Score (a measure of the internal consistency of an exam) of 0.77. This indicated a very well-structured exam in line with the ESRA-DRA curriculum. Several questions where the majority of candidates performed poorly were reviewed by all three ESRA-DRA Chairs and after careful consideration, none of them were excluded from the final analysis.



Simultaneously, 31 ESRA-DRA examiners tested the knowledge of 103 candidates registered for the ESRA-DRA Part 2A exam. Unfortunately, there were three withdrawals, and four candidates either did not show up or arrived late. Ultimately, 96 candidates tested their knowledge and problem-solving skills during the 25-minute examination. Among them were 13 candidates retaking the exam.



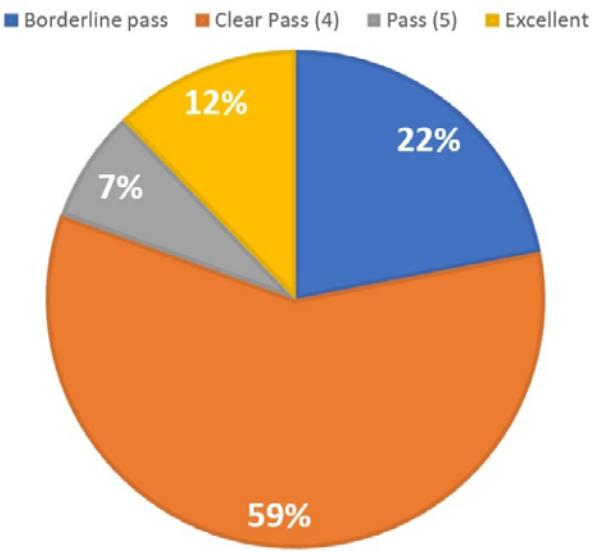
ESRA-DRA Part 2a online 14.4.2024



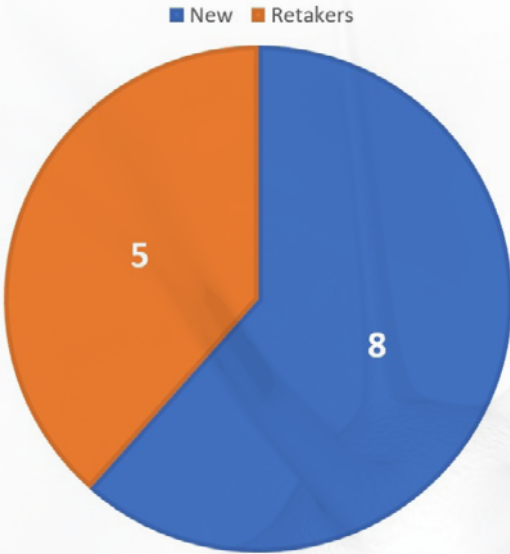
Candidates (N=96)

The overall pass rate was 85%, one of the highest for the ESRA-DRA Part 2 exam. Of the 82 successful candidates, 22% passed with a Borderline score (2+1), 59% with a Clear pass (2+2), 7% with a nearly excellent pass (3+2), and 12% with an excellent score (3+3).

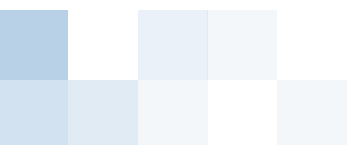
Among the 13 candidates retaking the exam, only one failed again. The remaining 12 candidates achieved scores of Borderline (4), Clear pass (7), and Excellent (1).

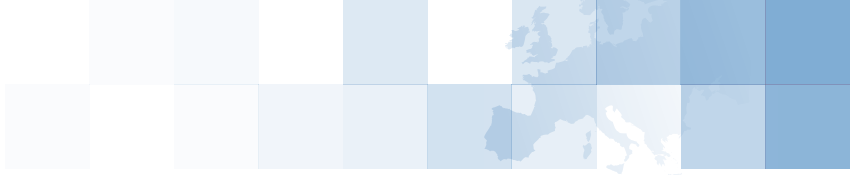


Successful candidates (N=82)



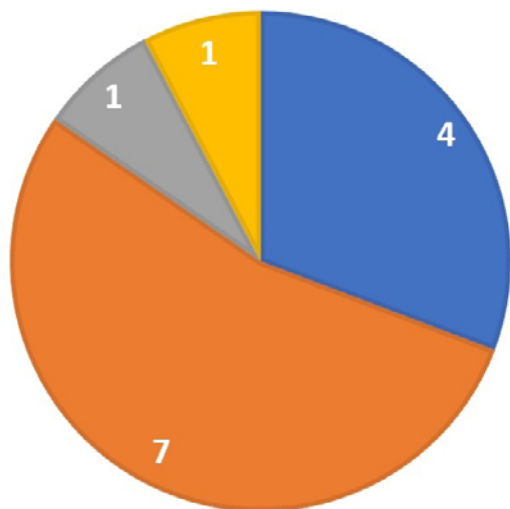
Retakers (N=13)





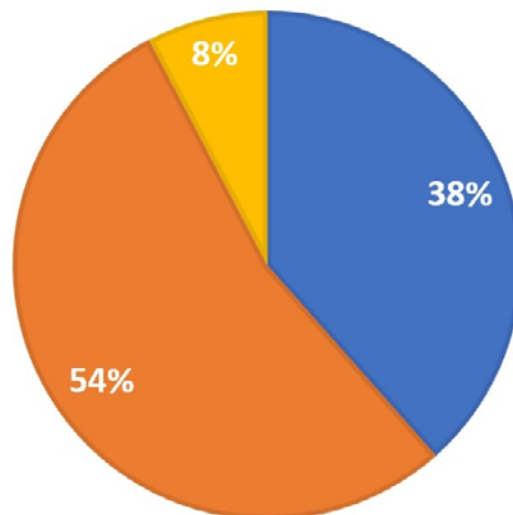
After double-checking the results with our ESRA-DRA database, we were excited to announce 13 new ESRA-DRA Diplomates. Eight new candidates and five re-takers. Of those who became ESRA-DRA Diplomates, 38% achieved a Borderline score, 54% a Clear Pass, and 8% an Excellent score.

■ Borderline pass ■ Clear Pass (4) ■ Excellent ■ Fail



Diplomates 2A exam markings

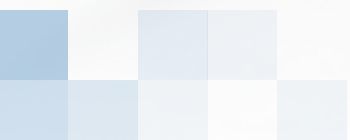
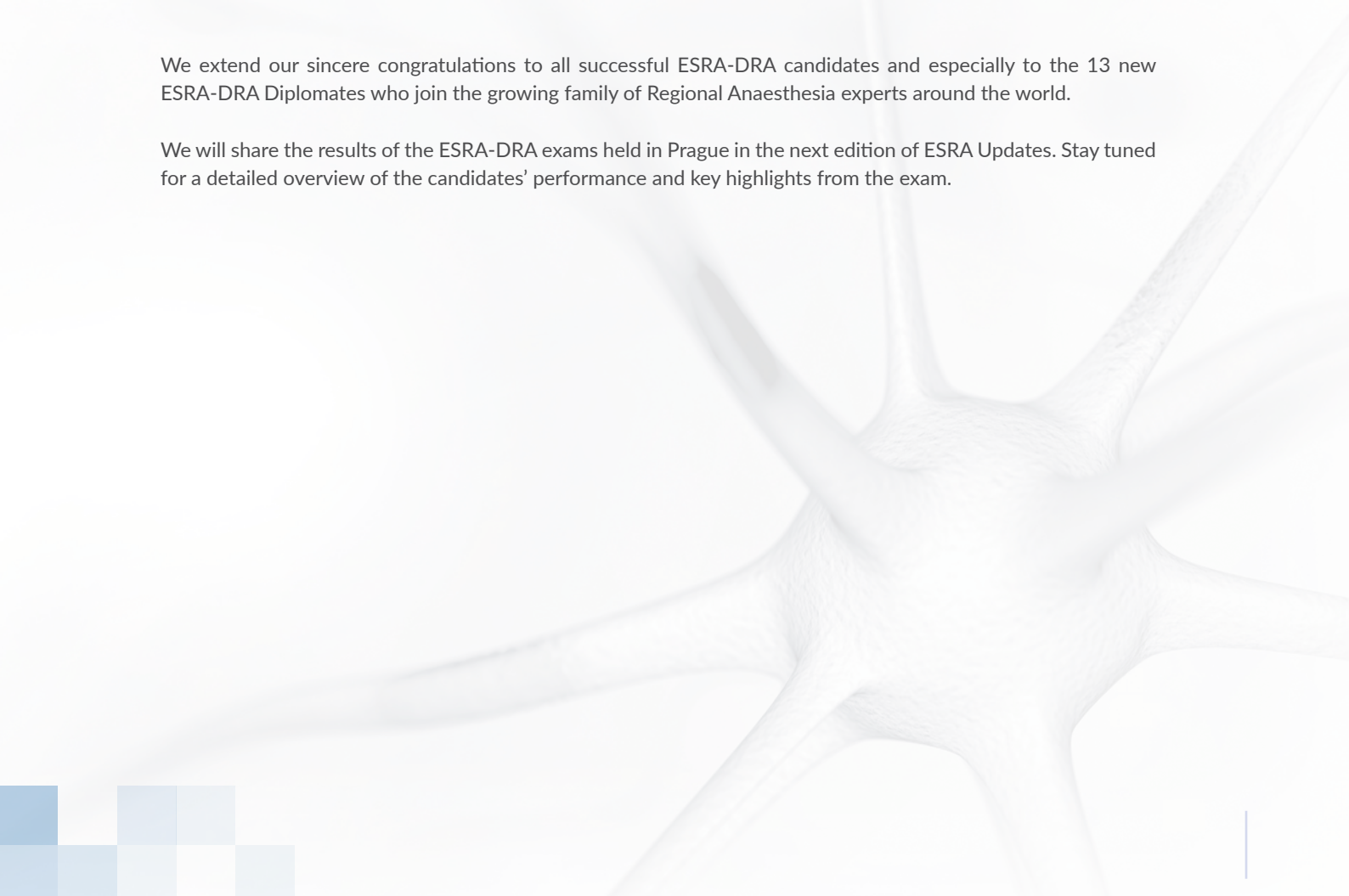
■ Borderline pass ■ Clear Pass (4) ■ Excellent



New Diplomates (n=13)

We extend our sincere congratulations to all successful ESRA-DRA candidates and especially to the 13 new ESRA-DRA Diplomates who join the growing family of Regional Anaesthesia experts around the world.

We will share the results of the ESRA-DRA exams held in Prague in the next edition of ESRA Updates. Stay tuned for a detailed overview of the candidates' performance and key highlights from the exam.



Introducing the ESRA Catch the Moment Photo Contest

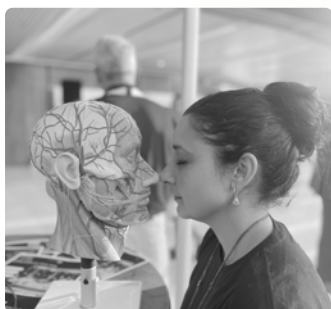


Editorial team



This year, we launched an exciting new challenge during the ESRA Annual Meeting – Catch the Moment Photo Contest – where attendees captured the magic of ESRA 2024 in a single frame! The response was incredible, with numerous captivating photos submitted, each showcasing a unique perspective on the energy, camaraderie, and unforgettable moments of the event.

We're thrilled to announce the top winners of the contest, whose images stood out for their creativity and ability to truly "catch the moment":



[Kavita Houthoff Khemlani](#)

A beautiful and peaceful picture in black and white



[Rajnish Gupta](#)

Eric Albrecht and Admir Hadzic getting ready for their pro/con debate on liposomal bupivacaine!



[Ya Chu May Tsai](#)

This girl blocks for sure, a strong female spirit in this one

Be sure to check out more amazing moments captured by our participants on social media using #ESRAPhotoContest. Explore the full gallery of publications and celebrate the vibrant and dynamic spirit of #ESRA2024!

ESRA Newsletter Journal Club



John McDonnell (Anaesthesiologist, Galway University Hospitals, Galway, Ireland)



«When you look at the plethora of papers that could be discussed it is amazing that we would to some degree have the same thoughts.»

*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 **Professor John McDonnell**.*

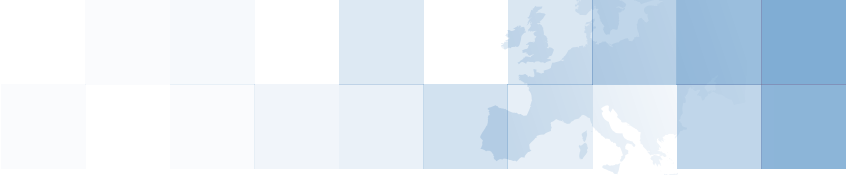
Father, husband & anaesthesiologist. Love Regional Anaesthesia and beating pain. Love ESRA family. Part time triathlete.

It is a daunting task to be asked to discuss papers that have and continue to shape my clinical practice. When you look at the plethora of papers that could be discussed it is amazing that we would to some degree have the same thoughts. Prof. Albrecht discussed the 2022 meta-analysis paper on the choice of GA versus spinal in patients with hip fractures and the fact that we are bombarded with 'zombie papers. These too would have been in my top few papers.

The first paper I would like to discuss is some of my heroes in regional anaesthesia and was published in Reg Anesth Pain Med in July 2021. The article 'Anatomical basis of fascial plane blocks', Regional Anesthesia & Pain Medicine 2021;46:581-599. Chin KJ, Versyck B, Elsharkawy H, et al is a comprehensive review of anatomy of fascial planes and pharmacokinetics of the regional anaesthetic techniques used to achieve analgesia in the associated patient population. This publication is populated with excellent anatomical drawings, clinical dissections and ultrasonographic images that will aid readers. It is articles like this that bring us back to basics in terms of anatomy that not only aid understanding of how our blocks work but that serve as resources to refine older techniques and aid the propagation of newer techniques. The inclusion of the sympathetic nervous system in the review hopefully will lead to further inclusion of this important neuronal system in future research in acute pain management. This paper is an excellent follow on from previous papers by Dr. Chin such as 'Essentials of our current understanding: abdominal wall blocks. Reg Anesth Pain Med 2017;42:133-183.



Professor John McDonnell
MB, BAO, BCh, LRCP &SI, FFARCSI, Dip Med Ed, MD
Galway University Hospitals, Galway, Ireland. The National University of Ireland, Galway. BreastCheck West, the National Cancer Screening Service, Galway.



The second paper that really shapes my daily clinical practice is 'Best practices for safety and quality in peripheral regional anaesthesia' BJA Education, 20(10): 341-247 (2020). It is amazingly gratifying to see Dr. B. Nicholls still educating us after all these years. I know Dr. Oldman won't mind me singling out Dr. Nicholls. He is one of my absolute heroes in regional anaesthesia and was instrumental in my education in regional anaesthetic education. This paper is a concise and informative paper on how to safely perform regional anaesthetic techniques in daily practice.

The last paper I'd like to mention is a personal anathema of mine. There has been a proliferation of pumps evident in theatres in the past number of years. Now let me state that I am a proponent of TIVA. But in terms of inotropic support / vasoactive drugs there seems to be an infusion of phenylephrine started in nearly every case nowadays. I don't remember this drug being widely used in recent decades but it seems to be everywhere I look now. This paper 'Intraoperative use of phenylephrine versus ephedrine and postoperative delirium: A multicenter retrospective cohort study' by Ma H et al makes for worrying reading. This study looked at over one hundred thousand patients and while retrospective in nature has validity in the clinical setting. With an aging population the incidence of cerebro-vascular insufficiency will increase, increasing the watershed areas through routine usage of phenylephrine infusions to correct hypotension may have serious consequences for our patients and I would urge consideration as to why the patient is hypotensive prior to always reaching for the phenylephrine infusion.

The last resource that massively influences my daily practice is not actually a peer reviewed publication but rather the online youtube channel of one of my colleagues. The great thing about working with colleagues that also have academic interests is that they are a constant source of information in a variety of differing areas of anaesthesia practice. [Prof. Patrick Neligan's](#) youtube channel while mainly directed at intensive care medicine the core ideas and lessons are totally applicable to most anaesthesia practices. I would encourage all to peruse the website for an open discussion on issues that will impact on everyone's clinical practice at some stage.

References:

1. Chin KJ, Versyck B, Hesham E, Rojas Gomez MF, Sala-Blanch X, Reina AR.
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4. Ma H, Ahrens E, Wachtendorf LJ et al. Intraoperative Use of Phenylephrine versus Ephedrine and Postoperative Delirium: A Multicenter Retrospective Cohort Study. *Anesthesiology* 2024 Apr 1;140(4):657-667.
5. [youtube.com/@ccmtutorials](https://www.youtube.com/@ccmtutorials)