CHAIRMAN’S MESSAGE

Today is the opening day for MLB; Cardinals (minus Pujols) playing at Marlins. Strasburg, the self-proclaimed “just another donkey,” is coming back with full strength after Tommy John surgery. He is the starting pitcher for the National’s opener tomorrow. For me, the start of the baseball season signals the arrival of spring and with it the hope of new beginnings and growth.

As we look forward to a new academic year, we have much to be excited about. Match Day was in March, and we are very pleased with the outcome. Our faculty and residents did a terrific job showcasing our department during the recruitment season, and we have a great bunch of new residents joining us in July. Our research productivity continues to climb. We recently presented 20 research projects at the medical center’s Research Day. We are expanding our clinical coverage to provide services at an ambulatory surgery center and have hired four new faculty members with outstanding credentials. A hospital-wide electronic health record system including an automated anesthesia record is currently being implemented. The American Society of Anesthesiologists meeting will be held in Washington, D.C. on October 13–17, and we plan to have a large presence at that meeting. There’s a lot to be excited about.

Play ball!

Michael J. Berrigan, MD, PhD

GREETINGS FROM THE EDITOR

As we gear up to broaden our alumni network, I realize that this is a two-way interaction. We love sharing with you guys what is going on here at GW, but we would LOVE to hear from you, too! Please share with us what’s going on in your lives both professionally and personally. We would like to know especially where you are now professionally. Our graduating residents can benefit tremendously from you as future mentors and in all important job searching.

Please, drop us a line. It only takes a couple of minutes of your time, and it will serve as an invaluable resource for us. Thank you!

Write to: seolyang@hotmail.com

Seol Yang, MD
Message from the Program Director

This update will focus on the following four areas: our 2012 match result, international rotation for residents, resident research spotlight and future changes to Graduate Medical Education in anesthesiology.

We had an outstanding match this year, which was the natural extension of an excellent recruitment season spearheaded by Dr. Marian Sherman and our residents. All of our matches were top choices and the list is as follows: Adam Baca from University of Arkansas College of Medicine; Aliya Bynum and Christopher Schroff from George Washington University School of Medicine; Lakshmi Geddam from Northeast Ohio Medical University; Jaspreet Lamba from Texas A&M College of Medicine; Jeannie Lui from New York University School of Medicine; Camille Rowe from UMDNJ Robert Wood Johnson Medical School and Omar Syed from Eastern Virginia Medical School. Six of the residents are scheduled to complete a four-year program at GW while the other two residents will be joining us after the PGY-1 year.

Dr. Ashley De Valdenebro (CA-3) was our first resident to venture outside the confines of Washington, D.C. to complete an ACGME approved one-month elective rotation at The Universidad de San Francisco at the Hospital Carlos Andrade Marin in Quito, Ecuador. I visited Ashley during the rotation and confirmed that the experience was truly one-of-a-kind. Ashley worked on a wide variety of cases with a very limited set of resources. She worked with residents at an academic, public hospital in the capital city. In April, we welcomed Dr. Edgardo Venagas, a senior resident from USF, who joined our department for a month. He stayed with one of our residents, continuing the exchange program between our two institutions.

On March 28, Department of Anesthesiology and Critical Care Medicine presented 20 posters at the university’s Research Day. The presentations continue a trend of resident research and scholarship punctuated by faculty mentorship. I would like to make special mention of Dr. Natasha Kaur (CA-3) and Dr. Daniel Asay (CA-2) who were mentored by Dr. Marianne David. Their poster, “Local Anesthesia Resistance in a Laboring Parturient,” made the finalist in the resident research competition. Additionally, Dr. Angelette Covin (CA-3) and Dr. Marianne David were accepted to present their poster, “Antithrombin III Deficiency in High-risk Parturient with Twin Gestation,” at the Society of Obstetric Anesthesiology and Perinatology Conference in San Francisco, CA. Finally, Dr. Kelly Arwari (CA-2) and Dr. Jerry Gutierrez (CA-2) were accepted to present posters, “Developing Empathy—Does a Patient Shadowing Experience Develop Empathy in Residents” and “The Carrot: Incentivizing In-Training Exam Performance with Cash” respectively, at the Society for Education in Anesthesia’s Spring Conference in Milwaukee, WI.

I also want to mention some major changes coming our way in Anesthesiology Graduate Medical Education in 2014. The ACGME is introducing a new accreditation system that will involve annual updates with the institutional Office of GME. This system will be based on development of key competency-based “Milestones,” which are designed to mold residents from novice to expert learners. The exact details of the Milestones Project for our specialty are to be released late in 2012. So far we know that programs will be required to track resident progress with metrics along each stage of learning for identified objectives. Another major change set to take place in 2014 is the splitting of the Written Board Examination into two stages. The Basic Exam will comprise of material from basic sciences, anesthesia procedures, methods and techniques, organ-based clinical sciences, ethics and physician impairment and will take place at the conclusion of the CA-1 year. The Advanced Exam will take place at the end of CA-3 year and will address the basic information mentioned above and other advanced topics including difficult clinical scenarios and subspecialties. We are actively looking at ways to adapt the curriculum to anticipate the didactics that will be required to prepare our residents for this new paradigm in teaching and testing. I am confident that GW residents will remain as top scorers on national examinations when these changes are enacted.

It is my hope that these topics will spur a lively discussion regarding the best-practice for training our future anesthesiologists. I am more than eager to weigh in should you seek any clarification; we may even include your response in the next newsletter! (jberger@mfa.gwu.edu)

Sincerely,

Jeff Berger, MD, MBA
Pain Center Update

Dr. May Chin reports that our Pain Center is thriving. Apart from the prolific production of research, the Pain Center sent its faculty to various meetings. At the ASA Meeting in October 2011 in Chicago, Dr. Chin served as a moderator discussing “Current and Innovative Management Strategies in Complex Regional Pain Syndrome,” and as a speaker for a topic on “Outpatient ketamine infusions for management of complex regional pain syndrome.” The Pain Center with its three full time faculty, Dr. Chin (Anesthesiology), Dr. Desai (PM&R) and Dr. Heckman (PM&R), covers locations at GW and Sibley Memorial Hospital. New additions to the Center include Justin Rodante, PA-C (GW) and Mary Gleason, NP (Sibley). Also, Dr. Chin and Dr. Desai made the Top Docs List for Pain Management in Washingtonian (April 2012).

May Chin, MD

Ecuadorian Adventure

Hospital Carlos Andrade Marin (HCAM) is nestled near the heart of Quito, Ecuador. Given the traffic, I was surprised at how quickly we had arrived. Quito drivers like to drive fast despite the congestion, and my host, Juan Carlos, was no different. When we came to a stop at the front door of the hospital, Anita, his wife and also a CA-1 resident, and I hopped out of the car and said our goodbyes with a customary kiss on the cheek. I was becoming accustomed to my new routine: greetings with ‘hola’s, ‘beso’s and ‘abrazo’s. One stark difference did exist in comparison to GW: HCAM seemed to be in no big hurry. The operating rooms started ‘when they started,’ and all the residents took an hour for lunch, which was necessary if one was going to eat all the lomo salteado, sopa de pollo and papas or other delicious food served daily.

Despite the relaxed nature of the program, the challenges of practicing in Quito became clearly evident. Anesthesiologists there have truly limited resources to practice their craft. We fashioned end tidal CO2 tubing from old IV lines, maintained anesthesia with minimal medications and repaired broken blood pressure cuffs. Before starting a case, it was necessary to anticipate and plan ahead for difficulties in placing peripheral IVs or ET tube placement because extra LMA’s and extra IV’s were almost impossible to obtain.

Medicines are limited as well. Post-operative analgesia poses a unique challenge because no morphine or NSAIDs are available in public hospitals in Ecuador. In fact, many use steroids in their attempt for pain relief. I learned the versatility of spinal anesthesia in settings where post-operative analgesics are limited. Rapid sequence inductions with difficult airways presented another challenge as fentanyl and midazolam were the only available induction agents. Pharmacologic treatment of hypotension was particularly interesting as the only vasoactive medicine available was epinephrine. Even that was present only in the cardiac operating rooms.

In four short weeks, Ecuador taught me inventive ways to practice anesthesiology. As the first GWU resident to spend the away rotation at HCAM, I left with a good impression of my hosts. They gave me an appreciation for how a positive attitude can play in the face of diminished resources and unfamiliar settings. Above all else, I now acutely appreciate the abundance of resources and safety nets available to us in the United States.

Ashley De Valdenebro, MD (CA-3)
News from Medical Student Clerkship

I just got off work and was walking to Ross Hall when I received a text from one of the medical students I mentored:

“I MATCHED…thank you so much…I am going to be an Anesthesiologist!”

That was “Black Monday,” on March 16, when fourth year medical students across the country find out if they matched to a residency position through the NRMP. We have all been there. We have all experienced the doubt (will I match?), the anticipation (where will I match?), the palpable feeling that something big was about to happen and the joy that your professional life was finally going to begin. For this young man who was thoughtful enough to share this exciting news with me, his fate was sealed that day: he is going to be an Anesthesiologist indeed.

This year, nineteen of the graduating medical students at George Washington University School of Medicine chose to pursue a career in anesthesiology, making our specialty second only to Internal Medicine in popularity. Students most commonly cited a positive interaction with residents and faculty during their anesthesiology clerkship that initially got them interested in our field. Dr. Nilda Salaman and I would like to thank the department for supporting the clerkship. Please help us congratulate our future colleagues:

• Negin Daneshpayeh (Massachusetts General Hospital)
• Puneet Sayal (Massachusetts General Hospital)
• AnGee Baldini (University of Washington Affiliated Hospitals)
• Ron Barak (University of California at San Diego Medical Center)
• Aliya Bynum (George Washington University Medical Center)
• Michael Gardner (University of California at Irvine Medical Center)
• Janora Horner (Thomas Jefferson University)
• Matthew Jordan (West Virginia University School of Medicine)
• Amit Joseph (Stanford University Programs)
• Megan Lofton (University of Maryland Medical Center)
• Alexander Matz (Johns Hopkins University Hospital)
• Cameron Nelson (Beth Israel Deaconess Medical Center)
• Raj Padalia (University of Pittsburg Medical Center)
• Rohan Panchamia (New York Presbyterian Hospital/Weill Cornell Medical Center)
• Pooja Pandya (Johns Hopkins University Hospital)
• Ameeka Pannu (Beth Israel Deaconess Medical Center)
• Christopher Schroff (George Washington University Medical Center)
• Erik Smith (University of Maryland Medical Center)
• Warren Spitz (Hospital of the University of Pennsylvania)

Congratulations to our students!

Marianne David, MD
GW Anesthesia Goes Global

This past March, Drs. Tricia Desvarieux, Nilda Salaman and Karen Williams represented GW at the World Anesthesia Conference in Buenos Aires, Argentina (3/25-3/30). Aside from taking in the sights, learning to Tango and overdosing on beef and Malbec, the ladies attended several lectures which ranged from cardiac and obstetric anesthesia to regional anesthesia and critical care medicine. Overall they were impressed with the caliber of the lectures which also provided insights on performing sophisticated anesthesia in both developed and developing countries. The WCA takes place every 4 years. Despite this year’s organizational glitches, the conference was highly attended with over 5000 registrants.

We hope to continue having a strong presence worldwide and welcome our faculty and alumni to participate at the next WCA 2016 in Hong Kong.

Jeopardy Night!!

Once again, there was a strong showing by our department at the annual DC area anesthesiology Jeopardy tournament, finishing a proud second place out of three participating programs, Georgetown, Military (National Capital Consortium) and GW. Drs. Jessica Sumski (CA-1), Jerry Gutierrez (CA-2) and Leon Perel (CA-3) commanded a considerable lead until a “buzzer malfunction” caused by their sweaty hands led to a doomed self destruction. Their overly creative answer to a question, “What do you do when you run out of desflurane?” did not help their cause either. Immediately after the question, Dr. Perel confidently answered, “I reach for a wooden mallet.”

No matter what the outcome was, no one can argue against the silver medal! And everyone including residents and faculty who showed up for support had a round of beers! Now who can complain about that?
Anesthetic Considerations for Resection of a Large Pulmonary Vein Mass Extending into the Left Atrium

Ronak Patel, MD*; Douglas Sharp MD

Department of Anesthesiology & Critical Care Medicine, The George Washington University School Medicine and Health Sciences

A 45 year old otherwise healthy male presented with hemoptysis to his primary care physician. On imaging, a mass was noted in the pulmonary veins extending into the left atrium. Initial biopsies were inconclusive. The patient was scheduled for a thoracotomy, resection of the pulmonary vein mass and left atrial mass, and possible pneumonectomy.

Anesthetic Challenges
This patient presented unique challenges during the intraoperative course. These were:

1. The mass affected both the respiratory and cardiac system lending to the dilemma of which mass to resect first.
2. Maintaining hemostasis during thoracic resection of the mass while also requiring anticoagulation with heparin for cardio-pulmonary bypass.
3. Isolation of left and right lung ventilation for access to the mass.
Anesthetic Management

The patient was taken to the operating room and standard ASA monitors were applied. Induction and maintenance of anesthesia was accomplished with propofol, fentanyl, rocuronium and desflurane. The trachea was intubated with a right sided double lumen tube. A right internal jugular and right radial arterial line were inserted. A Swan-Catheter was also placed. A transesophageal echocardiography probe (TEE) was then introduced. The patient was positioned in the right lateral position. An aminocaproic acid (Amicar) infusion was administered for hemostasis.

A left thoracotomy was then performed and the pulmonary mass was excised via left upper lobe resection. The patient was turned supine and after heparinization, and fem-fem bypass, the left atrial mass was resected and the atrium reconstructed. Post bypass hyperglycemia was treated with a brief insulin drip. Two catheters were inserted by the surgeon in the intercostal space for delivery of bupivacaine for post-op pain control. After surgical closure, the patient’s double lumen tube was replaced with a traditional single lumen tube.

The total procedure time was ten hours. The total blood loss for the case was 1600 milliliters. Blood loss was replaced with 4 units of PRBC, 750 milliliters of cell saver packed red blood cells, and crystalloid. Occasional boluses of phenylephrine were required to maintain blood pressure. The patient was uneventfully transported to the intensive care unit with the endotracheal tube in place.

Hospital Course

The trachea was extubated by post-operative day number 2. The patient had an uncomplicated recovery and was discharged from the hospital a few days later.

Pathology of the mass revealed the tumor to be a grade 2 chondrosarcoma. Lymph nodes were negative for metastatic disease.

Discussion

A mass affecting both the cardiac and pulmonic systems presents unique dilemmas. The location of the mass in the left atrial and pulmonary veins affected pulmonary artery pressures. Thus, a TEE allowed the best beat-to-beat assessment of cardiac function.

For ease of access and isolation of left and right lungs, one-lung ventilation must be undertaken. This is accomplished with a double lumen tube which allows each lung to be ventilated separately. In this case a right sided double-lumen tube was inserted. Bronchoscopy was utilized to confirm that the right upper lobe was not occluded by the endotracheal tube. The left lung was thus collapsed, allowing easy access to the left lung mass and preventing blood and secretions from entering the right lung.

Since the blood must be anti-coagulated with heparin prior to cardio-pulmonary bypass to prevent clot formation, it was decided that heparinization must be performed after the thoracotomy and lobectomy to minimize blood loss.

After the left upper lobe was resected, the mass in the left atrium also required excision. This was accomplished by placing the patient on cardio-pulmonary bypass, which allowed the heart to stop beating. The initial thoracotomy did not allow easy access to major vessels needed for cannulation. To prevent an additional thoracotomy or sternotomy the femoral artery and femoral vein (fem-fem) were cannulated for cardio-pulmonary bypass to be performed. This was an example of a non-emergent use of these vessels for cardio-pulmonary bypass.

Of note, this case also turned out to be a rare presentation of chondrosarcoma. Chondrosarcoma is a tumor of cartilage producing cells. The cancer usually occur in bones, such as the pelvis. The tumor can be metastatic. In this instance, from all the evidence gathered, it was felt that the tumor resected was the primary cancer in an unusual location rather that a metastatic spread.

There are special anesthetic concerns regarding a chest mass involving both pulmonic and cardiac structures. These include sequence of the operation, use of the cardiac-pulmonary bypass machine, one-lung ventilation and intraoperative TEE.

References


Special thanks to the Department of Radiology, Pathology and Cardiology, The George Washington University, for supplying the above images.
Alumni News

Dr. Timothy Gilbert (Class of 1991) died at his home on February 9, 2012 in the presence of his loving family. Dr. Gilbert graduated from GW in 1991 and completed a fellowship in cardiothoracic anesthesiology. He served as a director of cardiothoracic anesthesia at the University of Maryland Medical School. Dr. Gilbert loved serving as a volunteer firefighter as a teen and never stopped serving the community. He also had a passion for life-long learning, teaching and music. He is survived by his wife of 20 years, Phyllis, and his children, Ian, Keller, Andrew and Lila Grace.

E. Jeannette Kuhn (Chief Cardiovascular Anesthesia Technician) passed away on December 2, 2011 from acute leukemia at Maritus Medical Center in Maryland. A graduate of Washington County Hospital School of Nursing in 1951, she joined our department in 1952 until her retirement in 1993. She is survived by sisters, Virginia and Betty; brothers, Donald, Paul, John and George.

Ruby Dixie (Office Manager) passed away on December 9, 2011. She was an office manager for our department for 30 years. She loved her church and spent many hours as a volunteer and deacon. Ruby was a patriot as well, volunteering at the White House under several presidents. She is survived by her sister, Barbara; sister-in-law, Helen; and a long time family friend, Elsie.

Dr. Tanya Lutzker (Class of 2009 and Faculty) and her husband, Dr. Gregory Trachiotis, welcomed their daughter, Alexandra, to the world on December 21, 2011. Congratulations!

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Important Announcements
The department has a new website. Please visit us at http://www.gwumc.edu/edu/anes/index.htm

ASA 2012 in Washington, DC
We are planning to have a strong presence in the upcoming ASA meeting. We plan to have a reunion dinner.

Please contact Dr. Jeffrey Berger (jberger@mfa.gwu.edu) or Dr. Seol Yang (seolyang@hotmail.com) to reserve your seat! The detailed plan for dinner will be emailed to you closer to the meeting.

Alexandra Trachiotis