

## SIG Executive

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# Perioperative Medicine SIG

## Newsletter, December 2011

The Perioperative Medicine SIG is the newest of the SIGs. The SIG Executive are keen for all interested Fellows and Trainees to play an active part in the SIG. One of the Executive commented that they rarely hear from the SIGs they belonged to. To enhance communication the Executive resolved to produce a quarterly newsletter for members. Welcome to Number 1.

### Diary Dates:

1. May 12 to 16, 2012, Perth, WA: ANZCA ASM

Saturday, May 12, 2012, 1330 to 1500, Concurrent Session 10: Perioperative Medicine SIG

- A/ Prof David Story: Postoperative surveillance team: postoperative co- management
- Dr Ashley Webb: Perioperative smoking cessation
- Dr Rishi Mehra: Formal perioperative teaching courses

2. July 27 to 28, 2012, Byron Bay, NSW. Perioperative Medicine and Acute Pain SIGs combined meeting: 'When worlds collide: Perioperative medicine - The new specialty on the block?' More details to follow: [www.acecc.org.au/SIGs](http://www.acecc.org.au/SIGs)

### POM, new evidence...

In a new paper from the 8,300 patient POISE trial (Ann Intern Med. 2011;154:523-8) Devereaux and Colleagues found that within 30 days 415 patients (5%) had a perioperative MI. 74% of MIs occurred within 48 hours of surgery; 65% of patients did not experience ischemic symptoms. The 30-day mortality rate was 12% for patients who had a perioperative MI and 2% for those who did not. Among patients with a perioperative MI, mortality rates were elevated and similar between those with (OR 4.8; 95% CI: 2.7 to 8.4) and without (OR 4.0; 95% CI: 2.7 to 6.1) ischemic symptoms.

Comment: Many patients with a postoperative MI will not experience ischemic symptoms but contrary to the thinking of many cardiologists, will have an equally poor prognosis with those who do. These findings also support the proposal that most MIs occur within a few days of surgery and support routine monitoring of troponin in at-risk patients.

### POM, the Dark Side...

Prof Don Poldermans, a well known researcher in perioperative beta blockers and statins, has been dismissed from the Erasmus Medical Center in the Netherlands for scientific misconduct. Prof Poldermans was professor of medicine and the head of perioperative cardiac care. In a 17 November 2011 online statement, Erasmus administrators concluded that "...the professor was careless in collecting the data for his research. In one study it was found that he used patient data without written permission, used fictitious data and that two reports were submitted to conferences which included knowingly unreliable data."

Comment: It is unclear how Prof Poldemans's misconduct will affect the evidence base for perioperative medicine. Editors of major journals, including *Anesthesiology* and *Anesthesia and Analgesia*, are investigating possible retractions.