

Cardiothoracic, Vascular and Perfusion Special Interest Group

Minutes of the teleconference of the Cardiothoracic, Vascular and Perfusion SIG
Executive held on Wednesday 2nd July 2008 at 1900AEST

MINUTES

1. Attendance and apologies

Dr Ross Wallace (Chair)
Dr David Canty
Dr David Daly
Dr Michael Fanshawe
Dr Roman Kluger
Dr John Leyden
Dr Alastair McGeorge
Dr John Murray

In Attendance Kate Briggs

Apologies were received from Dr Chris Cokis

2. Minutes of previous meeting

Recommendation:

Dr Leyden/Dr Kluger

That the minutes be accepted as a true and accurate record of the meeting.

Carried

3. Matters arising from the previous meeting

3.1. Proposal to purchase an electronic voting system

The Chair noted that he had received correspondence from Greg Deacon from ACECC in reply Dr Cokis' proposal to purchase an electronic voting system. In the letter it stated there was not general support for this proposal although suggested the possibility of using mobile phones as an alternative.

The executive was unhappy with the response and it was agreed that the Chair will draft a reply and forward it to the executive for further comment before sending it on ACECC / Council.

Dr Canty joined the meeting at this point

3.2. Simulation courses in perfusion

The Chair noted that at the previous teleconference Dr Kluger suggested using money from the SIG to fund simulation courses in perfusion. The Chair suggested a whole day workshop similar to the ECHO workshop at the next ASM.

3.3. Revised ANZCA PS27 Guidelines.

The Chair noted he has received feedback from Dr Murray regarding guidelines PS27a, 2.1 'Head of Service' and PS27b 2.1.3 'Perfusion Training'

In relation to PS27a, 2.1 'Head of Service' Dr Murray was concerned that the guideline did not explicitly state that the designated head of service must be a registered medical practitioner.

The Chair advised that in a number of centres across Australia and New Zealand there is no medical perfusion and the head of the service is often a clinical perfusionist who is answerable to a medical practitioner (generally an anaesthetist or a cardiac surgeon) Therefore it was felt that to state that the head of service had to be a medical practitioner did not reflect the current reality in many centres.

The executive agreed.

Dr Murray was also concerned about the wording of PS27b, 2.1.3 'Perfusion Training'. This document outlines training standards for medical perfusionists and it states that trainees must become fully capable of assembling and operating other perfusion equipment including intra-aortic counter-pulsation, extracorporeal membrane oxygenation and ventricular assist devices. Dr Murray suggested this guideline be reworded as not all centres would call upon perfusionists perform all of these functions as not all centres use all equipment stated in the guideline.

The Chair felt that as a training and maintenance standard document, the document should present the ideal. As there are now a lot of devices on the market, trainees should become familiar with a range of equipment as well as the standard bypass. Devices such as ECMO and ventricular assist devices are now becoming common place in centres that perform cardiac surgery.

Drs McGeorge & Kluger suggested that the paragraph be reworded to include a line such as 'appropriate to the trainees institution'

Dr Murray joined the meeting at this point

Recommendation:

Dr McGeorge

Dr McGeorge proposed that the guideline be reworded to reflect Dr Alan Merry's original document 27b which states 'trainees must become fully capable of assembling perfusion equipment and operating it throughout the surgical procedure, and of other circulatory support techniques as needed (including into

elect counter pulsations, ECMO, Ventricular assist devices). This capability must be testified by two designated supervisors of established credentials'

Carried

The executive agreed that guideline PS27b, 2.1.3 should be reworded to reflect Allan Merry's original document.

Dr Kluger left the meeting at this point

The Chair proposed that once these changes have been made that the Guidelines be submitted to council.

Dr McGeorge disagreed and suggested that in document PS27b 2.2 maintenance of skills, the numbers of cases need to be increased, as 12 cases is too low.

The Chair noted that previous attempts to increase this number have not been successful, as there are a number of medical perfusionists that couldn't achieve an increased number of cases, because of obstruction by clinical perfusionists.

Dr Canty left the meeting at this point

Recommendation:

Chair

The Chair proposed that with Dr McGeorge's objection noted, that the guidelines be submitted to council with the aforementioned amendment of PS27b, 2.1.3.

Carried with the objection of Dr McGeorge noted.

4. Future Meetings

4.1. Venue for next CVPSIG meeting.

Recommendation:

Chair

The Chair proposed that the 2009 sig conference be held at the Sheraton Noosa from the 4th to the 7th June.

Carried

Kate Briggs to check there are no conflicting events and book the venue.

4.2. Ideas for topics / speakers for the 2009 conference

The Chair advised that Dr Daly has agreed to organise the ECHO workshop.

Dr McGeorge suggested adult congenital cardiac as a topic for the meeting.

Dr Daly noted he thinks this would be an excellent idea for a session with a view to having three sessions in a row with three separate speakers talking on anatomy, anaesthesia for non cardiac surgery, and an ECHO roadmap view.

The Chair noted other suggestions for topics he had received were circulatory arrest, cerebral protection, antegrade and retrograde cerebral perfusion and current best practice.

The Chair suggested Dr David Reich as a potential international speaker and suggested he could possibly talk on ECHO and cerebral protection.

Drs Leyden and Fanshawe agreed that David Reich would be a good speaker as he could talk on a diverse range of topics.

The Chair suggested Dr Dennis Mangano as another international speaker. And suggested possible topics could include drugs, beta blockers, poise trial.

The executive had reservations about Dr Mangano as a speaker for this conference.

Dr Fanshawe left the meeting at the point

Dr McGeorge suggested that we have a number of excellent candidates locally including David Scott, Roman Kluger and Paul Myles and suggested an ECMO/VAD session with a possible speaker being Dr Giles Peak.

The Chair suggested this could be incorporated into the perfusion session

Dr Daly suggested percutaneous aortic valve replacement as a potential topic. In the latest anaesthesiology journal a paper was published on utilising step down wards in fast track cardiac anaesthesia and he thought this could have potential as a topic.

The Chair advised Dr Leyden had suggested a talk on cardiac anaesthesia in the cath lab/ep lab and carotid stenting.

Dr Leyden suggested with so much to cover in this topic it would work better as a mini symposium as it would be hard to fit into a single session.

The Chair suggested a vascular surgeon to talk about carotid endarterectomy Vs carotid stenting.

The committee agreed this was a good idea for a topic.

Chair suggested management of pulmonary hypotension as a topic.

Dr Daly agreed with this idea for a topic and suggested possible speakers Mark Buckland, Andrew Silvers and Paul Myles.

The Chair advised Chris Cokis had suggested a session on crisis anaesthesia, possibly during perfusion, pump accidents or just general anaesthesia crises during cardio thoracic surgery

The Chair suggested heparin alternatives particularly bivalirudin as a possible topic.

The committee agreed this is a good idea for a topic. Dr Daly was identified as a potential speaker for this topic.

5. General Business

With no further business the Chair thanked all for attending and closed the meeting.

6. Date of next meeting

A meeting of the executive to discuss topics/speakers for next year's conference was scheduled for six weeks time. Date/time to be advised.

Ross Wallace
Chair