

WORKSHOPS

Workshops vary in their cost, duration, maximum participants and location. Details appear at the start of each workshop description.

The correct ticket is required for entry to all workshops. Where workshops are repeated, your ticket will only allow you entry to the specified session and is not transferable to other sessions of the same workshop.

Only one workshop will be allocated per delegate up to the early bird closing date.

Workshops are allocated on a 'first-come, first-served' basis and the availability of workshops is subject to demand. After the early bird closing date, all delegates will be notified of the available workshops by email. Delegates can edit their registration booking online and select a further workshop. Please note, the selection of a second workshop after the early bird date will only be available online.

Saturday 21 September

W1 -T | Train the trainer for FCU TOE

| | |
|--------------------------|---|
| Date / Time | Saturday 21/09/19 1315-1330 |
| Location | Room C2.4 |
| Cost | \$150 |
| Facilitators | A/Prof. David Canty Dr Nathan Peters |
| No. of workshops | 1 |
| Max. per workshop | 3 |

The FCU Simulation Education system is a highly efficient and being used at hospitals and universities in Australia and North America. The train the trainer course includes the participant and instructor eLearning required to conduct and administer the course. The knowledge base is delivered by comprehensive and interactive on-line eLearning (approx. 20 hours) that includes detailed information on how to set up the program at your institution. Practical skills are delivered by observing the instructors run the delegates through a supervised workshop of initial practice in image acquisition followed by realistic simulated scenario and pathology drills.

Format: Attend 15 minutes early for simulator orientation (ie. during lunch break), observe the subsequent workshop (2 x 1.5 hour sessions with a 30 minute coffee break), then attend a 15 minute debrief. There will be some opportunity to practice with the simulators.

Accredited for CME (ANZCA, CICM, ACEM, RACGP and ASUM).

W1 | Focused cardiac ultrasound transoesophageal echocardiography (FCU TOE)

| | |
|--------------------------|---|
| Date / Time | Saturday 21/09/19 1330-1700 |
| Location | Room C2.4 |
| Cost | \$250 |
| Facilitators | A/Prof. David Canty Dr Nathan Peters |
| No. of workshops | 1 (Full Day) |
| Max. per workshop | 15 |

The FCU TOE course is designed to develop the basic proficiency in TOE that will allow participants to rapidly diagnose the cause of haemodynamic instability and begin using echocardiography to enhance their clinical

evaluation in anaesthesia and critical care practice. The innovative course has been modified from the popular course from University of Melbourne and uses the high-fidelity CAE Vimedix Ultrasound simulators to teach practical image acquisition and interpretation of realistic pathology cases clinically relevant to anaesthesia and critical care. The knowledge base is delivered by comprehensive and interactive on-line eLearning (approx. 15-20 hours) and the practical skills are delivered by a supervised workshop of initial practice in image acquisition followed by realistic simulated scenario and pathology drills (2x 1.5hr sessions, 30min break). *Accredited for CME (ANZCA, CICM, ACEM, RACGP and ASUM).*

W2 | Regional anaesthesia: basic upper limb

| | |
|--------------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1330-1500 |
| Location | Room C3.2 |
| Cost | \$110 |
| Lead Facilitator | Dr Neil Vanza |
| No. of workshops | 1 |
| Max. per workshop | 16 |

Regional anaesthesia experts will facilitate a hands-on learning experience with four basic upper limb block techniques: Interscalene, Supraclavicular, Infraclavicular and Axillary. Relevant anatomy, ergonomics, tips and pitfalls will be covered. Group numbers will be limited to four participants to allow adequate scanning time, and flexibility to meet needs of individual participants.

W3 | W6 Adult advanced life support 1 & 2

| | |
|--------------------------|---|
| Date / Time | Saturday 21/09/19 W3 1330-1500 W6 1530-1700 |
| Location | Room C3.3 |
| Cost | \$100 |
| Lead Facilitator | Dr Adam Osomanski |
| No. of workshops | 2 |
| Max. per workshop | 12 |

In this workshop participants will move through a series of practical ALS scenarios and focussed discussions with emphasis on addressing reversible causes of cardiac arrest in peri-operative situations.

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W4 | Paediatric Resuscitation refresher

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|--------------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1330-1500 |
| Location | C3.6 |
| Cost | \$100 |
| Lead Facilitator | Dr Monika Kenig |
| No. of workshops | 1 |
| Max. per workshop | 20 |

This is a hands on paediatric resuscitation workshop for the occasional paediatric anaesthetist.

You will have the opportunity to revise and practise performing basic and advanced life support in a child, manage the paediatric airway, obtain vascular access using an IO drill and perform safe defibrillation.

W5 | Regional anaesthesia: advanced upper/lower limb

| | |
|-------------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1530-1700 |
| Location | Room C3.2 |
| Cost | \$110 |
| Lead Facilitator | Dr Nick Maytom |
| No. of workshops | 1 |
| Max per workshop | 16 |

Regional anaesthesia experts will facilitate a hands-on learning experience with four advanced upper body block techniques: Neck Scanning, Suprascapular/Axillary, Forearm and Ankle. Relevant anatomy, ergonomics, tips and pitfalls will be covered. Group numbers will be limited to four participants to allow adequate scanning time, and flexibility to meet needs of individual participants.

W7 | Neonatal resuscitation for the occasional neonatal resuscitator

| | |
|--------------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1530-1700 |
| Location | Room C3.6 |
| Cost | \$100 |
| Facilitators | Dr Sue Hale Dr Kate Hale |
| No. of workshops | 1 |
| Max. per workshop | 24 |

This workshop is for anaesthetists who are occasionally called upon to help with a newborn resuscitation whilst awaiting the arrival of the paediatric team.

The general aims are to alleviate some of the anxiety such a scenario can induce with the opportunity to learn some practical skills and a chance to gain familiarity with the equipment commonly used. Topics covered will include the newborn life support algorithm and newborn physiology with interactive airway, umbilical vein catheterisation, equipment and scenario stations.

W8 | Part 2 Exam boot camp

| | |
|--------------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1530-1700 |
| Location | Room E3.10 |
| Cost | \$25 |
| Facilitator | Dr Vida Viliunas |
| No. of workshops | 1 |
| Max. per workshop | No Limit |

Preparation for the final exam represents an enormous investment by candidates at many levels. This workshop aims to dispel myths about the final exam and provide helpful strategies to maximise performance for the exam. Candidates and consultants interested in maximising exam performance should come!

Aims: This workshop aims to improve the performance of candidates for the final exam.

Mode: Presentation and Panel discussion - current and past examiners and candidates.

Sunday 22 September

W9 | W15 | W21 | W25 CICO Can't intubate can't oxygenate

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|--------------------------|--|
| Date / Time | Sunday 22/09/19 W9 0830-1000 W15 1045-1215 W20 1330-1500 W25 1530-1700 |
| Location | Room C3.6 |
| Cost | \$175 |
| Lead Facilitator | Dr Laurence Boss |
| No. of workshops | 4 |
| Max. per workshop | 20 |

Aim: To offer participants the opportunity to practice the skills required to perform front of neck access (FONA) during a can't intubate, can't oxygenate (CICO) situation. This workshop also offers participants the opportunity to execute their preferred technique in a simulated scenario to help unpick the non-technical skills required during a CICO situation

Learning objectives: by the end of this session, participants will have:

- Discussed the specific equipment and procedures relevant to the two most common front of neck access techniques.
- Practiced techniques to obtain front of neck access.
- Prepared and executed their preferred front of neck access technique in a heightened emotional scenario.
- Understood why specific language and closed-loop communication is so vital in crisis situations.
- Analysed how emotion and stress will affect performance during this anaesthetic critical incident.

W10 | Neuromuscular function monitoring: a practical approach to meeting the new guidelines

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|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1045-1215 |
|--------------------|------------------------------|

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|--------------------------|----------------------------|
| Location | Room C2.4 |
| Cost | \$25 |
| Facilitator | A/Prof. Stephanie Phillips |
| No. of workshops | 1 |
| Max. per workshop | No Limit |

Does your practice comply with the new ANZCA guidelines on monitoring? PS 18; 6.7 states "Neuromuscular function monitoring, preferably quantitative, must be available for every patient in whom neuromuscular blockade has been induced and should be used whenever the anaesthetist is considering extubation following the use of non-depolarising neuromuscular blockade". Following a brief review of the physiology and the benefits of NMFM at induction, maintenance and extubation and a demonstration of the use of qualitative and quantitative monitors, participants will be able to practice using the equipment. By the end of the workshop you will be able to implement NMFM in a time neutral way into your practice.

W11 | Regional anaesthesia: basic lower limb/ trunk and neuraxial

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|--------------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1045-1215 |
| Location | Room C3.2 |
| Cost | \$110 |
| Lead Facilitator | Dr Andrew Landsown |
| No. of workshops | 1 |
| Max. per workshop | 16 |

Regional anaesthesia experts will facilitate a hands-on learning experience with four basic lower limb and trunk block techniques: Femoral/Saphenous, Sciatic, TAP/Rectus Sheath, and Epidural. Relevant anatomy, ergonomics, tips and pitfalls will be covered. The epidural workshop will include an cadaver-based model to facilitate learning of the loss of resistance technique. Group numbers will be limited to four participants to allow adequate scanning time, and flexibility to meet needs of individual participants.

W12 | W18 | W23 Adult advanced life support 3, 4 & 5

| | |
|--------------------------|--|
| Date / Time | Sunday 22/09/19 W12 1045-1215 W18 1330-1500 W23 1530-1700 |
| Location | Room C3.3 |
| Cost | \$100 |
| Lead Facilitator | Dr Adam Osomanski |
| No. of workshops | 3 |
| Max. per workshop | 12 |

In this workshop participants will move through a series of practical ALS scenarios and focussed discussions with emphasis on addressing reversible causes of cardiac arrest in peri-operative situations.

W13 | Transthoracic echocardiography - the essentials!

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|--------------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1045-1215 |
| Location | Room C3.4 |
| Cost | \$110 |
| Lead Facilitator | Dr Andrew Cluer |
| No. of workshops | 1 |
| Max. per workshop | 16 |

This hands on workshop will be of interest to anyone who is looking to utilise focused echocardiography in the perioperative setting. Transthoracic Echocardiography (TTE) can be complex and challenging therefore the aim of this workshop will be to present participants with a simplified and targeted approach suitable for the busy anaesthetist. The emphasis will be on obtaining basic views and identifying common and relevant conditions such as hypovolaemia, impaired systolic function, aortic stenosis and pericardial effusion. The workshop will incorporate a variety of methods including live patient scanning, high fidelity simulation as well as an introduction to handheld or 'pocket' TTE. Instruction will be provided by an experienced faculty of anaesthetists and echocardiographers all of whom are keen TTE educators. Join us for only 90 minutes and become an echo convert!

W14 | W20 Kids taught life support 1 & 2

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|--------------------------|---|
| Date / Time | Sunday 22/09/19 W14 1045-1215 W19 1330-1500 |
| Location | Room C3.5 |
| Cost | No Cost |
| Facilitator | RN Romy Ottens |
| No. of workshops | 2 |
| Max. per workshop | 16 |

This workshop is an opportunity for children and delegate partners to learn how to perform CPR at the national standard. Other elements such as defibrillation, choking, concussion, anaphylaxis and epilepsy are also covered. This is a hands-on visual learning experience using manikins to practice the fundamental techniques in a variety of emergency scenarios.

W16-T| Train the trainer for FCU Peri-arrest

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|--------------------------|---|
| Date / Time | Sunday 22 /09/19 1315-1330 |
| Location | Room C2.4 |
| Cost | \$150 |
| Facilitators | A/Prof. David Canty Dr Nathan Peters |
| No. of workshops | 1 |
| Max. per workshop | 3 |

This Train the trainer for FCU Peri-arrest is the same

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format as Train the Trainer FCU TOE. Format: Attend 15 minutes early for simulator orientation (ie. during lunch break), observe the subsequent workshop (2 x 1.5 hour sessions with a 30 minute coffee break), then attend a 15 minute debrief. There will be some opportunity to practice with the simulators. *Accredited for CME (ANZCA, CICM, ACEM, RACGP and ASUM).*

W16 | FCU Peri-Arrest Simulator Course

| | |
|--------------------------|---|
| Date / Time | Sunday 22/09/19 1330-1700 |
| Location | Room C2.4 |
| Cost | \$250 |
| Facilitators | A/Prof. David Canty Dr Nathan Peters |
| No. of workshops | 1 (Full Day) |
| Max. per workshop | 15 |

The FCU Peri-Arrest Simulator course is designed to develop the basic proficiency in bedside ultrasound diagnosis of cardiac arrest and profound shock using surface ultrasound of the heart, lungs and abdomen. The innovative course has been modified from the popular course from University of Melbourne and uses the high-fidelity CAE Vimedix Ultrasound simulators to teach practical image acquisition and interpretation of realistic pathology cases clinically relevant to anaesthesia and critical care. The knowledge base is delivered by comprehensive and interactive on-line eLearning (approx. 15-20 hours) and the practical skills are delivered by a supervised workshop of initial practice in image acquisition followed by realistic simulated scenario and pathology drills (2x 1.5 hr sessions, 30min break). *Accredited for CME (ANZCA, CICM, ACEM, RACGP and ASUM)*

W17 | Regional anaesthesia: advanced chest and trunk

| | |
|--------------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1330-1500 |
| Location | Room C3.2 |
| Cost | \$110 |
| Lead Facilitator | Dr Matthew Ho |
| No. of workshops | 1 |
| Max. per workshop | 16 |

Regional anaesthesia experts will facilitate a hands-on learning experience with four advanced chest and trunk block techniques: Paravertebral, Neuraxial ultrasound, PECS 1/II/Serratus, and Erector Spinae/Quadratus Lumborum. Relevant anatomy, ergonomics, tips and pitfalls will be covered. Group numbers will be limited to four participants to allow adequate scanning time, and flexibility to meet needs of individual participants.

W19 | Lung ultrasonography - the essentials

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|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1330-1500 |
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|--------------------------|--------------|
| Location | Room C3.4 |
| Cost | \$110 |
| Lead Facilitator | Dr Harry Lam |
| No. of workshops | 1 |
| Max. per workshop | 16 |

This hands on workshop will be of interest to anyone who is looking to utilise lung ultrasound in the perioperative setting. Lung ultrasound is relatively simple to learn and frequently adds valuable information to the clinical assessment of a surgical patient. In this workshop delegates will learn how identify pathologies such as pleural effusion, pulmonary oedema, pneumothorax and pulmonary consolidation. The workshop will incorporate a variety of approaches including live patient scanning, high fidelity lung ultrasound simulation as well as an introduction to handheld or 'pocket' ultrasound. Instruction will be provided by an experienced faculty of anaesthetists and sonographers all of whom are keen ultrasound educators. Join us for only 90 minutes and start using lung ultrasound in your clinical practice!

W22 | Taking on TIVA

| | |
|--------------------------|---|
| Date / Time | Sunday 22/09/19 1530-1700 |
| Location | Room C3.2 |
| Cost | \$25 |
| Facilitators | Prof. Michael Irwin A/Prof Gordon Wong |
| No. of workshops | 1 |
| Max. per workshop | 30 |

This practical workshop aims will help novices to occasional TIVA practitioners bridge the gap from theoretical knowledge to everyday practice.

Objectives:

- Acquire the minimum baseline theoretical and practical knowledge to safely conduct propofol based TIVA using TCI in elective surgical patients.
- Appropriate use of opioid analgesic infusions (focus on remifentanyl with TCI and manual techniques) and adjuvant drugs.
- Recognise common misconceptions, pitfalls and troubleshooting in TIVA use.

W24 | Peri-operative point of care ultrasound (POCUS)

| | |
|--------------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1530-1700 |
| Location | Room C3.4 |
| Cost | \$110 |
| Lead Facilitator | Dr Nayana Vootakuru |
| No. of workshops | 1 |
| Max. per workshop | 15 |

This hands on workshop will be of interest to anyone who is looking to expand their POCUS skills. Participants will learn three quick and easy applications of ultrasound which can be used at the bedside by the busy

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anaesthetist.

- Gastric Ultrasound. Participants will be shown how to scan and assess the nature and volume of gastric contents. Fasted and un-fasted live models will be available.
- Airway Ultrasound. Participants will be shown how ultrasound can demarcate front of neck access in high risk patients. Scanning of live models with full specification machines and handheld devices will be possible.
- Ultrasound for Advanced Central Venous Access. This workshop will focus on imaging and safely accessing the subclavian and axillary veins. Use of basic colour and spectral Doppler will also be introduced.

Monday 23 September

W26 | 3D Transoesophageal echocardiography - part 1 & 2

| | |
|--------------------------|--|
| Date / Time | Monday 23/09/19 1045-1500 |
| Location | Room C2.4 |
| Cost | \$250 |
| Facilitators | A/Prof. David Canty Dr Bruce Cartwright |
| No. of workshops | 1 |
| Max. per workshop | 10 |

This course comprises lectures and live demonstrations of 3D echocardiography image acquisition and optimisation, as well as post processing and data set manipulation. In addition, hands on sessions providing fundamentals of 3D echocardiography quantification and its practical clinical utility will be provided. Moderator-directed quantitative analysis of actual cases and 3D echo data sets from perioperative and cardiac catheter lab arenas will be reviewed, enabling participants to have ample hands-on experience using the latest quantitative QLAB software on individual laptops.

The course is aimed at users wanting to acquire further training in 3D echocardiography imaging techniques and quantification of data sets. At the end of the course participants should be familiar with: Manipulating knobology to optimise 3D echo acquisition and display; Cropping and manipulating data sets; Quantifying LV Ejection fractions and Volumes; Navigating and manipulating data using the QLAB software; and creating and analysing semi-quantitative MV data sets (2x 1.5hr sessions, 30min break)

W27 | Modern techniques for lung protective ventilation

| | |
|-------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1045-1215 |
| Location | Room C3.3 |
| Cost | \$25 |
| Facilitator | Dr Paul Drakeford |
| No. of workshops | 1 |

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|--------------------------|----|
| Max. per workshop | 25 |
|--------------------------|----|

This workshop provides an understanding of the different ventilation modes that are available in modern workstations to provide lung protective ventilation. Part of the session will be hands-on with experienced colleagues (anaesthetist and intensivist) who understand the real world applications and are able to answer your clinical dilemmas.

W28 | Are we still OK-OK? A process communication model

| | |
|--------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C2.5 & C2.6 |
| Cost | \$25 |
| Facilitator | Dr Marion Andrew |
| No. of workshops | 1 |
| Max. per workshop | 20 |

This workshop is for delegates who have completed Process Communication Model Course (either just Seminar 1 or both Seminar 1 and 2) and would like to refresh their knowledge and skills in a practical workshop. Many anaesthetists have completed the training in Process Communication Model feedback and have found it useful not only in Professional but also personal life. Using the Process Communication Model skillset is a cognitive requires practice, which can sometimes be difficult in our busy working environment. In this workshop, we revisit model structure and dynamics in normal and stress conditions; exercises in matching communication with different personalities and discussion on practical problems in dealing with stress and distress. Workshop will be tailored to the needs of those attending.

W29 | Practical mindfulness - a human factor applied in modern safety science

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|--------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C3.2 |
| Cost | \$25 |
| Facilitator | Dr Lan-Hoa Le |
| No. of workshops | 1 |
| Max. per workshop | No Limit |

How does mindfulness practice reduce stress and burnout, aid in depression and anxiety disorders, and improve chronic illness?

How does mindfulness benefit the modern anaesthetist and patients, co-workers, hospital administrators well-being and costs?

When one is stressed, anxious or in pain, the mind may be agitated and disturbed. To be in a relationship to what you're experiencing, to abide it, and, learn to befriend it, that is where the healing or transformative result of the practice of mindfulness lies. It's possible to befriend one's fear rather than feeling stuck until the obstacle is shutdown. It's healing to realise if only for a moment here and there, that you can be in a wiser relationship with

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your interior experience than just being driven by liking or hating it. By learning skills to maintain inner resilience, one can maintain an open, compassionate, receptive place for patients while also taking care of themselves.

W30 | Perioperative neuromodulation with PBM (PhotoBioModulation)

| | |
|--------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C3.3 |
| Cost | \$25 |
| Facilitator | Dr Euahna Varigos |
| No. of workshops | 1 |
| Max. per workshop | No Limit |

This workshop will be of interest to anaesthetists looking to help patients pain management, opioid consumption and general recovery in the immediate peri-operative period. PBM (PhotoBioModulation) including laser acupuncture is a non-invasive non-drug modality that can be safely and easily incorporated as an adjunct to our multimodal and pharmaceutical regimes to help prepare and optimise patients prior to the assault of surgery.

A brief description of current basic mechanisms of action of PBM and of the neurophysiology of medical acupuncture with reference to the work of Dr Jacqueline Filshie, Specialist Anaesthetist UK will be included. The knowledge that our cells have photoreceptors will aid the understanding that with correct dose, wavelength and specific targeting of tissue areas, PBM can produce a variety of physiological effects and clinical changes. An advantage of PBM treatment is the low risk and few side effects that have been demonstrated in studies. PBM treatments prior to surgery can be individualised and titrated to the specific needs of patients i.e. stress, anxiety, PONV, chronic pain syndrome (including CRPS). PBM pretreatment and preconditioning at the surgical site has been observed to reduce pain, inflammation and swelling, prior to surgery and appears to optimise lymphatic function during the surgical inflammation injury. Case studies will help illustrate the above effects.

W31 | ROTEM in cardiac anaesthesia

| | |
|--------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C3.4 |
| Cost | \$25 |
| Facilitator | Dr Catherine Downs |
| No. of workshops | 1 |
| Max. per workshop | 36 |

This 90-minute small group workshop will begin with a 20-minute recap on the cardiac ROTEM algorithms used in Sydney and the Gold Coast and the logic behind them. The session will then be split into three small groups of approx 12 participants to complete three x 22 minute

activities. There will be an opportunity to run real-time samples, hands on, using a ROTEM machine at two of these stations. The participants will be invited to run a test, watch the thromboelastogram evolve, complete the traffic light escalation label and implement the algorithm. The third stations for all participants will be a spot diagnosis station with interactive quick cases to practice interpreting the results and implementing an action plan. This immersive session will ensure participants have a thorough understanding of the use of ROTEM in major cardiac haemorrhage and the confidence to use it when met with critically bleeding patient.

W32 | ROTEM in non-cardiac anaesthesia

| | |
|--------------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room C3.4 |
| Cost | \$25 |
| Facilitator | Dr Erin Chamberlen |
| No. of workshops | 1 |
| Max. per workshop | 36 |

This is a 90 minute small group workshop that will focus on ROTEM in obstetrics and non-cardiac surgery. It will commence with a 20 minute review of the general surgical and obstetric ROTEM algorithms used in Sydney and the logic behind each step. The session will then split into three groups of approximately 12 participants to rotate through three stations. At two stations participants will be provided with an opportunity to run a test using the ROTEM machine and use both the algorithm together a simple traffic light system to formulate a management plan. The third station will be interactive, case-based examples to practice interpreting results and implementing a management plan. This immersive session will ensure participants have a thorough understanding of the use of ROTEM in major haemorrhage and the confidence to use it when met with a critically bleeding patient.

W33 | W34 Nasendoscopy for Anaesthetists - on Anaesthetists

| | |
|--------------------------|---|
| Date / Time | Monday 23/09/19 W33 1045-1215 W34 1330-1500 |
| Location | Room E3.4 |
| Cost | \$110 |
| Facilitator | Dr Drew Heffernan |
| No. of workshops | 2 |
| Max. per workshop | 21 |

A hands-on session in navigating the upper airway, supervised by experienced teachers and an ENT surgeon. To attend this workshop, you must be willing to have this procedure done on yourself by your colleagues. It is unsuitable for anyone on anticoagulants or with a bleeding disorder.

WORKSHOPS DESIGNATED ANZCA ER COMPLY WITH THE REQUIREMENTS FOR ACTIVITIES IN THE EMERGENCY RESPONSE CATEGORY OF THE ANZCA STANDARD FOR CPD

SMALL GROUP DISCUSSIONS

All small group discussions cost \$25 each and have a maximum of 20 attendees per session. During the early bird registration period, each delegate may only choose one SGD. After early bird closes, all delegates will be notified of available sessions.

Saturday 21 September

SGD 1 | Endovascular clot retrieval for acute ischaemic stroke

| | |
|---------------------|---|
| Date / Time | Saturday 21/09/19 1330-1500 |
| Location | Room C3.4 |
| Facilitators | Dr Thanan Elalingam Dr Anthony Wan Dr Stephen Winters Dr Andrew Cheung |

Join us in an interactive session on this emerging procedure which has improved the lives of stroke patients. Through case-based discussions, we will explore anaesthetic issues pertinent to endovascular clot retrieval (ECR) through an evidence-based approach. We will also explore emerging and future trends. The neurointerventionists will also offer some insight from the proceduralist's perspective. This session is aimed both for anaesthetists encountering the occasional ECR after-hours, or for those who do these procedures regularly and would like an update on evidence-based practice.

SGD 2 | Lignocaine infusions and resetting the brain in the peri-operative period

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|--------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1330-1500 |
| Location | Room C3.5 |
| Facilitator | Dr Charlotte Johnstone |

Does it work?

The literature suggests modest benefits with the use of a lignocaine infusion and other analgesic techniques. For example, pain scores may be reduced by 1 point on a 10-point scale. Opiate consumption using a PCA is reduced post operatively by up to 7mg in 24 hours.

Is this clinically useful?

This change in analgesia and opiate consumption with IV Lignocaine is helpful in the context of surgery that requires significant doses of opiates. It is also useful to assist the analgesia for patients who are already requiring opiate analgesia before surgery. Another group of patients who obtain clinical benefit from IV or SC Lignocaine are those who, peri-operatively have become opiate tolerant. These patients may require a 48-hour infusion to assist with opiate withdrawal.

The uses and limitations of lignocaine infusions will be discussed in a small group using practical examples.

SGD 3 | Intracranial aneurysms

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|--------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1530-1700 |
| Location | Room C3.4 |
| Facilitator | Dr Thanan Elalingam |

This session examines the complexities and the multidisciplinary approach to the management of cerebral aneurysms. The session will be a case-based discussion of routine and complex cerebral aneurysm cases that are managed by open surgery and in radiology. A panel of experienced clinicians from neurosurgery, anaesthesia and interventional neuroradiology will support the discussion and offer clinical pearls from their practice.

SGD 4 | Acute pain crises in chronic pain patients – how can we get it right?

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|--------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1530-1700 |
| Location | Room C3.5 |
| Facilitator | Prof. Pam Macintyre |

Patients with chronic pain presenting with an acute pain crisis can challenge even the most experienced clinician. All too often, the patient may be admitted for treatment. In this small group discussion, considerations for effective management will be explored with the aim of initiating appropriate therapies while mitigating both short and long-term patient harm and addressing patient and staff expectations.

A case of a patient repeatedly presenting to hospital with acute abdominal pain, which the patient and her mother say is due to an acute flare-up of her chronic pancreatitis, will be used as an example. Other acute-on-chronic pain crises might include recurrent back pain or other acute abdominal pain presentations. Therefore, attendees are encouraged to bring other scenarios for discussion to the session.

Sunday 22 September

SGD 5 | Planning for retirement: developing a narrative

| | |
|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1045-1215 |
| Location | Room E3.10 |
| Facilitator | Dr David Murrell |

The sooner you start planning your retirement, the sooner you can retire! There are many aspects to consider apart from financial needs. Deciding when (and

SMALL GROUP DISCUSSIONS

why) you should retire, how you will occupy your time, how much income will be needed and where you will live in retirement are just some of the issues. However, everyone's mileage will vary – according to family needs, work interest as well as individual plans or goals. Financial plans should be directed at documenting existing living expenses, anticipating ongoing needs, maximizing superannuation and investment opportunities and getting sound financial advice. Also consider hobbies and other interests, volunteering, overseas aid, family and travel, as well as other business opportunities. There are also many practical, work-related considerations: run-off insurance cover, on-going medical registration and private practice considerations. This session will consider all of these aspects with examples and discussion, hopefully to help you develop your own narrative as retirement approaches.

SGD 6 | ECG interpretation and device management

| | |
|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1330-1500 |
| Location | Room E3.10 |
| Facilitator | Dr Michael Wong |

Rapid progress in cardiac device technology in recent years and the ever increasing number of device implants raises frequent clinical management issues in the perioperative environment given the complexity of this technology. The purpose of this session is to provide an update on the fundamental principles for device management and cardiac arrhythmia recognition/management in the perioperative setting.

SGD 7 | Anaesthesia for EP and interventional cardiology procedures

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|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1530-1700 |
| Location | Room C3.5 |
| Facilitator | Dr Arpit Srivastava |

Anaesthetists are providing services in the Cardiac Catheter Laboratory for an expanding range of indications. Trans-catheter electro-physiological procedures emerged nearly 20 years ago. Today they are utilised for a broad range of arrhythmias, from atrial flutter and fibrillation and ventricular tachycardia ablation. More recently, interventional structural cardiology has emerged. Transcatheter closure of atrial septal defects, patent foramen ovale and left atrial appendages are now frequently performed. This SGD will hope to discuss the anaesthetic management of these interventional cardiology procedures. The session is not targeted at cardiac anaesthetists, however, they are most welcome to attend.

SGD 8 | Perioperative management of diabetes – what to do with tablets, insulin and pumps

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|--------------------|------------------------------|
| Date / Time | Sunday 22/09/19 1530-1700 |
| Location | Room E3.10 |
| Facilitator | Dr Ivan Kuo |

Treatment of diabetes has evolved significantly over the last decade which complicates perioperative management for these patients. For type 2 diabetes, several new drug classes have now become available, some of which require special precaution before and after major surgery. Gone are the days when we simply recommend halving patient's insulin doses the day before surgery, with new insulin preparations, some should be continued even in the fasting state. For type 1 diabetes, the use of insulin pumps and continuous glucose monitors have revolutionised glycaemic control but most doctors are not familiar with insulin pump operations let alone knowing what to do with it during the perioperative period. We will be addressing most of these issues in this small group discussion session.

Monday 23 September

SGD 9 | Paediatric PACU problems

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1045-1215 |
| Location | Room C3.4 |
| Facilitator | Dr Caroline Mann |

Dreading the evening phone call from PACU about a paediatric patient? Sweat at the sound of the emergency buzzer from PACU for a paediatric patient? This session will be useful for the occasional paediatric anaesthetist, or anyone looking after paediatric patients in PACU. This will be an interactive session covering common paediatric problems in the paediatric post operative recovery area. We will discuss common paediatric PACU issues, how to prevent them and pragmatic management using case studies and questions in an informal small group setting. Topics will include, but not be limited to airway emergencies, emergence agitation and pain in paediatric patients post anaesthesia.

SGD 10 | Management of common obstetric crises

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1045-1215 |
| Location | Room C3.5 |
| Facilitator | Dr Rob Marr |

Dr Marr has worked at seven tertiary obstetric centres between the UK and Australia, holding consultant positions at three of them, to develop significant subspecialty knowledge of obstetric anaesthesia and

SMALL GROUP DISCUSSIONS

analgesia. This session will review recent publications on the management of obstetric crises and discuss the evidence for the management of these situations. Various case examples will be discussed to illustrate and add debate to the issues. This is a small group session with an emphasis on the interactive discussion of these situations incorporating question and answer formats

SGD 11 | Management of the adult with congenital heart disease

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1045-1215 |
| Location | Room C3.6 |
| Facilitator | Dr Adam Eslick |

Adult patients with congenital heart disease now outnumber children, with the adult congenital heart disease population growing at 5% per year. As such, adults with congenital heart disease are increasingly presenting for non-cardiac surgery in a variety of clinical settings. This small group discussion will build up an approach to these patients undergoing non-cardiac surgery, ponder which patients should be referred to specialist centres and generate a toolkit for dealing with common emergencies. We will discuss real-world cases: it would be terrific for participants to bring along their own cases and experiences.

SGD 12 | Return to anaesthesia practice after a period of leave

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|---------------------|------------------------------------|
| Date / Time | Monday 23/09/19 1045-1215 |
| Location | Room E3.10 |
| Facilitators | Dr Kara Allen Dr Janette Wright |

Minimal research has been done into how time away from the operating theatre affects our craft group. Delivering safe anaesthesia involves a large number of technical and psychomotor skills, which are likely to deteriorate with lack of practice, a "use it or lose it" scenario. Meeting the need for retraining and familiarisation of the anaesthetist who is returning to work is complex and individual, and benefits not only the individual, but the whole craft group.

This workshop is an opportunity to discuss these issues plus a variety of solutions with two anaesthetists who are actively involved in helping anaesthetists return to work with the development of a course called CRASH which aims to increase confidence and decrease anxiety in those returning to work.

SGD 13 | Anticoagulation and blocks - when is it safe?

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C3.5 |
| Facilitator | Dr Kellie Brick |

This session will explore the issue of anticoagulation, including NOAC's, in patients who may benefit from regional analgesia. With reference to up to date guidelines, we will use case examples to explore some of the challenges that may arise, and discuss a framework to approach cessation timing and decision making in these cases.

SGD 14 | Overseas aid: I've got halothane, no fibre optic or ultrasound. What am I doing here?

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room C3.6 |
| Facilitator | Dr Scott Fortey |

Providing anaesthesia safely tests your knowledge of equipment and alternative techniques as well as your assessment and emergency skills. Problem solving, flexibility, team collaboration, teaching, tolerance, diplomacy and politics are also required, often learned rapidly on the job. You may be on a surgical mission or providing services for whatever comes through the door or if you're lucky, both. Warzone, peace time or post natural disaster!

My experience is 20 trips with Interplast Australia and New Zealand providing anaesthesia for mostly reconstructive surgery across six Asia Pacific nations over a 19 year period. This includes the Aceh Tsunami in 2005 and anaesthetising rabbits and chickens with chloroform for microsurgery school in Bangladesh. I'm hoping to share experiences and collectively discuss what's important when choosing equipment that fits in your suitcase and techniques that match the problems you may need to solve.

SGD 15 | Getting published

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room C3.2 |
| Facilitator | A/Prof. John Loadman |

We will discuss some of the finer details that may just help you get your manuscript into print. The tips will apply not only to the manuscript itself, but also the research and planning that goes before. Stages in the process that will be addressed include planning

SMALL GROUP DISCUSSIONS

and conducting the research, writing and editing the manuscript, when and where to get help, the submission process, and responding to reviewers and editors.

SGD 16 | Little words big impact: hypnosis and communication in anaesthesia care

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room C3.3 |
| Facilitator | A/Prof. Allan Cyna |

Negative suggestions, more commonly known as nocebo communications, are frequent in clinical practice and can lead to subconscious, non-volitional patient responses in mood, perception or behaviour. Suggestibility increases when patients are highly anxious, distressed or in pain. It also is higher in the obstetric and paediatric population. Negative words such as pain, vomit and panic should be avoided where possible unless the patient mentions them first. A learnable framework for effective hypnotic clinical communication has been developed to assist patient care during potentially painful procedures. This language structure includes: Listening; Acceptance; Utilisation; Reframing and Suggestion (LAURS). This SGD will also include learning how the 'believed in imagination technique' can be used for hypnotic analgesia and anaesthesia. Teaching patients the steeple self-hypnosis technique for managing pain and other hypnotic strategies in acute and chronic pain management such as the use of ideomotors and switch wire imagery will be discussed and practiced.

SGD 17 | Post-dural puncture headache: what's the current evidence

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room C3.5 |
| Facilitator | Dr Catherine Traill |

You have a patient who develops the dreaded obstetric anaesthetic complication of PDPH. How do you go about managing it and what do you tell the patient? In this session we will briefly review strategies for prevention of PDPH post dural tap, and discuss the current evidence for managing this complication - i.e. what works (if anything), including epidural blood patch. We will also discuss techniques and strategies to get the most out of your epidural blood patch.

SGD 18 | Negotiating with hospital management

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room C3.6 |
| Facilitator | Dr Antonio Grossi |

Negotiation skills are employed frequently in our personal and professional lives yet we often receive little formal training in this area. There is an art to negotiation in addition to theory and tools that can be taught. As advocates for high quality patient care, sustainable use of limited healthcare resources and improving the industrial and working conditions for anaesthetists, it is often necessary to negotiate with hospital management. Through a selected few interactive hypothetical scenarios, this group discussion will explore the key elements of successful negotiation. By being prepared, using your imagination to create innovative solutions and collaborating with stakeholders you will be able to improve your value proposition.

SGD 19 | #anaesthesia: using social media in medical education

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|--------------------|------------------------------|
| Date / Time | Monday 23/09/19 1530-1700 |
| Location | Room E3.10 |
| Facilitator | Dr Scott Ma |

The use of social media has changed how individuals receive information, from current affairs to medical information. In the age of instant access (and gratification), we are overwhelmed by information and it can be difficult to navigate and separate the wheat from the chaff. In this session, we will cover the use of social media in medical education, with a focus on Twitter, and communication with anaesthesiologists from around the globe.

Tuesday 24 September

SGD 20 | TIVA in children demystified - reducing delirium, nausea and general unhappiness in paediatric anaesthesia

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|--------------------|-------------------------------|
| Date / Time | Tuesday 24/09/19 0830-1000 |
| Location | Room C2.2 |
| Facilitator | Dr Justin Skowno |

Total intravenous anaesthesia is routine in adult practice, but is still seen in Australia as a somewhat fringe technique in paediatric anaesthesia. Why this is so completely escapes me, as the benefits are legion, the downsides few, and your patients and recovery nurses will thank you for it. Come along to have paediatric TIVA demystified, you greenhouse gas emissions reduced, and your adult TIVA skills re-enabled in the land of paediatrics.

ASA Art Exhibition

Call for professional and amateur artwork!

We welcome submissions from all delegates in any medium they choose

DEADLINE FOR SUBMISSIONS
26 JULY 2019

For more information contact:
drobertson@asa.org.au or
ewertheim@asa.org.au

SMALL GROUP DISCUSSIONS

SGD 21 | Perioperative management of the morbidly obese

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|-------------|-------------------------------|
| Date / Time | Tuesday 24/09/19 0830-1000 |
| Location | Room C2.3 |
| Facilitator | Dr Nicholas Litzow |

Obesity is a multisystem disorder associated with considerable surgical and anaesthetic risk. This small group session will explore some of the issues surrounding the perioperative management of the morbidly obese using case studies as a prompt for discussion.

The conversation will begin with a review of the physiological changes associated with this condition, especially regarding the respiratory, cardiovascular and gastrointestinal systems. Associated co-morbidities will be noted and particular attention will be paid to the assessment and management of obstructive sleep apnoea and obesity hypoventilation syndrome. Pharmacological implications of obesity on the selection and dosing of anaesthetic drugs will also be discussed.

PRACTICE EVALUATION & AUDIT SESSIONS

Saturday 21 September

PE&A 1 | Practice evaluation/case discussions - interesting airway cases

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|------------------|--------------------------------|
| Date / Time | Saturday 21/09/19 1330-1500 |
| Location | Room E3.10 |
| Facilitator | Dr Don Perera |
| Cost | \$25 |
| Max. per session | 20 |

5P Mantra - Proper Planning Prevents Poor Performance
This session will aim to cover some interesting airway cases and look at options for managing the challenging airway. The participants are strongly encouraged to come prepared with cases to discuss during this session in order to fulfil CPD requirements.

Tuesday 24 September

PE&A 3 | Perioperative management of paediatric OSA

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|------------------|-------------------------------|
| Date / Time | Tuesday 24/09/19 0830-1000 |
| Location | Room C2.5 & C2.6 |
| Facilitator | Dr David Kinchington |
| Cost | \$25 |
| Max. per session | 20 |

You have a four-year-old child for adenotonsillectomy on your routine ENT list. The "Request for Admission" says the indication for surgery is "Clinical OSA: for TsAs". What does this mean for your perioperative Anaesthetic care. This session aims to share the group's wisdom to hopefully reassure ourselves regarding the Rumsfeldesque known and unknown unknowns as well as hopefully converting some of these unknowns to known. Specifically we will review issues of patient risk factors, clinical diagnosis of OSA, some philosophical dilemmas (do you change your usual Anaesthetic when you see an OSA patient?), risk factors for post operative sequelae, principles of anaesthetic management (there are many roads that lead to Rome), analgesia both intraoperative and post-operative (discussion will include but not be limited to opioids, clonidine, dexamethasone, paracetamol, ibuprofen) and finally post-operative ward placement and monitoring.

PE&A 4 | Clinical Practice Audit: post-operative nausea and vomiting

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|------------------|-------------------------------|
| Date / Time | Tuesday 24/09/19 1045-1215 |
| Location | Room C2.5 & C2.6 |
| Lead Facilitator | Dr David Elliott |
| Cost | \$25 |
| Max. per session | No Limit |

Post-operative nausea and vomiting is one of the most common complications of anaesthesia. It is also one of the greatest concerns that patients have in the lead up to surgery, especially for those people who have previously experienced PONV. Once you register for the NSC and sign up for this audit, you will be sent details of how to enter the details of 20 consecutive patients who are under your care between 15 July to 15 September 2019. Data collection will include the type of anaesthetic administered, analgesic regime, PONV prophylaxis administered and then outcome data concerning the incidence and severity of PONV. The data from all entries will be de-identified and presented as part of the audit feedback session (PE & A 4) on the final morning of the NSC. Each participant will be supplied with a summary of their own data, analysed and benchmarked against accepted international guidelines for the prevention of PONV. Providing each registrant participates in submitting data and attending the audit feedback session, it is anticipated the activity will comply with the ANZCA CPD requirements for Clinical audit in the Practice Evaluation category.

Monday 23 September

PE&A 2 | How to use WebAIRS for incident reporting, audit and learning from outcomes

| | |
|------------------|------------------------------|
| Date / Time | Monday 23/09/19 1330-1500 |
| Location | Room E3.10 |
| Lead Facilitator | Dr Martin Culwick |
| Cost | \$25 |
| Max. per session | 20 |

This workshop will utilise case scenarios based on de-identified cases reported to webAIRS. The case discussions will involve active participation by the delegates, using a modified root cause analysis tool. This tool also incorporates a methodology to assist with future improvements to healthcare. The session will include how to report incidents, which incidents to report, using webAIRS at your local Morbidity and Mortality meetings and the webAIRS case analysis & discussion process. The webAIRS incident reporting program can be used to facilitate the requirements for the practice evaluation category of continuing professional development (CPD) programs in Australia and New Zealand.

Participants in the ANZCA CPD program may claim this workshop in the practice evaluation category under case discussions or incident reporting (2 credits per hour). A webAIRS USB containing documents and tools used during the workshop is included with attendance at this workshop.

Save the date

TRAUMA/ACCUTE SIG SATELLITE MEETING "THE BIG PICTURE"

Friday September 20, 2019
International Convention Centre (ICC), Sydney

For further information, please contact:
Majella Coco events@anzca.edu.au

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