



10th North West Anaesthetic Refresher Course

Dear Colleagues,

This is the 10th anniversary of our Northwest Refresher course, which started as an outreach programme to anaesthetic providers in the Northwest province. It has also been a wonderful opportunity for the Department of Anaesthesia at Chris Hani Baragwanath Academic Hospital to share our knowledge and expertise. We have grown from a 60-delegate refresher in Rustenburg in 2002, to the current event, with over 300 attendees. We have outgrown many venues in the North West as a result of the wonderful support we have received over the years. We trust this will continue, and we thank all of our colleagues, both Anaesthetic and the Trade, some of whom have attended all 10 courses.

We trust you will enjoy the programme offered at this year's course.

Prof Christina Lundgren
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Do our patients receive safe anaesthetic care?

The various Laws and Acts that govern our anaesthetic practice dictate that our patients have rights and that we also have certain rights. However, with rights come responsibilities, and our responsibilities include obtaining proper informed consent and then administering safe anaesthesia to our patients.

The current concern in anaesthetic circles in South Africa is "are we achieving this?" Are our patients receiving safe anaesthetics?

We currently have no measure of this, apart from mortality studies from academic centres, and the Saving Mothers reports. Our major indemnity insurer, the Medical Protection Society, has interesting statistics on settled anaesthesia claims in our country for 2012.

- 85% of claims were general anaesthetics, with the balance arising from epidurals, brachial blocks and intercostal blocks.
- 60% of the anaesthetic claims were for dental damage, and the balance were from other anaesthetic complications such as hypoxic brain damage, falls from the theatre table, various anaesthetic complications (paraplegia for example) and death.
- A few claims were settled because of inadequate consent for surgery and anaesthesia.
- Payouts ranged from tens of thousands, to millions.

Clearly we are not performing as best as we can, with consequent disservice to our patients.

My own recent medicolegal experience highlights certain areas where many common complications occur:

- The recovery Room: complications have been

predominantly airway related, with hypotension occurring less frequently. Many of the airway complications have gone unnoticed, and the patients have been resuscitated, but have died of severe hypoxic brain damage days later. This applies to both adults and children.

- Another area of concern is the phenomenon of not measuring nor monitoring blood pressure in children. This has occurred preoperatively in hospital wards, intraoperatively by anaesthetists, and postoperatively in recovery rooms and hospital wards. These cases have also had devastating outcomes.
- Obstetric anaesthesia is usually conducted in relatively healthy patients, and is also a field of anaesthesia where complications can occur rapidly and be catastrophic. Common complications are cardiovascular collapse without an adequate cause being found and therefore treated inadequately, as well as obstetric haemorrhage, which is often very badly managed.

The 2012 revision of the South African Society of Anaesthesiologists Practice Guidelines covers most of these areas of concern, particularly the recovery room, which is often the Achilles heel of our theatre complexes, particularly in the private sector. I urge all readers to visit the SASA website (www.sasaweb.com, Guidelines), download them and implement them in your anaesthetic practices, wherever they are.

Christina Lundgren