



Society for Ambulatory Anesthesia

Ambulatory AnesthesiaSM

PRESIDENT'S MESSAGE

Let's Take Time to Reflect, Regroup and Move Forward!

By Rebecca S. Twersky, M.D.
SAMBA President
Brooklyn, New York

I remember reading that noted pianist Arthur Rubinstein was once asked by an ardent admirer, "How do you handle the notes as well as you do?" Rubinstein replied, "I handle the notes no better than many others, but the pauses — ah! that is where the art resides."

In our fast-paced lives, the key to our success is for us to make time for those pauses; reflect on those moments that provide us with a special strength that enable us to regroup and move forward. The year is 1999 and SAMBA is 14-years-old. Those of you with teenagers are familiar with the challenges facing 14-year-olds and the special care that you need to take! The special care I have taken include those pauses that allow me to reflect on SAMBA's progress. It is very gratifying to see how we are aligning SAMBA's progress with its mission. Two events are worth mentioning: international activity and research.

I had the privilege of attending the Australasian Day Surgery Conference in Sydney, Australia, this past November. Close to 1,000 persons attended the conference and listened enthusiastically to the lectures, anxious to learn from our lessons in ambulatory surgery, interested in gleaning information from the United States, and educating themselves and their government about all aspects of ambulatory surgery and anesthesia.

Several attendees expressed an interest in SAMBA, and we hope that our international membership will grow.

The use of our Web site <www.sambahq.org> is expanding daily and will serve as a strong link to our international members. Our clinical care committees now have organized Web site discussions and the schedule of those topics is listed in this issue of the newsletter (page 4). Special thanks to J. Lance Lichtor, M.D., Chicago, Illinois, for continuing to service the Web site and for expanding the features available through our homepage. We anticipate that SAMBA's Internet activities will benefit not only the international members, who may find it difficult to attend our educational programs, but all of our members will now have the ability for continual networking with the experts in office-based anesthesia, pre-operative screening clinics, freestanding surgical center practice management and other related ambulatory anesthesia topics.

The other development this year is ready to be launched! SAMBA is committed to funding a major outcome study that will have significant impact on the practice of ambulatory surgery and anesthesia. Meaningful research in ambulatory surgery and anesthesia needs to shift toward outcomes- and evidenced-based practice. We are all guilty of perpetuating anecdotes; too often anecdotal evidence serves as the benchmark for clinical practice. SAMBA, by preparing to fund an outcome study of up to \$100,000, is announcing that we recognize the importance of well-conducted research and its impact on all practicing anesthesiologists. This is a departure from the Young Investigator grants that SAMBA awarded in past years. The magnitude of this grant is greater, and the focus on



Rebecca S. Twersky, M.D.

outcomes- and evidenced-based practice is timely and one for which SAMBA is ready to extend itself. The request for proposal (RFP) will be announced at the end of January. The RFP outlines the requirements, funding and structure to be followed. All inquiries should be directed through the SAMBA Office to Patricia A. Kapur, M.D., Chair, Committee on Research, who together with the committee is spearheading this prodigious project.

These two activities came about by regrouping and thinking about the future direction of SAMBA. We now see how pauses can have great benefit. Pauses should not be used solely to concentrate on what we have been doing in the past; rather, they should be used as a "time-out" to stimulate creative ideas and to move forward. It works for SAMBA — why not try it ourselves? 

Let's Get Up and Running Again! Join the Race!

Florida is such a beautiful part of the United States and seems particularly so today when the temperature where I am writing this letter to you has been as high as 33 degrees.

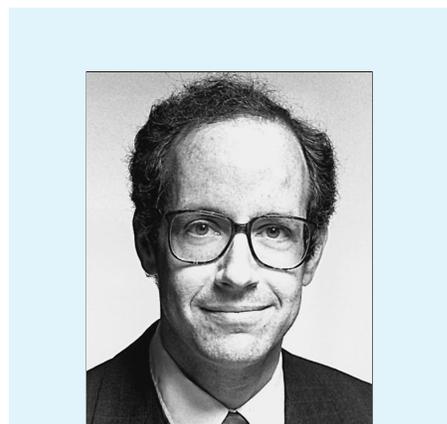
The American Society of Anesthesiologists (ASA) Annual Meeting held last October in Orlando, Florida, highlighted some of the changes that have taken place in ambulatory surgery, and within these pages, some of the discussions are summarized. In this same column last year, I wrote briefly about my experiences in the Chicago marathon. For that reason, I could not attend much of the ASA meeting. This year, the marathon took place one week before the ASA meeting. Unfortunately, I could not run anyway because I broke my right fifth metatarsal while running during the first week in August. I had to abstain from running for six weeks. During my recovery, I thought about how little I had appreciated the ability to run before my injury. Many of us are quite fortunate, yet we do not realize how lucky we are until we experience some kind of loss.

Although we practice health care amid decreasing amounts of reimbursement, we still manage to practice even better care than before. In this issue, Girish P. Joshi, M.D., Dallas,

Texas, summarizes a lecture given by our Society's president, Rebecca S. Twersky, M.D., Brooklyn, New York, concerning some of the advances that have been made to speed the recovery of ambulatory surgery patients (page 3). He also summarizes a lecture given by Marc E. Koch, M.D., New York, New York, who discussed techniques in office-based anesthesia.

The Society's Web site <www.sambahq.org> has undergone some changes since the last newsletter. The Society purchased a new computer to function as the server. In addition, an area designed exclusively for patients needing ambulatory surgery has been created. This page is unique among anesthesia home pages, in that it is the only one that allows patients to pose a question and receive a response via e-mail. These and other changes are described in an article that updates some of the site's new functions.

Michael F. Roizen, M.D., Chicago, Illinois, continues to share with SAMBA members parts of his new book, *RealAge: Are You As Young As You Can Be?*, which will be published by Cliff Street Books. As of this writing, there are five reviews of the book on amazon.com. We are fortunate to have another installment of his ideas



J. Lance Lichtor, M.D.

from the book in which he discusses the key to persistence (page 9). Finally, we continue our series of book reviews.

During the spring, we will move from the southeast to the northwest coast for the SAMBA 14th Annual Meeting. An application for the meeting is contained within this newsletter. Alternatively, you can register online. Even better, give the meeting brochure to a potential new member or point the potential member to our Web site.

J. Lance Lichtor, M.D.
Editor



CONTENTS

President's Message	1	International Association for Ambulatory Surgery	7
Editor's Page	2	ASA Annual Meeting Report - I	3
ASA Annual Meeting Report - II	3	Discount Subscription to <i>Ambulatory Surgery</i>	8
SAMBA Web Site Serves Both Members and Patients	4	What Difference Does Persistence Make	9
SAMBA 14th Annual Meeting	5	SAMBA New Members	10
Last Call for Abstracts and Residents' Travel Grants	7	Book Reviews	11
SAMBA Meeting Registration Form	centerfold		

Ambulatory Anesthesia is published quarterly in January, April, July and October by the Society for Ambulatory Anesthesia (SAMBA), 520 N. Northwest Highway, Park Ridge, IL 60068-2573; (847) 825-5586; samba@ASAhq.org. The information presented in Ambulatory Anesthesia has been obtained by the Committee on Publications. Validity of opinions presented, drug dosages, accuracy and completeness of content are not guaranteed by SAMBA.

Committee on Publications

Chair and Editor

J. Lance Lichtor, M.D.

Vice-Chair

Walter G. Maurer, M.D.

Nathan C. Berry, D.O.

Hernando DeSoto, M.D.

Adam F. Dorin, M.D.

Carmen R. Green, M.D.

Girish P. Joshi, M.D.

Melinda L. Mingus, M.D.

Phillip E. Scuderi, M.D.

Ian Smith, M.D.

Susan M. Steele, M.D.

Doris W.L. Tong, M.D.

Mary Ann Vann, M.D.

Mehernoor F. Watcha, M.D.

Recovery and Discharge of the Ambulatory Anesthesia Patient

Reported by Girish P. Joshi, M.D.
Associate Professor, Department of
Anesthesiology and Pain Management
University of Texas
Southwestern Medical Center
Dallas, Texas

Rebecca S. Twersky, M.D., Vice Chair for Research and Medical Director, Ambulatory Surgery Unit, State University of New York, Brooklyn, New York, discussed the care of patients following ambulatory surgery at the American Society of Anesthesiologists (ASA) Annual Meeting last October in Orlando, Florida.

The recovery process can be classified into three stages: *early or immediate recovery* as the patient emerges from anesthesia; *intermediate recovery* during which the patient achieves criteria for discharge home; and *late recovery* when the patient recovers completely from both anesthesia and surgery. Dr. Twersky emphasized that the key to safe and expeditious recovery of the ambulatory surgery patient is prudent and timely discharge utilizing established scoring systems.

The criteria for discharge from the postanesthesia care unit (PACU) and the ambulatory setting should be clinical-based, not time-based. The criteria for discharge should be based on individual ambulatory facility practice and modified according to changes in practice. It was suggested that the modified Aldrete criteria can be used for discharge from the PACU, and the postanesthesia discharge scoring system (PADSS) can be used to discharge the patient from an ambulatory facility.

Dr. Twersky discussed the two controversial criteria for home-readiness, namely oral intake and spontaneous voiding. The ability to tolerate oral fluids as a condition of discharge is being challenged, particularly in the pediatric population. It was also pointed out that insistence on drinking might in fact provoke continued nausea and vomiting. With respect to voiding before discharge, patients at low risk of urinary retention may be discharged with instructions to contact



Girish P. Joshi, M.D.

their physicians or nearest emergency room should urinary retention persist. When voiding is integral to recovery, patients may either be catheterized for a single attempt or discharged home with an indwelling catheter. It was emphasized that "home-ready" is not the same as "street-fit." Therefore, patients must be cautioned against performing functions that require complete recovery of cognitive ability. The key to the safe and effective discharge process is that each facility must clearly designate responsibility for patient discharge, and patients must be given clear instructions in the event of emergencies.

The concept of fast-tracking in ambulatory anesthesia was discussed. The use of shorter-acting anesthetic drugs titrated using the bispectral monitor allows early emergence. In addition, prophylactic analgesic and antiemetic therapy facilitate the fast-track process. Fast-tracking patients through the recovery process should not only improve efficiency and reduce health costs, but also improve patient satisfaction. The cost-effective anesthetic technique along with appropriate discharge criteria and flexibility (i.e., cross-training of nursing staff) is the key to successful fast-tracking in ambulatory anesthesia.

The common problems in the PACU also were discussed. It is necessary to identify patients at risk of postoperative pain and aggressively manage their

pain. Transitional analgesia should be initiated in the operating room. The use of multimodal analgesia techniques was emphasized. Patients complaining of pain in the PACU should receive intravenous fentanyl. After discharge from the ambulatory facility, patients should be encouraged to take analgesic medications, usually oral opioid-nonopioid combinations, on a regular basis rather than on an "as needed" basis. The need for prevention of PONV was emphasized. Prophylactic antiemetic administration with multimodal therapy in high-risk patients was encouraged.

Finally, Dr. Twersky discussed outcome criteria such as frequency of side effects, unanticipated hospital admission rate, return to hospital rate, resumption to daily activities and patient satisfaction. She suggested that ambulatory surgery facilities should have some mechanism in place to review these outcomes. SUM

The Society for Ambulatory Anesthesia acknowledges the following corporations in appreciation of their support of the Society's educational activities

Grand Patron Sponsors

Abbott Laboratories
Aspect Medical Systems, Inc.
Baxter Healthcare Corporation
Glaxo Wellcome Inc.
Ohmeda, Inc.
Roche Laboratories
Zeneca Pharmaceuticals

Sustaining Sponsors

Janssen Pharmaceutica
Organon, Inc.

Sponsors

Astra Pharmaceuticals
Gensia Automedics, Inc.
Jones Medical Industries
North American Dräger
Preferred Physicians Medical Risk
Retention Group, Inc.

Donors

Ambulatory Anesthesia Research
Foundation

By J. Lance Lichtor, M.D.
Newsletter Editor and
SAMBA Webmaster

Changes have been made recently to the SAMBA Web site <www.sambahq.org> to make it better to serve not only the members of our Society, but also patients.

Patient Information Area

The Patient Information Area within the SAMBA Web site provides answers to questions from patients who have the option of having a procedure performed in an office or ambulatory surgery center. This area is designed to inform patients about the importance of anesthesiologists in the care of ambulatory surgery patients, to provide demographic information about ambulatory surgery, to emphasize the safety of the experience and to answer frequently asked questions.

This page also is designed for patients to ask specific questions to be answered by different SAMBA members (primarily either members of the Committee on Communications or the Board of Directors). Within one week of this page's existence and without advertising, patients began to request information. Some of the first requests included the following:

- A patient very sensitive to pain, who needed dental surgery, wanted help in finding someone who might initiate anesthesia without an IV.
- Another patient who did not realize she was pregnant wondered about the effects of the drugs used during anesthesia on the fetus.
- A third patient wondered how increased age affected the metabolism of anesthetics.
- A patient who had a heart murmur wondered why antibiotics had to be used for her surgery.
- Finally, a patient who took a long time to awaken after one anesthetic and had a cardiac arrest after another wondered if he had an allergy to anesthetics.

Members of SAMBA who have the expertise to answer patients' general

questions may be contacted to help with future inquiries. Any ideas you have to make the page even more valuable for our patients will be appreciated.

Job Database

Gaswork.com may be the most popular database for the anesthesia community. The SAMBA job database, however, prides itself on accuracy. We have the only job database that contacts the individual who entered the posting to make certain that the information is accurate. We do get quite a bit of traffic. Even if you have posted your job on the gaswork.com site, consider also posting your job at our site. Of course, we are oriented more toward ambulatory anesthesia positions.

Chat Room

In December, the Committee for Office-Based Anesthesia began using the chat room for discussions. Each discussion is scheduled to run for approximately 30 minutes on the first Sunday of the month at 8:00 p.m. EST. Moderators and topics for future months are:

- January — Christopher L. Mina, M.D., "Nuts and Bolts: Getting Started";
- February — Harvey Plosker, M.D., "Regional Anesthesia";
- March — DeAnn W. Isackson, D.D.S., "Pediatric Dental Anesthesia";
- April — Marc E. Koch, M.D., "Accreditation."

Discussion Area

Discussion may be general or pertaining to the literature. Beginning in January, the general discussion area will be moderated by Patrick J. Vlahos, D.O. The problem statement involves a discussion of the minimally acceptable equipment and supplies for a free-standing practice site. The literature discussion will be moderated by Alison W. Vogt, M.D. Three articles are the basis for discussion. The articles include studies of preoperative testing, the necessity for warming intravenous fluids in an ambulatory setting and

unanticipated admission after ambulatory surgery.

Online Registration and Renewal

Online applications to join the Society and register for meetings have been a constant feature. During membership renewal each year, online renewal also will be available. Simply fill in the information that is included on your renewal card and add your credit card information. Alternatively, you can call the SAMBA Office with your credit card number. Our server uses secure server technology, with a digital I.D. to offer proof of identity, to enable secure communications and to encrypt transactions with site visitors through their Web browser connections. To check the secure portions of the site yourself, check the site's digital I.D. Instructions to do this can be found by clicking on the Verisign icon, found at the bottom of any of the pages that are secure.

Our New Server

Since the SAMBA Web site began in the summer of 1995, a Macintosh SE/30 was used to operate it. In terms of computer technology, this computer is considered ancient. Internet call volume can be quite high, making the relative slowness of the SE/30 not much of a factor in the rapidity with which different pages from a Web site appear. The site, though, has undergone quite a few changes in the last three years. The number of different programs that are running almost simultaneously made it impossible to use the SE/30 alone. A new server has been purchased (iMac). We hope you will see that the loading times have greatly decreased. In particular, pages such as the secure portions of the site (see above), where quite a bit of activity goes on to ensure that connections are secure, will have much faster loading times.

We hope that those of you who are connected to the Internet will visit our site. 

SAMBA 14th ANNUAL MEETING

The SAMBA 14th Annual Meeting will be held April 29 - May 2, 1999, at the Seattle Westin Hotel, Seattle, Washington.

The Committee on Annual Meeting has planned an outstanding program that covers the breadth of ambulatory anesthesia practice. The 1999 Annual Meeting program will include a pre-convention workshop on advanced cardiac life support, eight interactive workshops and informative panel discussions covering a spectrum of subjects pertinent to the everyday clinical needs and concerns of those who practice ambulatory anesthesia. The program will also include scientific papers on the latest research in ambulatory anesthesia, presented as oral and poster presentations and technical exhibits of the latest equipment and anesthetic techniques.

Workshop topics to be presented include administrative and management issues, regional anesthesia of the upper and lower extremities, new drug delivery and monitoring systems, pain management techniques, improving patient outcome and

perioperative management issues. Panel discussions will address such areas as the perioperative physician, new innovations, management of complex patients, optimal anesthetic and surgical techniques for fast-tracking, cases from the real world, ambulatory anesthesia literature reviews, new developments in office-based anesthesia, new developments in pediatric anesthesia and closed claims in the ambulatory setting.

Other meeting highlights include an "ASA Update" by John B. Neeld, Jr., M.D., President, American Society of Anesthesiologists, a new "Luncheon with the Experts," a special breakfast lecture titled "Ambulatory Surgery: Where Have We Been, Where Are We Going?" by Bernard V. Wetchler, M.D., SAMBA's first president and an ASA Past President, and the presentation of the Society's esteemed Distinguished Service Award.

Rounding out the program will be the Annual SAMBA Membership Meeting, including the election of 1999 officers and directors, and the popular social program which has become an

anticipated highlight of the annual meeting. This year's social program features an evening titled "Wings Over Washington" at the Boeing Museum of Flight, a facility that will awe and inspire you. Social tours include an independent tour to the picturesque town of Victoria, British Columbia, aboard the *Victoria Clipper*, kayaking on Lake Union, a winery tour, a Seattle city highlight tour, boating on Puget Sound and hiking in the Cascade Mountains.

Program details and registration information, including discounted member fees and discounted early registrations fees, will be mailed to SAMBA members and also will be available on the Society's Web site. For a copy of the SAMBA 14th Annual Meeting registration information, contact the SAMBA Office at (847) 825-5586, e-mail <samba@asahq.org>, or at <www.sambahq.org>. We look forward to seeing you in Seattle.

The SAMBA 14th Annual Meeting program appears on page 6. SAMBA

LAST CALL FOR ABSTRACTS AND RESIDENT'S TRAVEL GRANTS

*By Paul F. White, M.D., Ph.D., Chair
Committee on Annual Meeting*

The Committee on Annual Meeting has issued a call for abstracts and scientific exhibits for the SAMBA 14th Annual Meeting to be held at the Westin Seattle Hotel in Seattle, Washington, on April 29 - May 1, 1999.

The Society encourages residents in anesthesiology training programs to become more involved in SAMBA. To this end, the Society will issue a limited number of travel awards to anesthesiology residents whose scientific abstracts are accepted for presentation at the SAMBA 1999 Annual Meeting.

These travel awards will support residents in training with a grant of \$1,000 each to attend the meeting. Those who receive a travel grant for their

abstracts will remain eligible for Ambulatory Anesthesia Research Foundation Awards. Case reports are not acceptable.

The deadline for receipt of properly submitted abstracts to the SAMBA Office is **Monday, February 22, 1999**. A properly submitted abstract consists of:

1. Original abstract that has not been or will not be presented at a large anesthesia meeting before the SAMBA 1999 Annual Meeting.
2. Completed official SAMBA cover letter; and
3. One blinded copy of the abstract. Abstract copies are blinded by deletion of the author(s) and institution(s) from the original.

Papers presented at the SAMBA Annual Meeting are eligible for pre-

sentation at subsequent meetings of the American Society of Anesthesiologists or the International Anesthesia Research Society.

For further information regarding the awards, to request a scientific exhibit application or to receive a blank abstract form and a cover letter, please contact the SAMBA Office by telephone (847) 825-5586, fax (847) 825-5658 or e-mail <samba@ASAhq.org>. SAMBA

SAMBA 14th ANNUAL MEETING – SEATTLE, WASHINGTON

Thursday, April 29, 1999

- 8 a.m. - 5 p.m. Preconvention Workshop on Advanced Cardiac Life Support
- 3 p.m. - 5 p.m. Workshop 1: Administrative/Management Issues — Part A
- 3 p.m. - 5 p.m. Workshop 2: Regional Anesthesia Part A: Upper Extremities (Head, Neck and Chest)
- 3 p.m. - 5 p.m. Workshop 3: New Drug Delivery and Monitoring Systems
- 3 p.m. - 5 p.m. Workshop 4: Pain Management Techniques
- 5 p.m. - 7 p.m. Wine and Cheese Reception with Exhibitors

Friday, April 30, 1999

- 7 a.m. - 7:55 a.m. Poster Discussion
- 7:55 a.m. - 8 a.m. Opening Session
- 8 a.m. - 10 a.m. Perioperative Physician
Defining the Perioperative Physician
Identifying “at Risk” Patients
Preoperative Evaluation Clinic
How to Determine When the Patient Is “Tuned”
Management of Post-Discharge Complications
- 10:30 a.m. - 12 noon New Innovations
Antiemetic Therapy
Fasting Guidelines: Optimal Timing
Pain Management: New Drugs and Techniques
Recovery Concepts: 23-Hour Admit vs. Recovery Inn

- 12 noon - 1:30 p.m. Abbott Laboratories Luncheon
SAMBA President’s Address
ASA President’s Update
- 1:30 p.m. - 3 p.m. Clinical Update - Management of Complex Patients
- 1:30 p.m. - 3 p.m. Residents Conference
- 3 p.m. - 5 p.m. Open Forum of the ASA Task Force on Prevention of Nerve Injury by Proper Positioning

Saturday, May 1, 1999

- 7 a.m. - 8 a.m. Poster Discussion
- 8 a.m. - 10 a.m. Optimal Anesthetic and Surgical Techniques for Fast-Tracking
Why Bother with Fast-Tracking?
Monitored Anesthesia Care
Regional Anesthesia
General Anesthesia
Minimally-Invasive Surgery
- 10:30 a.m. - 12 noon Cases from the Real World
- 12 noon - 1:30 p.m. Zeneca Pharmaceuticals Luncheon
Travel Awards
AARF Awards
Distinguished Service Award
- 1:30 p.m. - 3 p.m. Ambulatory Anesthesia Literature Review
Pediatric Articles
Adult Articles

- 1:30 p.m. - 3 p.m. New Developments in Office-Based Anesthesia
- 3 p.m. - 5 p.m. Workshop 5: Improving Patient Outcome
- 3 p.m. - 5 p.m. Workshop 6: Perioperative Management Issues
- 3 p.m. - 5 p.m. Workshop 7: Administrative Management Issues - Part B
- 3 p.m. - 5 p.m. Workshop 8: Regional Anesthesia - Part B: Lower Extremities, Lower Abdomen and Perineal
- 7 p.m. - 10 p.m. Aspect Medical Systems Evening at the Boeing Museum of Flight

Sunday, May 2, 1999

- 7 a.m. - 7:15 a.m. SAMBA Membership Meeting
- 7:15 a.m. - 8 a.m. Baxter Breakfast Lecture
- 8 a.m. - 10 a.m. What’s New in Pediatric Anesthesia?
General Anesthesia
Regional Anesthesia and Pain Management
Procedures Outside the OR
Management of Postoperative Complications
- 10:30 a.m. - 11:30 a.m. Closed Claims in the Ambulatory Setting

Third International Congress on Ambulatory Surgery Set for Venice, Italy on April 25-28, 1999

Ambulatory surgery provides a great opportunity to improve quality of care and promote better use of available resources. To provide high-quality care for all patients in many countries should be our main objective.

The International Association for Ambulatory Surgery (IAAS) provides an international multidisciplinary forum for the interchange of information and the promotion of high quality ambulatory surgery. The international and multidisciplinary approach is the key to the success of our initiative.

An estimated 1,100 delegates from more than 40 countries attended the Second International Congress on Ambulatory Surgery in London, England. The Italian Federation of Day Surgery will host the Third International Congress on Ambulatory Surgery to be held April 25-28, 1999, in Venice, Italy.

In accordance with its objectives, the International Association for Ambulatory Surgery aims to establish guidelines, spread knowledge, promote research and education and to discuss national policies to stimulate the development of high-quality ambulatory surgery in most countries. The majority of experts in the field of ambulatory surgery from all over the world have been invited to contribute to the success of this Congress.

Registration and related information can be obtained by contacting:

Local Host Organizing Committee
2nd Dept. of Surgery
University of Padova, Italy
Telephone 011+39 49 8215671 - 8215663
Facsimile 011+39 49 8215672 - 665685
E-mail: daysurg@uxl.unipd.it
Web address: <http://www.daysurg-venice.com>

Organizing Secretariat
Key Congress
Via dei Tadi, 21 - 35100 Padua (I)

Telephone 011+39 49 659330 - Fax 011+39 49 - 8763081

E-mail: keycong@protec.it



Preliminary Scientific Program:

1. Organizational and Management Issues

International terminology and definitions, organization, extended recovery, patient selection, office-based surgery, ethic and legal issues, facility design, education and training, quality assurance, information systems, communications technology, controversial issues, day surgery in developing countries, comparing health care policies.

2. Economics

Costs, financing, incentives, health care planning and resources.

3. Surgical Specialties

General surgery, anesthesia, gynecology, ophthalmology, urology, cardiology, interventional radiology, vascular surgery, plastic surgery, orthopedics, pediatric surgery, otolaryngologic surgery, oral and maxillofacial surgery.

4. Nursing Issues

Education and training, patient education, patient care, quality assurance.

5. New Frontiers in Day Surgery

New technologies, endoscopic surgery.

International Association for Ambulatory Surgery (IAAS):

Full members: Australian Day Surgery Council (Australia), Verein Fur Ambulantes Operieren (Austria), Belgian Association of Ambulatory Surgery (Belgium), Association Francaise de Chirurgie Ambulatoire (France), Bundes Verband Fur Ambulantes Operieren E.V. (Germany), Italian Federation of Day Surgery (Italy), Dutch Association of Day Care and Short Stay (The Netherlands), Day Clinic Association (South Africa), Sociedad Espanola Cirurgia Mayor Ambulatoria (Spain), Swiss Society for Surgery (Switzerland), British Association of Day Surgery (United Kingdom), Federated Ambulatory Surgery Association (United States), Society for Ambulatory Anesthesia (United States).

International Committee:

E. Guzzanti, Chair (Italy), R. Vecchioni, Chair (Italy), P. Baskerville (United Kingdom), G. Bazin (France), C. Beeler (United States), J. Biaggi (Switzerland), D. De Jong (The Netherlands), C. DeLathouwer (Belgium), G. Durant (United States), M. Giner (Spain), V. Grablowitz (Austria), M. Grasveld (The Netherlands), R.S. Hannallah (United States), P.E.M. Jarrett (United Kingdom), B. Kenyon (South Africa), J. Marin (Spain), M.C. Marti (Switzerland), T.W. Ogg (United Kingdom), S.K. Pandit (United States), G. Parmentier (France), S. Penn (United Kingdom), J. C. Raeder (Norway), J. Reydelet (Germany), L. Roberts (Australia), M. Scheyer (Austria), R.S. Twersky (United States), P. Vercruyse (Belgium), J. Warden (Australia), and P. White (United States). *SUMER*

Considerations in Office-Based Anesthesia

Reported by Girish P. Joshi, M.D.
Associate Professor, Department of
Anesthesiology and Pain Management
University of Texas
Southwestern Medical Center
Dallas, Texas

Marc E. Koch, M.D., President of Resource Anesthesia Associates, P.C., Whitestone, New York, reviewed the current advances in office-based surgery practice and discussed the role of the anesthesiologist as a perioperative manager at the American Society of Anesthesiologists (ASA) Annual Meeting last October in Orlando, Florida.

There is a significant increase in office-based surgical practice; however, office-based anesthesia provided by anesthesiologists has not increased at the same rate. The elimination of anesthesiology care for selected procedures may result in a "slippery slope phenomenon" and affect the quality of patient care. Unfortunately, there are no data demonstrating the value of anesthesiologists to patient safety and satisfaction.

Dr. Koch emphasized that the value of an anesthesiologist in an office setting is not as a provider of the anesthesia-related services but as a general contractor for the operating room. In an effort to increase our value in an office setting, we must assume the responsibilities of perioperative manager and provide a broad range of services both inside and outside the operating room. Anesthesiologists should gain expertise on requirements and accreditation, which may help surgeons collect a facility fee from third-party payers. In addition, we must be aware of the administrative issues unique to office-based services, including misuse of the anesthesia machine by office staff, scavenging of waste gas and legal issues. We may be involved with the planning of transfer of patients to a local hospital in case of an emergency. This transfer can be accomplished by communicating with emergency medical services and the director of the emergency department.



Marc E. Koch, M.D.

It is necessary that the office adhere to the same standards as expected of off-site anesthetizing locations in hospitals or ambulatory surgery centers. We need to know about equipment leasing and servicing. The equipment necessary for a mobile anesthesia unit may be recalled by using the mnemonic "POSE MD": *positive pressure capability* (e.g., Ambu, multiuse ventilator), *oxygen source*, *suction* (motor-driven), *emergency airway* (e.g., laryngoscope, tracheal tubes, laryngeal mask airway, tracheal set), *monitors* (e.g., ECG, pulse oximetry, noninvasive blood pressure, temperature, capnography) and *drugs* (e.g., anesthetics, emergency drugs).

Appropriate patient selection is also important in the success of office-based surgery. The criteria commonly used for patient selection include ASA physical status, age, weight, status of cardiac disease or COPD, and potential airway difficulties. In addition, patients with severe gastroesophageal reflux, latex allergy, multiple allergies, severe musculoskeletal disease, coagulopathy, severe upper respiratory tract infection or moderate neurological limitation should be anesthetized in an office setting only after careful preparation.

Dr. Koch suggested that implementation of quality improvement programs is key to maintaining the growth of our role in an office-based practice. It is necessary to demonstrate that patient care and satisfaction are not compromised in an office setting. These

data would help benchmark comparisons and improve the overall perioperative experience. By fulfilling the role of perioperative manager, we can continue to advocate for patient safety and retain control of the operative experience and value in the office setting. Finally, office-based anesthesia allows us to have greater visibility in the community and function as traditional medical specialists. SAMBA

Discount Subscription to "Ambulatory Surgery"

Elsevier Science, publishers of *Ambulatory Surgery: The International Journal of Day Surgery*, is offering an opportunity to SAMBA members to subscribe to the journal at the special subscription price of \$58. The regular subscription price is \$261. The publisher is extending this offer because of SAMBA's affiliation with the International Association of Ambulatory Surgery.

The journal is published quarterly in the United Kingdom and features peer-reviewed original articles relating to the practice of ambulatory surgery. Interested members can obtain more information by visiting the journal's Web site at <http://www.elsevier.nl/locate/ambsur> or by telephoning its U.S. office at (800) 437-4636. SAMBA

Don't Stop Exercising! A RealAge Benefit of 8.1 Years Drops to 4.1 Years if You Stop Exercising for 90 Days*

By Michael F. Roizen, M.D.

Professor and Chair

Department of Anesthesia & Critical Care

Professor of Internal Medicine

University of Chicago

Chicago, Illinois

and

Axel Goetz, M.D., Ph.D.

Vice President

Research and Development

RealAge™, Inc.

San Diego, California

(Much of the data presented is reviewed in Dr. Roizen's book, *RealAge: Are You As Young As You Can Be?*, Cliff Street/Harper Collins, to be published in early 1999, and available in your local or online bookstore. In the book, Dr. Roizen reviews the information he presented at the SAMBA Annual Meeting, including the 44 steps you take to make yourself younger, and the scientific foundations for those steps.)

Most physicians (and most health care providers) are persistent; that is, what it took us to make it through medical school and residency and what it requires for us to stay current is largely persistence. Our membership in SAMBA and reading of the *Ambulatory Anesthesia* newsletter are evidence of our persistence in keeping on the forefront of the art and science of care for our patients.

But are we persistent enough for our own health? Many of us can be and are physically active: we transport patients to the postanesthesia care unit and move around the operating suite, patrolling to keep the patient safe. But here we describe in anti-aging terms the value to each of us when we avoid simply sitting on the stool.

How much of a difference does a physically active lifestyle make in the long run? Data assembled by Bortz

(***Assumes this is the only factor affecting Real Age. Real Age is the equivalent of your physiological age. RealAge™ program <<http://www.RealAge.com>> will account for other factors.)

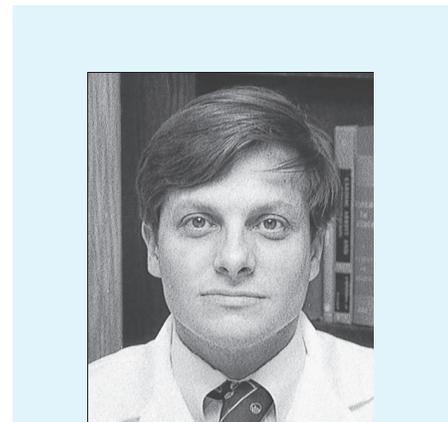
and Bortz² give us a good answer. Being physically active and doing just 60 minutes of stamina-building and 30 minutes of strength-building activities a week makes your RealAge 8.1 years younger. How fast does that change occur? Many health choices have been studied, and the time course of their RealAge benefits are remarkably consistent. Most benefits from health choices reach 90 percent of their maximum in three years of persisting in the chosen activity.

Unfortunately, the benefits of good health choices disappear just as quickly. Let us look at an example. Suppose you run a mile as fast as you can. If your lungs are not in good shape, they will limit how fast you can run, and so will your heart, your nervous system, your muscle and liver metabolism and many other body systems. This fact makes the level of maximal energy production a good overall measure of how well your organism can function. Maximal energy production is measured by how much oxygen you consume when you work out as hard as you can.

When athletic ability is measured in these terms in sedentary persons, it is found to decline with age at a rate of as much as 2 percent per year. Let us keep this figure in mind. Of course, some of this decline is due to disease, some may be due to inevitable aging, but most of the decline comes from lack of physical activity.

In persons who keep exercising, athletic ability declines at a rate as low as one-fourth of 1 percent per year.^{1,3} That is roughly one-eighth of the rate of decline in those with minimal physical exercise.

The difference may look small to you, and over the short haul, you may be right. After all, what is a 1.75-percent difference per year? Now consider your retirement account. A 1.75 percent-difference annually would make for a very different account balance over decades and surely over a lifetime.



Michael F. Roizen, M.D.

Let us see how much of a difference it can make in your ability to function. Suppose that peak performance occurs at about 30 years of age and then declines in a straight line as you get older. At a 2-percent-per-year rate, you will have lost 70 percent of your peak function by the time you are 65 years old. But if you had kept on exercising vigorously over the years, you may have lost only about 9 percent of your peak function by age 65. The difference, due to persistence, is a 61-percent benefit, which in RealAge terms makes you more than six years younger physically, if you believe the size of the benefits from physical activity that were measured in the Cooper Center,¹ the Harvard Alumni⁵ and the Finnish twin studies,⁴ all of which came to just about the same conclusion. Now, that's no longer a small difference: more than six years younger!

Many processes in the body show roughly this percentage rate of decline per year. Some examples are maximal heart rate, the rate at which your fingernails grow, the rate at which your genetic code is repaired or the speed with which your brain works. That is not a bad rate of decline. Assuming again that you are at your peak at age 30, a straight-line rate of decline uses up only 30 percent of your ability to function by age 80. That is also the rate

Continued on page 10

WHAT DIFFERENCE DOES PERSISTENCE MAKE?

Continued from page 9

of decline in the average person of the minimum alveolar concentration of a volatile anesthetic that keeps 50 percent of patients from moving after a skin incision. That 30-percent rate of decline is also what happens on average to each of us. Unless, of course, you want to age more quickly by not being physically active. Then you can lose 30 percent of function before you are 50 calendar years old. Or, you can age less than the median by being physically active.

There are three components to physical activity:

1. Any activity, from walking to making beds, to gardening, having sex, running, lifting weights, counts toward the total of 3,500 Kcal per week minimum needed to hit optimal age reduction.
2. Next is activity that builds stamina. In stamina-building, you are doing something to raise your heart rate to

about 70 percent of the maximum for your age. Activity at that level should make you sweat continuously or raise your heart rate to 220 minus your calendar age.

3. Strength-building and flexibility exercises are the components of physical activity.

Doing the three components of physical activity (that is, 3,500 Kcal of physical activity per week, 60 minutes of stamina activity per week and 30 minutes of strength and flexibility exercises per week) makes your RealAge more than eight years younger.

It is surprising how fast the benefits of exercise accrue — and how fast they can disappear. While the data are not rock solid, the Cooper Center data suggest that it takes much less than two years of exercising to make your RealAge four years younger. But you can lose half of this improvement in 90 days without exercise.

You can make exercise an enjoyable habit you will not want to give up. Find physical activities you enjoy, work out with people you like being with, increase the intensity of your exercise slowly and keep track of your physical activities with a diary. Just walking around the operating room, patrolling the well-being of the patient, uses 2 to 3 KCals per minute (vigorous walking uses 4 to 5 Kcals per minute). You will be surprised at how much exercise you get by just accomplishing your daily tasks.

Stand when you could sit; walk when you could stand; use stairs instead of an elevator, even for just two or three of the floors you are traveling (you can increase the number of floors you climb every week); park farther away from your destination rather than as close as possible; walk to the store when you are not pressed for time; buy

Continued on page 12

SAMBA NEW MEMBERS

The Society for Ambulatory Anesthesia welcomes the following new members:

Jonathan Aarons, M.D.
Audrey S. Alleyne, M.D.
Dan H. Babenco, M.D.
Marc L. Beck, M.D.
James R. Brenner, M.D.
Joseph A. Cabaret, M.D.
Vincent Chau, M.D.
Angela Cutrone, M.D.
Cara Dalton Wright, M.D., M.D.
John A. Dilger, M.D.
Lorraine M. Donatelli, CRNA
Joann C. Ellero, M.D.
Kenneth H. Frahm, M.D.
Barbara L. Gasiior, M.D.
Victorya Gersteyn, M.D.
Lewis Glaser, D.O.
Robert M. Gross, M.D.
Michael G. Guertin, M.D.
Ronald C. Hill, M.D.
Richard L. Kesten, M.D.
Leonid Lamper, M.D.
George I. Lee, M.D.
Gerald S. Lefever, M.D.
Henry F. Malarkey IV, M.D.

Hollywood, FL
Scottsdale, AZ
Buckhannon, WV
Reisterstown, MD
Sylvania, OH
Manhattan Beach, CA
Bothell, WA
Manhasset, NY
Oklahoma City, OK
Cleveland, OH
Marlton, NJ
Reno, NV
Portland, OR
Chicago, IL
Staten Island, NY
Voorheesville, NY
Teaneck, NJ
Worthington, OH
Lincoln, NE
Bossier, LA
Armonk, NY
Martinez, CA
Morristown, NJ
Meadville, PA

Eric J. Mortensen, M.D.
Kenneth C. Nanners, M.D.
Michael A. Natale, M.D.
Brian O. Nyquist, M.D.
Jennifer E. O'Flaherty, M.D.
Akira Ogura, M.D.

Oluwatosin Oladipupo, M.D.
Barbara Palmisano, M.D.
Cornelia L. Peckman, M.D.
Michael A. Reinhard, M.D.
Rosalind Ritchie, M.D.
James R. Saklad, M.D.
Sorin A. Schaechter, M.D.
Daniel M. Sykes, Jr., M.D.
G. Bryan Terry, M.D.
Gita Trikha, M.D.
Deborah M. Westergaard, M.D.
George B. Whitten III, M.D.
Frank Yang, M.D.
Les Yarmush, M.D.
Larry Ydens, M.D.
Mark C. Ziegler, M.D.

Reno, NV
Charleston, WV
Tucson, AZ
Bremerton, WA
Charlottesville, VA
Chiba Prefecture, Japan
Binghamton, NY
Milwaukee, WI
Short Hills, NJ
Springfield, OR
Lexington, KY
Hydes, MD
Muenchen, Germany
Houston, TX
Murfreesboro, TN
Colonial Heights, VA
Arlington, TX
Phoenix, AZ
Houston, TX
Great Neck, NY
Denver, CO
Cincinnati, OH

The following book reviews are reprinted with permission of Doody Publishing © 1999.

Handbook of Nitrous Oxide and Oxygen Sedation

By Morris S. Clark, D.D.S., F.A.C.D. (University of Colorado); Ann L. Brunick, R.D.H, M.S. (University of South Dakota) Mosby-Year Book Inc. (1999), 19 chapters, 208 pages, \$34.95 softcover.

Doody's Notes:

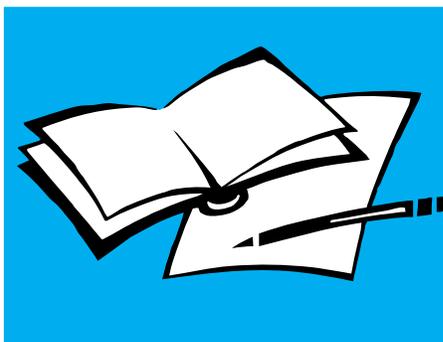
Primary audience is dentists. Secondary audience is dental auxiliaries. The book contains black-and-white illustrations.

Reviewed by Louis Graham, D.D.S., University of Chicago Medical Center, Chicago, Illinois.

Description: This handbook reviews all the necessary information regarding the various areas involved with nitrous oxide sedation. **Purpose:** The purpose is to re-educate the reader about nitrous oxide. Such an objective is worthy due to the use of nitrous oxide in dentistry. This objective is met, and the book is casual in style and easy to read. **Audience:** It is written for both practitioners and students. The authors are both very credible on the subject matter. **Features:** It covers clinical and nonclinical areas, a historical overview, ethical and legal concerns, risks and benefits. There are reviews on pain and anxiety, economical considerations, and physical properties in a style that is easy to read. It is useful to answer a specific question or to review an entire subject area. **Assessment:** This is a quality, easy-to-read handbook about nitrous oxide. For both the neophyte or traditional user, this is a text that can be of benefit to the reader.

Management of Acute and Chronic Pain.

By Narinder Rawal, M.D., Ph.D. (University of Texas Medical School at Houston) BMJ Publishing Group (1998), 8 chapters, 231 pages, contributors, \$43 softcover.



Doody's Notes:

Primary audience is pain specialists. Secondary audience is anesthesiologists. The book contains black-and-white illustrations.

Reviewed by Donald M. Sinclair, M.D., University of Chicago Pritzker School of Medicine, Chicago, Illinois.

Description: This brief book in the series *Fundamentals of Anaesthesia and Acute Medicine* covers selected topics in acute and chronic pain. It is a multiauthored book and the contributors are from the U.S., the U.K. and other European countries. **Purpose:** The avowed purpose of this series is to provide up-to-date reviews covering the fundamentals of the topic, but with an emphasis on recent developments of controversial issues. **Audience:** This book is for trainees and established practitioners, according to the series editors. **Features:** It covers pain mechanisms and pharmacology of acute and chronic pain. Pain management post-operatively for obstetrics and for acute pediatric pain is also reviewed. In chronic pain, topics include low back pain and cancer pain. The last chapter considers interventional pain management. **Assessment:** All the contributors are experts in their fields and many have published more weighty, but now less current, monographs in their respective areas. The current collection provides an excellent series of concise reviews of the topics covered. It would be good to see a further collection on some of the many areas of pain management that are not covered in the current collection. There are some omissions; for example, in a series that

is focused on currency of information, it is disappointing to note the lack of mention of gabapentin (Neurontin) in the section on pharmacology in a 1998 text. This is overall a useful series of reviews.

Pulmonary Pathophysiology: The Essentials, 5th Edition.

By John B. West, M.D., Ph.D., D.Sc. (University of California San Diego) Williams & Wilkins (1998), 10 chapters, 198 pages, \$29.95 softcover.

Doody's Notes:

Primary audience is medical students. Secondary audience is respiratory care professionals. The book contains black-and-white illustrations.

Reviewed by Norberto C. Gonzalez, M.D., University of Kansas Medical Center, Kansas City, Kansas.

Description: This fifth edition of a well known book by a highly respected respiratory physiologist addresses the mechanisms responsible for abnormal pulmonary function. The book is divided into three main sections: lung function tests; function of the diseased lung, covering the pathophysiology of common pulmonary diseases; and function of the failing lung, describing respiratory failure and its treatment. Normal values, suggested further reading, and study questions are included in appendixes. **Purpose:** It is intended as a companion to a popular physiology monograph by the author. Its objective is to provide the basic concepts needed to understand the mechanisms responsible for abnormal pulmonary function in the most common lung diseases. **Audience:** The target audience includes medical students, internists, cardiologists, and anesthesiologists, as well as allied health personnel. This book fills an important need since there are few sources for a comprehensive, concise, basic introduction to pulmonary pathophysiology like that presented here. **Features:** Important features include an adequate number of simple, clear illustrations of excellent

Continued on page 12

Board of Directors

President

Rebecca S. Twersky, M.D.
Brooklyn, New York

Immediate Past President

Sujit K. Pandit, M.D.
Ann Arbor, Michigan

President-Elect

Richard A. Kemp, M.D.
Farmington, Connecticut

First Vice-President

J. Lance Lichtor, M.D.
Chicago, Illinois

Second Vice-President

Carolyn P. Greenberg, M.D.
New York, New York

Secretary

Yung-Fong Sung, M.D.
Atlanta, Georgia

Treasurer

Barbara S. Gold, M.D.
Minneapolis, Minnesota

At-Large Directors

Martin S. Bogetz, M.D.
San Francisco, California
Frances F. Chung, M.D.
Toronto, Ontario, Canada
Lydia A. Conlay, M.D., Ph.D.
Boston, Massachusetts
Patricia A. Kapur, M.D.
Los Angeles, California
David G. Sutcliffe, M.D.
Boston, Massachusetts
Paul F. White, M.D., Ph.D.
Dallas, Texas

ASA Delegate

Burton S. Epstein, M.D.
Washington, D.C.

ASA Alternate Delegate

Beverly K. Philip, M.D.
Boston, Massachusetts

Book Reviews

Continued from page 11

educational value, an up-to-date and adequate reference list, and study questions. **Assessment:** This book clearly demonstrates that pulmonary medicine is largely applied physiology. The emphasis on physiological mechanisms represents an excellent bridge between pulmonary physiology and medicine. The illustrations very nicely complement the text in presenting difficult concepts in a clear and concise manner. This fifth edition has been significantly updated without an increase in length, a commendable feat. It is easy to read and should continue to provide a solid pathophysiological

base to those interested in understanding pulmonary disease.

These book reviews are copyrighted by Doody Publishing © 1999. Information may not be published or further distributed (including over a computer network) without the prior written permission of Doody Publishing.

Doody Publishing provides peer reviews of newly published health science books with an e-mail notification system, and the ability to purchase these books online. If you feel that such a service should be offered by the Society, please contact us.

SAMB^A

What Difference Does Persistence Make?

Continued from page 10

some weights to keep near the television set to lift when watching TV; walk at a brisk pace or run when you could walk.

Remember your retirement account: benefits will compound if you keep at it.

References:

1. Blair SN, Kohl HW III, Barlow CE, Paffenbarger RS, et al. Changes in physical fitness and all-cause mortality: A prospective study of healthy and unhealthy men. *JAMA*. 1995;273: 1093-1098.
2. Bortz WM IV, Bortz WM II. How fast do we age? Exercise performance over time as a biomarker. *J Gerontol Biol Sci Med Sci*. 1996;51(5):M223-M225.
3. Kasch FW, Boyer JL, Van Camp S, Nettle F, Verity LS, Wallace JP. Cardiovascular changes with age and exercise. A 28-year longitudinal study.

Scand J Med Sci Sports. 1995; 5(3):147-151.

4. Kujala UM, Kaprio J, Sarna S, et al. Relationship of leisure-time physical activity and mortality: The Finnish twin cohort. *JAMA*. 1998; 279:440-444.
5. Paffenbarger RS, Kampert JB, Lee IM, Hyde RT, et al. Changes in physical activity and other lifestyle patterns influence longevity. *Med Sci Sports Exercise*. 1994; 26:857-865.

[Drs. Roizen and Goetz are paid consultants to and own equity interests in RealAge.com Inc. Dr. Roizen will also receive a royalty from sales of his book *RealAge: Are You As Young As You Can Be?* (Cliff Street/Harper Collins). RealAge, RealAge.com, AgeReduction Plan and AgeReduction Planning are trademarks and servicemarks of RealAge.com. You can obtain your RealAge and do AgeReduction planning free at www.RealAge.com.] SAMB^A