



Society for Ambulatory Anesthesia

Ambulatory AnesthesiaSM

PRESIDENT'S MESSAGE

Through the Looking Glass: A Look Back at a Year of Growth

By Richard A. Kemp, M.D.
SAMBA President

On behalf of the members of SAMBA, we thank Immediate Past President Rebecca S. Twersky, M.D., for her outstanding leadership and dedication over the past years. The bar has been raised forever for the high-tech, elegant Presidential Address which you presented, and I shall start my preparation for the event next year immediately.

The new millennium is rapidly approaching. It sets the stage for futuristic musings. It is a time for reflection and new directions.

SAMBA is now in its teens, and we have completed our 14th annual Meeting. The specialty of anesthesiology is young.

We are at a point in time in which the future directions of health care are unknown. The role of SAMBA will be to lead and react to the new challenges. Our educational programs and solutions for anesthesia care in diverse settings will continue to bring new opportunities for professional development.

This year's priority for SAMBA will be to attract requests for proposals (RFP) for our outcomes research award. One year ago, your officers and Board of Directors met in a one-day retreat and a number of goals were agreed upon.

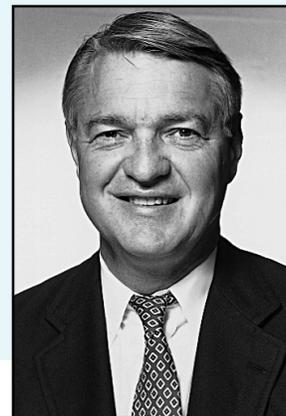
The proposed outcomes study is being presented as a challenge to solicit exceptional outcomes-oriented contractual research for the purpose of elevating the quality of patient care in ambulatory anesthesiology and to increase the quality of publications in

ambulatory anesthesia.

We must thank Patricia A. Kapur, M.D., for her leadership to date in developing the RFP. The SAMBA committee on Research will be very busy this year. There is a January 15, 2000, deadline for proposals so, spread the word among our academic brethren.

Our new newsletter editor is Walter G. Maurer, M.D. J. Lance Lichtor, M.D., has done an outstanding job, not only with the newsletter but also with our Web site. Presently, the site averages over 7,000 "hits" per month. Twenty five percent visit the new patient information page. This promises to be something quite extraordinary both for anesthesiologists as well as our patients. Twenty percent of the registrants at the SAMBA 1999 Annual Meeting registered via the Web site.

Many of our committee chairs have been elected to the Board of Directors. New faces will be guiding several committees. I am encouraged by the enthusiasm of many of our members who want to be involved. The strength of the Society will be based on the work of our committees. The officers and Board of Directors look forward to working with the committees.



Richard A. Kemp, M.D.

When John L. Ford, M.D., and Wallace A. Reed, M.D., established the Surgicenter in Phoenix, Arizona, the principle anesthetic was halothane. At that time, no one would have predicted the emergence of new technologies such as the Internet, fax machines and cellular telephones. One would have predicted that 60 percent or more of all surgery would be outpatient. The face of medicine will be profoundly different 50 years from now, and we had better be prepared to make decisions early rather than to fix things later. ^{SAMBA}

IARS Plans Annual Clinical and Scientific Congress

The 74th Clinical and Scientific Congress of the International Anesthesia Research Society will be held from March 10-14, 2000, at the Hilton Hawaiian Village, Honolulu, Hawaii. For more information, contact the International Anesthe-

sia Research Society, 2 Summit Park Drive, Suite 140, Cleveland, OH 44131-2553, telephone: (216) 642-1127 or e-mail <iarshq@iars.org>. You can also visit the IARS Web site at <www.iars.org>. ^{SAMBA}

Committee Works to Keep Newsletter and Web Site Fresh and Up to Date

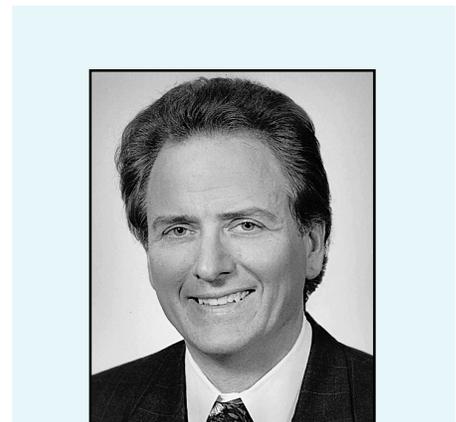
I am not sure where it was said, but it certainly has been a truism throughout my career as an anesthesiologist that "the only constant is change." And now, change has come to the SAMBA Newsletter. J. Lance Lichtor, M.D. Chicago, Illinois, has graciously moved on to bigger and better things in the leadership of our organization, and I have been asked to take on the role as editor of our Newsletter. I take this honor with some trepidation, humbleness and respect for what has gone on before. Dr. Lichtor has consented to still be there to guide me and to continue to serve as the director of the SAMBA Web site, to which he has contributed greatly over the last several years. He even has consented to contribute a regular feature to the Newsletter outlining the progress of the SAMBA Web site.

We have reorganized the Committee on Publications with Girish P. Joshi, M.D., Dallas, Texas, volunteering to serve as Vice-Chair of the committee. I'm sure you have noted Dr. Joshi's many contributions to this Newsletter over the last several years and, in particular, in this issue. The quality of this Newsletter and the ease of my job as editor will greatly depend

on the other members of this committee. Anyone who wishes to help us in this important endeavor is welcome to e-mail me at <maurer@ccf.org>.

I would like to state what I feel is the definition of a "newsletter." It should, first of all, actually publish NEWS. This is as opposed to scientific publications which may have long lists of bibliographies, adhere to a rigid scientific methodology and, by their very nature, take many months to reach the printed page. This Newsletter will endeavor, just as a newspaper, to maintain a rapid publication schedule and garner pieces from many sources even outside the anesthesia community. We invite and encourage any member to submit brief articles for publication.

Finally, some statistics from our recent annual meeting in Seattle: It was noted that we now have 4,414 members, with 765 attendees at the Seattle meeting. Thus, this particular annual meeting was the third largest in attendance. Twenty percent of our registrants registered through the SAMBA Web site, which now has more than 7,000 visitors per month. Most interesting is that 25 percent of the visits to the Web site are to our "patient new information" page. Please log on to



Walter G. Maurer, M.D.

<www.sambahq.org> and see what your patients may be learning. As we all try to place the practice of anesthesiology in its proper professional place in the public eye, there can be no better cutting edge technology than this addition to our Web site.

In conclusion, I would like to state that this Newsletter will be extremely open. I would ask *any* member, with *any* comments to direct them to me, and I will try to respond quickly.

Walter G. Maurer, M.D.
Editor

SAMBA

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New Drugs and Techniques for Postoperative Pain Management

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

Frances F. Chung, M.D., Professor and Deputy Anesthetist-in-Chief, Department of Anaesthesia, The Toronto Hospital, Western Division, University of Toronto, Ontario, Canada, discussed the new drugs and techniques for pain management after ambulatory surgery at the SAMBA 1999 Annual Meeting in Seattle, Washington.

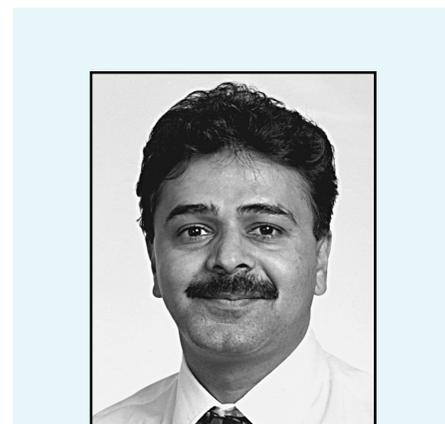
Dr. Chung emphasized that the ability to manage postoperative pain is one of the main barriers to increasing the range of ambulatory procedures. Persistent pain has been shown to increase the incidence of postoperative nausea and vomiting (PONV), delay discharge and cause unanticipated admissions as well as increase the need for contact with medical facility after discharge and delay resumption of normal activities. Importantly, the economic benefits of fast-tracking after ambulatory anesthesia may not be realized unless postoperative pain is adequately controlled.

Numerous clinical studies indicate that postoperative pain is not always effectively treated. Approximately 40 percent of outpatients suffer from moderate-to-severe pain during the first 24 hours postoperatively, and 50 percent of the patients reported that the instructions regarding pain control were either unclear or nonexistent. Appropriate patient education and preparation should be the first step in the management of postoperative pain. The other factors that need to be considered when planning appropriate analgesic technique include age, physical condition and capabilities of the patient, the anesthetic technique, the site and extent of surgery and the likely intensity of postoperative pain. It is well-recognized that orthopedic procedures and duration of surgery are important predictors for postoperative pain.

An analgesic technique should be effective, safe, have minimal side effects and provide adequate pain relief to allow normal daily activities. Pre-packaged, take-home analgesics consisting of regular round-the-clock medications as well as medications for breakthrough pain specific to the type of operation performed have been shown to improve pain control, allow early ambulation and facilitate sleep.

It has been increasingly apparent that multimodal analgesia techniques provide more effective analgesia with reduced side effects. A multimodal analgesia technique consists of a combination of analgesic regimens, including opioids, nonsteroidal anti-inflammatory drugs (NSAIDs) and local anesthetic techniques. The effectiveness of an individual analgesic may be enhanced by the additive or synergistic effects of multiple analgesic drugs that have different mechanisms of analgesia. In recent years, there has been an increased focus on the concept of pre-emptive analgesia. Although the evidence for pre-emptive analgesia in outpatient clinical trials is lacking, preoperative administration of nonopioid analgesic drugs may reduce intraoperative opioids and anesthetic requirements and thereby facilitate smooth and rapid recovery.

Opioids still remain the primary analgesic drugs used to achieve perioperative analgesia. However, opioid-related side effects such as nausea, vomiting and sedation may delay discharge and increase unanticipated admissions. It is well-accepted that the use of perioperative opioids should be minimized to avoid PONV. The choice of opioid (e.g., fentanyl versus morphine) and the timing of administration (e.g., intraoperative versus postoperative) play an important role with respect to the occurrence of side effects. When morphine was administered in the PACU, the incidence of PONV after discharge increased. However, morphine administered immediately after induction of anesthesia did not have any effect on the incidence of PONV. If opioids are needed to treat



Girish P. Joshi, M.D.

severe pain, lower initial doses of morphine 0.1 mg/kg IV may not increase the incidence of PONV as compared with fentanyl.

The use of NSAIDs has become more widespread with reports of their opioid-sparing effects and reduced risk of PONV. In the ambulatory setting, many studies have reported reduced postoperative pain and opioid requirements with intraoperative or postoperative use of NSAIDs either alone or in combination with opioids. The efficacy of NSAIDs depends on the timing and the route of administration. Opioids provide superior pain relief in the early recovery period, while NSAIDs provide superior pain relief in the late recovery period. There is no documentation of superiority of any individual NSAID for perioperative use.

The potential benefits of using local anesthetic techniques for postoperative pain relief have been recognized for a long time but are often neglected. With the acceptance of the concept of pre-emptive and multimodal analgesia, local analgesic techniques are being increasingly utilized to modulate peripheral mechanisms of nociception and reduce the response to surgical injury. Wound infiltration (or instillation) and peripheral nerve blocks can provide effective analgesia in the intra- and postoperative periods. These techniques can decrease intraoperative anesthetic and analgesic requirements,

Continued on page 4

Plan Now to Attend SAMBA Mid Year Meeting '99 in Dallas

Plan now to attend the SAMBA Third Annual Mid Year Meeting on Friday, October 8, 1999, at the Adam's Mark Hotel in Dallas, Texas. The Mid Year Meeting is an annual event focusing on the latest topics of importance to practitioners of ambulatory anesthesia. This year's program will focus on "Optimizing Practice Patterns in Ambulatory Anesthesia." The meeting is jointly sponsored by the American Society of Anesthesiologists (ASA).

The Committee on Mid Year Meeting, chaired by Melinda L. Mingus, M.D., New York, New York, has assembled a highly informative program to be delivered by a distinguished group of faculty. Topics to be covered in the program include: "Benefits of Preoperative Education and Evaluation for the Patient Having Ambulatory Surgery" presented by Beverly K. Philip, M.D., Boston, Massachusetts; "How Do We Measure the Benefits and Outcome of Preoperative Assessment for the Ambulatory Patient?" presented by Stephen J. Fischer, M.D., Stanford, California; "Use of the Internet to Facilitate Preoperative

Evaluation in the Ambulatory Patient" presented by Walter G. Maurer, M.D., Cleveland, Ohio; "What Are the Human Resource Challenges Facing Today's Ambulatory Anesthesiologist? How Do We Recruit and Retain Staff?" presented by Lydia A. Conlay, M.D., Ph.D., Philadelphia, Pennsylvania; "What Is the Best Operation Strategy for the OR in the Ambulatory Setting?" presented by L. Reuven Pasternak, M.D., Baltimore, Maryland; and "What Is the Best Way to Market an Ambulatory Surgery Facility?" presented by Adam F. Dorin, M.D., Chevy Chase, Maryland.

Other topics to be presented include "How Do We Measure and Prevent Morbidity in Ambulatory Surgery?" presented by Lee A. Fleisher, M.D., Baltimore, Maryland; "Does the Type of Anesthesia Influence Outcome in Ambulatory Surgery?" presented by Meg A. Rosenblatt, M.D., New York, New York; "How Will Changes in Medicare Guidelines Affect Ambulatory Anesthesiologists?" presented by Karin Bierstein, J.D., ASA Practice Management Coordinator, Washington, D.C.; "Measuring Patient Satisfaction

in Ambulatory Surgery" presented by Alex Macario, M.D., Stanford, California; and "Where Are We Today? Where Are We Going?" presented by Charles H. McLeskey, M.D., Temple, Texas.

Registration for the SAMBA Mid Year Meeting '99 is \$125 for SAMBA members, \$175 for non-SAMBA members and \$50 for residents. This registration fee includes the course syllabus, all educational presentations, a continental breakfast, a luncheon and coffee breaks. Early registration is recommended as seating may be limited. The preregistration deadline is September 10, 1999. SAMBA members should look for the registration brochure in the mail, or may register online through the SAMBA Web site at <www.sambahq.org>. Registration information is also included in the newsletter on pages 5-9. SAMBA

New Drugs and Techniques for Pain

Continued from page 3

and provide for a rapid and smooth recovery. These techniques have a high success rate and a low incidence of complications and provide excellent analgesia that may outlast the duration of action of the local anesthetic.

The use of nonpharmacological techniques, including cryoanalgesia, transcutaneous electrical nerve stimulation and acupuncture-like transcutaneous electrical nerve stimulation, reduce opioid requirements and improve analgesia. There has been an increased interest in new delivery systems (e.g., oral transmucosal, transnasal, transdermal, iontophoresis and subcutaneous) to provide portable analgesia either as continuous infusion or on demand.

In summary, optimizing postoperative pain control is the key to further advancement in the field of ambulatory anesthesia. Patient education and the development of individualized discharge analgesic package should improve pain management. Preoperative administration of analgesics would decrease the perioperative analgesic requirements. In addition, there should be an increased emphasis on multimodal analgesia and the use of NSAIDs and local anesthetic techniques. Finally, availability of portable delivery systems may further improve our ability to provide effective pain relief after ambulatory surgery. SAMBA

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SAMBA MID YEAR MEETING '99

OPTIMIZING PRACTICE PATTERNS IN AMBULATORY ANESTHESIA

OCTOBER 8, 1999

The Society for Ambulatory Anesthesia is proud to introduce "Optimizing Practice Patterns in Ambulatory Anesthesia" as the topic for the SAMBA Mid Year Meeting '99. Optimizing practice patterns requires a comprehensive understanding of the strategies and forces available to perioperative physicians.

We invite you to join your friends and colleagues at the SAMBA Mid Year Meeting '99 on October 8, one day prior to the ASA Annual Meeting in Dallas, Texas.

Registration Information

Registration for the SAMBA Mid Year Meeting '99 is \$125 for SAMBA members, \$175 for non-SAMBA members and \$50 for residents. This registration fee includes the course syllabus, all educational presentations, a continental breakfast, a luncheon and coffee breaks. Early registration is recommended as seating is limited. The preregistration deadline is **September 10, 1999**.

Cancellation of registration must be submitted in writing, and will be accepted up until one week prior to the beginning of the conference. Please include your home address to expedite the processing of your check. Your refund, less a \$50 administrative fee, will be sent after the conclusion of the meeting.

Hotel Reservations

Hotel reservations must be made through the ASA Annual Meeting housing bureau at (800) 974-7916. Members residing outside the United States and Canada should telephone (847) 940-2155.

CME Credits

The American Society of Anesthesiologists (ASA) is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The American Society of Anesthesiologists designates this continuing medical education for 6.0 credit hours in category 1 of the Physician's Recognition Award of the American Medical Association.

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Lecturers

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Faculty

Karin Bierstein, J.D.

*Practice Management Coordinator
American Society of Anesthesiologists
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Lydia A. Conlay, M.D., Ph.D.

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Department of Anesthesiology
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Adam F. Dorin, M.D.

*Medical Director
Chief of Anesthesia
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Stephen P. Fischer, M.D.

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Lee A. Fleisher, M.D.

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Alex Macario, M.D.

*Assistant Professor of Anesthesia and
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Stanford, California*

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Cleveland, Ohio*

Charles H. McLeskey, M.D.

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Medical Director, Perioperative Services
Scott & White Memorial Hospital & Clinic
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Health Sciences Center
Associate Medical Director
Scott & White Health Plan
Temple, Texas*

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*Chair, Department of Anesthesiology
Associate Professor of Anesthesiology
The Johns Hopkins Bayview Medical Center
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Beverly K. Philip, M.D.

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Director, Day Surgery Unit
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Boston, Massachusetts*

Meg A. Rosenblatt, M.D.

*Assistant Professor of Anesthesiology
Mount Sinai Medical Center
New York, New York*

Meeting Agenda

7:30 - 8:30 a.m.

CONTINENTAL BREAKFAST AND REGISTRATION

8:25 a.m.

Welcome

Moderator: Melinda L. Mingus, M.D.

8:30 - 10:00 a.m.

SESSION 1

8:30 - 8:50 a.m.

Benefits of Preoperative Education and Evaluation for the Patient Having Ambulatory Surgery

Beverly K. Philip, M.D.

Objective: To provide information on the benefits of preoperative education and evaluation.

9:00 - 9:20 a.m.

How Do We Measure the Benefits and Outcome of Preoperative Assessment for the Ambulatory Patient?

Stephen P. Fischer, M.D.

Objective: To present an understanding of the benefits derived from preoperative assessment.

9:30 - 9:50 a.m.

Use of the Internet to Facilitate Preoperative Evaluation in the Ambulatory Patient

Walter G. Maurer, M.D.

Objective: To discuss new ideas on how physicians can efficiently use the Internet to help facilitate preoperative evaluation.

9:50 - 10:00 a.m.

Questions and Answers

10:00 - 10:30 a.m.

BREAK

10:30 - 12:00 noon

SESSION 2

10:30 - 10:50 a.m.

What Are the Human Resource Challenges Facing Today's Ambulatory Anesthesiologist?

How Do We Recruit and Retain Staff?

Lydia A. Conlay, M.D., Ph.D.

Objective: To present an understanding of the human resource challenges confronting anesthesiologists in the practice of ambulatory anesthesia.

11:00 - 11:20 a.m.

What Is the Best Operation Strategy for the OR in the Ambulatory Setting?

L. Reuven Pasternak, M.D.

Objective: To discuss different operation strategies and to assess which is best fitted for the OR.

11:30 - 11:50 a.m.

What Is the Best Way to Market an Ambulatory Surgery Facility?

Adam F. Dorin, M.D.

Objective: To provide information on various strategies that are applicable to marketing ambulatory surgery and to understand which strategy is best suited for special needs.

11:50 a.m. - 12:00 noon

Questions and Answers

12:00 noon - 1:15 p.m.

LUNCHEON

1:30 p.m. - 3:00 p.m.

SESSION 3

1:30 - 1:50 p.m.

How Do We Measure and Prevent Morbidity in Ambulatory Surgery?

Lee A. Fleisher, M.D.

Objective: To discuss how morbidity is measured in ambulatory surgery.

2:00 - 2:20 p.m.

Does the Type of Anesthesia Influence Outcome in Ambulatory Surgery?

Meg A. Rosenblatt, M.D.

Objective: To discuss the possible outcome effects of the different types of anesthesia used in ambulatory surgery.

2:30 - 2:50 p.m.

How Will Changes in Medicare Guidelines Affect Ambulatory Anesthesiologists?

Karin Bierstein, J.D.

Objective: To present information on the impact changes in Medicare will have on ambulatory surgery, freestanding and independent practices.

2:50 - 3:00 p.m.

Questions and Answers

3:00 - 3:30 p.m.

BREAK

3:30 - 4:30 p.m.

SESSION 4

3:30 - 3:50 p.m.

Measuring Patient Satisfaction in Ambulatory Surgery

Alex Macario, M.D.

Objective: To present different means to measure patient satisfaction following ambulatory surgery.

4:00 - 4:20 p.m.

Where Are We Today? Where Are We Going?

Charles H. McLeskey, M.D.

Objective: To provide an understanding of the status of ambulatory anesthesia today and to discuss future trends in ambulatory surgery.

4:20 - 4:30 p.m.

Questions and Answers

OUTCOMES RESEARCH AWARD

\$100,000 Two-Year Grant

**Submission Deadline:
January 15, 2000**

**Download Proposal and
Application from the
SAMBA Web site
www.sambahq.org**

The Society for Ambulatory Anesthesia has requested a proposal to establish requirements for outcomes-oriented research designed to elevate the quality of patient care in ambulatory anesthesiology. Additional goals of SAMBA at this time include catalyzing high-quality research in ambulatory anesthesia and increasing the quantity and quality of publications in the field of ambulatory anesthesia.

Preferred research topics for investigation should be applicable to all patients, if not to the majority of patients who undergo present day ambulatory anesthesia.

The Society will make available the sum of \$100,000 over a two-year period. The application submission deadline is January 15, 2000.

Physicians who wish to receive a complete copy of the request for proposal and an application for the outcomes Research Award should contact the SAMBA office, or download the information from the SAMBA Web site.

REGISTRATION FORM

SAMBA MID YEAR MEETING '99: OPTIMIZING PRACTICE PATTERNS IN AMBULATORY ANESTHESIA

October 8, 1999
(One day before the ASA Annual Meeting)
Adam's Mark Hotel • Dallas, Texas

Registration Fees (Please check appropriate box)

- SAMBA member \$125
 Nonmember \$175
 Resident or fellow \$50

The deadline for preregistration is **September 10, 1999**.

- Send me an application for the SAMBA Outcomes Research Award

Please print (use credit card billing address if charging your registration):

Name _____

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Payment must accompany registration. Please make checks payable to the Society for Ambulatory Anesthesia.

Cancellation policy: Cancellation of registration must be submitted in writing, and will be accepted up until one week prior to the beginning of the conference. Please include your home address to expedite the processing of your check. Your refund, less a \$50 administrative fee, will be sent after the conclusion of the meeting.

Satellite Symposium Precedes World Congress in Montreal

By Frances F. Chung, M.D., Program Chair
Toronto, Ontario, Canada

If you are planning to attend the 12th World Congress of Anaesthesiologists next June in Montreal, Canada, plan to arrive one day early and attend the satellite symposium "ambulatory Anesthesia — 2000" sponsored by the Society for Ambulatory Anesthesia. The program will be presented on June 3-4, 2000, at the Hotel Wyndham Montreal. This information-packed satellite meeting is devoted exclusively to the latest developments in the delivery of ambulatory

anesthesia, specifically focusing on optimal patient care and exploring new horizons.

A faculty of international experts has been assembled for lecture and discussion sessions on these topics. Registrants will also have the opportunity for informal conversation with the faculty during the meeting's luncheon and breaks.

The preliminary program for the symposium is as follows:

PRELIMINARY PROGRAM

Saturday, June 3, 2000

7:30 a.m.	Registration	
7:30 a.m.-8:00 a.m.	Breakfast	
7:50 a.m.-7:55 a.m.	Welcome Address SAMBA President	Frances F. Chung, M.D., Canada Anesthetic and Sedation Technique for Office-Based Procedure
7:55 a.m.-8:00 a.m.	Opening Remarks Frances F. Chung, M.D., Canada Symposium Chair	Ana Diez, M.D., Spain Achieving Efficiency with Team Work
8:00 a.m.-9:30 a.m.	Preparation for Ambulatory Anesthesia Moderator: Raafat S. Hannallah, M.D., USA Every Patient Can Be an Outpatient Lydia A. Conlay, M.D., Ph.D., USA Pediatric Patient Selection: What Is New? Raafat S. Hannallah, M.D., USA Preoperative Testing: Is There a Need? J. Lance Lichtor, M.D., USA Why Not Tea and Toast for Breakfast? Sujit K. Pandit, M.D., USA Is There a Need for Premedication? Jan Jakobsson, M.D., Sweden	Patricia A. Kapur, M.D., USA
9:30 a.m.-9:45 a.m.	Interactive Session with Registrants Questions and Answers	11:45 a.m.-12:15 p.m. Interactive Session with Registrants Questions and Answers
9:45 a.m.-10:15 a.m.	Coffee	12:15 p.m.-1:15 p.m. Lunch
10:15-11:45 a.m.	Optimal Ambulatory Anaesthesia Moderator: Paul F. White, M.D., Ph.D., USA Optimal Pain Management: How Do I Do It? C. Johan Raeder, M.D., Norway Optimal Antiemetic: What Do I Give? Mehernoor F. Watcha, M.D., USA Achieving Fast Tracking with New Scoring System	1:15 p.m.-2:45 p.m. The Ideal Anesthetic Agent and Device Moderator: Glenda L. Rudkin, M.D., Australia Sevoflurane Is Ideal for Ambulatory Anesthesia Beverly K. Philip, M.D., USA Desflurane Is Ideal for Ambulatory Anesthesia Michael H. Nathanson, M.D., UK Target Control Infusion (TCI) Is Ideal for Ambulatory Anesthesia Gavin N. Kenny, M.B., UK LMA: An Excellent Choice for Ambulatory Anesthesia Martin S. Bogetz, M.D., USA COPA: An Excellent Choice for Ambulatory Anesthesia Robert S. Greenberg, M.D., USA
		2:45 p.m.-3:15 p.m. Interactive Session with Registrants Questions and Answers
		3:15 p.m.-3:45 p.m. Coffee
		3:45 p.m.-4:45 p.m. Controversies in Ambulatory Surgery Moderator: Jean Millar, M.D., UK

Every Operation Can Be an Ambulatory Procedure?
Henrik Kehlet, M.D., Denmark
 Stop Too Much Ambulatory Surgery!
David Wilkinson, M.D., UK
 What Are the Surgical Complications?
Paul E.M. Jarret, M.D., UK

4:45 p.m.-5:00 p.m. Interactive Session with Registrants Questions and Answers

Sunday, June 4, 2000

8:00 a.m.-9:30 a.m. Update in Ambulatory Anesthesia
Moderator: Rebecca S. Twersky, M.D., USA
 Why Is General Anesthesia the Best for Ambulatory Anesthesia?
Rebecca S. Twersky, M.D., USA
 Why Is Regional Anesthesia the Best for Ambulatory Anesthesia?
Vincent W. Chan, M.D., Canada
 Role of Non-Pharmacologic Therapy in Ambulatory Anesthesia
Paul F. White, M.D., Ph.D., USA
 What Is New in Muscle Relaxants?
Claude Meistelman, M.D., France
 Pediatric Dilemmas in the Outpatient
Hernando DeSoto, M.D., USA

9:30 a.m.-10:00 a.m. Interactive Session with Registrants Questions and Answers

10:00 a.m.-10:30 a.m. Coffee

10:30 a.m.-11:30 a.m. New Horizons in Ambulatory Anesthesia
Moderator: Kari T. Korttila, M.D., Ph.D., Finland
 Do We Benefit From Monitoring Depth of Anesthesia in Outpatients?
Charles H. McLeskey, M.D., USA
 Pain Clinic Without Walls
Kenneth Zahl, M.D., USA
 Alternative Medicine in Ambulatory Setting
Surinder K. Kallar, M.D., USA

11:30 a.m.-noon Interactive Session with Registrants Questions and Answers

noon Closing Remarks
Frances F. Chung, M.D., Canada
Symposium Chair

Contact the SAMBA Office for registration information, or register online at <www.sambahq.org>.

Registration information for "Ambulatory Anesthesia—2000" will be available in October 1999, from the SAMBA Office and through the SAMBA Web site. However, hotel reservations are now being accepted. SAMBA members may wish to begin making reservations at the Hotel Wyndham for their stay during the World Congress. Contact the SAMBA Office for a hotel reservation form. 

SAMBA NEW MEMBERS

The Society for Ambulatory Anesthesia welcomes the following new members:

Kenneth L. Bachenberg, M.D.	Bellingham, WA	Derek E. Marshall, M.D.	Jackson, MS
David A. Baxter III, M.D.	Lincoln, NE	Joseph Martin, M.D.	Woodbridge, VA
Donald P. Bernstein, M.D.	Rancho Santa Fe, CA	Ildefonso C. Monteiro, M.D.	Richmond, VA
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Man Y. Choi, M.D.	Neenah, WI	Joan Papaceit Vidal, M.D.	Tarragona, Spain
Carl E. Collier, D.O.	Newport Beach, CA	Jose M. Portela, M.D.	Mexico D.F., Mexico
David A. Collins, M.D.	Fayetteville, NY	Dalia J. Rizkalla, M.D.	Yorbu Linda, CA
Carolyn G. Fowler, M.B.	Howick, New Zealand	Kurt J. Schlicker, M.D.	Lompoc, CA
Maria B. Gaddi-Herrera, M.D.	Wadsworth, IL	Nitin Shah, M.D.	LaMirada, CA
Richard A. Goodmann, M.D.	Somerset, PA	Charles A. Smith, B.A.	Louisville, KY
Maya T. Karna, M.D.	Potomac, MD	Dajun Song, M.D., Ph.D.	Toronto, ON
Abdul Hadi Khan, M.D.	Olney, IL	Lisa Tepfenhardt, M.D.	New York, NY
Ryohei Kawamura, M.D.	Salt Lake City, UT	John M. Treven, D.O.	Dallas, PA
Jung T. Kim, M.D.	New York, NY	Michael C. Wajda, M.D.	Montclair, NJ
Andrea M. Kurz, M.D.	St. Louis, MO	Michael T. Walsh, M.D.	Bloomington, IN
Steven L. Mancini, M.D.	North Providence, RI	George R. Wells III, D.M.D., M.D.	Homewood, AL
Nicholas P. Marassi, M.D.	Everett, WA	Christopher L. Wray, M.D.	Chicago, IL

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SAMBA 14th ANNUAL MEETING TAPES

Audiocassette recordings of the SAMBA 14th Annual Meeting are available to members from AVEN of Seattle, Washington. The low cost of the tapes is \$11, plus the company provides a free cassette for each six cassettes purchased (limit one free cassette per customer). Individuals can purchase all 29 meeting cassettes at the cost of \$239, a 25-percent discount that includes free storage binders and shipping/handling charges.

Tapes available from the SAMBA Annual Meeting in Seattle are as follows:

Workshop 1 — Administrative/Management Issues — Part A (SAA900) (two cassettes - \$22)

Workshop 2 — Regional Anesthesia: Upper Extremities (SAA901) (two cassettes - \$22)

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Perioperative Physician (SAA904) (two cassettes - \$22)

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Clinical Update — Management of the Complex Patient (SAA906)

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Techniques for Fast-Tracking (SAA910) (two cassettes - \$22)

Cases from the Real World (SAA911) Ambulatory Anesthesia Literature Review (SAA912)

New Developments in Office-Based Anesthesia (SAA913) (two cassettes - \$22)

Workshop 5 — Improving Patient Outcome (SAA914)

Workshop 6 — Perioperative Management Issues (SAA915) (two cassettes - \$22)

Workshop 7 — Administrative Management Issues — Part B (SAA 916) (two cassettes - \$22)

Workshop 8 — Regional Anesthesia — Lower Extremities (SAA917)

Ambulatory Surgery: Where Have We Been? Where Are We Going? (SAA918)

What's New in Pediatric Anesthesia (SAA919)

Medical Legal Issues (SAA920)

Members can order the above tapes by telephone (800) 810-TAPE or via the Internet at <www.aven.com>. Orders may also be faxed to (206) 440-7990. AVEN accepts VISA, MasterCard and American Express. All orders are subject to a \$1-per-tape shipping and handling charge with a maximum shipping and handling charge of \$10. 