



Society for Ambulatory Anesthesia

Ambulatory AnesthesiaSM

PRESIDENT'S MESSAGE

If We Are Going to Evolve, We Need YOUR Involvement!

By Barbara S. Gold, M.D.
SAMBA President

The following comments were made by Dr. Gold upon being installed as SAMBA President for 2001-02 during the Annual Membership Business Meeting at the SAMBA 16th Annual Meeting in Indian Wells, California.

I am honored to be elected President of SAMBA, and I would like to thank the many people who make this organization what it is today. It is because of interested members and dedicated leadership that we have this Society that we can all be proud of. To all of you, I extend deep appreciation and gratitude. I look forward to working with you this coming year.

At times like this, we often take stock of where we have been and where we would like to go. For the past several months, I have thought about where SAMBA has been and my vision for where it will go. I would like to briefly share those thoughts with you.

SAMBA has had many accomplishments over the past 15 years. We have grown to become the leading medical society for education and research in ambulatory anesthesia. All along, our mission has been to educate and share knowledge so that we can maintain or improve an already high standard of patient care. We have been true to that mission even as the landscape around us has changed dramatically. We are very fortunate to have an engaged Board and a very capable executive director in Gary W. Hoormann, who keeps us on track day to day. Year

after year, we have had stimulating and thought-provoking annual meetings that give us a chance to share ideas and learn from one another. This year's annual meeting, under the leadership of Walter G. Maurer, M.D., certainly is a fine example. Also, our finances are sound for the time being. This is due to the vision of our Board many years ago and generous corporate support. We have been able to fund quality education programs and major research initiatives such as the \$100,000 Outcomes Research Grant awarded last year to Lee A. Fleisher,

I firmly believe that if this Society is to grow strong and remain at the forefront, we need to continue to increase member value.

M.D. We also stimulated interest in residents by funding the travel awards.

Thanks to the perseverance of J. Lance Lichtor, M.D., we were one of the first kids on the block with a Web site. Our Web site continues to evolve and become more valuable. We have also recognized areas, such as office-based anesthesia, where educational input for promoting patient safety and quality care was vital. Rebecca S. Twersky, M.D., has championed that cause, which resulted in ASA's adoption of its "Guidelines for Office-Based



Barbara S. Gold, M.D.

Anesthesia." Several years ago, the importance of reaching out to our international colleagues was recognized by members of our Board. Consequently in 2003, SAMBA, together with the Federated Ambulatory Surgery Association, will host the Fifth International Congress on Ambulatory Surgery in Boston where we will have attendees from all over Europe and the Americas. In 2004, SAMBA will host a preconvention meeting at the World Congress of Anaesthesiologists in Paris, France. We can learn a lot from our international colleagues who do not practice in the same regulatory and medical legal climate as us. They in turn could learn from our experience. Lastly, we are beginning to reap the fruits of our revised Bylaws, such that the Board is much slimmer and trimmer; the real energy comes from the SAMBA committees and especially their chairs.

However, I would be naïve if I did

Continued on page 4

Of Commitment, Committees and Untangling the Web

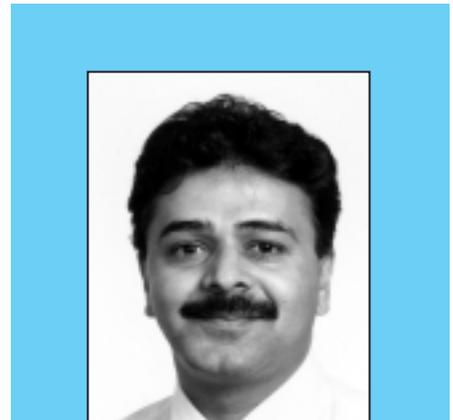
The SAMBA 16th Annual Meeting, held at the Esmeralda Resort in Indian Wells, California, was a great success. The Committee on Annual Meeting, chaired by Walter G. Maurer, M.D., Cleveland, Ohio, must be congratulated for providing an excellent program that included presentations on a wide range of interesting topics such as "Office-Based Anesthesia," "Regional Anesthesia," "Medicolegal Issues," "Sedation/Analgesia Outside the Operating Room," and "Dealing with Practice Pressure." In addition, the session on "Presentation of Cases in the Real World" was enlivened by significant interaction between the panelists and audience. The workshops were also very popular and required additional seating to accommodate last-minute attendees. In addition to providing education, such meetings allow an excellent opportunity for our members to share ideas and experiences with their peers.

In this issue, Atul Prabhu, M.D., Toronto, Ontario, Canada, summarizes the session on office-based anesthesia, and Andrew M. Herlich, M.D., Philadelphia, Pennsylvania, provides us with an overview of a workshop on pediatric dental anesthesia. For those

who could not attend the meeting, the lectures presented can be viewed on the SAMBA Web site <www.sambahq.org>. Annual Meeting presentations are also available on CD-ROMs that may be purchased on the Society Web site through the SAMBA store.

Each year, SAMBA presents a Distinguished Service Award to an individual who has made outstanding contributions to the field of ambulatory anesthesia. This year, Paul F. White, M.D., Ph.D., Dallas, Texas, received the award for his service to SAMBA and his extensive contributions to the science of ambulatory anesthesia. Phillip E. Scuderi, M.D., Winston-Salem, North Carolina, presented this award and has summarized Dr. White's comments appear on page 9.

SAMBA has been extremely successful in its goal of providing education and support to its members. In an effort to expand this support, newer Web-based projects are being developed under the leadership of J. Lance Lichtor, M.D., Iowa City, Iowa. An electronic newsletter that would provide a synopsis of recently published articles on ambulatory and office-based anesthesia is being planned.



Girish P. Joshi, M.D.

Furthermore, in the near future, our members will be able to direct questions on selected topics to experts in these areas. However, it is important to realize that success is a continuous process, with each step forming the foundation for the next. The success of SAMBA depends on the efforts of its members. I would encourage all members to serve on the various committees and help SAMBA to grow further. 

CONTENTS

President's Message	1	Paul F. White, M.D., Ph.D. —	
Editor's Page	2	A Career of Caring	9
President's Report	3	SAMBA Travel Award	
Office-Based Anesthesia		Recipients	10
Session at Annual Meeting	5	SAMBA Mid Year	
Workshop on Anesthesia		Meeting 2001	11
for Pediatric Dentistry	6	SAMBA New Members	12
SAMBA Distinguished			
Service Award Presented	8		

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 Subcommittee on Publications. Validity of opinions presented, drug dosage, accuracy and completeness of context are not guaranteed by SAMBA. The views, recommendations and conclusions contained in this newsletter are the sole opinions of the individual authors. The Society for Ambulatory Anesthesia takes no responsibility for approving or disproving the information contained therein.



Subcommittee on Publications

Chair and Editor
Girish P. Joshi, M.D.

Kumar G. Belani, M.D.
Andrew M. Herlich, M.D.
Michael L. Kentor, M.D.
Brian M. Parker, M.D.
Atul J. Prabhu, M.D.
Mary Ann Vann, M.D.

Knocking Down Borders and Casting Our 'Net of Influence

By J. Lance Lichtor, M.D.
SAMBA Immediate Past President

I believe we are an organization of widening influence. The past year has shown me that by expanding our informational and educational intentions through mass media, we can be "seen" in the wider world of anesthesia subspecialties. For instance, in education for everyone — that is, members, other clinicians and patients as well — we have had a wider audience than other subspecialties. During our fall Mid Year Meeting, we set an attendance record; attendance was up almost 50 percent over the previous year. What is more, within two weeks of the meeting, we were able to make the entire presentation available on the Web. This might just double our meeting presence as well as our influence; because of our Web presence, individuals throughout the world can hear our lecturers, view the slides and know what is currently going on in ambulatory anesthesia. The recently convened Annual Meeting in Indian Wells, California, continued in the great tradition of the past.

We have been able to attract our share of industry subsidizing. The Society's mission is subsidized in part by our Grand Patron Sponsors Aspect Medical Systems, AstraZeneca Pharmaceuticals, Abbott Laboratories, Pharmacia and Baxter Healthcare. This is an area that needs our attention and focus: Overall industry funding is dropping. Yet, our Society remains one of the most popular of all the anesthesia subspecialties. If we continue this upward spiral, we can assure ourselves of continued funding.

Attracting physicians is another yardstick of our influence. We need to keep ahead of this roll we are on. I want it, the Board wants it, and we assume that you share these goals. To keep our lead, we need to expand and augment our informational and education programs. We have plans to do that. Ease of information access, providing news for clinicians and timely

information for our patients remains the goal. Our Web site this year has been totally revamped. It is better organized, graphics have been improved, the patient information portion is sharper, and it gets more visitors now than before. Server management has been switched from a computer next to my desk to a professional organization.

I am certain you have noticed that access time has been improved and downtime eliminated. This is what it takes to stay ahead. This costs more money, but it has tangible results in reaching our people — physicians and patients — and influencing them. However, the secret of Internet partic-

To keep our lead, we need to expand and augment our informational and education programs.

ipation, Web site usage and return visitors lies in one word: promotion. Evaluation this past year shows that we have been weak in this crucial area. We do little promotion of our educational or informational services. There are several ways that we can improve our promotion. One way is that we can link up with larger, better-known organizations of which we are already a part. Active members of SAMBA must be active members of the American Society of Anesthesiologists (ASA). ASA can and should be one of our portals. When a medical professional goes to the ASA Web site with questions about ambulatory surgery, SAMBA should be the site where they are referred. When we have educational offerings such as this meeting — and its electronic version on the Web — ASA should provide a prominent link. When patients have questions about anesthesia for ambulatory surgery, they should be directed to our link.



J. Lance Lichtor, M.D.

But, in addition to this natural alliance, we need to reach out in our promotional efforts to others. We want to add new audiences to our outreach, and we now are looking into new ways to attract potential patients and new professional audiences such as the International Anesthesia Research Society, hospital administrators and ASA members. But we want to go farther and include members of industry and related managements. We want to be aggressive about spreading our influence, which gets us more funding, which then makes us a more viable, and visible, organization able to actually accomplish more of our goals.

We have conceptualized a monthly Internet newsletter delivered via e-mail as well as embedded in our Web site. This newsletter will contain information for clinicians as well as general information for patients. Information for physicians will relate to talks at upcoming meetings. There might be financial hints for patients and other relevant topics for both physician and patient audiences. We are doing ongoing research on topics. In fact, we would appreciate any ideas or suggestions for subjects that you think we need to address. By the way, we are thinking of a title for the newsletter, and this is one of the top choices: "SAMBA Speaks — Information for

Continued on page 4

Knocking Down Borders and Casting Our 'Net of Influence

Continued from page 3

Patients and Physicians Interested in Ambulatory Surgery." We are looking for topics and material. Any help you can provide would be appreciated.

There is a subliminal message for each audience that runs through all our promotional efforts: For anesthesiologists, we will be the influential organization for ambulatory surgery. We are the club to join. For industry and management, we are the organization that should be supported, funded and paid attention to. And for patients: These are the medical professionals who want your trip through surgery to be informed, safe and successful. This monthly e-mail

and online newsletter will not replace our meetings or our printed newsletter, but rather will help to draw in more people to attend our meetings and to join our Society. The subtext is always to increase the value of SAMBA for its members and to direct people to our education and information on the Web for a deeper level of information — both on a regional and international basis.

My own bias for the SAMBA Web site has had an international focus. I believe we have much to offer the world in education. I must say that it was with great pride the day I logged on the Web and was able to see our site, our information and our organization in Chinese. It was great! In fact,

we have expanded our site so that patients can have information about ambulatory surgery not only in Chinese — and English, of course — but also in Spanish and German.

So there you have it, our dreams in a nutshell: promotion of our interests; a stronger, more effective Web site; an e-mail and Web newsletter for greater outreach to more audiences and the continuance of industry funding. All of this spells I-N-F-L-U-E-N-C-E: SAMBA influence to keep us strong, to gain recognition for us, to be the most effective anesthesia subspecialty in a global medical practice. It is our future. 

If We Are Going to Evolve, We Need YOUR Involvement!

Continued from page 1

not mention some of the clouds on the horizon. For any society to stay vibrant, dealing with challenges is an accepted fact of life. I would submit that it is the tension created by these challenges that stimulates innovation and improvements. With that in mind, I would like to share with you some of the problems that we as a Society face so that you can think about them and share any constructive ideas you have.

First, as clinicians we are under ever-increasing pressure to do more with less, all the while being held to higher and higher standards. There is pressure from everyone: administrators, insurers, surgeons and patients. We are asked to anesthetize more patients, sicker patients, younger patients, older patients. We are expected to be efficient while maintaining extremely high standards of safe care. Increased clinical demands and expectations affect SAMBA because there is less nonclinical time to attend meetings or be actively involved in medical societies. Paradoxically, medical societies such as SAMBA, through educational programs, are well-suited to helping us deal with the myriad prob-

lems and pressures we face everyday.

Second, as a Society, we always seek ways to ensure generous support from our sponsors in order to further our educational mission. This is becoming increasingly challenging as companies merge and educational budgets are cut. That is a reality from which we cannot hide.

Third, and this concerns me greatly, even though outpatient anesthesia has grown to comprise 70 percent of all anesthetics delivered in this country, our membership over the past several years has stayed flat. Why is that, and what can be done about this problem? We all have more demands on our time, and I do not expect this problem to take care of itself; if anything, it may get worse without proper attention.

I have outlined just some of the challenges that our Society faces. I firmly believe that if this Society is to grow strong and remain at the forefront, we need to continue to increase member value. SAMBA needs to be seen as an organization that provides education and support throughout the year — not just at the Annual Meeting or via the newsletter. The Web is an excellent tool to help us in this regard. We already are at work on that project

with a committee on Web-based media development chaired by Dr. Lichtor. We need to be innovative in how we raise funds and continue to be prudent about how we spend money. Lydia A. Conlay, M.D., Ph.D., and Beverly K. Philip, M.D., are very attuned to this problem, and a treasurer's task force has been convened. We need to reach out to our international colleagues so that we can learn from one another. I would submit that, together, we can tackle and solve each and every one of these issues. But it will take time and commitment.

Most of all, it will take involvement from SAMBA members. In order for this organization to grow and thrive, it is vital that members make their suggestions, criticisms and comments known. In this electronic age, there is no excuse for not letting the SAMBA leadership know what you need, want and expect. By learning from one another and staying educated and well-informed, we can continue to provide the high-quality patient care that is the hallmark of our specialty. And by working together, we can also have fun along the way. I thank you for your support and look forward to the coming year. 

Office-Based Anesthesia Session at Annual Meeting

By Atul Prabhu, M.D.
Department of Anesthesiology
Toronto Western Hospital
Toronto, Ontario, Canada

The following is a report of the panel "Office-Based Anesthesia" that was presented on Friday, May 4, 2001, at the SAMBA 16th Annual Meeting in Indian Wells, California. The panel focused on some of the contentious issues pertaining to the practice of anesthesiology in the office setting.

Scott R. Springman M.D., Madison, Wisconsin, discussed "Malignant Hyperthermia: Cooling Off a Hot Topic in Office-Based Anesthesia." Despite a relatively low incidence of 1:50,000 in otherwise clinically inconspicuous individuals, malignant hyperthermia (MH) can occur in the office-based setting. There is at least one American Society of Anesthesiologists (ASA) closed claims case and several other reports in the media of MH occurring in office-based anesthesiology facilities. Therefore, it is imperative that anesthesiologists formulate a definite plan to deal with MH occurrence. The Malignant Hyperthermia Association of the United States (MHAUS) provides treatment, suggestions, printed material, posters and a telephone hotline at 1 (800) MH-HYPER (800-644-9737) to link clinicians to a panel of MH experts. MHAUS is currently preparing an "Office-Based Anesthesia MH Procedure Manual."

There are two options available to the anesthesiologist in the office setting. One can choose to avoid the use of all trigger agents, or, alternatively, one can stock dantrolene and make a suitable plan for the treatment of MH. It is recommended that 36 vials of dantrolene, which is adequate to treat a case of MH in a 70 kg patient, are kept in stock in the office. The office should have a written and posted policy and protocol for handling MH. While developing a flow sheet and supply list, one should not forget the requirements of treating the secondary effects of MH.

Thomas A. Joas M.D., San Diego, California, spoke about "How Regulations and Accreditation Affect My Clinical Practice." The rise of regulatory and accreditation agencies has come about on account of several factors, including an exponential increase in malpractice cases, media coverage and medical catastrophes. At the center of all this, however, patient safety should be paramount. The regulations are often borne out of an obvious necessity. They should be backed by authority and have clarity and consistency. The following changes have come about in the state of California through regulations that have become law. The amount of liability insurance for an ambulatory or office-based center should be the same as that of the



Atul Prabhu, M.D.

Despite a relatively low incidence of 1:50,000 in otherwise clinically inconspicuous individuals, malignant hyperthermia (MH) can occur in the office-based setting.

hospital. All deaths, transfer of patients and patients staying for more than 24 hours need to be reported within 15 days. A licensed physician and a licensed health care worker must be available in the operating suite. At least one or both should be trained in advanced cardiac life support.

Advertising standards also have been regulated. These have specifically related to more clarity about the procedure being advertised and the need to give clear and accurate information about the images, models, etc. However, in light of the increase in office-based anesthesia and the escalation of procedures performed with sedation and local anesthesia, there is a

need to define the anesthesia threshold. Furthermore, the regulations regarding local anesthesia need to be addressed. Liposuction procedures in particular have been given emphasis. There is a need to regulate the volume of suction and determine the postoperative care standards. Some states such as California have addressed these issues.

Continuing on the theme of patient safety, dermatologist **Jeffrey A. Klein, M.D.**, Irvine, California, addressed the issue of "The Risk and Results: What Do the Surgeons Say About Patient Safety." Exclusively addressing the issues in tumescent liposuction in office-based settings, an overview of the technique and the drugs used in the procedure was presented. Performing these cases under local anesthesia was possible by using diluted concentrations of lidocaine mixed with epinephrine. The concentrations of lidocaine used far exceeded the conventional safe doses of 7 mg/kg. Evidence was presented that lidocaine 45 mg/kg when used for liposuction in extremely dilute solutions did not achieve toxic plasma concentrations. Interestingly, the highest plasma concentrations were achieved only after four to six hours. The remarkable safety demonstrated by this method was probably due to intense local vasocon-

Continued on page 7

Workshop on Anesthesia for Pediatric Dentistry

By Andrew M. Herlich, M.D., Chair
Committee on Mid Year Meeting
Philadelphia, Pennsylvania

On Saturday afternoon, May 5, 2001, a first-of-its-kind workshop debuted at the SAMBA 16th Annual Meeting. Due to the proliferation of office-based anesthesia, a workshop with a focus on anesthesia for pediatric dentistry was presented. The thought that precipitated this workshop was the fact that most physicians who administer office-based anesthesia are largely unfamiliar with the technical restrictions and requirements of the pediatric dentist in general, and specifically in the office-based and clinic environment.

The workshop was full, and additional seating was required in order to accommodate the number of attendees who were standing at the back of the room!

Terri Homer, M.D., Stanford, California, presented the first topic, pertaining to the perioperative preparation of the pediatric patient, the pediatric dentist and the family. Dr. Homer cautioned from the outset that patient selection is a key ingredient to success. Patients who are assigned an American Society of Anesthesiologists (ASA) physical status 3 or higher are not suitable for her practice. Additionally, poorly controlled asthmatics or those with poorly controlled seizure disorders are considered unsuitable for her practice. The pediatric dentists with whom she works understand her patient selection process and are not likely to challenge her rationale for exclusions or cancellations.

Nothing-by-mouth issues also were addressed in Dr. Homer's talk. She follows the current ASA recommendation for NPO in terms of both liquid and solids. Additionally, she emphasized that most of her patients come from highly affluent and educated families who are more likely to follow the guidelines than not. The use of preprinted written instructions for both preoperative and postoperative care and presedation telephone calls to

the family greatly assist in positive outcomes.

In order to improve parental participation in the process, she allows the parents to see the dental operatory with the anesthesia monitors as well as carry their child into the operatory after the preoperative sedative has taken full effect. Dr. Homer exclusively uses intravenous sedation techniques without the use of a tracheal tube or the laryngeal mask airway. Occasionally, she uses nasopharyngeal airways to improve treatment of partial upper airway obstruction. Postoperatively, she recovers the child in the dental chair and frequently is able to discharge the child home with his or her

The thought that precipitated this workshop was the fact that most physicians who administer office-based anesthesia are largely unfamiliar with the technical restrictions and requirements of the pediatric dentist in general, and specifically in the office-based and clinic environment.

parent within 30 to 45 minutes after completion of the treatment.

Andrew M. Herlich, M.D., Philadelphia, Pennsylvania, addressed the issues relating to inhalational anesthesia. Issues such as office selection in terms of sufficient space, scavenging, suction and back-up power sources were addressed. The use of inhalational anesthesia implies the use of an anesthesia machine. These machines may vary in size from a refurbished (or new) standard-size anesthesia ma-



Andrew M. Herlich, M.D.

chine, requiring a van in which to transport the equipment from office to office, to smaller inhalational anesthesia delivery devices. These include a diminutive version of the standard anesthesia machine with fewer vaporizer slots that can be dismantled and transported in the back seat of a car. An even smaller volatile anesthesia delivery device has recently been introduced to the American market that has a position for only one vaporizer. This device weighs approximately 50 pounds and can be transported safely in the front seat of a standard car. The choice of volatile anesthetic was addressed insofar as to suggest that if only one vaporizer is to be selected, sevoflurane is the most suitable for both adults and children.

The routine use of antiemetics was presented. Dr. Herlich suggested that in the pediatric age group, ondansetron and dexamethasone were excellent choices due to their side effect-to-efficacy profile. Other antiemetics have more side effects and may not be as suitable in the pediatric dental office environment. Finally, Dr. Herlich addressed the issue of emergencies and preparedness of pediatric dental office staff. He pointed to one recent article in the pediatric dental literature suggesting that 91 percent of the sampled pediatric dentists felt they were inadequately prepared to handle medical emergencies!

Richard Finder, D.M.D., Pittsburgh, Pennsylvania, presented the third arm of the panel. He addressed the notion that there are distinct entities in terms of sedation. He emphasized the concept of a continuum among moderate and deep sedation as well as deep sedation and general anesthesia. The ability to distinguish between deep sedation and general anesthesia is not easy. He further emphasized the importance of vigilance and monitoring to achieve optimal sedation even in the youngest of the pediatric dental patients. The unrealistic goal of achieving light sedation in

small children was highlighted.

Dr. Finder carefully guided the audience through his preferred sedation technique. In children under five, he administers ketamine and atropine intramuscularly (I.M.) and proceeds with intravenous (I.V.) access and monitoring from that point. Ketamine 2-3 mg/kg, I.M. provides not only an initial dissociate state but also provides intense analgesia that will aid in I.V. placement. For children older than five, after achieving I.V. access and monitor placement, Dr. Finder titrates propofol and remifentanyl for optimal sedation and analgesia. Additionally,

pediatric dentists administer local anesthesia to minimize use of sedatives. This is in contradistinction to Dr. Homer's practice wherein pediatric dentists do not habitually administer local anesthesia and rely upon her administration of I.V. meperidine for postoperative analgesia.

On completion of the presentations, the audience engaged in a lively question-and-answer period that extended into the hallway after the close of the session. It appears that workshops of this nature will be highly successful in the future. 

Office-Based Anesthesia Session at Annual Meeting

Continued from page 5

striction at the margin causing slow systemic absorption and, in high doses, lidocaine metabolism following first-order kinetics. It was stressed that those using this technique need to appreciate the pharmacokinetics, with particular emphasis on drug interactions. Evidence in the literature showing that there were deaths associated with liposuction was presented. It was felt that these were related to the procedures being done under general anesthesia and multiple procedures being done at the same time.

With the technique described by Dr. Klein, all the procedures were done under local anesthesia with only oral medication used for anxiolysis and/or sedation. He felt that while general anesthesia per se may not be the cause of major morbidity and mortality, it provided a milieu for morbidity. The physician doing the procedure should consider the need for general anesthesia, the amount of fluid being suctioned (<4000 ml was considered safe) and the amount of fluid administered perioperatively. Trauma to major viscera was also detected earlier in a conscious patient; the potential for thromboembolism was reduced, and the patient was able to move the limbs. It

was important that the operating practitioner keep meticulous records of drugs, fluids and surgery.

Dennis J. Lynch, M.D., a plastic surgeon from Temple, Texas, continued on with the theme, "The Risk and Results: What Do the Surgeons Say About Patient Safety?" The American Association for Accreditation of Ambulatory

Further studies showed that plastic surgery procedures performed in the office setting were safe.

Plastic Surgery Facilities (AAAAPSF) study by Miordello showed that seven deaths occurred in a five-year period in which 400,000 operations were performed. Further studies showed that plastic surgery procedures performed in the office were safe. Despite the overall safety, however, deaths did occur. In view of this, the American Society of Plastic Surgeons (ASPS) supports research in the fields of volume of liposuction and the toxic doses of lidocaine. There were also guidelines for-

mulated for sedation and deep-vein thrombosis prophylaxis.

A task force of ASPS has listed the following issues that need to be addressed in the office-based setting: A detailed history, comorbid diseases, a physical examination, electrocardiography requirements and needs of the pediatric population. With regard to the procedure, the timing, duration, combination of procedures, blood loss less than 500 ml, liposuction volume less than 5,000 ml and the risk of hypothermia and fluid losses need to be addressed. The anesthesia factors include only ASA physical status 1 and 2 patients under a general anesthetic, while ASA 3 patients need local anesthesia and sedation. The AAAAPSF monitored postoperative care, sentinel events and morbidity within 30 days.

Rebecca S. Twersky, M.D., Brooklyn, New York, led a lively question-and-answer session. Questions regarding the role of systemic anesthesia in the development of complications, particularly the view of the American Academy of Dermatologists, were raised. The issue about postoperative deep-vein thrombosis was raised. The panel was unanimous in its view that there were several issues that need to be addressed. 

SAMBA Distinguished Service Award Presented

By Phillip E. Scuderi, M.D.
Associate Professor of Anesthesiology
Wake Forest University
School of Medicine
Winston-Salem, North Carolina

The SAMBA Distinguished Service Award is the highest honor conferred by the Society for achievements in ambulatory anesthesia. It is presented "in recognition of outstanding achievement in ambulatory anesthesia." It was first presented in 1994, and seven individuals who have made outstanding contributions to the practice of ambulatory anesthesia have been honored in this fashion. The first recipient, Marie-Louise Levy, M.D., was instrumental in the opening of this country's first self-contained outpatient surgical suite within a hospital setting. Wallace A. Reed, M.D., last year's recipient, was a co-founder of the Phoenix Surgicenter, the first successful freestanding ambulatory surgical facility in the United States. The three founding members of the Society for Ambulatory Anesthesia, Bernard V. Wetchler, M.D., Burton S. Epstein, M.D., and Surinder K. Kallar, M.B., each of whom has served as President of SAMBA, have also been honored, as have Stanley Bresticker, M.D., a charter member and the first Treasurer of the Society, and Harry C. Wong, M.D., one of the co-founders of the Salt Lake Surgical Center and also a charter member and past president of SAMBA.

A common thread that binds together the careers of these individuals is their dedication to the improvement of the practice of ambulatory anesthesia and their commitment to our Society. As Dr. Wong once noted, a common goal has been to "improve upon the quality of ambulatory surgical care, the health care delivery system and, most of all, the image of the anesthesiologists as a physician" and "to deliver higher quality care with class and style." He went on to say that "the anesthesiologist was the key, the perioperative physician who could as-

sume the responsibility for the preoperative and postoperative care as well as the traditional intraoperative care."

This year's recipient, **Paul F. White, M.D., Ph.D.**, has been no less a tireless advocate of the practice of ambulatory anesthesia. Dr. White received his A.B. degree from the University of California-Berkeley in 1970, followed by a Ph.D. in pharmacology from the University of California-San Francisco in 1976 and his M.D. in 1977 from the same institution. Dr. White has been on the faculty of Stanford University and Washington University School of Medicine and is currently Professor of Anesthesiology and holder of the Margaret Milam McDermott Distinguished Chair of Anesthesiology at

In addition to Dr. White's service to SAMBA and other professional societies, he has contributed extensively to our understanding of the science of ambulatory anesthesia.

the University of Texas Southwestern Medical Center at Dallas. Dr. White is well known to the members of SAMBA. Like Drs. Wetchler, Epstein, Kallar, Bresticker and Wong, he became a charter member of SAMBA in 1985 and served as Second Vice-President on the Society's first slate of officers. He has served on the Board of Directors from 1988-99. He was Second Vice-President from 1988-90, First Vice-President in 1992-93 and served as President of SAMBA in 1994-95. In addition, Dr. White has served as Chair of the Committee on Annual Meetings, the Committee on International Relations, the Committee on Research and the Committee on Education and was the first editor of the SAMBA newsletter from 1985-87. Dr.



Phillip E. Scuderi, M.D.

White is currently a member of the editorial board of *Anesthesia and Analgesia*, has served as section editor for *Ambulatory Anesthesia* of that journal since 1997 and serves on the editorial board of numerous other journals.

In addition to Dr. White's service to SAMBA and other professional societies, he has contributed extensively to our understanding of the science of ambulatory anesthesia. Dr. White is the author or co-author of more than 70 books and book chapters and more than 300 publications in peer-reviewed journals. Of particular interest to our Society and all practitioners of outpatient anesthesia are the 80 articles that have addressed issues specific to the practice of ambulatory anesthesia. His interests and publications have spanned the entire spectrum of research in ambulatory anesthesia, including pain medicine, the management of postoperative nausea and vomiting, economics of ambulatory anesthesia and anesthetic techniques in ambulatory anesthesia. It is for his extensive contribution to the science of ambulatory anesthesia that Paul F. White, M.D., Ph.D., is such a truly worthy recipient of the SAMBA Distinguished Service Award. 

Paul F. White, M.D., Ph.D. — A Career of Caring

By Paul F. White, M.D., Ph.D.
Professor and McDermott Chair
of Anesthesiology
Department of Anesthesiology and
Pain Management
University of Texas Southwestern
Medical Center
Dallas, Texas

Dr. White, recipient of the SAMBA 2001 Distinguished Service Award, presented the following comments during presentation ceremonies at the SAMBA 16th Annual Meeting in Indian Wells, California, on Friday, May 4.

I would like to start by thanking the members of the Board of Directors for honoring me with the SAMBA 2001 Distinguished Service Award. As I look around this room and see the many friends and colleagues who have contributed to the growth of this specialty, I am reminded of how far ambulatory anesthesia has evolved since this organization was founded in 1985. When I started my anesthesiology career, it was suggested that I consider a career in cardiovascular or neuroanesthesia because of my medical background — little did anyone realize that 25 years later, many of the most challenging anesthetic cases would be undertaken in the ambulatory setting. During my sabbatical in Norway, I observed surgeons performing a wide variety of “major” surgical procedures on an outpatient basis, including adrenalectomies.

In the 1970s and '80s, very few academic anesthesiologists were interested in this specialty. For many years, Burton S. Epstein, M.D., gave the only ASA Refresher Course lecture on “outpatient anesthesia,” and I had the privilege of following in his footsteps. In acknowledging the support of the other past presidents, I would like to especially thank Bernard V. Wetchler, M.D., for being a good friend and mentor during my early years in the specialty. Finally, in the SAMBA organization itself, no one has been more helpful than Gary W. Hoormann!

My academic career has been facili-

tated by some of the icons in anesthesia, and my textbook *Ambulatory Anesthesia & Surgery* contains contributions by many individuals in this organization. I would also like to thank my mentors and colleagues at the University of California-San Francisco, Stanford University, Washington University and University of Texas Southwestern Medical Center. I am particularly indebted to my co-investigators at these fine teaching institutions as well as colleagues at Cedars Sinai Medical Center in Los Angeles, California, who have all given generously of their time

Performing high-quality clinical research is very challenging — analogous to trying to negotiate a minefield!

and energy to assist me and my fellows. Performing high-quality clinical research is very challenging — analogous to trying to negotiate a minefield! It would not have been possible with-



Paul F. White, M.D., Ph.D.

out the invaluable assistance of my research fellows and administrative staff. All six of my current fellows earned SAMBA research awards.

Over the past two decades, I have had the privilege of working with over 50 post-doctoral fellows (and medical students) from all over the world, and many of my past fellows are currently serving as either chair or vice-chairs of their own anesthesia departments.

Finally, I would like to acknowledge

Continued on page 11



Researcher, physician, philanthropist, husband and father, Paul F. White, M.D., Ph.D., left, is pictured here being given the SAMBA 2001 Distinguished Service Award by Phillip E. Scuderi, M.D.

SAMBA TRAVEL AWARD RECIPIENTS

The following individuals were presented \$1,000 Travel Awards during the recently convened SAMBA 16th Annual Meeting in Indian Wells (Palm Springs), California. The awards, which were made possible by a grant from AstraZeneca Pharmaceuticals, were presented to the residents whose abstracts received the highest grades. The recipients were invited to be poster presenters at the meeting.

Since its inception, SAMBA has provided close to \$250,000 in travel awards to defer the cost of residents' travel to the SAMBA Annual Meeting, where many make their first presentation at a national convention. The Travel Awards program is another means SAMBA uses to further its mission to promote research in ambulatory anesthesia.

SAMBA Travel Awards

Lisa L. Birt, M.D., Madison, Wisconsin, *The Flexible Laryngeal Mask Airway (LMA) for Pediatric Outpatient Adenotonsillectomy Surgery*

Xiaoguang Chen, M.D., Los Angeles, California, *What Is the Most Cost-Effective Antiemetic Prophylaxis Technique for Office-Based Anesthesia?*

Margarita Coloma, M.D., Dallas, Texas, *Fast-Tracking After Outpatient Laparoscopy: Reasons for Failure to Bypass the PACU*

Dennis P. Dimaculangan, M.D., Brooklyn, New York, *Survey to Determine the Utility of the Internet for Preoperative Evaluation*

John A. Gianoli, M.D., Lubbock, Texas, *Recovery From Desflurane Versus Sevoflurane in the Elderly*

Jie Hu, M.D., Dallas, Texas, *Comparative Analgesic Efficacy of Celecoxib, a Cox-2 Antagonist, and Acetaminophen in Preventing Pain After Ambulatory Surgery*

Wasmimul Huda, M.D., Aligarh, Uttar Pradesh, India, *Evaluation of a New Supraglottic Airway Device — The Pharyngeal Airway/Pa Xpress — for Ambulatory Anesthesia*

Tijani Issioui, M.D., Dallas, Texas, *Analgesic Efficacy of the Cox-2 Antagonist Refecoxib Alone or in Combination With Acetaminophen in the Ambulatory Setting*

Scott D. Markowitz, M.D., Dallas, Texas, *Effect of Dexamethasone on the Prophylactic Antiemetic Activity of Dolasetron*

Kirtida Mukherjee, M.D., Plymouth, Devon, United Kingdom, *Simpler Extubation With Total Intravenous Anesthesia in Dental Day Case Surgery*

Atul J. Prabhu, M.D., Toronto, Ontario, Canada, *Low-Dose Spinal Anesthesia in Ambulatory Surgery: How Should We Test for the Ability to Walk?*

Senthilkumar Sadhasivam, M.B., Boston, Massachusetts, *True Outcome-Oriented Management of PONV Following*

Pediatric Strabismus Surgery: An Evidence-Based and Value-Based Approach and Its Impact on Ambulatory Anesthesia Practice

Dajun Song, M.D., Toronto, Ontario, Canada, *Effects of Fast-Tracking Recovery Process on Patient Total Recovery Time and Nursing Workload Following Gynecological Ambulatory Procedures*

Balachundhar Subramaniam, M.D., Boston, Massachusetts, *Prediction of PONV and Selective Use of Prophylactic Ondansetron in Predicted High-Risk Patients Undergoing Breast Surgery Is More Cost-Effective*

Jun Tang, M.D., Los Angeles, California, *Effect of Timing of Dolasetron Administration on Its Efficacy as a Prophylactic Antiemetic*

Ambulatory Anesthesia Research Foundation Awards

The following individuals received cash awards for submitting the five highest graded abstracts to the SAMBA 16th Annual Meeting. The awards are made possible through a grant from the Ambulatory Anesthesia Research Foundation.

1st Place

Tijani Issioui, M.D., Dallas, Texas, *Analgesic Efficacy of the Cox-2 Antagonist Refecoxib Alone or in Combination With Acetaminophen in the Ambulatory Setting*

2nd Place

Jun Tang, M.D., Los Angeles, California, *Effect of Timing of Dolasetron Administration on Its Efficacy as a Prophylactic Antiemetic*

3rd Place

Jie Hu, M.D., Dallas, Texas, *Comparative Analgesic Efficacy of Celecoxib, a Cox-2 Antagonist, and Acetaminophen in Preventing Pain After Ambulatory Surgery*

4th Place

Xiaoguang Chen, M.D., Los Angeles, California, *What Is the Most Cost-Effective Antiemetic Prophylaxis Technique for Office-Based Anesthesia?*

5th Place

Dajun Song, M.D., Toronto, Ontario, Canada, *Effects of Fast-Tracking Recovery Process on Patient Total Recovery Time and Nursing Workload Following Gynecological Ambulatory Procedures*

SAMBA Presents...

Controversies in Anesthesia



SAMBA is proud to introduce "Controversies in Anesthesia" as the topic for the SAMBA Mid Year Meeting 2001. We invite you to join your friends and colleagues at the SAMBA Mid Year Meeting 2001 on October 12, one day prior to the American Society of Anesthesiologists (ASA) Annual Meeting at the New Orleans Marriott Hotel in New Orleans, Louisiana.

The Program Committee, chaired by Johnathan L. Pregler, M.D., of Los Angeles, California, is finalizing what promises to be another thought-provoking program. Members should look for the SAMBA Mid Year Meeting 2001 registration brochure in the mail in July.

The registration fee will be \$125 for SAMBA members, \$175 for non-SAMBA members and \$50 for residents. The registration fee will include the course syllabus, all educational presentations, a continental breakfast, a luncheon and coffee breaks.

You may place your hotel reservations through the ASA Annual Meeting housing bureau at (800) 974-7916, or over the Internet at www.asahq.org/AnnMtg. Members residing outside of the United States and Canada may telephone (847) 940-2155. SAMBA will make application to ASA for accreditation in category 1 of the Physician's Recognition Award of the American Medical Association.



Paul F. White, M.D., Ph.D. — A Career of Caring

Continued from page 9

the individuals who have really contributed the most to my success in academic medicine: namely, my family! My wife, Linda, and daughters, Kristine and Lisa, have been incredibly supportive throughout my academic career. They made personal sacrifices to allow me to successfully pursue my career goals. The last time our Annual Meeting was held at this beautiful resort, I was elected President of SAMBA. It is a special honor to return here to receive the Distinguished Service Award because this is where I spent my youth. At that time, the land around this hotel consisted of sand dunes and tumbleweeds!

The timing of this award is also special for me because my parents just celebrated their 55th wedding anniversary and are in attendance at this luncheon, along with my brothers, Ed and Chuck, and sisters, Joan and Connie. I will not embarrass them by bragging about their individual accomplishments. However, we shared a very special bond that was the result of having been raised by wonderful parents in a loving home environment. My father and mother worked incredibly hard so that we could enjoy a more comfortable lifestyle. My dad and I both lost important positions because we refused to compromise our principals for the sake of expediency. Although my dad was my role model,

it was my mother who taught me the value of spirituality and also infused me with her "feistiness" and common-sense survival skills! It is to my wonderful family that I dedicate this very special award.

As the specialty of ambulatory anesthesia advances into the new millennium, I look forward to pursuing some of my other interests in life. My family and friends have started a not-for-profit foundation to support the creative arts and medicine. The White Mountain Institute will eventually be located in the lovely mountains to the west of this resort in a small town called Julian. Hopefully, my second "career" will be as rewarding as the first one has been! 

Board of Directors

President

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

Immediate Past President

J. Lance Lichtor, M.D.
 Iowa City, Iowa

President-Elect

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

Vice-President

Martin S. Bogetz, M.D.
 San Francisco, California

Secretary

Frances F. Chung, M.D.
 Toronto, Ontario, Canada

Treasurer

Grover R. Mims, M.D.
 Winston-Salem, North Carolina

At-Large Directors

Walter G. Maurer, M.D.
 Cleveland, Ohio

Melinda L. Mingus, M.D.
 New York, New York

Lucinda L. Everett, M.D.
 Seattle, Washington

Kathryn E. McGoldrick, M.D.
 New Haven, Connecticut

Phillip E. Scuderi, M.D.
 Winston-Salem, North Carolina

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

ASA Delegate (ex-officio)

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

Newsletter Editor (ex-officio)

Girish P. Joshi, M.D.
 Dallas, Texas

SAMBA Welcomes the Following New Members (April 2001 to present):

Elizabeth H. Adamson, M.D.	Big Rapids, Michigan
Armando R. Alam-Gonzalez, M.D.	Marietta, Georgia
Carol A. Angel, M.D.	Conway, Arizona
Robert Bergman, D.O.	Duluth, Georgia
Frederick J. Bunke, M.D.	Glastonbury, Connecticut
Robert J. Burton, M.D.	Smyrna, Georgia
Timothy S. Cann, M.D.	Newark, Delaware
Sara J. Childers, M.D.	Chicago, Illinois
Jen W. Chiu, M.D.	Singapore, Singapore
C. A. Cintron, M.D.	Roxbury, Massachusetts
Alice L. Dijamco, M.D.	Atlanta, Georgia
Marc A. Feldman, M.D.	Beachwood, Ohio
Mary F. Fischer, M.D.	Yakima, Washington
Armellin Gabriele, M.D.	Padova, Italy
Barry S. Goldstein, M.D.	Bridgeton, Missouri
Renny Griffith, M.D.	Washington, D.C.
Rita Grover, M.D.	Potomac, Maryland
Irving A. Hirsch, M.D.	Highland Heights, Ohio
William G. Hope, M.D.	Pewaukee, Wisconsin
Ngozi N. Imasogie, M.D.	Toronto, Ontario, Canada
Lyndia M. Jones, M.D.	Monroe, Louisiana
Joe Lloyd, M.D.	Nevada City, California
Tomaz Luzar, M.D.	Grosuplje, Slovenia
Joseph P. Maloney, M.D.	Hinsdale, Illinois
Bharati Mithani, M.B.	Voorhees, New Jersey
Girish D. Mulgaokar, M.B.	Highland Heights, Ohio
Linda A. Myers, M.D.	Hempstead, New York
Garry E. Rains, M.D.	Upper Arlington, Ohio
Catherine R. Rodziewicz, M.D.	Livonia, Michigan
Alec Rooke, M.D.	Shoreline, Washington
Neal W. Rudy, M.D.	Peoria, Illinois
Mohamed Sanchez, M.D.	Caracus, Venezuela

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

Grand Patron Sponsors	Sponsors	Donor
Abbott Laboratories	Esurg	Ambulatory Anesthesia
Aspect Medical Systems, Inc.	GlaxoSmithKline	Research Foundation
AstraZeneca Pharmaceutical Products	LMA North America	
Baxter Healthcare Corporation	Mallinckrodt, Inc.	
Pharmacia	Preferred Physicians Medical	
	Risk Retention Group, Inc.	
	Woodside Biomedical	
Sustaining Sponsors		
Organon, Inc.		