Birth of a new Society
The Interim Board of Directors of the European Society of Anaesthesiology (ESA) announced the completion of the amalgamation of the former European Society of Anaesthesiologists (ESA), the former European Academy of Anaesthesiology (EAA) and the former Confederation of European National Societies of Anaesthesiologists (CENSA) into the European Society of Anaesthesiology (ESA). As a result of the new ‘Society Membership’ category, the ESA has the potential to soon represent more than 60,000 European anaesthesiologists. Although predominantly a European Society, the ESA membership base includes affiliate members (without voting rights) from several countries outside Europe.

Update on pain management
The last two decades have witnessed a significant growth in day-case surgery. For example, approximately half of all surgical interventions in Scandinavia today are performed on an outpatient basis. Better anaesthesia practice and improved techniques in minimally invasive procedures will probably see this figure increase further in the future. Contrary to common belief, patients undergoing day-care surgery suffer more than mild postoperative pain. "The predominant post-discharge symptom following ambulatory surgery is pain," stated Dr Narinder Rawall, MD, PhD, Professor at the Department of Clinical Medicine at the University Hospital in Örebro (Sweden). Between 20 and 40 percent of patients experience moderate to severe pain lasting from two to four days. "Pain is not only a source of discomfort and sleep deprivation, but is the major cause of delayed discharge and unanticipated hospital admission and may lead to chronification of acute pain and behavioural changes, especially in children," said Dr Rawall.

Today, post-ambulatory surgery pain is usually treated with take-home analgesia. In view of their inadequacy to control the severity of the pain experienced and the controversy surrounding the use of strong opioids, it is increasingly clear that complementary strategies (e.g. patient information, pain-assessment scoring) and alternative techniques (e.g. regional techniques at home) for postoperative pain management should be considered. However, as Dr Rawall pointed out, more studies are required to identify the most appropriate techniques capable of efficacious and safe pain management following ambulatory surgery.

Postoperative ventilatory support
Discussing non-invasive ventilation (NIV) methods during the post-operative period, Dr Paolo Pelosi, Professor at the Department of Ambient, Health and Safety at the University of Insubria, Varese (Italy), proposed the use of the fairly recently introduced helmet interface for NIV as an alternative to the full-face mask. Helmet-delivered ventilation is cost-effective, easy to use, better tolerated and generally more comfortable over longer periods of time.

There is limited high-quality evidence available to support the usefulness of postoperative respiratory physiotherapy. However, Dr Jaime Canet, anaesthesiologist at the Hospital Universitari Germans Trias i Pujol Badalona in Barcelona (Spain), identifies four patient groups for whom chest physio may be of value: patients with (1) decreased lung volume, (2) sputum retention, (3) increased work of breathing (e.g. COPD patients) and (4) reduced exercise tolerance. "Adequate analgesia prior to physiotherapy treatment will allow more effective, easy to use, better tolerated and generally more comfortable over longer periods of time.

HRO theory - a model for safety
As the processes of modern healthcare are becoming more and more complex, the improvement of patient safety is an increasingly growing concern. Dr David M. Gaba, MD, Professor of Anaesthesia at Stanford University & VA Palo Alto Health Care System (CA, USA), proposes a theory of organisational safety based on the paradigm of High Reliability Organisations (HROs). This approach, which saw its debut in the 1980s, is established on a study of industries that, though involved in quite difficult and hazardous work, did so with a rather low level of adverse effects. Since many of these industries share key features with healthcare institutions, it is suggested that the organisational principles of an HRO can be applied as model to enhance patient safety. The four key principles of HROs are identified as (1) the maintenance of a powerful and uniform culture of safety, (2) the availability of necessary resources with use of good evidence-based practice and efficient communication, (3) the provision of intensive and continuous training and (4) the pursuit of organisational learning about improving safety.

Progress in CPR & emergency medicine
This symposium was co-chaired by Dr Leo Bossaert, Professor at the University of Antwerp (Belgium) and Executive Director of the European Resuscitation Council (ERC), and Dr Volkmar Wenzel, Professor at the University of Innsbruck (Austria) and member of the ERC subcommittee. Up-to-date guidelines for cardiopulmonary resuscitation (CPR) were presented by Dr Bernd Bottiger, Professor of Anaesthesia at the University of Heidelberg (Germany) and Chairman-Elect of the ERC. The recommended procedure is still “CPR + ventilation,” though the best CPR-to-ventilation ratio remains an issue of intense discussion. It was stated that CPR interruption should be kept to an absolute minimum, and that scientific evidence points to the fact that CPR before defibrillation significantly improves outcome.

In the light of observed problems associated with attempts of pre-hospital intubation, Dr Harald Genzweurer of the Institute of Anaesthesiology and Intensive Care Medicine at the University Hospital Mannheim (Germany) suggested that anaesthesiologists evaluate different airway devices and oxygenation strategies to judge their role in emergency situations and impart this knowledge to others. Professor Bossaert also co-chaired the highly interesting and well-attended joint symposium with the ERC on the subject of CPR “Changes in Practice” during which the 2005 guidelines for CPR were presented. The new Guidelines will be published later this year.