

REPORT OF SCIENTIFIC MEETING

James C. Eisenach, M.D., Editor

Eleventh International Symposium on Anesthesia and Intensive Care. Tiberias, Israel. November 3–6, 1998.

The Eleventh International Symposium on Anesthesia and Intensive Care was held in Tiberias, Israel, approximately 60 miles northeast of Tel Aviv. The symposium was hosted by the Division of Anesthesiology, Soroka Medical Center, Ben Gurion University of the Negev, Beer Sheva, Israel.

The symposium began with opening remarks by N. Weksler, M.D. (President, Soroka Medical Center, Beer Sheva, Israel), S. Segal, M.D. (Dean, Faculty of Health Sciences, Ben Gurion University of the Negev), Z. Goldik, M.D. (President, Israel Society of Anesthesiologists), and G. M. Gurman, M.D. (Honorary President, Soroka Medical Center). The first day's guest lecture was presented by E. Geller, M.D. (Stanford University School of Medicine, Stanford, CA). Proportional assist ventilation (a form of partial ventilatory support in which the ventilator generates airway pressure in proportion to the patient's inspiratory effort) was compared to pressure support ventilation for weaning from mechanical ventilation. With both techniques, respiratory parameters remained stable as ventilatory support was decreased to 40%. The first workshop, entitled "What's New in Anesthesia," was moderated by J. Katz, M.D. (University of Texas Houston Health Science Center, Houston, TX), and included reviews of practical aspects of weaning from cardiopulmonary bypass, with a special emphasis on myocardial edema; anesthesia for minimally invasive cardiac surgery; and anesthesia for giant cerebral and posterior circulation aneurysms, with a special emphasis on deep hypothermic circulatory arrest. The second workshop, entitled "Chronic Pain," was moderated by M. Lottan, M.D. (Ychilov Medical Center, Tel Aviv, Israel), and included reviews of the multidisciplinary treatment of low back pain; treatment of migraine, emphasizing genetic factors, spreading depression of the cortex, and neurogenic inflammation in dural blood vessels; the holistic approach to chronic pain; and destructive and invasive procedures for cancer pain. The third workshop focused on management of the difficult airway and included instruction in fiberoptic intubation, use of the Trachlight and Combitube, and retrograde intubation and cricothyrotomy.

The second day's guest lecture was presented by C. Verghese, M.B., B.S., F.F.A.R.C.S., D.A. (Royal Berkshire Hospital, Redding, United Kingdom). The development of the laryngeal mask airway (LMA) and the current wide spectrum of use was summarized. Recent new developments include LMA High Seal LP, LMA with oximeter probes on the cuff, Intubating LMA, LMA Fastrach, and LMA-Unique. The fourth workshop, entitled "Transcranial Doppler: Clinical Use in the Operating Room," was moderated by Y. Shapira, M.D., Ph.D. (Soroka Medical Center), and included discussions of the principles of operation of Doppler determination of cerebral blood flow velocity and its six fundamental parameters: peak systolic velocity, end diastolic velocity, mean velocity, systolic upstroke, pulsatility (pulsatility index, resistance index, and A/B ratio), and spectral distribution, followed by a practical guide to the use of transcranial Doppler. The fifth workshop, entitled "What's New in Critical Care," was moderated by N. Weksler and included review of the new uses of sedatives and neuromuscular relaxants in critically ill patients, new techniques in intensive care medicine with special regard to ventilatory support, indications for and outcomes from extra corporeal membrane oxygenation in neonates, and thrombolysis in acute pulmonary embolism, with an emphasis on the physiology of embolism formation, and indications for recombinant tissue plasminogen activator, heparin, fresh-frozen plasma, platelets, and streptokinase. These reviews were followed by a

series of case presentations moderated by J. Katz. The sixth workshop focused on quality control, reviewing quality control in anesthesia and intensive care, specifying target areas of relationship between health systems and social and political institutions, relationship between hospitals and physicians, use of buildings and technology, management programs and investments, performance level, human resources, and epidemiology; the evolution from quality of care to risk management in anesthesia, with emphasis on the difference between quality assurance and risk management, the impact of industry on organization of medical care, implementation of formal quality assurance programs, how risk management can reduce the negative impact of complications, and the need for data as a basis to assess and revise risk management programs; and the use of a Pareto diagram as a continuous quality-improvement tool in determining the cause of intraoperative hypertension.

The third day's guest lecture was presented by J. Purday, M.B., B.S., M.R.C.P. (U.K.), F.R.C.A. (Royal Devon and Exeter Healthcare Trust, Exeter, United Kingdom). Single-use filters or clean breathing systems for each patient may be necessary to prevent cross-infection in anesthesia breathing circuits with blood-borne viruses such as hepatitis and human immunodeficiency virus, antibiotic-resistant bacteria, and tuberculosis. A session entitled "Free Topics in Anesthesia" was moderated by A. Fisher, M.D. (Soroka Medical Center), and included discussion of pediatric airway management, with an emphasis on the close relationship between the synchronized work of the respiratory system and the integrity of the central nervous system, preventing the occurrence of aspiration as well as permitting efficient gas movement through the airways, and the principal of isoconcentration, defined as equal concentration of volatile anesthetic during inspiration and expiration. The isoconcentration value was proposed to be a reflection of the concentration in well-perfused tissue such as brain and, therefore, "depth of anesthesia." The seventh workshop, entitled "The Critically Ill Patient: A Joint Approach for the Intensive Care Team and Nephrologists," was moderated by L. Gotloib, M.D. (Haemek Medical Center), and reviewed renal replacement therapy in the treatment of multiple organ dysfunction syndrome; the similarities and differences between hemodialysis, hemofiltration, hemodiafiltration, and continuous or intermittent and arteriovenous or venovenous hemodialysis; and the discriminant role of procalcitonin and C-reactive protein for the diagnosis of systemic inflammatory response syndrome and sepsis. Critical values of procalcitonin and C-reactive protein predicting bacterial infection were 1 ng/ml (sensitivity = 0.61; specificity = 0.78; Younden index = 0.55) and 25 mg/ml (sensitivity = 0.78; specificity = 0.57; Younden index = 0.35), respectively.

The Twelfth International Symposium on Anesthesia and Intensive Care will be held in Tel Aviv, Israel, December 7–9, 1999. For information, registration, and abstract forms, contact N. Weksler, M.D., Division of Anesthesiology, Soroka Medical Center, PO Box 151, Beer Sheva, Israel 84101; or the Symposium Secretariat, PO Box 29041, Tel Aviv, Israel, 61290; e-mail: trgt@netvision.net.il; Fax: 972-3-517-5515.

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