Academic Anesthesiology

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opportunities are available in the hospital and hospital system for those interested in these types of roles. Anesthesiologists are uniquely suited for many of these roles because of the obligatory exposure to all surgical and procedural specialties and the required basic understanding of OR management and operations. Many anesthesiologists interested in leadership in these areas are pursuing advanced degrees such as a MBAs or master of healthcare administration. Of course, there are also countless opportunities to become involved with local regional, state, national, and international medical and specialty societies.

Academic anesthesiologists are compensated not only financially but also with academic time. The latter affords individuals and teams opportunities to promote the educational and research mission of the department and health system at local, national, and international levels. The clinical work distribution is not as intense as in private practice, and vacation time varies by institution. Different departments provide diverse opportunities and support for career advancement. Academic practices offer great stability and are not likely targets for takeover by equity-backed, shareholder, and corporate entities. In addition, most academic institutions are addressing diversity by new policies that are being recognized and implemented by leadership (*J Cardiothorac Vasc Anesth* 2021;35:18-21). This should attract individuals with diverse backgrounds.

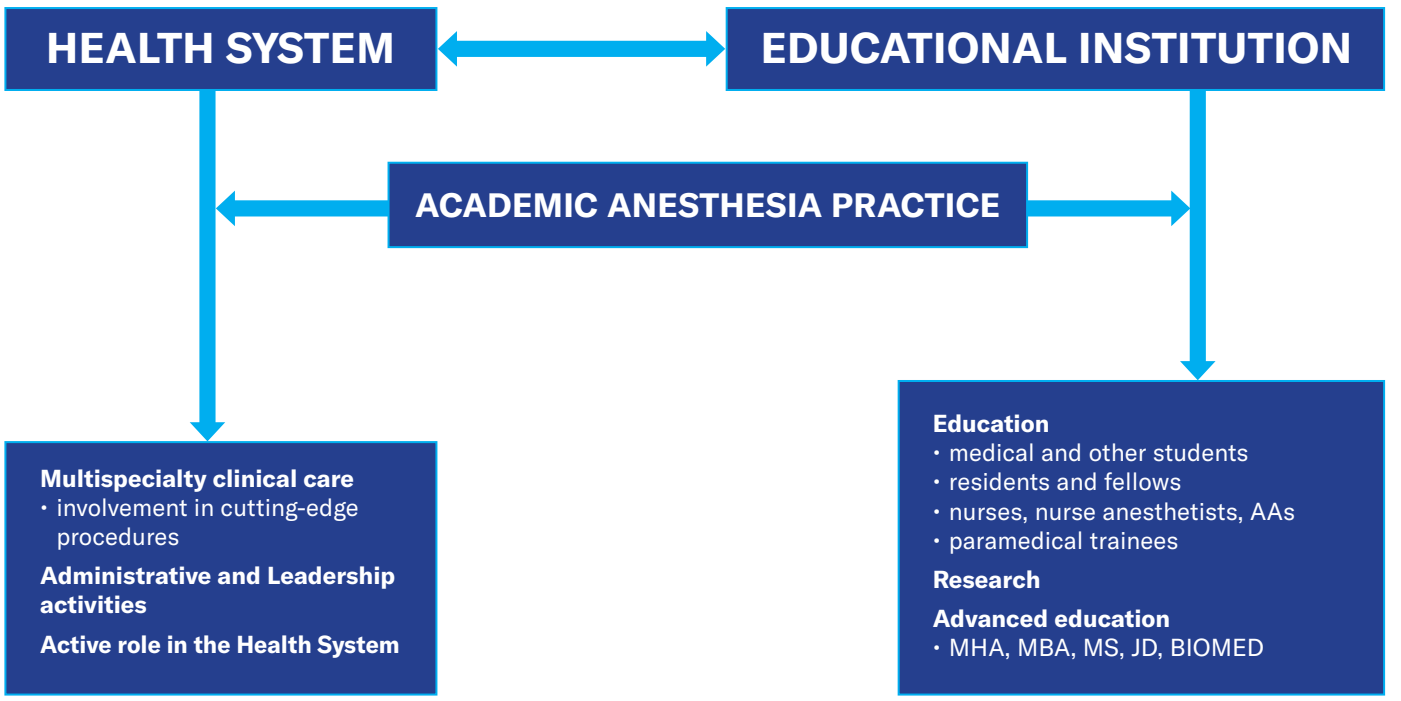

Figure: Academic Anesthesiology Landscape

The landscape for academic anesthesiology practice includes a health system and an educational component. Academic anesthesiologists function in the health system to provide clinical care. They will also be involved in the education mission of both governing entities. Research is also an important component in this type of practice. Overall, this provides for ensuring the availability of future human power and advances in science to help with improvements in the specialty. There is a continuous learning environment and a variable institutional-based support for individual career advancement. (AAs = anesthesiologist assistants)

In conclusion, the future of academic anesthesiology is quite strong (see Figure). It affords anesthesiologists the ability to fulfil their career objectives in a sustainable and usually a robust environment. The work hours and lifestyle are different from that of private practice. The focus is less on monetary gain and more on a career dedicated not only to patient care but also to teaching, research, and advancement in a mentally stimulating environment. ■

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Surgery with anesthesia does not increase risk of developing dementia (April 2021)

Retrospective studies on the risk for developing Alzheimer disease and related dementias (ADRD) after surgery with anesthesia have yielded conflicting results. A new study using a Medicare database compared this risk in nearly 55,000 patients aged 68 to 77 years without ADRD who required an appendectomy for appendicitis (treatment group) versus nearly 275,000 patients matched for age and multiple other factors who had no signs of appendicitis and no appendectomy prior to matching (control group) [1]. After 7.5 years follow-up, the treatment group actually had a lower rate of ADRD (7.6 versus 8.6 percent). However, these reassuring findings may not be generally applicable to older patients undergoing larger and more invasive procedures than appendectomy.

Opioid-free maintenance of general anesthesia (April 2021)

Concerns that perioperative intravenous (IV) opioids may contribute to persistent postoperative opioid use have led to attempts to avoid or limit their use in this setting. A trial comparing postoperative outcomes in noncardiac surgical patients receiving balanced general anesthetic using desflurane plus IV infusions of nonopioids (ketamine, lidocaine, dexmedetomidine) versus those receiving desflurane plus ketamine, lidocaine, and opioids (remifentanil plus a morphine bolus at the end of surgery) was stopped early due to five cases of severe bradycardia and more postoperative hypoxemia in the dexmedetomidine group [2]. Other prespecified outcomes (ileus, cognitive dysfunction) did not differ between groups. Since all analgesics have potential adverse effects, the risks, benefits, and alternatives for each selected agent should be considered when planning a perioperative analgesic regimen.

1. Silber JH, Rosenbaum PR, Reiter JG, et al. Alzheimer's Dementia After Exposure to Anesthesia and Surgery in the Elderly: A Matched Natural Experiment Using Appendicitis. *Ann Surg* 2020.
2. Beloeil H, Garot M, Lebuffe G, et al. Balanced Opioid-free Anesthesia with Dexmedetomidine versus Balanced Anesthesia with Remifentanil for Major or Intermediate Noncardiac Surgery. *Anesthesiology* 2021; 134:541.

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