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# ASA Monitor<sup>®</sup>

THE LEADING SOURCE FOR PERIOPERATIVE HEALTH CARE NEWS



## Addressing Postdural Puncture Headache: Guiding Clinicians Through Diagnosis and Management

Dibash Kumar Das, PhD Pamela Flood, MD, MA

**P**ostdural puncture headache (PDPH) is a well-recognized complication resulting from a dural puncture during epidural analgesia, spinal anesthesia, or other neuraxial interventions. The incidence of unintended dural puncture during placement of an epidural catheter ranges widely, from less than 1% to approximately 40%, based upon procedural and patient factors (*Reg Anesth Pain Med* August 2023; *JAMA Netw Open* 2023;6:e2325387). PDPH typically presents within five days

postpuncture with clinical features that include headache, neck stiffness, hearing symptoms, and visual disturbances, among others (*Reg Anesth Pain Med* August 2023; *JAMA Netw Open* 2023;6:e2325387; *asamonitor.pub/3U0KPcE*). These symptoms are due to low cerebrospinal fluid (CSF) pressure from leakage (*Reg Anesth Pain Med* August 2023; *JAMA Netw Open* 2023;6:e2325387; *Cephalalgia* 2018;38:1-211).

While some headaches subside within two weeks, particularly those from small-gauge

needle punctures, their severity can significantly disrupt daily activities, especially for postpartum patients caring for newborns (*Reg Anesth Pain Med* August 2023; *JAMA Netw Open* 2023;6:e2325387). Severe complications can include chronic headache, backache, subdural hematoma, and cerebral venous sinus thrombosis (*Reg Anesth Pain Med* August 2023; *JAMA Netw Open* 2023;6:e2325387).

Postdural puncture headaches caused by large epidural needles typically do not

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## ASA Community: The Meeting Place for Today's Informed Anesthesiologist

George Tewfik, MD, MBA, FASA, CPE, MSBA

**A**SA Community is an invaluable tool available to all of ASA's more than 57,000 members. It is a member-exclusive online discussion forum that often reflects the most important issues of the day pertaining to the daily practice of anesthesiology. On a normal weekday, about 12,000 people

read the community's daily digest email, and the forum website averages 10,000 page views a week. In 2023, there were more than 500 new discussion threads that covered topics ranging from quantitative train-of-four monitoring and medications that may affect climate change, to

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## Advancing Perioperative Brain Health: Insights from ANESTHESIOLOGY<sup>®</sup> 2023 Abstracts

Donna Ron, MD Stacie Deiner, MD, MS Daniel J. Cole, MD, FASA

**T**he ANESTHESIOLOGY<sup>®</sup> annual meeting acts as a conduit for pioneering research, with several abstracts presented in 2023 that shed light on different aspects of perioperative brain health. Four thought-provoking abstracts are synthesized below and in the Figure. These abstracts not only offer novel insights into preoperative cognitive assessments, machine learning applications, and benzodiazepine use, but also lay the

groundwork for potential advancements in predicting and preventing postoperative cognitive complications.

### Preoperative self-screening cognitive test for postoperative delirium risk

Dr. Kotaro Gunji and colleagues from Shimane University Hospital in Japan presented their abstract examining the utility

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SPECIAL SECTION

**Global Critical Care** 15-23

Guest Editor: Ana Maria Crawford, MD, MSc, FASA

ASA Community

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the care of patients in ambulatory surgery centers and oversight of residents and CRNAs.

Topics on the discussion board threads may be broadly grouped into five categories: administrative/legal, medication, monitoring/equipment, patient care, and social/ethics. Of the top 100 threads of 2023 (ranked by total number of replies generated by the initial post), more than one-third (35%) belonged to the administrative/legal category. This was followed by posts regarding patient care (25%), medications (22%), social/ethical issues (10%), and monitoring/equipment (8%) (Figure 1). The individual thread with the highest

level of engagement in 2023 concerned participation in gender-affirming surgery for minors. This was followed closely by two posts discussing the use of nitrous oxide and desflurane and the implications of each substance on climate change.

The unique design of the community forum allows participants to post using their real name or anonymously. This fact likely encourages the freer sharing of ideas and comments among those who are uncomfortable or unable to discuss certain sensitive topics. Among the top 100 threads of 2023, 45 initial posts were created by anonymous members. There was also an average of 28 replies to each of these top 100 threads. See the Table for a selection of the most popular initial threads in each of the five categories of posts.

Although many topics do not yield a conclusive resolution – especially on potentially controversial topics – the free exchange of ideas and viewpoints may encourage new research or endeavors by individuals, teams, or ASA groups to address particular issues. Figure 2 offers a brief sampling of an initial post regarding first-start efficiency in the OR and several associated responses. As demonstrated in this brief selection, the responders offer points of view and comments that may prompt further action for the initial author, or any other forum readers.

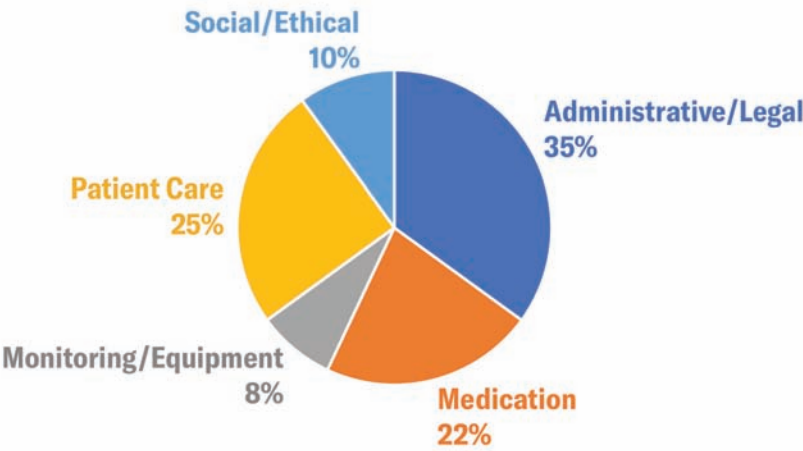
Importantly, the sharing of viewpoints on the community website may further allow practitioners to reconsider their



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own perspectives and to gain collective insights from the anesthesiology community. On a daily basis, anesthesiologists are often limited in exposure to their clinical partners and the same group of providers. ASA Community provides a valuable tool for broadening one’s outlook and seeking answers to the most pressing issues confronting anesthesiologists today. ■

**Subjects of the Top 100 Threads of 2023**  
(ranked by total responses)



**Figure 1:** Categories of the top 100 threads of 2023, as ranked by total responses to the initial post, broken down into five categories.

**Initial Thread**

"I work at a busy level 1 trauma center. My institution's first start times are atrocious. The first cases of the day are supposed to be in the OR by 0730 every morning, and only about 50% make it in on time at best."

"We are also dealing with this. The first step is really getting accurate data. The surgeons say they want efficiency, but often don't see that they are part of that equation. Data is incredibly powerful."

"It's an issue. If it's a city where surgeons can threaten the hospital to take business someplace else, if they enforce a start time policy, the hospital won't do anything. If it's a closed system with employee surgeons, it might be different."

"One institution I work at started charging surgeons for being late for first case starts (\$200). They get one mulligan per quarter. Anesthesia must have notes in 15 minutes prior or it is our fault. The OR nurses place the reason for delay (even one minute) on a computer form. This policy was created by the hospital's Med Exec Board ... Our first time starts improved tremendously."

"I think the best ways of dealing with it include peer pressure from other surgeons who are held up by the late-starting surgeon. If your OR committee or Chief of Surgery has any influence, that's a possibility. Losing block time or coveted first start of the day slots is also worth doing if your hospital has that kind of mentality."

▲ **Select Anonymous Responses**

**Figure 2:** Sample anonymous thread discussing first-case start times in the OR, with selections from several associated responses.

| Subject Category     | Top Threads (by number of responses)   |
|----------------------|--|
| Administrative/Legal | New drug training requirement for DEA registration and renewal   |
|                      | "CRNA Physician Anesthesiologist" testifying in Congress TODAY   |
|                      | Improving first-start efficiency   |
| Patient Care         | LMAs were usually not removed in OR... left in place for transfer to the PACU... pulled by PACU RNs... Is this a new practice trend? |
|                      | Curious where people draw the line for LMA usage   |
|                      | Epidural blood patch – location of second insertion site   |
| Medication           | Low-flow or closed circuit vs. banning N <sub>2</sub> O  |
|                      | Scotland is banning the use of desflurane because of its greenhouse effects. Does anyone here still use it?                          |
|                      | Isoflurane vs. sevoflurane   |
| Social/Ethical       | Participation in gender-affirming surgery for minors   |
|                      | The moral crisis of America's doctors  |
|                      | Where does this idea that anesthesia is a lifestyle specialty come from?   |
| Monitoring/Equipment | Quantitative TOF monitoring  |
|                      | Probe covers for US-guided single-shot regional anesthesia   |
|                      | US for central line placement  |

**Table:** The top three threads in each of the five categories of posts on ASA Community.

### Have You Been Getting Your Daily Dose of μgrams?

"μgrams" is the most popular section of ASA Monitor Today, the digital news companion to the ASA Monitor that's delivered to your inbox Tuesday through Friday. μgrams are concise, informative micro-news stories selected and written by ASA Monitor Editors. Recent highlights include:

"Double Take" video on opioid use disorder: Monitor Editor-in-Chief Steven Shafer shared a link to a New England Journal of Medicine video that helps guide physicians through treatment options for opioid use disorder.

How do we see ourselves?: Monitor Editor Kumar Belani highlighted the 2023 Medscape report on anesthesiologist compensation and job satisfaction, offering his thoughts on the high rate of satisfaction anesthesiologists reported in their work.

Visit [asamonitor.pub/AMTarchive](https://asamonitor.pub/AMTarchive) for ASA Monitor Today archived material - and don't miss each issue in your inbox, Tuesday through Friday morning!