

ACORNS – 2015 Annual National Reports

Content

Austria (Maria Vittinghoff)	1
Czech Republic (Vladimír Mixa)	2
Denmark (Torsten Lauritsen)	3
Estonia (Reet Kikas)	4
Germany (Christoph Bernhard Eich)	4
Italy (Nicola Disma)	8
Latvia (Zane Straume)	9
Lithuania (Vidunas Daugelavicius)	10
Netherlands (Bouwe Molenbuur)	10
Norway (Wenche Bakken Børke)	11
Poland (Alicja Bartkowska-Śniatkowska)	11
Portugal (Fernanda Barros)	13
Serbia (Dusica Simic)	13
Spain (Ignacio Gálvez Escalera)	14
Sweden (Angela Hanson)	14
Switzerland (Mirko Dolci)	15
Great Britain and Ireland (Mark Thomas: APAGBI Council member and Chair Education committee on behalf of Andy Wolf: APAGBI President)	15
Ukraine (Dmytro Dmytriiev)	19

Austria (Maria Vittinghoff)

The Austrian working group of Pediatric Anesthesia is a section of the Austrian Society of Anesthesiology and Intensive Care Medicine (Österreichische Gesellschaft für Anaesthesiologie, Reanimation und Intensivmedizin – ÖGARI)

Since the statutes of the ÖGARI and the working groups were changed last year, the working group consists at the moment of 12 active members and 28 associate members. The active members meet at least twice each year to discuss actual problems, to formulate standards and recommendations. All members are invited to attend the general meeting which is held each year at the annual national congress (AIC 12. – 14. 11. 2015 in Vienna, Austria)

Activities of the working group:

Guidelines:

At the moment the working group is reassessing the guidelines for perioperative management in pediatric anesthesia, mainly focusing on day-case surgery. The results will be presented and further discussed at the annual meeting in Vienna.

Annual congress: (AIC 12. – 14. 11. 2015 in Vienna)

The pediatric topics at this year's AIC-Congress are covering regional anesthesia for day-case surgery and the main session is focusing on safety aspects of pediatric anesthesia.

Annual Symposium for Pediatric Anesthesia:

This year we organized the 2st Workshop for Emergencies in Pediatric Anesthesia which was followed by the 12th Symposium on Pediatric Anesthesia.

This symposium covers the basic topics of Pediatric Anesthesia including the preoperative management, induction and maintenance of anesthesia in general but also for specific cases and the management of emergency situations. Furthermore topics such as pain management, regional anesthesia, management of patients with congenital heart disease, management of the newborn baby with malformations are outlined. The aim of this symposium is to give the participants practical advice how to manage certain situations in pediatric anesthesia.

Next year's symposium will be held in April (21 – 23. 4. 2016)

Homepage:

Last year the ÖGARI was launching a new homepage where the working group is represented with an own section. There exists also a direct link to the ESPA homepage.

Czech Republic (Vladimír Mixa)

Currently, there are around 2,000 anaesthesiologists in the Czech Republic. Most of them are employed in state or private hospitals. A few of them run their own private practices. Around 900,000 anesthesia are given in the Czech Republic every year. Around 10% of them are given to children aged between 0 and 19. An anaesthesiologist's post-graduate study and training programme takes 5 years. The obligatory amount of trainings and internships have to be accomplished during the programme studies. They have to be done at specialised health centres and a trainee (an intern) has to carry out a given number of operations. A demanding and difficult exam has to be passed at the end of the study programme.

There are no specialised paediatric anaesthesiologists in the Czech Republic. The anaesthesiologists and intensive medicine specialists who carry out highly specialised operations on children do not need to pass any special exam or obtain any special certificate in the Czech Republic. A length of their working experience period (specialised practice) is the only aspect required and assessed in the Czech Republic. As the top paediatric surgery has been centralising in the Czech Republic (the top paediatric surgeons mostly carry out operations on new-born children, children suffering from

cancer and children suffering from cardiovascular problems), anaesthesiologists who also operate on children's patients have been associating in several centres. These are the specialised centres in the Paediatric University Hospital in Prague-Motol (10 thousand anaesthesia have been given to children there), the Paediatric University Hospital in Brno (9 thousand anaesthesia), Olomouc and Ostrava. Elective surgery is performed and simple operations are carried out there.

Only 50 doctors work as full-time paediatric anaesthesiologists in the Czech Republic. They are associated in the Section of Paediatric Anaesthesia and Intensive Care Medicine at the Czech Society of Anaesthesia, Resuscitation and Intensive Care Medicine (CSARIM, www.csarim.cz).

A big national congress is organised by the CSARIM every year, having around one thousand participants. They attend many paediatric anaesthesia lectures and intensive medicine lectures at the congress.

The 10th Jubilee Czechoslovak Congress on Paediatric Anaesthesia and Intensive Medicine is to be held in Prague between 15 and 16 October 2015 (www.sdaim2015praha.cz). Around 200 participants are anticipated there.

The Annual Congress of ESPA was held in Prague in September 2014. It was extremely successful. There were more than 500 participants at the Congress.

MUDr. Vladimír Mixa, Ph.D.
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Denmark (Torsten Lauritsen)

In Denmark paediatric anaesthesia is organized as a subcommittee at the Danish society for Anaesthesia and intensive care medicine. The society is regarded as the natural partner for political and medical matters regarding anaesthesia and intensive care medicine.

The Danish society and the paediatric subcommittee are very active supporting the paediatric fellowship program run by the Scandinavian Society for Anaesthesia and Intensive care medicine. This year nine Danish candidates (out of 27 Nordic) completed the fellowship. Torsten Lauritsen is the current chair of the fellowship program.

This year Rigshospitalet (Copenhagen) hosted a large 3 days meeting for nurses and junior doctors focusing on paediatric anaesthesia.

In 2016 June 15-18 Challenges in Paediatric Anaesthesia - a congress focusing on the difficult paediatric patient www.cipac.dk - will be held in Copenhagen.

Torsten Lauritsen

Estonia (Reet Kikas)

Estonian pediatric anesthesiologists belong to Estonian Society of Anesthesiology. The head of the society is associate professor Juri Karjagin. The homepage is www.anest.ee where you can find local guidelines and information about the events.

There are two main centers in Estonia that carry out pediatric anesthesia and intensive care: Tartu University Clinic and Tallinn Children's Hospital. At this moment, there are three anesthesiologists in pediatric anesthesiology residency programme.

Regarding new methods, last year we had EXIT operation in Tallinn and ECMO and iNO usage in cardio surgery procedures. Peripheral blockade and postoperative pain management are receiving more attention. We prioritize avoiding complications and standard monitoring. We try to carry out simulation based courses in newborn resuscitation.

Reet Kikas

Estonian Representative for ESPA

19 August 2015

Germany (Christoph Bernhard Eich)

1. Advanced training in paediatric anaesthesia

Since the German Certificate had been put on abrupt hold by the General Assembly of the German Society of Anaesthesiology and Intensive Care (DGAI) in May 2012 all efforts of the German Scientific Working Group for Paediatric Anaesthesia (WAKKA) have been redirected towards institutional instead of personal certification as well as towards the establishment of formal advanced training posts in paediatric anaesthesia (i.e. fellowship programmes).

As a basic step the DGAI in January 2013 published their guidelines on “**Minimal requirements of the anaesthesiological working place**” which include a decided subsection for the provision of paediatric anaesthesia.

Concurrently, the WAKKA actively supports the project of an **ESPA Fellowship for Paediatric Anaesthesia** that may be geared to the well established 2-year fellowship programme of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI). Currently there is only one formally board-certified fellowship programme for paediatric anaesthesia in Germany (Münster University Medical Centre). However, there are several specialized institutions that offer one or two years rotations through their paediatric anaesthetic departments with some of them also include paediatric intensive care.

2. Advancement of Treatment Recommendations of WAKKA (“Handlungsempfehlungen”) into formal Guidelines of the German Association of the Scientific Medical Societies (AWMF)

Almost 10 years ago the WAKKA had started to publish its popular clinical “Handlungsempfehlungen” (Treatment Recommendations, TR). So far eleven TR have been published, covering most clinical key issues of paediatric anaesthesia. New TRs and those scheduled for revision will now be advanced and published as formal guidelines under the auspices of AWMF. To meet the three defined categories of AWMF guidelines a formalized and supervised evidence and consensus process is mandatory.

Current guideline projects (TR, treatment recommendation already published; year):

- Perioperative fluid therapy (TR 2006)
- Out-patient anaesthesia (TR 2007)
- Regional anaesthesia (TR 2007)
- Perioperative and acute pain therapy (TR 2007)
- Perioperative evaluation (TR 2007)
- Rapid-Sequence-Induction (RSI) (TR 2007)
- PONV (TR 2007)
- Intraosseous infusion in emergency medical care (TR 2010)
- Intraosseous infusion in paediatric anaesthesia (TR 2011)
- Procedural and diagnostic sedation (TR 2010)
- Unexpected difficult airway (TR 2011)
- Expected difficult airway (expected 2015)
- Central venous access (expected 2015)
- Medication safety (expected 2015)
- Emergence delirium (expected 2015)
- Interdisciplinary management of foreign body airway obstruction (FBAO) (expected 2015)
- Perioperative management for adeno-tonsillectomy/-tonsillotomy (expected 2016)
- Anaesthesia in cardiac children for non-cardiac surgery (expected 2016)
- Anaesthesia in children with URI (expected 2016)
- Transfusion and patient blood management (expected 2016)
- PICU/NICU-theatre interface (expected 2016)

3. Anaesthesia-associated neurotoxicity

Anaesthesia-associated neurotoxicity remains a major medical issue in Germany, lively discussed in professional and lay circles. Since 2012 the WAKKA and its representatives have published several statements on anaesthesia-associated neurotoxicity:

- a) Becke K, Schreiber M, Philippi-Höhne et al. Anaesthetics-induced neurotoxicity. *Anästhesiologie* 2012; 53: 706-710
- b) Becke K, Schreiber M, Philippi-Höhne C et al. Anaesthesia-induced neurotoxicity: statement of the scientific working groups for paediatric anaesthesia and neuroanaesthesia. *Anaesthesist* 2013 Feb; 62(2): 101-4
- c) Becke K, Schreiber M, Philippi-Höhne C et al. Neurotoxicity of general anaesthetics in childhood: does anaesthesia leave its mark on premature babies, newborns and infants? *Anaesthesist*. 2013 Feb; 62(2): 91-100.
- d) Becke K, Eich C, Höhne C et al. Anaesthesia for children: Safe with individual expertise and institutional competence. *Dtsch Arztebl* 2014; 111(31-32)
- e) Becke K, Eich C, Höhne C. et al. Neurotoxicity of anaesthetics? A current statement of the DGAI. (Versions for experts and parents) (<http://www.dgai.de/aktuelles-2/172-neurotoxizitaet-durch-anaesthetika-final-01-07/file>)

From the German point of view, paediatric anaesthesiologists should highlight the key issue that is “safe anaesthesia in children” rather than “neurotoxicity by anaesthetics” – clinically, scientifically, educationally and organisationally. Referring to this we appreciate and support the “SafeTots Initiative” by Markus Weiss and colleagues from Zürich/Switzerland that focus on the monitoring and maintenance of comprehensive perioperative homeostasis.

4. OrphanAnesthesia project

Many initiatives have been made to improve the perioperative care of patients with rare diseases. During anaesthesia this group has a particular risk of complications, both due to their underlying disease and due to the lack of evidence for optimal management. To address this problem the Scientific Working Group for Paediatric Anaesthesia (WAKKA) of the German Society of Anaesthesiology (DGAI) and Intensive Care created an open access, internet based, peer reviewed platform to concentrate the knowledge about anaesthesia in children/patients suffering from rare diseases. The internet platform **OrphanAnesthesia** is chaired by Prof. Tino Münster (Erlangen University Medical Centre, Germany) and has now been online for more than 4 years (www.orphananesthesia.eu). To date over 70 guidelines are online in four languages.

OrphanAnesthesia actively recruits authors and reviewers to work on recommendations to achieve this goal. These recommendations are peer reviewed, readily accessible, up-to-date and reflect the best evidence available. OrphanAnesthesia is an international project. English is the main project language, but we are about to extend the project scope by adding additional languages such as Spanish, German, Italian or Portuguese. All OrphanAnesthesia recommendations are available free-of-charge without requiring special login data.

5. Paediatric intensive care

Because of mostly political reasons the input of (paediatric) anaesthetists in paediatric intensive care in Germany had been fading during the past 20 years. Since 2011 the WAKKA had started new and successful efforts to reroute this unfavourable development – clinically, scientifically, educationally and organisationally.

By now paediatric anaesthetists are elected representatives in the boards of the two professional bodies for paediatric intensive care medicine of Germany, Austria and Switzerland (the DIVI Section for Paediatric Intensive Care and the GNPI). Furthermore the speakers of the WAKKA are now formally invited to GNPI and DIVI section and board meetings and get formally involved in interdisciplinary issues (incl. guidelines and working groups).

Clinically, an increasing number of anaesthetists now again enter paediatric intensive care, either as a permanent career or as an amplification of their qualification in paediatric anaesthesiology.

Paediatric intensive care has again become a visible part of (paediatric) anaesthesia and intensive care conferences. Finally, the German sections/societies for paediatric anaesthesia (WAKKA) and paediatric intensive care (GNPI) will hold their first joint annual meeting in June 2017 in Dresden (Germany).

6. Paediatric emergency medicine care

Paediatric anaesthetists and WAKKA representatives have been actively involved in a number of activities in interdisciplinary paediatric emergency medical care in Germany such as a joint recommendation on the prehospital use of supraglottic airway devices (SGAs) for children, an interdisciplinary guideline on paediatric multiple trauma and the establishment of an interdisciplinary working group on continuous improvement of paediatric emergency medical care.

Overall, paediatric anaesthesia in Germany is continuously intensifying its interdisciplinary co-operations with its neighbouring specialties, i.e. paediatric surgery, paediatric ENT, paediatric orthopaedics, paediatric intensive care and neonatology. That includes joint statements and guidelines as well as interdisciplinary conferences.

Finally, the German (WAKKA) and Dutch Sections (SKA) for Paediatric Anaesthesia will hold their first joint annual meeting on June 9-10, 2016 in Hannover (Germany).

Sept. 01, 2015

Christoph Bernhard Eich, Hannover (German ACORN representative of ESPA and Second Speaker of the German Scientific Working Group for Paediatric Anaesthesia, WAKKA)

Karin Becke, Nürnberg (First Speaker of WAKKA and Chair of the ESA Scientific Subcommittee 5, Paediatric Anaesthesiology)

Claudia Höhne, Leipzig (Secretary of WAKKA)

Italy (Nicola Disma)

SARNePI, the Italian Society of Pediatric and Neonatal Anesthesia, Pain and Intensive Care, represents anesthesiologists who are daily involved in the pediatric and neonatal practice. The Society is traditionally involved in the scientific development of guidelines and recommendations for anesthesia, intensive care and pain management. The Society is always represented during the major conferences organized in Italy, with dedicated pediatric sessions.

Recent achievements:

- the Society endorsed the Pediatric Anesthesia Master organized by the University of Brescia.
- Guidelines on sedation and analgesia in PICU have been published (Minerva Anestesiologica 2014;80(9):1018-29)
- an application for the measure of pediatric pain (kids pain scale) is available for free from the website (www.sarnepi.it)

New area of interest for 2015/2016:

1. Pediatric Day Surgery (Coordinators Simonetta Tesoro, Giovanni Mangia): this committee is developing recommendations for the pediatric day surgery, that should be published by the end of 2015. This recommendations will be updated on a 2 year base.
2. Perioperative medicine in patients with neuromuscular disease "Neuma" (Coordinator Fabrizio Racca): this committee has recently published guidelines on anesthesia management in patients with neuromuscular disease. A network on the anesthesia management in children affected by neuromuscular disease has been recently established, and it is collecting relevant data on anesthesia and outcome in this vulnerable pediatric sub-population.
3. New drugs and neuro-protective strategies (Coordinators: Angela Amigoni, Maria Cristina Mondardini): the mission of this study group is to promote clinical multicenter research projects for evidence of utilization, efficacy and safety of new drugs and protective strategies of central nervous system in pediatric age. The documentation for dexmedetomidine use in children was presented to the Italian Pharmaceutical Agency (AIFA). The study group is promoting national multicenter retrospective study on the use of dexmedetomidine in the operating room, Non Operative Room Anesthesia and Pediatric Intensive Care Unit.

4. PEDIATRIC EMERGENCY CARE STUDY GROUP (Coordinator: Elisa Iannella): promote, develop and actuate the pediatric session within the European Awareness Campaign targeted to Cardiopulmonary Resuscitation (Event of the European Community and European Resuscitation Council). In Italy this Campaign has been named "VIVA!".
5. TIPNet (Coordinator Andrea Wolfler): The study group on pediatric intensive care has developed since 2010 an electronic web-based national registry on PICU admission (called TIPNet). The registry collects demographic and descriptive data, mortality risk on admission, discharge status. It aims to perform epidemiological studies and to allow clinical prospective studies on PICU population.

The SARNePI is seeking for international collaborations, and members of the Society are happy to share documents and research activities with other European societies of pediatric anesthesia (www.sarnepi.it; sarnepi@startpromotion.it).

Latvia (Zane Straume)

During five years residents have to spend 24 weeks at pediatric anesthesia ward and 17 weeks at pediatric intensive care. Also there are 12 seminars on children's issues in anesthesia to attend. Almost all pediatric surgery and investigation under anesthesia are performed at Riga Clinical University hospital. However primary and also some secondary care is served at regional hospitals. We still do not have complete picture about precise volume of pediatric cases at regional hospitals. Unfortunately for certification renewal anesthesiologists are not required to complete any course on children's issue in anesthesia.

Looking forward, in couple of years we will face a serious problem regarding workforce aging, especially at intensive care unit. However for pediatric anesthesia we have attracted several young colleagues with special interest in pediatric anesthesia and research.

Activities

1. Baltic Congress of Anesthesia and Intensive care.
2. 3rd Baltic Pediatric congress (special section together with pediatric intensive care and anesthesia specialists)
3. Meeting of association of Anesthesia and Intensive care with special focus on pediatric anesthesia issues.

Local activities

1. Pain department,
2. Recovery room (not working for 100 %, because of understaffing)
3. Patient safety , patient safety reporting system

Lithuania (Vidunas Daugelavicius)

Population of Lithuania is 3,053,804 citizens, 13.8% (421,425) of them are **0-14 years, 15-64 years: 69.7%**. Infant mortality rate is 6.18 deaths/1,000 live births, male: 7.37 deaths/1,000 live births, female: 4.92 deaths/1,000 live births (2011est.)

Pediatric anesthesia cases are done mainly in five cities (Children's Hospital, Affiliate of Vilnius University Hospital Santariskiu Klinikos -8907 cases, Vilnius University Hospital Santariskiu Klinikos-230 cases [cardiac surgery, 200 of them with cardiopulmonary bypass], Hospital of Lithuanian University of Health Sciences Kauno klinikos- 3007 cases, Klaipeda Children's Hospital-2988 cases, Siauliai Hospital-1584 cases and Panevezys Hospital -712 cases.

Neonatal surgery is done only in Vilnius and Kaunas. In total, there are more than 17000 pediatric anesthesia cases a year aged 0-18 (2014 est.). We do general and all kinds of regional anesthetics (in Vilnius Children's Hospital under the guidance of ultrasound since 2008) for children undergoing surgery. All hospitals are equipped according European standards.

An approximately 27 anesthetists perform pediatric anesthesia full-time in the Lithuania Republic. There is section of Pediatric anesthesia in Lithuanian Society of Anesthesiology and Intensive Care.

Duration of residency program in anesthesiology and intensive is four years, in pediatric anesthesia three months, with possibility prolong training in pediatric anesthesia.

Formal CME –120 hours, training at Vilnius University Faculty of Medicine Kaunas Medical University. There are annual (twice a year) training courses on pediatric anesthesia provided by the anesthetic department of the Vilnius Children Hospital (Pediatric anesthesia and intensive care and Ultrasound in regional anesthesia).

Vidunas Daugelavicius

Netherlands (Bouwe Molenbuur)

The Sectie KinderAnesthesie (SKA) of the dutch society of anesthesia contributed to some projects as the APRICOT and supports the next research project NECTARINE. We also joined the BAPA in a project for continuous medical education in pediatric anesthesia for general anesthetists providing anesthesia to children for dutch speaking anesthesiologists and we joined the WAKKA to have a combined symposium on pediatric anesthesia in Hannover 2016. Within the Netherlands we were occupied with a national guideline for anesthesia care to children which is in a final fase. As every year we had our own summer conference in pediatric anesthesia of two days with two topics; emergency care and orphan diseases. We updated our national recommendations concerning specifical topics in pediatric anesthesia care and shared them with the ESPA.

Bouwe Molenbuur

Norway (Wenche Bakken Børke)

In Norway pediatric anaesthesia and surgery are performed in many different hospitals. A short survey among anaesthesiologists confirmed that pediatric patients ASA 1-2 are operated and anaesthetised in most hospitals. Patients > 1 year /10 kg are anaesthetised in larger hospitals, smaller hospitals have an age limit of 2-3 years. Patients < 1 year are anaesthetised at University hospitals, and newborn patients only in two defined University Hospitals (St Olavs Hospital, Trondheim and Oslo University Hospital, Oslo). Patients ASA 3-4 are centralized, as well as different defined paediatric patient groups.

This is the third year that IPAI, Interestgroup for Paediatric Anaesthesia and Intensive Care, arranges an evening meeting during the annual meeting at the Norwegian Society for Anaesthesiology. This meeting has now become a tradition. We are supposed to cover both intensive care and anaesthesiology. This year the overall theme is "Acute critical ill patients,-how should they be treated. -the role of the anaesthesiologist." Special topics for the evening meeting are trauma, anaesthesiology in rural districts, RSI, ventilatory treatment.

The second edition of the Norwegian Journal of Anaesthesiology was made a Pediatric special edition. Anaesthesiologists from several hospitals contributed, covering several important topics. This journal is automatically sent to all anaesthesiologists in Norway.

The annually arranged Summer Meeting for anaesthesiology in Northern Norway was also focused on Paediatric Anaesthesia.

The Norwegian Society for Anaesthesiology will autumn 2015 start revision of the Norwegian Standards for Anaesthesiology. The paediatric part will also go through a revision as a part of this work. The Norwegian Society for Anaesthesiology is especially grateful for ESPA's website working on this topic.

Oslo,

Wenche Bakken Børke

Poland (Alicja Bartkowska-Śniatkowska)

On behalf of the Board of the Section of Paediatric Anaesthesia and Intensive Care in Poland kindly ask You to accept the report on the activities of our section in the year 2014.

1. Election of the Board of the Section of Paediatric Anaesthesia and Intensive Care

- A. In Poland, 2014 was an election year for all the section included in the Polish Society of Anaesthesiology and Intensive Therapy. During the 18th International Congress of the Polish Society of Anaesthesiology and Intensive Therapy the members of our section conducted

elections to the Board of the Section of Paediatric Anaesthesia and Intensive Care, during the General Assembly on 11.09.2014r (Wisla, Poland)

B. New board:

Chair	Alicja Bartkowska – Śniatkowska
Secretary	Bożena Głowska
Treasurer	Maciej Cettler

2. Conferences, scientific meetings

A. II Conference: „The treatment in question. Controversies in neonatal intensive care”, Izbicko, Poland, May 9 – 10, 2014

- a. Interdisciplinary conference: Polish Society of Neonatology, Section of Paediatric Anaesthesia and Intensive Care
- b. Chair of Scientific Committee Dr Wojciech Walas, Paediatric anaesthesiologist and intensivist

B. 18th International Congress of the Polish Society of Anaesthesiology and Intensive Therapy (Wisła, Poland, September 10-13, 2014)

1. scientific session **„Pain in children”**

- Pathophysiology and pain assessment in children (Jacek Karpe)
- Evidenced based analgesia in newborns and infants (Dick Tibboel)
- Regional analgesia in children (Magdalena Mierzewska-Schmidt)

2. scientific session **„If anyone can and should perform anaesthesia in children?”**

- Safe paediatric anaesthesiologist – what conditions are necessary what is the practise in european countries (Bogumila Wołoszczuk-Gębicka)
- Education in paediatric anaesthesiology in Poland and Europe (Alicja Bartkowska-Śniatkowska)

3. scientific session **Neurotoxicity of anaesthetics - fiction or reality in pediatric anesthesia?**

- State of art - Sleep mechanisms in neonates and children (Alicja Bartkowska-Śniatkowska)
- Risky drugs (Dick Tibboel)
- If surgical trauma can cause changes in the psyche of the child? (Marzena Zielińska)

4. Discussion panel - joint session of Section of Instrumented Airways and Section of Paediatric Anaesthesia and Intensive Care - **Difficult airways in children**

- clinical cases of patients with difficult Airways incl. Anatomical changes, comorbidities and others unpredictable (Wojciech Wala, Elżbieta Byrska-Maciejasz, Maria Damps)

5. Poster presentations of the members of Section of Paediatric Anaesthesia and Intensive Care

3. Publications

The 2014 guidelines for post –operative pain management

Hanna Misiótek, **Maciej Cettler**, Jarosław Woron, Jerzy Wordliczek, Jan Dobrogowski, Ewa Mayzner-Zawadzka

Anaesthesiol Intensive Ther. 2014 Sep-Oct;46(4):221-44. doi: 10.5603/AIT. 2014. 0041.

4. Clinical Trials – participation of 6 centers in Poland in **APRICOT** Study group

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Alicja Bartkowska-Śniatkowska

Portugal (Fernanda Barros)

We continue to make progress in our Section of Pediatric Anesthesia of the Portuguese Society of Anesthesiology, and we will be hosting the next Portuguese Meeting of Pediatric Anesthesia in March 2016. At the same time we will also have the Annual Congress of our Society.

Since last year several Portuguese hospitals have participated in the APRICOT study, and we will try our best to be involved in the next NECTARINE study the same way we did with the previous one.

Fernanda Barros

Serbia (Dusica Simic)

Just to remind you - we In Serbia have four specialized pediatric centers – two in Belgrade, one in Novi Sad and one in Nis. About 50 anesthesiologists (including residents) practice only pediatric anesthesia. We are organized in a Sub-Section for Pediatric Anesthesia of Serbian Medical Society, but we are planning to found Society of Serbian Pediatric Anesthesiologists in the future.

Our Sub-section is working hard on education. We organize frequent quality continuous medical education programs in all fields of pediatric anesthesiology. This year we sent few doctors to Germany and Austria on additional education in the field of Ultrasound in pediatric anesthesia etc.

At our meetings (at least three times each year) we discuss actual problems, working on getting better equipment for pediatric use at regional hospitals as well as in specialized centers, and trying

to implement the European guidelines and standards in our clinical practice. Limited resources are still our main problem. We are also trying to legislate few drugs which are routinely used in developed part of the world, but are not yet available in Serbia (dexmedetomidin, colistin...).

One of the traditional seminars is the International Summer School of Pediatric Anesthesia, which takes place in University Children's Hospital, Belgrade, Serbia. Foreign lecturers from: Austria, Spain, United Kingdom and United States of America spoke about interesting, important and up-to date topics in Neonatal and Pediatric Anesthesia and Intensive Care. Together with foreign lecturers 14 lecturers from all four Serbian centers for Pediatric Anesthesia presented their work, during case based discussions and pro and contra debates, on selected topics. During these two days 5 workshops were organized. Workshops were designed in a way to give participants an opportunity to practically approach all topics discussed during lectures. They were designed as simulations, were participants, with different level of practical experience in neonatal and pediatric anesthesia and intensive care, had an opportunity to practically experience different scenarios, related to mechanical ventilation, neonatal resuscitation, trauma, and ultrasound guided regional anesthesia.

More than 100 anesthesiologists from the region participated at ISSPA this year. Great number (91%) of participants completed evaluation forms with high appreciation and supportive comments. They emphasized how much they improved knowledge and confidence during this year's ISSPA.

All pediatric centers in Serbia are looking forward to our participation in NECTARINE study about side effects in neonatal anesthesia. One of our most important tasks is of course to organise ESPA Congress for 2016 in Belgrade, which we already started working hard on.

Spain (Ignacio Gálvez Escalera)

The Paediatric Anaesthesia Section of the Spanish Society of Anaesthesia has a busy schedule. In 2014 our bi-annual congress was organised in San Sebastian, where Dr González works. We have also produced a guide for fluid management in Paediatric Anaesthesia, as well as a guide for mechanical ventilation of the neonate. Our section is organised in different working groups. In the last year, the registry of Spanish Paediatric Anaesthetists was started and has been finally completed recently. We are also taking the first steps towards accreditation in Paediatric Anaesthesia, a liaison committee has been created and is negotiating with the government.

Sweden (Angela Hanson)

The Swedish Society for Paediatric Anaesthesia and Intensive Care, SFBABI, has around 100 members and organizes a symposium every autumn, discussing medical, educational and other important issues. Main topics of this year are paediatric donations and medical ethics in the PICU.

Sweden is a member of Scandinavian Society of Anaesthesia and Intensive Care Medicine, SSAI, and is participating in the expert training programs. The ongoing program has twelve delegates from Sweden.

Annual courses in paediatric anesthesia and intensive care are arranged for trainees in general anesthesia. The courses are arranged by one of the three specialized centers.

This year delegates from several hospitals in Sweden (hospitals that take care of children but not the specialized centers) were invited to a meeting held by SFBABI. The agenda was to investigate the interest of starting a network for continuous education in paediatric anaesthesia among consultants in Sweden.

Switzerland (Mirko Dolci)

The Swiss Society for Paediatric Anaesthesia (called SGKA, as *Schweizerische Gesellschaft für Kinderanästhesie* in german, or SSAP, as *Société Suisse d'Anesthésiologie Pédiatrique* in french) represents the paediatric anaesthesiologist of the country.

SGKA/SSAP has 60 active members, all trained in paediatric anaesthesiology and with a regular clinical activity in our speciality. One to two new members join the society every year.

SGKA publishes recommendations concerning the practice of paediatric anaesthesiology in Switzerland.

The SGKA/SSAP is dedicated to keep a good standard of education in paediatric anaesthesia during the training of the anaesthesia residents.

The SGKA/SSAP organize yearly two half-days dedicated to continuous education: the “spring meeting”, and the « paediatric satellite meeting » during the Swiss annual congress of anaesthesiology in November.

In term of research, our society recently endorsed the NECTARINE study, supported by the European Society of Anaesthesiology.

A “best poster prize” for a communication concerning paediatric anaesthesiology is awarded once a year by the SGKA/SSAP during the Swiss national congress of anaesthesiology.

More informations about the SGKA/SSAP are available on the webpage:

www.sgar-ssar.ch/interessengruppen/sgka/

Lausanne, August 25th, 2015.

Great Britain and Ireland (Mark Thomas: APAGBI Council member and Chair Education committee on behalf of Andy Wolf: APAGBI President)

Our association continues to grow. We have over 900 full members, approximately 300 trainee members and 30 affiliate members. The membership continues to grow by about 50 per year.

Membership numbers are as follows:

Associate	26
Home	694
Honorary	42
Lay	1
Overseas	103
Retired	76
Trainee	294

Total membership is now 1236.

In the last year, there have been few changes to Council but there are some very notable members have moved on. Kathy Wilkinson has left Council having made a totally exceptional contribution as Hon Sec and President.

Francis Veyckemans has stepped down as Overseas Member, many thanks to him for fulfilling this role so expertly, in particular for playing a central role in co-ordinating the multinational research projects. His vacancy has been filled by the equally able Walid Habre.

Tony Moriarty also steps down from the role of Honorary Secretary. He has fulfilled this, the most demanding role on Council, with enthusiasm and flair since taking it on from Jane Peutrell in 2012. Amongst his many achievements, he was the originator and founder of the T-Piece newsletter, which we hope will continue for many years to come.

Looking forward, we have a new President in Andy Wolf, who started his two year term this year. Chris Gildersleve has taken over from Tony Moriarty

Finally, we now have a Quality Improvement (QI) Lead for Council, Sally Wilmshurst. She will be advising us on the role of QI in paediatric anaesthesia and will be compiling advice for members contemplating QI projects.

Highlights from the Committees

The committee chairs provide a full report on their activities over the course of the year but the highlights are as follows:

Professional standards

Karen Bartholomew ran another successful Linkman meeting in the autumn. In fact, it was so successful that it outstripped the size of the venue and we will be running 2015's meeting in a larger venue in Manchester.

The new Peer Review team of Pete Stoddart and Debbie Marsh have been increasing the number of reviews by creating regional teams. We will be looking to recruit more lay members to support this work.

Within guidelines and information, the information for parents and carers has been updated and the methodology of the APAGBI/DAS difficult airway guidelines have been published in Pediatric Anesthesia in March 2015.

Education and Training

This group has been extremely active over the past year. They are trying (and succeeding) to increase visits to the website. The 'Hot Topics' section, in particular has been a great success. Mark Thomas, who has been appointed as editor for the education section of Pediatric Anesthesia, has been trying to negotiate reciprocal access to other society's websites where there are some excellent resources of interest.

Science

APAGBI were pleased to be able to offer up to £50,000 for research grants this year. In July (Round 1), £19,556 was awarded to Drs Dannie Seddon, Steve Watson, Paul Harrison and Alistair Cranston from Birmingham Children's Hospital and Birmingham University for the project entitled "Platelet function in paediatric cardiac patients after cardiopulmonary bypass and Extra-Corporeal Life Support (ECLS)".

Ongoing projects include a collaborative European project "Endoscopic evaluation of the paediatric airway after prior prolonged tracheal intubation" with Helen Hume-Smith at Great Ormond Street as the UK collaborator, and a translational laboratory project "Novel Strategies to Protect the Immature Heart Against Reperfusion Injury" by Martin Lewis in Bristol.

APAGBI members from 52 UK centres contributed a large amount of data (over 7000 patients) to the ESA APRICOT project. APAGBI Scientific Committee members are also members of the Steering Committee for a further ESA project (NECTARINE) related specifically to anaesthesia for neonates and infants (<60 weeks post-menstrual age).

The APAGBI was a partner organisation for the UK Anaesthesia and Perioperative Care Priority Setting Partnership (PSP; <http://www.niaa.org.uk/PSP>). Members, professionals and parents/carers provided input to identify and prioritise treatment uncertainties and research questions. The Top Ten Priorities for Anaesthesia and Perioperative Care Research across the UK included questions relevant to paediatric practice.

The APAGBI provided feedback to SmartTots regarding their statement about anaesthesia and the developing brain.

Annual Scientific Meetings

A healthy surplus was reported from the Leeds 2014 meeting, which has in part enabled the provision of monies for a research grant up to £50,000 for the 2015 round.

Plans are well advanced for Belfast 2016 and at an early stage for Bristol 2017.

Meetings with other organisations

AAGBI

Twice yearly business meetings continue to take place between APA Officers and representatives of AAGBI. This facilitates a good working relationship between the two organisations. The next meeting is expected to take place in September 2015. AAGBI has had an external review of their funding, which concluded that they were undercharging Specialist Societies for their administration. Although AAGBI do not intend to make a surplus from the Specialist Societies, they do not intend to make a loss. There has therefore been a moderate 2.5% increase in administration fees for 2015. APAGBI have streamlined the way they use AAGBI's services so in fact, overall administration costs have decreased despite this rise.

Busola Adesanya-Yusuf has now left the AAGBI. Dr Bingham thanked Busola for her work in the administrative support to the APA over many years.

RCoA

Meetings with the college continue. Items at the top of the agenda include Anaesthesia Clinical Services Accreditation (ACSA) and Guidelines for the Provision of Anaesthetic Services (GPAS). Dr. Simon Courtman has worked tirelessly with representatives of the RCoA to develop Paediatric ACSA domains. This should be ready to roll out to volunteer sites in late 2015. It is hoped that the well-established APA Peer Review process will help anaesthesia departments on the ACSA pathway. It was noted that APAGBI does not intend to become a certifying or credentialing organisation.

Recruitment is underway for a new writing team for paediatric GPAS, whose most recent editions had been written by Drs Kathy Wilkinson, Liam Brennan and Anna-Maria Rollin. GPAS is being re-written using an updated process such that the guidelines chapters fulfill the standard accreditation criteria for accreditation by the National Institute for Health and Care Excellence (NICE).

Children's Surgical Forum (CSF)

Funding from the Royal College of Surgeons (RCS) to CSF was withdrawn in 2014. Following strong representations by Dr. Bingham (APAGBI), Dr. Hilary Cass (RCPCH) and Ms. Su-Anna Body (CSF) amongst others, that children constitute 20% of the population and that the RCS had a responsibility to ensure standards and safety of children's surgery, the funding for the CSF was reinstated. A rejuvenated CSF has met twice in 2015 and is currently working on Standards for the Emergency Surgical Care of Children.

Pediatric Anesthesia Journal

Dr. Andrew Davidson, the new editor of the journal is keen to develop links between the world's paediatric anaesthesia societies. He is hoping to set up regular meetings between the Presidents of these societies to discuss common areas of interest. An initial meeting was held on 15th May in Aberdeen and we contribute to the journal in the form of the new 'News from the Pediatric Societies' section in the journal.

Other organisations

It was noted that APAGBI is the first point of contact for paediatric anaesthesia consultation, endorsement or advice. Numerous such requests are received throughout the year. A list of these consultations can be found in the 2015 Annual Report.

Minutes of our last AGM can be found here:

<http://www.apagbi.org.uk/sites/default/files/images/APA%20AGM%202015%20Minutes%20Final.pdf>

Ukraine (Dmytro Dmytriiev)

In Ukraine pediatric anesthesia is organized as a subcommittee at the Ukrainian society for Anesthesia and intensive care medicine. The society is regarded as the natural partner for political and medical matters regarding anesthesia and intensive care medicine. Politically centralization is still a hot topic in Ukraine. Centralization has left us with 7 highly specialized centers and a number of regional hospitals 23.

To receive a doctor anesthetist certificate in Ukraine, the residency has to be completed which lasts for two years. During these two years, the training of children anesthesia - reanimation takes place as follows:

- First year: 36 weeks in intensive care for children;
- Second year: 32 weeks in children's anesthesia (outpatient surgery, ENT surgery, anesthesia outside the operating room, orthopedics, ophthalmology, abdominal surgery, acute surgery, neonatal surgery, and neurosurgery); All in all there are 24 seminars on children's issues in anesthesia during the whole training period. An important issue for doctors already working as

anesthetists is the annual theoretical training and practical training of children in anesthesiology and intensive therapy.

Concerning continuous education, Ukrainian society for Anesthesia and intensive care medicine traditionally organized one annual meeting: «satellite meeting» during the Ukraine annual congress of anesthesiology in September, 2016, Dnepropetrovsk. Each meeting consist in 15 to 20 scientific presentations, covering any topics of pediatric anesthesiology, with the participation of local and/or internationally recognized experts.