May 1st, 2010
Number 1

# ESPA
# European Society for Paediatric Anaesthesiology

## THIS ISSUE



## NEWS FROM THE PRESIDENT

Dear members of the European Society for Paediatric Anaesthesiology, dear friends,

It is my great pleasure to introduce the first issue of the ESPA Newsletter. Edited by a group of dedicated people under supervision of Dr. Ehrenfried Schindler of Sankt-Augustin, Germany, it will provide updates of ESPA activities. The Society was brought to life on the day preceding the Congress in Warsaw, during the meeting of the FEAPA European Advisory Panel. Since then, we have been addressing legal issues relating to our new Society that have now been largely resolved. The FEAPA, which served European anaesthesiologists well over the 22 years of its existence, has now been dissolved and we can now look forward to our future in this new and already flourishing society. I am also very happy to inform you that already 529 colleagues from 47 countries from Europe and overseas have applied for the membership of the ESPA (and been granted), which is a great success, especially as the ESPA just started its existence.

In September we will meet in the proud capital of Germany, Berlin, being honoured to be received in the building in which many famous German and international scientists laid milestones in history of medicine; among them the most prominent being Rudolf Virchow, after whom the building was named. Professor Jochen Strauss and his team, supported by Professor Francis Veyckemans, chairman of the ESPA scientific committee, have been working tirelessly to provide us with a most interesting scientific and social programme. Please do not miss this occasion, especially as many topics regarding the future of the ESPA will be discussed during the Annual Meeting of Advisory Council of Representatives of National Societies and the General Assembly. Before the Berlin Congress we will elect the first Executive Board of the Society. In the next few weeks you will receive the call for nomination of candidates. According to the Statute the following officers have to be elected: President-Elect, treasurer, secretary and up to 6 members of the Executive Board (ExBo). The voting will be conducted via an on-line voting system and you will be informed of the results in the same way.

We have been invited to hold the next meeting in Palma de Mallorca in September 2011. Recently Dr. Ton Schouten (secretary of the ESPA), Dr. Nigel McBeth Turner (treasurer) and I visited the location of the event and we can promise you a wonderful meeting on a most beautiful Spanish island.

Finally I welcome you whole-heartedly to the Society. Please pass the message to your friends and co-workers, interested in paediatric anaesthesia. We need you to help to provide the best possible care to all children who trust us their wellness and sometimes – their life.

Marcin Rawicz,
President, ESPA

| Members from European Countries | | | |
|---|---|---|---|
| Italy | 81 | Ukraine | 10 |
| Germany | 64 | Slovak Republic | 8 |
| United Kingdom | 47 | Luxembourg | 7 |
| Poland | 30 | Norway | 7 |
| Netherlands | 28 | Serbia | 7 |
| Finland | 17 | Denmark | 7 |
| Austria | 17 | Bulgaria | 4 |
| Belgium | 16 | Hungary | 4 |
| France | 16 | Latvia | 4 |
| Span | 15 | Czech Rep. | 3 |
| Sweden | 15 | Rep.Kosovo | 2 |
| Turkey | 15 | Russia | 2 |
| Israel | 13 | Slovenia | 2 |
| Malta | 13 | Estonia | 1 |
| Portugal | 13 | Lithuania | 1 |
| Switzerland | 13 | Romania | 1 |
| Greece | 12 | Croatia | 1 |
| **Members from Non European Countries** | | | |
| Canada | 5 | Egypt | 1 |
| Saudi Arabia | 4 | Iraq | 1 |
| Un.Arab.Em. | 3 | New Zealand | 1 |
| Australia | 2 | Pakistan | 1 |
| USA | 2 | Paraguay | 1 |
| Argentina | 1 | Singapore | 1 |
| Armenia | 1 | South Africa | 1 |
| Chile | 1 | Thailand | 1 |
| China | 1 | Tunisia | 1 |
| Colombia | 1 | Venezuela | 1 |

Membership applications untill April 23rd 2010


# What´s hot in ESPA?

The foundation of ESPA is a major event in paediatric anaesthesiology in Europe. Within weeks of its establishment the society had received several hundred applications to membership, all of which were ratified by at the first meeting of the interim ESPA executive board in January 2010.

## Why was it necessary to change from FEAPA to ESPA?

Several years ago it became clear that the statutes of FEAPA were in need of revision. They were out-dated and inflexible and no longer corresponded to the desired working methods of the FEAPA. At the same time there was a growing realisation of a communication problem between FEAPA and practising anaesthesiologists.

Starting with a committee set up in 2006 under the chairmanship of Professor Olli Meretoja, the executive board of FEAPA worked for four years to devise a solution to these problems resulting in the decision to change the structure of the European organisation for paediatric anaesthesia from that of a federation into that of a society. As a result ESPA emerged form FEAPA.

## How is ESPA different from FEAPA?

Although the fundamental aim of ESPA is essentially the same as that of FEAPA – to improve anaesthetic services in the widest sense for children in Europe – there is an essential difference between the two organisations. FEAPA was a federation of anaesthesiology societies whereas ESPA is a society with individual membership. This has great advantages in terms of ease of communication between practising anaesthesiologists in Europe. ESPA now has a direct contact with the anaesthesiologist in the hospital which eases the flow of ideas in both directions. This in turn makes us better able to focus on the real problems on the work-floor and to implement and monitor change.

A good argument can be made that a society with individual members is more democratic than a federation. ESPA is run by its members. The General Assembly to which all active members belong is the highest body in the society. In a very real sense the members are ESPA. The Executive Board is charged with the running of the society and is responsible to the General Assembly. However, a fear has been raised that an international democratic society with individual members might be open to domination by the countries with the most members. This would only be a problem if the members from a particular country organise themselves with this in mind, but it is a concern that ESPA takes seriously. For this reason the statutes state that no more than two members of the Executive Board may come from any one country, except in exceptional circumstances.

A second concern about changing from a federation to a society is the possibility that ESPA will loose its direct contact with the national (paediatric) anaesthesiology societies. To ensure that this does not happen, ESPA has built into its constitution an Advisory Council of Representatives of National Societies which will meet once a year to allow points raised by the national societies to be considered by ESPA and to keep that important direct link between the national societies and the European society.

## Legal form

Like FEAPA, ESPA is registered as an organisation in the Netherlands and is subject to Dutch law. Recently ESPA has been granted the status of Organisation for the Common Good by the Dutch Tax Office, which brings with it special fiscal privileges. However, ESPA needs to be financially secure if it is to carry out its present and valued function of organising international conferences. For this reason an individual membership fee will be raised in the coming years. This is necessary to cover the administrative costs of running the organisation, the website and similar activities. Members will also receive privileges such as reduced registration fee for ESPA congresses, access to the protected part of the website and, of course, the right to participate in running what will soon be the most prestigious paediatric anaesthetic society in Europe.

Nigel Turner, Honorary Treasurer, ESPA

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## ESPA

The European Society for Paediatric Anaesthesiology (ESPA) was set up in 2009 and originated from the Federation of European Associations of Paediatric Anaesthesia (FEAPA) which was founded in 1984 as a federation of the national societies of (paediatric) anaesthesia from all European countries.

ESPA is interested in paediatric anaesthesia in the broadest sense of the term which can include at least the following: perioperative care for children, intensive care for children, pain therapy for children and emergency medicine for children. The aims of the society are the following for education, science and charitable purposes:

a. To promote safety and quality of care in paediatric anaesthesiology;
b. To promote scientific research, training and education in paedia-tric anaesthesiology;
c. To promote the introduction of standards and guidelines for paediatric anaesthesiology within Europe;
d. To collect and disseminate information about paediatric anaesthesiology.
e. To promote friendship and fraternity between its members and defend their interests
f. Also all that which is in any way associated with, or can promote the above aims

The ESPA aims therefore to provide a variety of services to anaesthesiologists involved in paediatric anaesthesia, including coordination the organisation of an annual international congress on paediatric anaesthesia by local organisations, establishing guidelines on the training, organisation and practice of paediatric anaesthesia and acting as a centre of expertise for paediatric anaesthesiology .

To apply for ESPA membership, go to

www.euroespa.org

# Election of new officers and members of the Executive Board of the ESPA

ESPA has started very successfully with well over 500 members being admitted to the society in the first few months. The society has been run in this period by an interim Executive Board (ExBo) of five officers of FEAPA. As ESPA was set up as a democratic society, it is important that the members have a say in the running of the society. The ExBo feels that there are now sufficient ESPA members to allow this process to proceed to the next step which is the election of officers for the ExBo for the next two years.

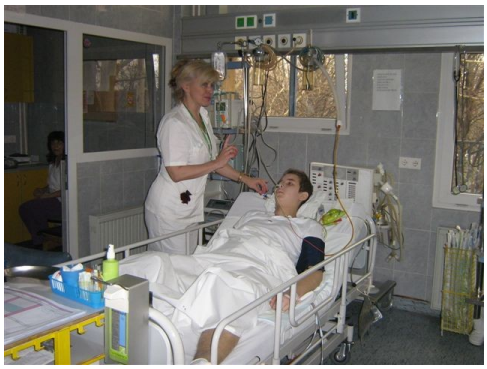
There are vacancies for a president-elect (who will take office as president in September 2011), an honorary treasurer, an honorary secretary and up to seven other members of the ExBo, all of whom will take office in September 2010. The electoral procedure is quite simple. All active members (doctors who have completed an accredited training programme in anaesthesiology, and who live or work in a European country) have a vote. Within a few weeks all active members will receive a call for nominations to the ExBo in the form of an e-mail. Any active member can nominate any other active members or him- or herself either to one of the named offices of president, honorary secretary or honorary treasurer, or to a position of member of the ExBo. The ExBo itself can and will also make nominations for all these posts. When the nominations have been received, these will be announced to the members and voting will begin. Active members will receive instructions via e-mail on how they may cast their electronic vote via the ESPA website.

The results of the election will be announced shortly after the close of electronic voting and will be ratified at the next General Assembly of the ESPA, which will be held at the Berlin Congress. After this the newly elected members of the ExBo will officially take office. There are a couple of rules in the ESPA statutes which are designed to make the society as democratic as possible. Two-thirds of the ExBo may not be related to or live with each other; and no more than two members of the ExBo may come from the same country (although there is no limit to the number of nominations from any one country). If either of these rules might be contravened by the results of the election the ExBo will decide what action needs to be taken – for instance by calling for a second round of elections. For subsequent elections it is important to appreciate a third rule: that the term of office for members and officers of the ExBo is two years, following which all of them, except the president, may be re-elected once only. The presidential term is limited to two years.

The Executive Board

# Paediatric Anaesthesia in Serbia

Serbia is a beautiful country and is situated in the Balkans. Around fifty paediatric anaesthesiologists are employed there. The two largest children's hospitals are in the capital, Belgrade and Vojvodina, Novi Sad. A third hospital is situated in Nis, which is in the south of the country. Economic problems following the wars in the 1990's have not allowed many opportunities to follow technological innovations in the world of anaesthesia. Equipment is old and machines are worn out. However, war years accustomed Serbian anaesthesiologists to use their enthusiasms to overcome limited resources. Since we had to rely solely on our own eyes, ears and finger's on patient's pulse with manually measured blood pressure, the introduction of pulse oximetry and capnography into operating rooms brought significant relief ten years ago.



The most commonly used approach is balanced anaesthesia – usually IV introduction, except in patients with difficult airway. Almost all children undergo endotracheal intubation. Laryngeal mask became available only recently. Fiber optic bronchoscope is not available in a single paediatric institution. Of all inhalational anaesthetics, only sevoflurane is in use. In spite of efforts by paediatric anaesthesiologists trained abroad to make regional anaesthesia a routine, it remained everyday practice just for an occasional enthusiast. PICU is under-resourced with ventilators and infusion pumps, although there is a medical doctor for every six beds and a nurse for every two patients. Pain has been a neglected issue for a long time in Serbia, especially in childhood. Recently huge efforts are being made by paediatric anaesthesiologists to make day-to-day pain estimation, monitoring and pain relief a widespread practice.

As much as allowed by resources we are trying to be up do date and apply the latest guidelines which helps in overcoming lack of modern equipment. Overall, enthusiasm and skill result in good outcome and low complication rates in our patients.

Dusica Simic, MD, MA, PhD, University Children's Hospital, Belgrade, Serbia.

# Paediatric Anaesthesia in Moldova

Moldova is a small country just outside the EU with a population of about 3 million inhabitants. A large number of its one million children are treated in three large paediatric centres which are located in the capital. Each hospital is providing anaesthesia for about 5ooo cases per year. Paediatric anaesthesia has organized its activities for a certain time within the paediatric surgical faculty. In future Paediatric Anaesthesia might be again an integral part of the Society of Anaesthesiology of Moldova.

Infant mortality has been reported to be high in Moldova (second in Europe). Anaesthesia related mortality, though it has never been exactly investigated, seems to be comparable to times and countries where technologies were lacking and anaesthesia machines outdated. Near misses (though not contributing to mortality) and unpleasant anaesthesia experiences are worrisome, and mostly the result of the almost total absence of modern anaesthesia monitors.

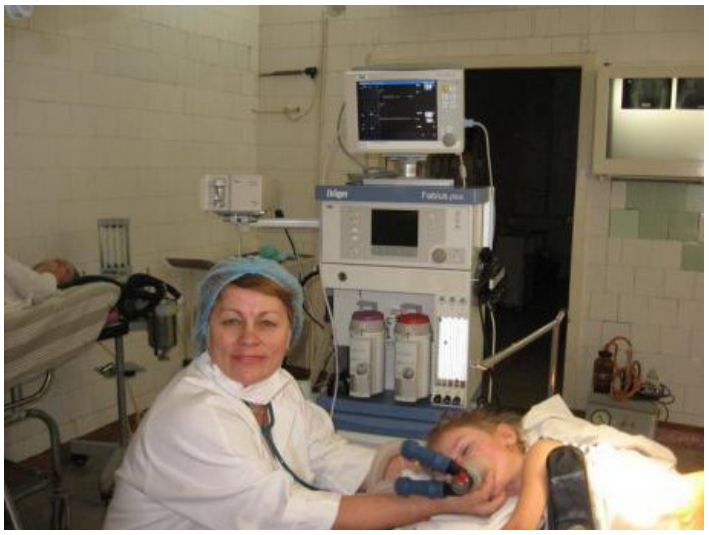
The classical Moldavian anaesthesia technique used mainly drugs like Ketamin, Valium, Halothane and Succinylcholine. Simplicity of anaesthesia, no day care, no regional blocks and no morphine for pain treatment in children was the level from which started a new project in 2007 aiming to improve safety and quality in paediatric anaesthesia in Moldova. The initiators called this project “Safe Anaesthesia, Safe Surgery” and the newly founded institution “IATC” (International Anaesthesia Teaching Centre). Step by step problems were analyzed and ways for implementation of modern anaesthesia techniques searched. Education has played a major role from the very beginning, with academic exchange and contacts for the anaesthesiologists.

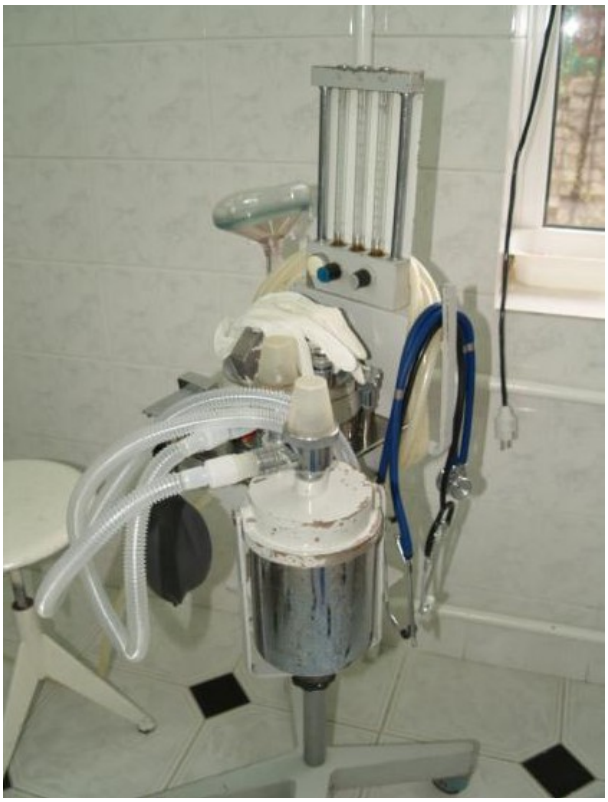
Attendance at meetings was a constant concern. A tight personal budget has prevented many paediatric anaesthesiologists from Moldova from taking active part in international anaesthesia forums.

In 2009 six brand new anaesthesia machines and monitors have been brought to the Centre of Mother and Child . A second large children hospital (Kotsaga) will be fully equipped by this year. The third children hospital is still searching for a sponsor for five anaesthesia machines. Modern and newly adapted guidelines, pain management and regular clinical and theoretical teaching are part of the annual agenda of Moldavian paediatric anaesthesia activities.

Many anaesthesiologists from Moldova contributed to this positive development. Others from foreign countries (e.g. Prof. Josef Holzki and Dr. Yakov Katz) were teaching paediatric anaesthesia in Moldova convincing old and young anaesthesia staff that the time for change is necessary. Since 2007 the project “Safe Anaesthesia, Safe Surgery” has enjoyed the support of the German government which financed anaesthesia equipment and teaching.

Much has been already achieved, but more lays ahead of us. We believe that Europe should have equal anaesthesia standards of care. Therefore Moldavian anaesthesiologists welcome every professional to support our project “Safe Anaesthesia, safe Surgery”. Come to Moldova and witness the change from the past to the future.





Ruslan Baltago , Moldavia

Markus Schily, IATC

# How to deal with paediatric anaesthetic neurotoxicity?

In the latest decades, paediatric anaesthesia has become safe in western countries with about 1 anaesthetic related death in 50.000 anaesthetics in healthy patients. Nevertheless, is anaesthesia in young paediatric patients really as safe as we think? The anaesthetic related morbidity and mortality in the short term is very low indeed, but what do we actually know about the influence of anaesthesia at younger ages on long term cognitive and behavioural development?

The long and short term effects of surgery and anaesthesia on cognitive functioning in elderly have been extensively studied, however, less is known about the effects of anaesthesia on brain development in young children. The last publication about the potential toxic effects of anaesthesia up till 3 years after birth resulted in an extensive debate in both public and professional media.

The scientific proof of anaesthetic neurotoxicity in young children is still poor and only based on animal experiments and epidemiologic studies in humans. However, the strength of scientific evidence is influenced by confounding epidemiological studies and the fact that appropriate clinical studies are not considered ethical. Furthermore, how should the anaesthesiologist deal with the potential anaesthetic toxicity in daily practice? Should we provide anaesthesia on every clinical request even for minor interventions and diagnostic procedures knowing that nothing has been proven yet? Or should we be more cautious (there is no smoke without fire), and reserve anaesthesia at young age only for life threatening situations, thereby postponing anaesthesia as long as possible in elective surgery?

The latest scientific evidence and ethical dilemmas will be discussed during the session on “Neonatal Anaesthesia (Saturday 4) at the European Congress on Paediatric Anaesthesia.

Jurgen de Graaff MD, PhD,
University Medical Centre Utrecht, The Netherlands

# The Berlin Congress 2010

Dear colleagues,

We cordially invite you to participate in the ESPA European Congress of Paediatric Anaesthesia, which will be held in Berlin, Germany, 2 -4 September 2010. The main topics of discussion will be patient management, awareness in children, airway management, cardiac anaesthesia and pain management. A session on diagnosis of frequently occurring perioperative problems will help you to develop quick and effective diagnostic skills. A session on rare diseases will demonstrate how to obtain information quickly on infrequent but important conditions. There will also be opportunities to join simulation sessions on paediatric anaesthesia and resuscitation and workshops on the use of ultrasound for vascular access and controlled ventilation of children.

Berlin is a very beautiful and exciting city. It is well worth spending a few extra days to take a boat trip through the city on the river Spree, discover the famous places, beautiful buildings and museums and relax in the open-air bars and restaurants. Further information about registration for the congress, the full scientific programme and the hotels and city of Berlin will be found at www.euroespa.org and www.mcn-nuernberg.de/feapa.

We look forward to welcoming you to Berlin.

Warmest regards,

Jochen Strauss,
chair Local Organising Committee

Marcin Rawicz,
president of the ESPA

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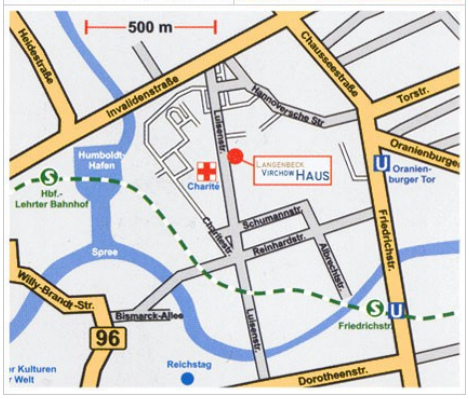

## NEXT ISSUE

- Result of the elections
- Near infrared spectroscopy: does it improve outcome
- Historical highlights in paediatric anaesthesia
- Role of the ACORN, formerly known as the Advisory Panel
- A central European complication reporting system for paediatric anaesthesia: is it feasible?
- International European guidelines for paediatric anaesthesia
- ESPA Congress, Mallorca 2011

# Criteria and Conditions for General Hospitals to Provide Optimal Paediatric Perioperative Care

Most surgical procedures performed on children will be elective, relatively straightforward and performed in General Hospitals, usually on fit infants and children. Children with significant acute or chronic medical problems, those undergoing more complex procedures, neonates and small infants are usually referred to specialist units or tertiary paediatric centres.

Children who undergo anaesthesia and surgery have special requirements. They are not small adults; they differ physiologically, emotionally and socially. Doses of drugs and fluids need to be precisely calculated and anaesthetic equipment for smaller children differs from that used in older children and adults. Wherever and whenever children undergo anaesthesia and surgery, their particular needs must be recognized and staff with appropriate experience and training should look after them. Parents (or carers) should, wherever possible, be involved in all aspects of care and decisions regarding the management of their children.

Anaesthesia services for children in General Hospitals require specially trained clinical staff together with equipment, facilities and an environment appropriate to the needs of children. The service should be led at all times by consultants who regularly anesthetize children, with relevant paediatric practice sufficient to maintain core competencies. At all times, there must be adequate skilled, dedicated assistance that should be provided by staff specifically trained for the task. Paediatric resuscitation equipment must be available wherever and whenever children are treated, and anaesthetists must maintain their skills in paediatric resuscitation to the level of advanced paediatric life support or equivalent.

General Hospitals should have arrangements for managing and treating simple surgical emergencies. In addition they should be able to resuscitate and stabilize seriously ill children of all ages, prior to their transfer. In a life-threatening emergency where transfer is not feasible, the most senior appropriately experienced anaesthetist available should undertake anaesthesia.

Peter Crean, Member of ESPA

## COLOPHON


### ESPA

European Society for Paediatric Anaesthesiology

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The ESPA Newsletter will be sent out four times a year and is intended for its members, for its international relations and for interested parties who would like to kept informed about education and activities of the ESPA. The editorial team would like to thank all the people who have co-operated in making this Newsletter possible.

If you would like to post a comment, submit an article or if you have any other queries, please contact one of the Editorial team members.



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