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CASA Bulletin of Anesthesiology (ISSN:2471-0733)
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在迎接圣诞节到来之际，美国华人麻醉医学会CASA在美东的会员借纽约麻醉年会PGA召开于十二月十日(Saturday)在纽约中城 Red Moon Restaurant举行了一年一度的聚会午餐。会议由王长征医生主持，周海峰会长介绍了CASA在过去一年的成绩和发展。午餐是由Morgan Stanley Wealth Management的William Shen赞助，沈先生在会上介绍了他们的理财产品。三十多位麻醉医生参加了聚会，其中有华人麻醉医生的老前辈姚繁盛教授、Stony Brook University Department of Anesthesiology Chairman TJ Gan教授，有CASA的前任会长王海明、李迺曦、陈国刚、王长征、谢辽阳、刘恒意、刘立新，还有一些第一次参加CASA聚会的医生。特别值得一提的是刘恒意教授夫妇从费城远道而来参加我们的聚会。新老朋友们欢聚一堂，一边品尝美食，一边兴趣盎然地交谈，增进了大家的友谊。

经过美国华人麻醉学会月刊编辑部全体编辑的讨论后，决定任命北京大学国际医院麻醉科 副教授朱斌为杂志的 Guest Editor。朱斌医师，麻醉学博士；北京大学国际医院麻醉科副主任，副主任医师，副教授。发表文章 70 余篇，参与了 10 余部专业学术专著的编写，近三年完成了 100 余场不同级别的专业讲座。中华麻醉学大查房（电子版）杂志编委；中华医学百科全书麻醉学卷编委；中华医学杂志英文版特约审稿人。

CASA Bulletin of Anesthesiology (ISSN:2471-0733)
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ＣＡＳＡ２０１６年的总结

ＣＡＳＡ前主席周海峰

The year of 2016 is about to conclude, and the year of 2017 is just around the corner. The end of the year always makes us look back at our accomplishments, smiles and memories. As the president of CASA this year, I am truly grateful to have had the opportunity to work with the CASA Executive Board, CASA Bulletin Board and all CASA members. During the year of 2016, CASA has done great work both domestically and internationally. Our hard work and effort has made our organization grow stronger. Now, I would like to briefly summarize our work in 2016.

1. CASA organized delegates to attend major academic meetings in China, including the Chinese Association of Anesthesiology (CAA) annual meeting in Haiko, Hainan, China and the Chinese Society of Anesthesiology (CSA) annual meeting in Guangzhou, Guangdong, China. We also convinced CAA to set up a CASA section in the CAA meeting beginning next year.

2. Sponsored by Guangdong Jiabo Pharmaceutical, CASA and New Youth Anesthesia Forum (中国新青年麻醉论坛) successfully co-organized the First CASA-New Youth Night (CASA新青年之夜) in Guangzhou Wanda Hilton Hotel during the CSA meeting. Sponsored by Mindray, CASA successfully organized a dinner meeting, “CASA Night,” in Chicago during the ASA meeting. Many ASA and CSA leaders as well as famous anesthesiologists attended these events.

3. CASA organized the Clinical Anesthesiology Lecture Group (CASA临床麻醉讲学团), which visited Guilin桂林, Guangxi广西, China. We not only gave lectures in Guilin, but also visited operating rooms in local hospitals. We exchanged clinical information and discussed resident training with local anesthesiologists.

4. Led by Dr. Jeffrey Huang , the CASA Bulletin of Anesthesiology received the International Standard Serial Number. In addition, we all noticed that Dr. Huang and the Editorial Board have done a great job of making the CASA Bulletin of Anesthesiology more attractive and more informative this year.

5. Led by Dr. Xiaoyan Zhang, the CASA QA Committee and SCAPE co-organized the "Medical QA China Walk" and gave lectures at different hospitals in China. The committee also participated in the CAA meeting and gave lectures on anesthesia quality control.

6. Led by Dr. Hong Wang, the CASA Residency Training 规培Committee gave lectures and discussed resident training with local anesthesiologists at different hospitals in Beijin, Zhejiang and Guangxi province.

7. Led by Dr. Jiapeng Huang, the CASA TEE / Long Distance Medicine Committee participated in TEE teaching activities in Beijing Hospital, Xiangya Hospital and Zhejiang University Hospital. The committee also used WeChat and internet to improve their ability of using TEE for Chinese colleagues.

8. Led by Dr. Cathy Cao, the CASA MH Committee participated in an international teleconference on MH in China and published its conclusion in Anesthesia & Analgesia. The committee members also participated in the WeChat MH Consultation Platform to help Chinese anesthesiologists take care of MH patients.

9. Dr. Jeffrey Huang and Chinese colleagues, Zhang Hui and Liu Zhiqiang, translated OR Emergency Manuals into Chinese. With help from the CSA and New Youth Anesthesia Forum, they implemented the manual at many hospitals in China.

10. Many CASA members participated in "No Pain Labor & Deliver" activities in China. In 2016, over 100 health professionals from USA visited at least 27 hospitals in China.

11. Other CASA activities in USA include the CASA Luncheon Gathering in PGA meeting and the CASA Summer Picnic at Rocky Neck State Park, CT.

12. Dr. Jeffery Huang won this year's CASA Outstanding Member Award. Former ASA President, Dr. John Abenstein, and CSA Executive Committee Member常委, Dr. Huang Wenqi 黄文起, were awarded as CASA Honorary Members.

13. We congratulate CASA honorary members Dr. Davy Cheng for becoming the IARS Chairman and Dr. Xie Zhongcong for becoming 哈佛大学冠名教授the Endowed Professor at Harvard University this year!

All these activities are based on our fundamental goals: to strengthen the connections between American and Chinese anesthesiologists and to improve the exchange of information and friendship among Chinese American anesthesiologists. I am very happy to see that CASA has formed stronger connections with both CAS and ASA leaders, has a great relationship with our Chinese colleagues, and has closer friendships among our members. During this year's work as CASA president, I got generous help from our previous presidents, executive board members, old friends, as well as new members. As a long-term member, I feel CASA is a big, kind, and warm family, and I am so grateful to be a part of it. I would like to take this opportunity to thank all CASA members and friends for helping and supporting CASA. I wish you and your family a happy holiday!

Henry Zhou, MD, PhD

CASA 2017 年的计划

CASA 主席李韵平

What is New?

1 Nominate society delegates:
ASA Delegate –

Hong Wang, MD (汪红)

CSA Delegate –

Lixin Liu, MD, PhD（ 刘立新）

CAA Delegates – Jianhong Huang, MD (黄建宏) and Xiaoyan Zhang, MD (张晓燕)

2 **SUPPORT CASA MAGAZINE-**
CASA Bulletin exists to serve its members and readers. Highest quality content depends on your support. I would like to call all committee chairs and Executive Board members to contribute 1-2 articles OR meeting reports every year. YOUR SUPPORTS MAKE A BIG DIFFERENCE

Since the founding of CASA in Dec. 2002, our society has grown substantially. I am honored to be the President of CASA in 2017. First of all, thank you all for the support. Here are some plans or ideas for 2017, open to suggestions.

1. **Mission Statement**: Main goals are to service our own members and to promote academic programs. I will draft the mission statement and present it to the advisory board.
2. **Specialty Committees:** So far, we have 14 committees that cover all subspecialties. Committees are the backbones and infrastructures of CASA. In 2017, the committee chair would need to do (see attachment for chairs):

2.1 Update the website with very brief goals of your committee, and your members' names.

2.2 I think all members will greatly appreciate the meeting reports and practice updates in your specialty.

2.3 I would like to call to make ICU as an independent committee.

3. General Committees:

3.1. Membership and Website Committee:

Changzhen Wang, MD（王长征）will be in charge of membership issues. I updated the membership application form. I strongly encourage CASA EC members and committee chairs to extend our family.

Website – Vincent Xie, MD (谢燎阳), We need to list all members on the website (just the names).

CASA WeChat – 群主： Qing Wang, MD (王清), David Tang, MD (唐越)

Jack Zhang, MD (张均奎)

CASA Tristate WeChat – 群主：Henry Zhou, MD (周海峰)

CASA WeChat is our official and professional platform. We will to set up WeChat rules and organize or stimulate meaningful discussions, share new and important practice information.

3.2. Set Up Fundraising and Marketing Committee:

—Consider applying for non-for-profit organization (long term goal).

—Design a CASA brochure. —Chair: President.

Members: Henry Zhou, MD （周海峰）, Jiapeng Huang， MD （黄佳鹏）, David Tang，MD（唐越）， Haiming Wang, MD (王海明) and Yunping Li（李韵平)

4. CASA Delegates:

I would like strongly suggesting nominating CASA Delegates, whom will serve as delegates to stream the communications with other professional societies, instead of the CASA president, because the president will be changed yearly.

ASA Delegate – Hong Wang, MD (**汪红**)

CSA Delegate – Lixin Liu, MD, PhD（ 刘立新）

CAA Delegates – Jianhong Huang, MD (黄建宏) and Xiaoyan Zhang, MD (张晓燕)

CASA Subspecialty Committees Chairs

Ambulatory committee	Changzheng Wang, (NJ) Tong Joo Gan (NY)
Cardio-thoracic and vascular committee	Yonggang Peng (FL) Jiapeng Huang (KY)
ICU Committee	Haobo Ma (MA)
Malignant hyperthermia (MH) committee	Xiqing Cao (DC) Lingqun Hu (IL) Henry Liu (PA)
Neuro Anesthesia committee	Chanhung Lee (CA) Fenghua Li (NY)
Obstetric gynecologic anesthesia committee	Weike Tao (TX) Yun Xia (OH), Yunping Li (MA)
Pain medicine committee	Honghui Feng (CT) Yongjian Lin (CA)
Pediatric anesthesia committee	Rou-xu You (NJ)
Practice management committee	Jianhong Huang (FL) Honghui Feng (CT), Naixi Li (NY)
Regional anesthesia committee	Jiabin Liu (PA) Jinle Li (CT)
Residency Training Committee	Hong Wang (VA), Jiapeng Huang (KY)
Science committee	Wei Chao (MD) Jingping Wang (MA)
Standard practice and QA/QI committee	Xiaoyan Zhang (CA), Hong Wang (VA), Long Xu (CA) Jun Tang (CA), Gang Zheng
Telemedicine Committee	Jiapeng Huang (KY) Hong Wang (VA)
Trauma/PACU committee	Lixin Liu (NY) Meng Wang (NY)

CASA Bulletin of Anesthesiology 编辑部 2016 年总结和 2017 年的计划

在过去的一年里，感谢广大会员及编辑部编辑们的大力支持。我们达成了我们的预定目标。

杂志获得自己的 ISSN 编号，有了国际性代码标识。

杂志有了新封面。

不仅通过电子邮件发送到各个 CASA 会员，还发布在 CASA 官方网站上，新青年麻醉论坛，及中华医学会麻醉学分会的官方网站。逐步成为中美麻醉交流的平台。

杂志在新的一年里

将继续推动中美麻醉界的合作，为中国麻醉同仁介绍最新麻醉发展和技术。成为一个中美麻醉界交流的平台。

吸引更多国内优秀麻醉医生加入我们的编辑队伍中，让他们贡献更多更适合中美麻醉医生的文章。共同推动中国麻醉的发展。

将逐步介绍美国麻醉质量研究所的不良事件报告。通过这些报告来学习如何报告不良事件，并如何从中受益。

继续报道 CASA 及会员们在推动中美麻醉界之间的交流做贡献的新闻。

黄建宏
Editor-in-chief
CASA Bulletin of Anesthesiology

CASA 恶性高热委员会 2016 年总结和 2017 年的计划

C A S A Malignant Hyperthermia Committee Chair 恶性高热委员会主席： 曹锡清

在政治风云跌宕起伏的大选之年，中美医学交流却是兴旺蓬勃的一路向前。如果说2015年是宣传恶性高热播种耕耘的一年，那么2016年就是结果收获的一年。

- 《中国恶性高热现状》是由Pennsylvania大学医学院魏华锋副教授和江西南昌二附院余树春主任执笔，于今年二月在Anesthesia & Analgesia上发表的2015年中美恶性高热专家国际电话会议的共识。参加会议和写作的还有CSA主席刘进教授，北医三院郭向阳教授，美国恶性高热协会主席Henry Rosenberg医生，明尼苏达大学儿童麻醉主任Belani教授，纽约州立大学StonyBrook分校Stellaccio副教授，CASA MH Committee 的曹锡清，胡灵群，刘恒意，张晓燕和黄佳鹏医生，华西左云霞教授和美国MH热线负责人CHOP儿童医院的Litman医生。

  大家一致认为首先需要在中国医学界以致民众中积极宣传这个致死率高的遗传疾病，提高恶性高热的知晓度，同时要加强麻醉医生对MH的诊断治疗的训练。其次，继续促进CFDA早日批准和中国早日拥有唯一的抢救恶性高热的特效药静脉丹曲林。第三，呼吁制定呼末二氧化碳和体温监测的规章和标准，最后要 鼓励恶性高热专家互联网微信平台，患者咨询机制，建立MH病例登记和基因检测等等。

- CASA MH成员参加由基层麻醉网主持的中外麻醉专家的MH微信咨询平台，为抢救MH患者提供咨询，除了上述MH小组成员外，特别感谢汪红教授，彭勇刚教授和新西兰的李洁医生。

- 应CSA主席熊利泽教授和CSA骨科组长兼MH负责人郭向阳教授邀请参加CSA年会。在MH专场，郭向阳教授介绍了中国MH现状，CASA MH小组曹锡清组长讲述了美国和其他国家MH研究和防治进展， 基层麻醉网负责人刘春元汇报了他们为广大基层麻醉医生搭建学习平台并通过微信组织专家咨询，齐心协力抢救MH患者的一系列精彩故事。讲座后经过广东中山二附院舒海华和北医三院徐懋医生协调，他们为会议精心准备了MH模拟演练教材和模拟人，第一次在CSA大会上实施MH模拟训练和传授沟通交流技巧。这个板块受到了许多麻醉医生的关注和追捧，得到了CSA专家领导们的肯定和赞赏，会议结束了还留下来讨论不愿离开。

- CASA的汪红，黄佳鹏，曹锡清，黄建宏和魏华锋分别在中国的不同医院访问时做MH讲座并帮助建立手术室包括MH的应急模拟演练。特别是黄佳鹏教授还在新青年麻醉网和基层麻醉网授教MH远程教学。
- CASA的黄建宏，张晓燕，胡宗元和曹锡清医生通过各种渠道多次发表有关MH的文章和病例分析。
- 曹锡清组长在世界麻醉医生大会上主持MH的专题病例讨论PBLD，得到了WCA 安全质量委员会的好评。
- CASA前任会长唐越医生积极支持，联系促进MH的影视宣传，特此感谢。
- CASA的汪红，曹锡清和黄建宏分别在各自的医院负责主持年度MH讲座和演练。

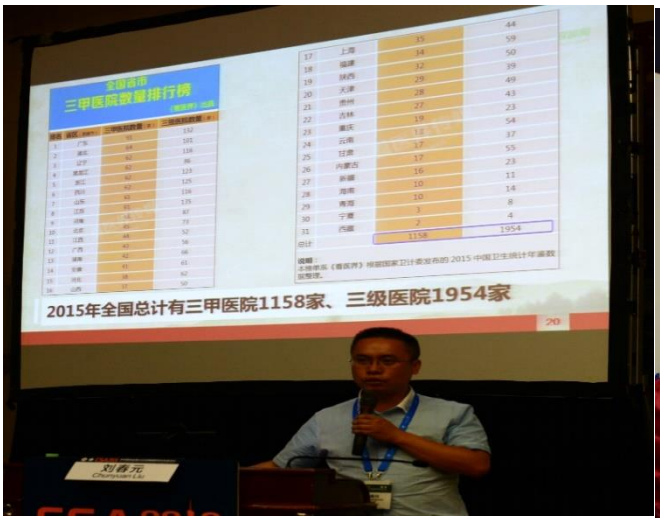
展望未来，任重而道远。

- 早日促成CFDA批准静脉丹曲林的使用需要CSA领导的智慧和担当，也需要所有麻醉医生的集体努力。CASA一定竭尽全力支持配合，也有耐心顾全大局。
- 从立法层面着想，有待建立切实可行的措施保护患者的安全及保障医院医生安全行医。希望早日建成覆盖各地的特效药分布网。
- MH患者和亲属的基因检测和筛查，患者平台的建立。扩大在社会上的宣传，与残疾人协会合作宣传MH， 让患者建立自我保护意识。
- 与中国外科学会和重症监护ICU学会合作，争取到外科和ICU年会上宣传扫盲MH，从而提高围术期的MH防治水平。
- 继续得到CSA支持，在麻醉医生会议上开展模拟演练，在有全麻手术的各个医院形成预防，预警和预演的安全文化。一旦有了特效药，呼吁建立符合国情的MH急救网。
- 完善MH微信平台和热线，印发MH流程宣传挂图和家属须知等宣传材料，长期维护需要经济资助，捐款和市场等等。
- CASA继续在国内医院宣传教育，特别是基层医院。

附图：CSA2016年会的MH专场讲座和模拟演练


对中国麻醉医师的MH知识了解度的调查
1326人
61.2%；综合医院：78.4%
42.5%；中级职称：35.5%
12905629例
111例（发生率8.6 ×10⁻⁶）


CSA2016


三甲医院数量排行榜
2015年全国总计有三甲医院1158家、三级医院1954家

附图：WCA的PBLD


PBLD: Malignant Hyperthermia Update
WCA 2016

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CASA QA 2016 年总结和2017年的计划

CASA QA 委员会主席：张晓燕

团队辞旧迎新感言

辞旧迎新，又是回顾过去展望未来的日子…

2016 年，QA CASA 团队工作总结如下：

1. 继续组织和参加了中国 CAA 年会，围绕麻醉质量（QA）的主题，与国内同行进行了交流。参加的人员和交流题目有 汪红，黄健宏，黄佳鹏，周捷，刘恒意，张晓燕。 汪红医师与王保国院长共同主持了 CAA 的新版块“非公立医院的麻醉体系

2. 在美国 CASA 和 SCAPE 学会的大旗下，QA CASA 和 QA SCAPE 团队联手，以患者安全和医疗质量改善为宗旨，走出了踏实的一步。从讲演的舞台上走进了国内的医院，开始去接地气，做项目，开门诊，收集数据，并且以项目和医疗钩，从而让国内同行有了“质量”是如鱼得“水”的概念。貌似不足挂齿的琐事，却关系到患者的生命和医疗的质量，不容小觑。

2016 年 8 月，在 SCAPE 第二年会上继胡灵群医师的"无痛分娩中国行”的讲 演后，我们给大家做了简单的汇 报：“Medical QA initiative in China (医疗质量中国行)”。得到了与会同行们的 肯定与支持。

2017 年，QA 团队将一如继往，为推动患者安全和医疗质量，做不懈的努力。

1. 积极参加与国内的交流工作。将在 2017 年 CAA 年会上，推出 QA 版块，以更有效地进行丰富多彩的交流；

2. 不断完善和发展现有合作项目，并争取在力所能及的条件下，与合作医院开展新的改善医疗质量的项目，推动 QA 系统的改善；

3. 参予《中国麻醉安全与质控》杂志的建设与投稿工作；

4. 完成《美国麻醉质量管理应用手册》，这是由 QA CASA 团队组编的麻醉质量指标执行流程的手册，以为国内同行应用提供参考。

2016 年国家卫计委发布了《医疗质量管理办法》，从 2016 年 11 月 1 日起实施。中国医疗质量的改革将大势所趋，与国际潮流同步。美国的麻醉 QA 已经走在了其他医疗专业的前面。我们也希望把这些经验分享给更多的国内同行，让 QA 的理念和实践落到实处，为更多的患者带来好的 outcome。

东方欲晓君行早， 踏遍青山人未老

在 2016 年的最后一天，我代表 QA 团队向所有关心关注、理解点赞、支持和参与 QA 工作的同伴和朋友们表示真诚的感谢！也欢迎更多的朋友加入医疗 QA 中国行的行列！谢谢大家！

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CASA Resident training committee and Standard Care Committee 2016 年总结和 2017 年的计划

CASA Resident training committee ,Standard Care Committee:委员会主席: 汪红

Resident training committee:

我们将继续和 CSA 和 CAA 合作。协助国内的住院医培训。介绍美国的经验和教训。使中国在发展具有中国特色、适合中国国情的住院医培路上少走弯路。我们将利用 CSA， CAA 会议，基层讲学团，新青年和基层麻醉讲座网提供讲座。另外，结合实地培训，团队培训，麻醉技术（比如超声，气道）培训，教学示范座谈，病例讨论，全方位介绍美国住院医培训的系统和经验。

Standard Care Committee:

已在中华麻醉学杂志专家论坛发表：

1. 欧美国家麻醉后恢复病房患者评估及转出指南的解读（郑刚，赵晶. 中华麻醉学杂志 2015, 35: 269）

2. 麻醉基础监测标准的再认识麻醉基础监测标准的再认识 （汪红， 赵晶， 高卉 ， 陈思。中华麻醉学杂志, 2016, 36：133)

将继续和国内的麻醉医师合作。已投文章包括：

1. 北美恶性高热防治的介绍 （作者 曹锡清 1 谭刚 2 审校 郭向阳）。

2. 既往曾行经皮冠状动脉介入治疗病人的围术期管理 （作者：黄佳鹏，MD, PhD, FASE， 张鸿， 王东信）

3. 中心静脉置管时意外损伤动脉的目前处理原则 （作者：Ziying Feng （冯智英）, MD. ；David Yue Tang （唐越）, MD）

麻醉不良事件报告系统
术中起火

作者：ASA Monitor 02 2016, Vol.80, 56-57.
翻译：朱方方，宁波市医疗中心李惠利医院麻醉科，

朱方方，2010年本科毕业于温州医学院麻醉学专业，2016年研究生毕业于宁波大学外科学专业，2015年在浙江大学附属第一医院肝脏移植实验室进修学习6个月，同年在德国亚琛Franziskus Hospital 进修学习3个月。多次参加各种中英文演讲比赛，擅长骨科，肝胆外科等的麻醉和管理。

患者接受眼睑手术。最初尝试自主呼吸和丙泊酚输注。使用鼻导管给予氧气以保持足够的氧饱和度。在手术开始时的患者要么呼吸暂停或要么乱动。于是决定放置喉罩。喉罩插入无困难，继续丙泊酚输注。鼻导管的氧气供给没有关闭，当在伤口上进行手术烧灼时，冒出的火花导致右眼睫毛燃烧。结膜或眼睑无烧伤。只损失约1/3长度的上下睫毛。及时关闭鼻导管给氧，没有进一步的事故发生，病例报告完毕。

讨论：

由于手术电烧灼的火引起的烧伤是最具破坏性的围术期损伤之一。造成受伤毁容可能需要广泛的治疗，并可能导致终生残疾。上述病例描述了一个在镇静下，通过鼻导管补充供氧的头部或颈部的小手术。幸运的是，患者似乎没有受到伤害，但这个案例强调了几个关于手术室火灾的关键问题。更具体地说，在头部，颈部和上胸部的手术期间，患者在外科手术时火灾的风险增加，其中火灾三联征所需的要素通常非常接近（参见下图）。

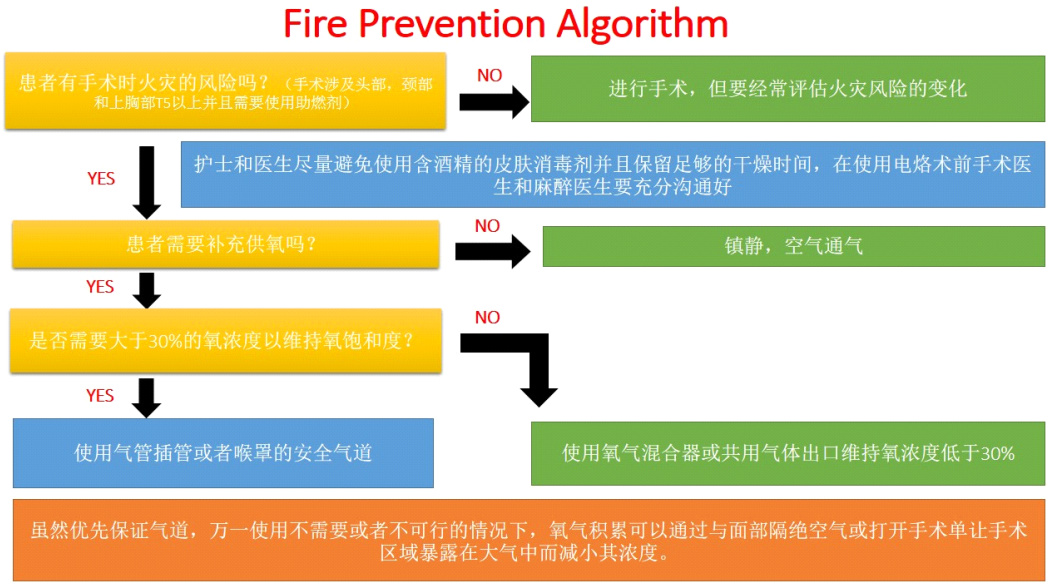
氧和亚硝酸生成有效的氧化剂。手术单和消毒皮肤用的含酒精制剂溶液是易燃的。每一个基于酒精的局部消毒剂包装都带有易燃性的粗体警告。含酒精的手术准备棒的标签明确规定，在任何情况下，大容量涂药器不得用于头部或颈部。此外，在皮肤干燥之前，不应该进行覆盖或使用着火源，这对于无毛的皮肤需要三分钟，而在有毛发的多达一小时。任何消毒池都应该用无菌纱布浸泡。虽然本例中没有描述眼睑皮肤的准备过程，但这可能是使用了一个含酒精的消毒液，湿润了睫毛而未等到完全干。最后，经常用于头部，颈部和气道的电凝术和激光是强有力的热源。由于这些风险，一些医院采取严厉的措施，禁止在任何头部或颈部使用镇静剂手术中供给氧气。

在此病例中，麻醉计划的改变是一个重要的促成病人着火的因素。麻醉过程的突发调整麻醉计划为此后的并发症奠定了基础。在此病例中，麻醉医生难以在输注丙泊酚时使用鼻导管维持麻醉，因此插入了喉罩。鼻导管是连接在麻醉机上的单独的氧气输出，即使不再需要了，仍然允许氧气继续流入手术区域。

即使此病例需要一直维持镇静，可以考虑通过减小低氧浓度鼻导管给氧。没有明显心肺疾病的患者通常不超过30％的鼻导管给氧。麻醉患者安全基金会推荐使用氧气混合器或共用气体出口来维持手术区域的安全氧浓度[1]。如果需要较高的氧浓度维持麻醉安全，应使用气管内导管或声门上设备。

尽管对麻醉医师，外科医生和围术期工作人员进行了多次警告和教育，外科手术火灾仍然经常发生。沟通仍然是减少手术室火灾的重要和有效的干预手段。应该在术前明确讨论火灾的风险，并作为Time out的一部分[2]。而我们大多数人可能不经常这样做。Time out是专门用于降低手术位置错误的风险和发生率而建立的（一个尚未实现的目标）。目前没有防止火灾发生的全国统一的术前核对。然而，Time out时期提供了麻醉和手术团队之间进一步交流的机会，特别是当手术使用电烙并且补充氧气的浓度可能改变时。应该让使用的消毒剂晾干。

除了良好的沟通之外，合理手术铺巾降低手术部位附近的氧气和笑气的累积。应使用术中监测器来评估鼻导管或气管内和周围的氧浓度。如果绝对需要提供氧气，则尽可能使用所需的最低浓度，并且在电烙术之前停止供氧。头面部毛发可涂以手术润滑膏以降低可燃性[3]。上述预防建议必须通过定期的教育活动来加强，包括模拟训练，培训视频和在线课程。



结论

这个病人所受的损伤是严重的，但有可能会更糟。一旦火灾被识别，麻醉团队及时关闭补充氧气，避免更大的烧伤。病人和麻醉医生都很幸运。即使很少或没有伤害发生，事件可能对患者和涉及的临床医生是恐惧的。手术室火灾的“第二受害者”[4]通常是麻醉医生，一些麻醉医师专注于手术消防教育以防止另一个患者受伤。防止手术室火灾，这取决于你，麻醉医生。

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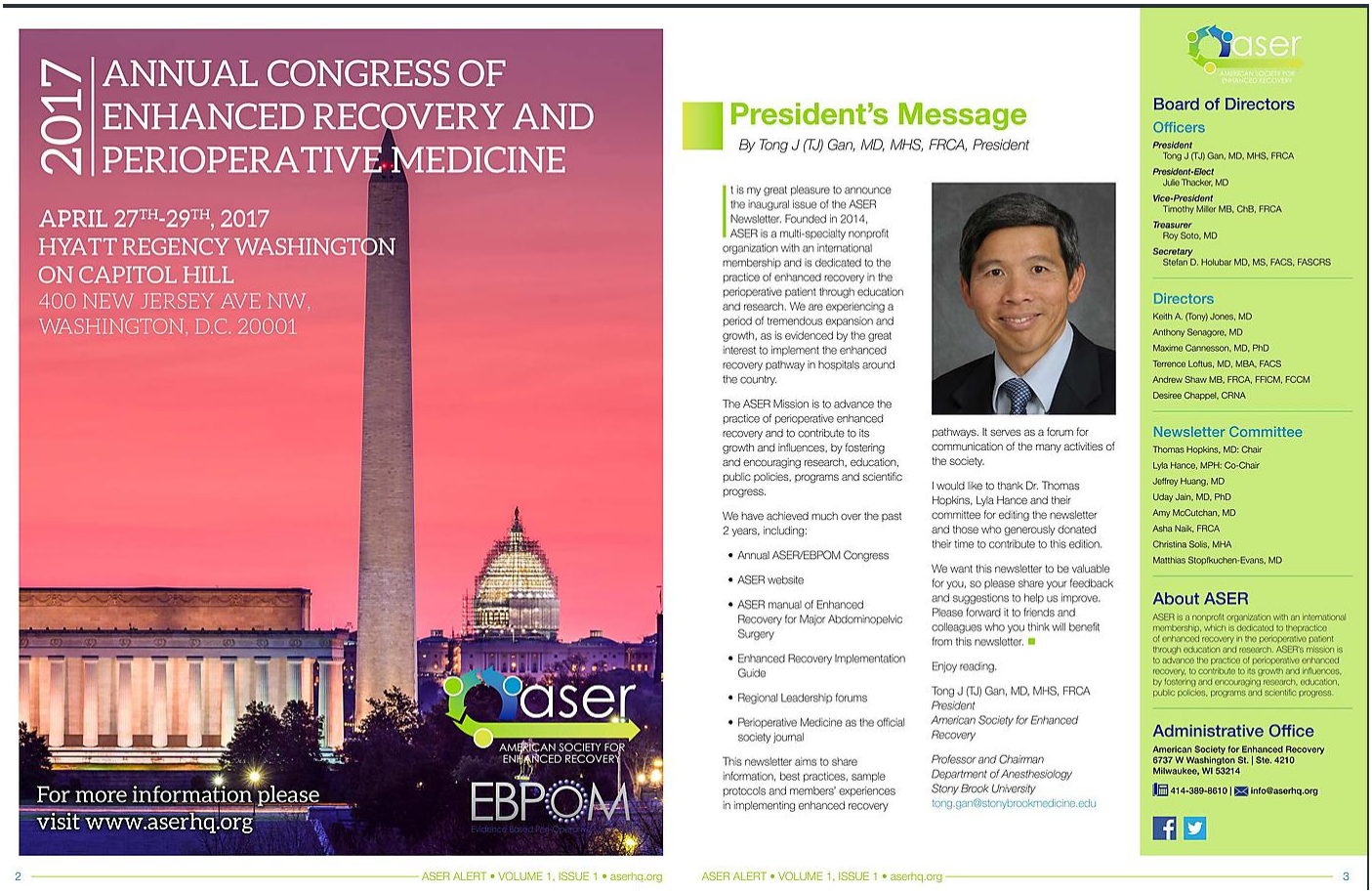

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President's Message

By Tong J (TJ) Gan, MD, MHS, FRCA, President

It is my great pleasure to announce the inaugural issue of the ASER Newsletter. Founded in 2014, ASER is a multi-specialty nonprofit organization with an international membership and is dedicated to the practice of enhanced recovery in the perioperative patient through education and research. We are experiencing a period of tremendous expansion and growth, as is evidenced by the great interest to implement the enhanced recovery pathway in hospitals around the country.

The ASER Mission is to advance the practice of perioperative enhanced recovery and to contribute to its growth and influences, by fostering and encouraging research, education, public policies, programs and scientific progress.

We have achieved much over the past 2 years, including:

- Annual ASER/EBPOM Congress
- ASER website
- ASER manual of Enhanced Recovery for Major Abdominopelvic Surgery
- Enhanced Recovery Implementation Guide
- Regional Leadership forums
- Perioperative Medicine as the official society journal

This newsletter aims to share information, best practices, sample protocols and members' experiences in implementing enhanced recovery pathways. It serves as a forum for communication of the many activities of the society.

I would like to thank Dr. Thomas Hopkins, Lyla Hance and their committee for editing the newsletter and those who generously donated their time to contribute to this edition.

We want this newsletter to be valuable for you, so please share your feedback and suggestions to help us improve. Please forward it to friends and colleagues who you think will benefit from this newsletter. ■

Enjoy reading.

Tong J (TJ) Gan, MD, MHS, FRCA
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ASER is a nonprofit organization with an international membership, which is dedicated to thepractice of enhanced recovery in the perioperative patient through education and research. ASER's mission is to advance the practice of perioperative enhanced recovery, to contribute to its growth and influences, by fostering and encouraging research, education, public policies, programs and scientific progress.

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The concept of enhanced recovery of fast-track surgery originated from the work of Professor Henrik Kehlet in Denmark in the 1990s. The ERAS Society in Europe was formed in 2010. The first international ERAS Society Congress was held in France in 2012. In the United States (US) interest in enhanced recovery has been growing since the late 2000s. The Duke University Medical Center Enhanced Recovery Program started in 2010. Since then many centers around the US have started enhanced recovery programs. The first US Enhanced Recovery Congress organized by the Duke University Department of Anesthesiology and Surgery was held in Washington DC in 2013. The 2nd US Enhanced Recovery program was held in New Orleans in October 2014, and marked the official launch of the American Society of Enhanced Recovery (ASER).

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Volume 3 Issue 1 January 2017

为什么中国医生需要手术室应急手册

黄建宏

最近回国参观了几家医院，与众多麻醉医生交流。觉得中国麻醉医生需要手术室应该急手册。

中国麻醉医生工作量比较大，每天手术室里没有多余人力资源。一旦紧急事件发生，麻醉医生请求帮助时，可能没有多余人员可能去帮助。如果紧急事件发生在夜间，那么呼救后可以帮忙的人员更少,备班人员需要时间从院外赶来，不能及时参与急救过程。因此手术室应急手册可以帮助麻醉医生有条理地处理危机事件，充分利用其他资源，减少遗漏抢救步骤，保障病人安全。

许多医院也开展手术室外的麻醉。这些地方通常只有一个麻醉医生为病人提供麻醉。这些手术室也是远离中心手术室。所以紧急事件发生时，呼救后能够前来帮忙的人更加少，既有也要一段时间后才能赶到。罕见紧急事件发生时，相关文件献无法获得，压力下记忆受限，因此这些工作场所及麻醉医生更需要应急手册来指导急救，稳定病人的情况。

有了应急手册并不意味着万事大吉了。多学科参与的演练可以帮助大家熟悉格式和内容。一旦事件发生，才能从容地指挥团队，按照手册的内容，一步一步去执行每个步骤。平时也可以把手册拿出来翻翻，作为自学材料。上级医生利用手册来做为床边教学材料，与低年资医生共同讨论共同提高。

如果事件发生时没有时间或者忘记使用应急手册，事件处理后，病人病情稳定，可以把手册拿出来，检查一下有没有遗漏了什么，也可以看看下一步可能会发生什么，需要做什么准备。同时也可以更好地指导麻醉医生记录事件处理过程。

这次有机会参观了上海第一妇婴医院新建立的模拟中心。这个中心的规模和设施可以说是世界一流的。可能比美国的许多模式中心更现代化。再加上他们得到医院领导的大力支持，很快就会成为中国或者世界一流的医学模拟中心。为提高医疗诊治水平，培养高水平的医疗服务人员，提高服务质量，保障病人安全作出贡献。同时也可以为多学科培训使用手术室应急手册提供了一流的培训场所。

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痛彻无计时， 良方助新生

原文：Bill Hanrahan
翻译：曾赛环

当 Jay Levin 先生在自家院子里冰上滑倒的那个冬夜，人体最坚硬、最长的股骨没有逃脱折断的厄运。Levin 先生是一个律师、政治说客、前新伦敦市府参事和康州众议员。在那个二月的寒冬，这重重地一跤还摔断了他原有的人工关节。他躺在冰冷的地面动弹不得，也够不着电话。“我拿的东西太多了，”Levin 先生回忆着。 “当时小儿子和我住在一起，我手里拿着外卖晚餐，还有公文包。我扭头去看车门的那一刻是我摔跤前的最后记忆”。

二十分钟以后，儿子注意到外面的车却不见父亲出来寻找。很快救火车、急救车来到现场， 经过现场仔细处理后将他送到 L&M 医院救治。

那已经是 2014 年冬天的事了。接下来的两年半，在承受着各种不同手术的过程里，贯穿始终考验他意志和决心的是疼痛。一位自豪的以外交和法律为工具解决问题的强者， 却对自己身体的危机和磨难无计可施， 直到他遇到了一个使用另种器具的”匠人”。

冯鸿辉医生是 L&M 医院的疼痛专家。在这束手无策的时刻，Levin 先生被转到了冯医生所在的疼痛中心。冯医生使用了一种新的医疗技术，这一技术已被证实是治疗某些慢性疼痛的“神器”福音。

Levin 先生的情况在于反复的腿和髋关节修复手术，尽管最终恢复了他的活动能力，但植入物在体内形成新的势态对背部多处脊椎骨造成挤压。他虽然重新站起来了，但是走的每一步都伴随着疼痛，并不得不服用止痛药。

冯医生为 Levin 先生植入了一个高频脊髓刺激器。该装置是电流脉冲以极高的频率和速度阻断人脑对疼痛的识别。“我们试想一下，”冯医生解释道，“如果神经传递疼痛的信号到脑是发出一封电报的话，而刺激器产生的高频电流干扰了疼痛信号的传导，使得大脑无法读懂电文，从而使病人感觉不到疼痛。”

这类技术早先的装置也帮助过很多病人，只是过去的装置传导的信号刺激相对弱(40 至 80 赫兹)，而且常常伴有副作用，如麻木刺痛感。冯医师说：“新装置的传导频率是 1 万赫兹。它让病人无痛，并且没有老装置有的副作用。我们的病人普遍反应都很好。”

冯医生使用的高频脊髓刺激器产品是由 Nevro 生产的。该公司的技术顾问 Jonathan Matteson 先生与冯医生紧密合作，并在该装置的安装和使用方面为病人提供服务。Matteson 先生介绍说：“该装置有两个电极放置在病人脊髓上，装置里的电池产生的电流混淆疼痛信号的传导，使病人没有痛觉和麻木感。这一治疗手段无疑对一些顽固的疼痛病人在其他治疗方法无效以后，是一个奇迹般的选择。让他们重新找回生活的乐趣。“

冯医生强调，可以供病人选择的疼痛治疗方法有很多种，脊髓刺激器只是其中之一。冯医生和 L&M 医院的当家神经外科医师 Patrick Doherty 紧密合作，根据病人的具体病情，为病人提供最恰当的疼痛治疗方法。

Levin 先生对冯医师的专业技能赞叹不已，并且非常欣慰能留在小镇就可以得到治疗。他说：“一个哈佛的医生曾告诉他，L&M 医院就有疼痛专家。他说的完全正确，冯医生技术高超，为人随和、非常专业。他让你感觉很轻松。和他一起工作的整个团队非常优秀，对治疗过程的每一步聚都非常仔细地检查。”

Levin 先生说没有疼痛以后他的生活受益良多。更不要说现在不用再服止痛药(如羟考酮 Oxycodone)。他说：”止疼药让你云里雾里的感觉是很不舒服的。我现在不用再吃它了，我真的觉得这个先进的医疗技术是上帝对人类的恩赐。”

Levin 先生重新回到了工作岗位，走在州府的走廊里，为包括 L&M 医院的不同的机构游说着，非常高兴。″当你受慢性疼痛的折磨时，你的注意力和潜意识无时不在与其抗争着。每天消耗大量的脑力与疼痛搏斗着，一旦疼痛没有了，大脑如同得到了解放，让人重新找回了生命。”

WHEN NOTHING ELSE WORKED:

A CURE FOR CHRONIC PAIN

The femur is the longest and strongest bone in the human body, but the night Jay Levin slipped on black ice outside his home, his femur had no chance.

Levin, an attorney, lobbyist, and former city councilor and state representative from New London, fell so hard he also broke his hip prosthesis. On a freezing night in February, Levin suddenly found himself sprawled on the icy sidewalk, unable to reach his phone and unable to move.

"I was probably carrying too much," Levin recalls. "My younger son was living with me at the time, and I'd just picked up some take-out for dinner. I had my briefcase, too. I turned around to lock the car door, and that's the last thing I remember."

Stranded on the ground for about 20 minutes, Levin was rescued when his son noticed the car outside and came out to look for his father. Soon thereafter, New London firefighters and L+M Paramedics were on scene, lifting Levin into an ambulance as carefully as possible before rushing him to Lawrence + Memorial Hospital.

That was the winter of 2014. The ensuing two and a half years have been a saga punctuated by complex surgeries both locally and with orthopedists in Boston. Throughout, there has been one overriding theme testing Levin's resolve – pain. A man who prides himself on solving problems with diplomacy and legal prowess had nothing in his personal toolbox to fix an ongoing and unrelenting physical crisis. That is, until he found a man with a different set of tools.

Dr. Honghui Feng, a pain specialist at L+M Hospital, was ultimately called to help Levin when nothing else worked. Dr. Feng employed a new medical technology that's proving to be a game-changer for people with certain types of chronic pain.

In Levin's case, the repeated surgical repairs to his leg and hip ultimately restored his mobility, but the configuration of his new prosthesis was pushing hard against several vertebrae in his back. He could walk again, but not without pain, and not without the narcotics necessary to ease that pain.

Dr. Feng implanted in Levin's back a high-frequency spinal stimulator, a device that uses electrical currents pulsing at extremely high rates of speed to disrupt the brain's ability to identify pain.

"If we imagine," Dr. Feng explains, "that nerves transmitting signals of pain to the brain are like a telegram; the stimulator bombards that signal with so much electrical disruption that the brain cannot read the message. And, if the brain cannot read the message, the patient cannot feel pain."

Earlier incarnations of this technology helped many patients, but those devices delivered relatively low levels of electrical stimulation (40 to 80 Hz), and side effects often included tingling sensations.

"The new product delivers 10,000 Hz," Dr. Feng says. "This new device leaves patients essentially pain free without the typical side effects of earlier devices. Our cases so far have been overwhelmingly positive."

The product Dr. Feng uses comes from a company called Nevro.

"It's just two electrical leads placed in the spine," says Jonathan Matteson, a consultant with Nevro who works closely with Dr. Feng and his patients. "The electrical current, operated through a battery, will mask the pain. Patients don't feel pain and they don't feel tingling. For patients who have exhausted all other options, it's a fantastic option that can bring back your quality of life."

Dr. Feng notes that all options are always considered for patients, and a spinal stimulator is just one of those options. Dr. Feng communicates regularly with L+M's lead neurosurgeon, Dr. Patrick Doherty, who can offer a variety of surgical options for appropriate patients with pain, and the two physicians refer patients regularly, depending on each individual's specific medical condition.

Levin said he was impressed with Dr. Feng's expertise and pleased that he didn't have to travel out of the area for his care.

"One of my Harvard doctors said to me, 'You've got an expert right at L+M,' and, of course, he was right. Dr. Feng is a very skilled," said Levin. "He's very gentle. He's very professional, and he makes you feel very much at ease. And the staff working with him at L+M, they are all good people. They check on you before, during and after."

Levin said there are many benefits to his life now that his pain is relieved, not the least of which is avoiding the use of oxycodone.

"It clouds your mind in such a way that it's not a happy feeling," he said. "But now I don't need the pain pills, I have to say, this advance in medical technology really is a godsend."

Levin is also happily back at work, walking the halls of the State Capitol in Hartford, lobbying for many local organizations, including L+M Hospital.

"When you have chronic pain," he says, "so much of your focus, even subconsciously, goes toward fighting that pain. You're using up a lot of your brain power on a daily basis just trying to fight it. Once the pain is gone, it's like you've opened up another whole part of your brain again; another whole part of your life comes back."

Dr. Honghui Feng

Jay Levin

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