

Friday, 23 February 2018

Report - RCoA Small Grants (Ernest Leach Fund)

To Whom It May Concern

I am writing with a summary report of my visit to the Aneurin Bevan Health Board, and what I learnt from it, as part of my Ernest Leach Fund award. I would like to thank the Royal College of Anaesthetists and National Institute of Academic Anaesthesia for this opportunity, which has been of great value to me.

I spent one week in January/February 2018 visiting Dr Iljaz Hodzovic (School of Medicine, Cardiff University) for a project which focuses on awake videolaryngoscopy (AVL). As part of this I attended and participated in an AVL course and I commenced an assessment of the learning experience of anaesthetists new to this technique and the recipient experience when undergoing this procedure.

AVL is a relatively new technique used to secure an awake airway in cases of anticipated difficult laryngoscopy/intubation. Although it is not a panacea for managing the difficult airway, when compared to awake fiberoptic intubation (AFOI) there are some potential benefits. These include being fast to perform and a shorter learning curve due to the similarity of psychomotor skills to those used in asleep laryngoscopy. One drawback is the lack of familiarity amongst many anaesthetists as it is a relatively new technique. During my visit I attended Dr Hodzovic's AVL course and performed/underwent AVL and intubation myself. We also reviewed at length the clinical governance and ethical considerations to the course and study, which helped enormously with setting up the course. I have had extensive discussions with the organisers about modifying the Tayside Advanced Airway Techniques course. It is already recognised internationally as a leading course in the field and we have planned the introduction of awake delegate-delegate AVL and AFOI. We hope to introduce this element of the course in the near future.

After this course, Dr Hodzovic, myself and others are following up delegates to assess their experience as recipients of this technique. We are particularly interested in their levels of pre-procedural anxiety, intra-procedural pain and response (coughing/gagging), as well as whether (post-procedure) they would be willing to undergo this procedure again purely for the purpose of training anaesthetists. The data from this is in the early stages of collection: we hope to complete this soon and present the results at the European Airway Management Congress later this year. Data from the

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survey on this course would provide valuable information to better inform patients during the consent process for this procedure in future.

Once again, I am extremely grateful to the Royal College of Anaesthetists and National Institute of Academic Anaesthesia for this support.