

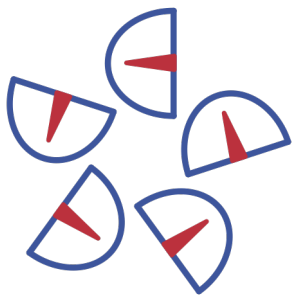
# CLAP Snaps

Key Messages

Research, Leadership & Careers in Cardiothoracic  
Anaesthesia

Thursday 25<sup>th</sup> November 2021

[www.CardiothoracicAnaesthesia.com](http://www.CardiothoracicAnaesthesia.com)



# Research in Cardiothoracic Anaesthesia

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## UK numbers

- 250k on waiting list
- 50k waiting >18wk
- 5k waiting >1yr
- Some pts waiting >2yr
- Consequence is pts presenting deconditioned

1

## Another bloody cardiac (ABC) papers

- CPB
- Neurological outcomes
- Transfusion targets
- Regional anaes.
- Improving outcomes



## COVID!

Opportunities for novel, innovative ways of working, research & publication

2

## New areas of research

- Waiting list management
- Digital prehab
- Workforce planning
- ERACS
- Precision medicine



## References

Visit the CLAP website for Mike's top papers in the last few years of cardiothoracic anaesthesia.

Consider joining the Anaesthesia trainee editorial board!!

# Top 5 papers in Cardiothoracic Anaesthesia

Dr Robert Gatherer and Dr Sibtain Anwar



1

**Disparity in clinical outcomes after cardiac surgery between private and public (NHS) payers in England**

Evidence of a significant beneficial effect of payer status on hospital outcomes following cardiac surgery in favour of private payers regardless of socioeconomic factors

2

**Bias mitigation in cardiothoracic recruitment**

Bias mitigation in recruitment is one of many strategies needed to improve diversity in the cardiothoracic workforce.

Change toward diversity requires bias mitigation in processes of mentorship, career development, compensation, and promotion

3

**Vasoplegia after cardiac surgery**

- Common after cardiac surgery, up to 50% of pts.
- Predisposing pt. Risk factors and inflammatory response to CPB causes
- NO plays a key role

4

**TAVI in low risk patients**

In pts with severe AS who were at low surgical risk, the rate of the composite of death, stroke or rehospitalisation at one year was significantly lower with TAVI than with surgery

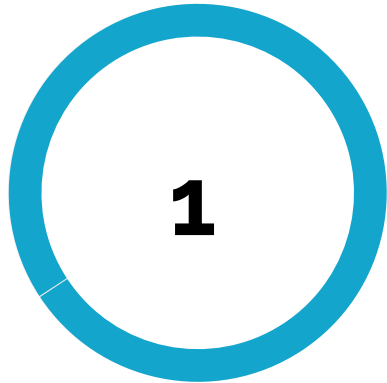
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**Concomitant TV repair in patients with degenerative MR**

In pts undergoing MV surgery, those who also received TV annuloplasty had a lower incidence of the primary composite outcome of reoperation for TR,

# Setting up a Service (minimally invasive mitral surgery at St. Bartholomew's Hospital)

Mr Dincer Aktuerk & Dr Bonnie Kyle



1

Understand how the 'Seven Pillars' of clinical governance relate to the proposed new service and address every pillar in turn and meticulously

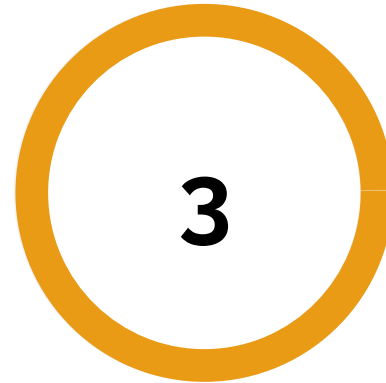


2

Ask yourself:

Does **your** ambition align with the **Trust's** long-term strategy

Be prepared to write a detailed business case and present this to clinical and non-clinical teams



3

Carefully select an appropriate first patient - who must be fully informed and consented regarding the service being new to the department

**Enlist support & mentorship from experts at other centres**



4

The team is key to setting up the service. Choose a group of people who are proactive, engaged and keen to develop the new service.

**Rehearsal and simulation are essential prior to first case**



5

Collect and review your own data meticulously and use this to see where service improvements can be made and to benchmark against other centres.

# Key ACTACC Audit Projects

## 01 Resternotomy

This UK-wide audit has demonstrated that resternotomy after cardiac surgery is associated with prolonged intensive care stay, high rates of blood transfusion, renal replacement therapy and very high mortality.

## 02 Perioperative TOE complications

Of 22,314 examinations, there were 17 patients with major complications resulting in palatal injury or gastro-oesophageal disruption. This is an incidence of 0.08% or approximately 1:1300 examinations.

## 03 Anaemia in cardiac surgery

Of 19,033 patients operated on (12 centres), 31% had pre-operative anaemia. It was associated with older patients, diabetes and is associated with worse outcomes and longer hospital stays.

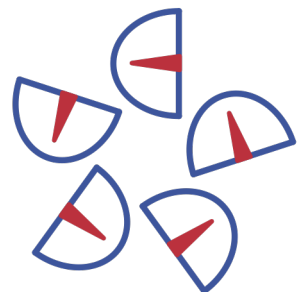
## 04 Contribution of anaesthetist to mortality

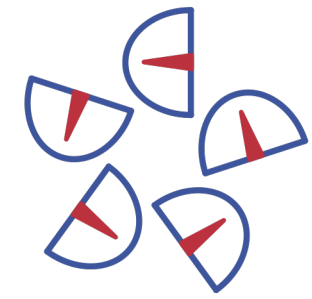
- 0.25% anaesthetist
- 4% surgeon
- 95.8% patient-associated risk factors

## 05 Acute type A dissection

**\*\*\*ONGOING AUDIT – PLEASE CONTRIBUTE YOUR CENTRE'S DATA\*\*\***  
Use this link to upload data for all cases presenting to your centre:

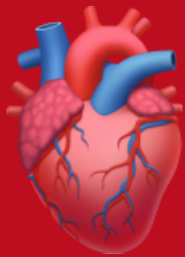
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# The recruiter's perspective

## Dr Roger Cordery & Dr Madhu Puchakayala



### Good news

3% of anaesthetic consultants have cardiac anaesthesia in their job plan

Demand in future is likely to outstrip supply



### Suitability

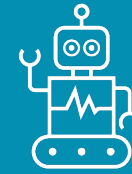
Not every applicant will be suitable for every available department/post.

Work out your strengths and weaknesses and how they will fit



### USP

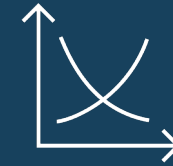
All applicants will have post-CCT cardiac fellowships and the TOE exam, what else is on your CV?



### Pre-interview:

The mind of the recruiter:

- Familiarity with the department
- A good reference
- 'The X-Factor'



### Interview