Dear Colleagues, Dear Friends,

It gave me a great pleasure to welcome many of you to the 10th edition of Euroanaesthesia in Stockholm, from 31 May-3 June. With 5255 attendees (6756 participants including industry) from 104 countries around the world, the annual congress has developed into one of the largest and most prestigious anaesthesiology congresses in the world. Euroanaesthesia is the flagship event bringing together practitioners and researchers in anaesthesia, peri-operative medicine, intensive care medicine, pain therapy, and emergency medicine and the healthcare industry from around the world, showcasing what the ESA is about: advancing anaesthesiology through education, research, debate and information. The ESA Board, the Committees & Subcommittees, and the Secretariat worked closely to prepare what was once again an exceptional and stimulating programme.

The following events were some of the highlights of the 10th Euroanaesthesia Congress:

// Sir Robert Macintosh Lecture

Prof. François Clergue honoured us by delivering the Sir Robert Macintosh lecture. Addressing a packed hall, Prof. Clergue elaborated upon on the improvements in postoperative mortality, the changing role of the anaesthesia team and staffing pressures. The major change in our discipline has come from the improvement in patient safety. The safety target for the next decade should be to reduce postoperative mortality by 20%. Anaesthesiology must have a broader role in partnership with surgeons and others by embracing peri-operative optimisation.

// Awards Ceremony

The many prizes and grants awarded during the congress, including the new Young Investigators Start-up Grant and a third industry supported prize are more proof of the society’s objective to continue training, educating, researching and informing.

// Honorary Membership

Sir Peter Simpson was the first elected President of the amalgamated ESA in 2006. Sir Peter guided and led the ESA through this transition period to a consolidated organisation. In recognition of his outstanding contribution to the ESA, I was particularly proud to present Sir Peter with Honorary Membership of our society.

// Opening ceremony

The formal programme of the Opening Ceremony closed with a talk by Martha Ehlin who recounted her battle to beat cancer by receiving five organ transplants. Martha’s story is an inspiration to us all as is the altruism of the families of the donors and a reminder of the ongoing need to raise public awareness of organ donation.

The National Organising Committee under the chairmanship of Lennart Christiansson put together a fun and enjoyable programme of snippets of Swedish choir and folk music culminating with the whole audience singing along to the greatest hits of Sweden’s iconic pop group ABBA.
I am delighted to announce that Dr. Zeew Goldik, the chair of the Examinations Committee since 2006, has been elected President-Elect of the ESA by the ESA Council. He will formally take up his position on the ESA Board of Directors in January 2015. I also congratulate Prof. Walid Habre and Prof. Andreas Sandner-Kiesling who were re-elected as non-officers to the Board of Directors. Ensuring continuity of the society’s mission, aims, values and activities is a challenge as we all lead such busy and industrious professional lives.

The success of Euroanaesthesia 2014 is due in first place to the tireless and dedicated work of Prof. Stefan De Hert, the chair of the Scientific Committee, and the extensive cooperation and involvement of the members of the 19 ESA Scientific Subcommittees. The planning of the programme started 15 months prior the event which consisted of: 350 speakers, 143 sessions in 12 parallel rooms, 7 pre-congress courses, 24 refresher courses, 78 symposia, 4 workshops, 13 lectures, 3 meet the expert sessions, 14 pro-con debates and the presentation of 881 abstracts.

New activities are traditionally launched at Euroanaesthesia. The ESA Academy introduced the first peer-reviewed modules of the new ESA e-learning platform. The platform gives easy access to state-of-the-art knowledge prepared by committee members and enables anaesthesiologists to remain up to date with rapidly growing medical information. You can log into this service via the ESA website.

This year, the European Diploma in Anaesthesiology and Intensive Care (EDAIC) celebrated its 30th anniversary. A special session dedicated to the evolution of the EDAIC and a celebratory reception were organised at the congress. Anaesthesiologists were the first to introduce a pan-European Diploma, with the core aim of harmonising the quality of the education throughout Europe. The initial examination has expanded from a written exam with 100 candidates in 2 centres to a Part I written exam with 2700 candidates spread over 49 centres and offered in 12 languages; and a Part II oral exam with more than 700 applicants spread over 12 centres. More than 3000 Diplomates have been awarded the EDAIC over the past 30 years. We extend our thanks and congratulations to the founders, the Examinations Committee, the examiners and hosts for making the EDAIC a great success.

Patient safety was recognised as a significant area of research and activity by the ESA with the launch of the Helsinki Declaration on Patient Safety in Anaesthesiology in 2010. The Patient Safety Task Force born from this initiative and the Scientific Subcommittee on Patient Safety joined forces and resources and has now officially merged to form the ESA Patient Safety Committee. The new committee will work closely with the NASC and has a major role in vision and undertakings of our society. The inaugural European Master Course in Patient Safety confirms the widespread interest and demand for ongoing education on this topic.

The ESA Clinical Trial Network (CTN) is currently coordinating 8 clinical studies involving between 20 and 160 centres in Europe, under the leadership of Prof. Andreas Hoeft, the chairperson of the ESA Research Committee. Several studies funded or part-funded by the ESA were discussed during dedicated sessions. The publication of the PROVHILO study in The Lancet on the Sunday of the congress could not have been better planned! The study run by the PROVE Network Investigators and the ESA CTN represents a wide collaboration among anaesthesiologists across Europe and worldwide, and as such may serve as an example of future research.

The cleverly designed ESA stand clearly illustrated the ESA activities and the interaction of the ESA National Anaesthesiologists Societies and the ESA Specialist Societies in mutual support of each other. After the great success of the first photo contest in Barcelona, the winners of the 2014 contest delighted us again with their artistic skills. The 20 best photographs were selected and were displayed at the ESA booth. The first 12 photographs will illustrate the cover of the EJA during the next year.

Last and not least I must mention the busy trade exhibition with 103 companies presenting state of the art equipment and newest techniques, the latest products, services and technologies. The many well-attended lunchtime industry organised symposia are testimony that academia and industry can and must continue working side by side.

Euroanaesthesia is of course an event to meet up with many old friends and colleagues from far flung places. I hope that you returned to your hospital inspired and ready to tackle new challenges. We look forward to continuing to training, improving and learning together throughout the year and to seeing you again in Berlin next May!

Yours sincerely,
Daniela Filipescu // ESA President
Winners

RANK 1
Alcina Svirska, Belarus

RANK 2
Gintas Armanavicius, Lithuania

RANK 3
Alexander Milde, Germany

Sir Robert Macintosh Lecture //

2014 Photo Contest Winners //

Sir Peter Simpson being awarded with Honorary Membership of the ESA //

30th anniversary of the EDAIC //
Physicians as writers // why are we so special?

GABRIEL M. GURMAN // EDITOR // gurman@bgu.ac.il

Last year our Newsletter published details of a literary contest, open to our young readers, with the aim of encouraging them to put in writing short stories inspired by their professional life. The idea of this contest was not spontaneous, but rather based on a long tradition of physicians as writers. The list of famous writers, who practiced medicine while writing literature is too long to be published here. But it would be enough to mention some very well known names, such as AJ Cronin, Alfred de Musset, John Keats, F. Rabelais, Conan Doyle, Somerset Maugham, Michael Crichton, Georges Duhamel, or Carlo Levi, to understand this special inclination of physicians to write bellestristic.

One cannot forget Anton Chekhov, the famous Russian writer, who expressed in splendid sentences the impact literature might have on the physician’s daily professional activity. In the year of 1888 Chekhov wrote to one of his close friends: You advise me not to chase after two hares at once and to forget about practicing medicine... But I feel more alert and more satisfied with myself when I think of myself as having two occupations instead of one...

And later on he found the proper words to define the so-called dichotomy of his life: Medicine is my lawful wedded wife and literature my mistress. When one gets on my nerves, I spend the night with the other.... Neither one loses anything by my duplicity. Today, many medical schools include literature courses in their curricula and there are some publications entirely dedicated to brilliant written work by doctors.

// Medicine and literature, what do they have in common?

The question which arises from this reality is a simple one: why we, physicians, are prone to write literature, more than practitioners of any other free profession? The answer was offered by some of our older colleagues, each trying to offer an explanation as close as possible to the reality.

Stanley Aronson, a well known American physician and writer, put it in clear words: Literature is important for the physician because writing makes you powerful, since you prove you were able to make a story out of a long list of disparate details. And Cecil Helman, another well known physician and author, explained this duality in the following sentence: Medicine is not only a science, but also a story, a narrative which passes from the patient to be processed by the doctor. In one of my earlier books I wrote: “Subjects of stories and novels float in the air of the doctor’s office and they surround him like a cigarette smoke. The doctor has only to pick them up from the fantasy orchard and make them public, after taking care of how they look and what the impression they would make, exactly like a parent worried about how his child would perform on the scene....”

But things might be much more complex than one could think. First of all, during our life as clinicians, we collect an immense amount of stories about our patients, their sufferance and diseases, about their families, crises in life and scenes from family life. We called it anamnesis, but each of these histories could be easily transformed into a short story or a chapter in a novel. Some would say that patients use to confess to a physician more than to a priest! We get intimate details from the patient’s life, which nobody would dare to share with any other person except his/her physician. On the other side, we are able to listen to a patient not only as doctors, but also as storytellers, by trying to understand the substrate of his/her complains and find the cause and effect relationship of the complain own. Isn’t this a perfect framework for a story to be put on paper and transformed into a literary piece of work?

But more than this, we as anaesthesiologists are involved daily in the critical care area, face human sufferance and tragedy more than almost any other medical specialty. We also often witness death, and each fatal case in an intensive care unit or on the operating table, is implicitly an evidence of our failure to save a patient’s life. But we cannot die with each of our patients, so this sad reality could have a special impact on how we see and understand life and death, not always in an optimistic way. One of the remedies is trying to put in writing those too strong feelings, impressions and thoughts, and thus liberating ourselves from the heavy burden of our patients’ fate. And, why not, we as writers can compensate our impossibility to influence our patients’ situation by creating new characters, our own heroes, whose fate is established by our own wish and of whose fate we are the only masters!

// Send your writings.

So, let’s go back to our literary contest. We just published (ESA Newsletter, Spring 2014) two short stories, written by young colleagues, both describing the reality in which we, anaesthesiologists, perform our duties on an every day basis. Both winners received a free registration to our recent annual ESA congress in Stockholm. If I would have been asked to find a common denominator to these two stories I would have said: never a dull moment! Each of us is surely able to add his/her own memories, similar to those two stories, adding his/her own experience from a long night on duty or from a very difficult case in the operating room or in the emergency department. It means that in order to put in writing something which would become an interesting stuff, one has just to look around, pick up a detail which is both typical and unusual for our professional life. This is exactly what we do expect from our young readers. Open your eyes, observe what is happening just near you, listen to what the patient, the family or your friends and colleagues are saying and try to remember details. Then once back home, suppress the natural tendency to forget anything and get a blessed rest. Rather, sit down in front of your computer and let your mind combine imagination with reality, by producing a story.

And then, send it to us. Nothing simpler.... //
ESA Guidelines Committee

The ESA is seeking to recruit a chairperson and 2 new members for its Guidelines Committee.

The deadline for applications is 31 August 2014 for chair applications and 30 September 2014 for member applications.

ESA Scientific Subcommittee

The ESA Scientific Committee (SC) is seeking to recruit new chairpersons and members for its Scientific Subcommittees.

All terms of office will commence on 1 January 2015.
The deadline for applications is 14 September 2014.

Subcommittee Chairperson Vacancies:
- Subcommittee 1: General Anaesthesiology
- Subcommittee 4: Obstetric Anaesthesiology
- Subcommittee 5: Paediatric Anaesthesiology
- Subcommittee 10: Resuscitation, Emergency Medicine and Trauma
- Subcommittee 11: Respiration, Ventilation and Airway Management
- Subcommittee 16: Ethics

Subcommittee Member Vacancies:
- Subcommittee 1: General Anaesthesiology (1 vacancy)
- Subcommittee 3: Regional Anaesthesia (1 vacancy)
- Subcommittee 4: Obstetric Anaesthesiology (2 vacancies)
- Subcommittee 5: Paediatric Anaesthesiology (1 vacancy)
- Subcommittee 6: Neuroanaesthesiology (2 vacancies)
- Subcommittee 7: Cardiothoracic and Vascular Anaesthesiology (1 vacancy)
- Subcommittee 8: Acute and Chronic Pain Medicine (2 vacancies)
- Subcommittee 9: Intensive Care Medicine (6 vacancies)
- Subcommittee 10: Resuscitation, Emergency Medicine and Trauma (2 vacancies)
- Subcommittee 13: Pharmacology (3 vacancies)
- Subcommittee 14: Monitoring, Ultrasound and Equipment (1 vacancy)
- Subcommittee 15: Geriatric Anaesthesiology (1 vacancy)
- Subcommittee 16: Ethics (2 vacancies)

ESA Examinations Committee

The ESA is seeking to recruit a new Chairperson for the ESA Examinations Committee.

The vacancy will occur as of 1 January 2015.
The deadline for applications is 15 September 2014.

ESA Research Committee

The ESA is seeking to recruit 4 new members of the ESA Research Committee.

The vacancies will occur as of 1 January 2015.
The deadline for applications is 31 October 2014.

For full details on all the above mentioned vacancies please visit www.esahq.org/vacancies
**FACTS & FIGURES**

**EUROANAESTHESIA 2014 // FACTS AND FIGURES**

<table>
<thead>
<tr>
<th>Congress year</th>
<th>Congress City</th>
<th>Total Attendees</th>
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<tr>
<td>2005</td>
<td>Vienna, Austria</td>
<td>4911</td>
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<tr>
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<td>Madrid, Spain</td>
<td>6134</td>
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<tr>
<td>2007</td>
<td>Munich, Germany</td>
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<tr>
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<td>Milan, Italy</td>
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</tr>
<tr>
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<td>Helsinki, Finland</td>
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<tr>
<td>2011</td>
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<tr>
<td>2012</td>
<td>Paris, France</td>
<td>5624</td>
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<td>Barcelona, Spain</td>
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<tr>
<td>2014</td>
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<td>5255*</td>
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* Total figure excludes industry attendees

Delegate registration //

- European 75%
- Non-European 25%

Number of Exhibitors at Euroanaesthesia //

<table>
<thead>
<tr>
<th>Year</th>
<th>Exhibitors</th>
<th>National and Specialist Societies</th>
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<td>2009</td>
<td>109</td>
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<td>106</td>
<td>16</td>
</tr>
<tr>
<td>2014</td>
<td>103</td>
<td>15</td>
</tr>
</tbody>
</table>
Delegate Registration* // top 20 countries * without industry

Europe Delegate* // top 20 countries * without industry

Non-Europe Delegate* // top 20 countries * without industry
Minutes of the General Assembly 2014 //

The General Assembly of the ESA took place in the Stockholmsmässan congress centre, Stockholm, Sweden on Sunday 1 June 2014 from 12:15 to 13:30 during Euroanaesthesia 2014. The meeting was chaired by Assoc. Prof. Daniela Filipescu, ESA President.

1 Welcome and approval of the minutes of the 2013 General Assembly

The President welcomed all attendees.
The General Assembly approved the minutes of the 2013 General Assembly held in Barcelona, Spain.

2 President’s report // Assoc. Prof. Daniela Filipescu

The President reported on the different ESA activities, last year’s achievements and future projects among which:

2.1 New website

A new website was launched in 2013 to optimise the flow and improve the presentation of the various ESA activities.

2.2 Governance and transparency

a) Implementation of the new By-Laws

> The new Associate membership category was created
> A new Council was elected (electronic vote) and now also includes 2 trainee representatives
> The new NASC was formed with one representative from every National Society – The first NASC meeting took place on 14 March 2014 and the chair was elected (Prof. Dan Longrois)

b) Committees

> The ‘Education and Training Platform’ was replaced by the ‘ESA Academy’
> A new ‘e-learning’ Committee will be created as part of the ESA Academy
> A completely new Media Committee started in October 2013
> The Scientific Committee will be reorganised and a Programme Committee will be created to assemble the Euroanaesthesia Scientific Programme (based on learning tracks)
> A new Committee on Patient Safety is under construction by merging the Patient Safety Task Force and the Patient Safety Scientific Subcommittee 17
> A new Task Force on Intensive Care Medicine was created
> A new Industry Task Force was formed

c) Policies and procedures

The Nominations Committee Policies and Procedures document was updated to harmonise and standardise all committees’ election processes and several Policies and Procedures from committees were updated.

d) Relationship with other entities

> The ESA and the EBA collaborate on various activities. A cross representation is even applied for some committees
> The ESA works on strengthening the relationship and the collaboration with WFSA, the National Societies and the Specialty Societies

e) Strategic plan for 2014

> Optimise the Scientific Committee structure and function
> Increase the visibility of intensive care medicine as part of our specialty
> Implement the e-learning
> Strengthen the relationship with other societies
> Organisational development
> Create a roadmap of the Society

2.3. Education

The President presented the structure of the ESA Academy and reported on the following educational activities:

> The Basic Sciences Anaesthetic Course gathers 69 participants for its 3rd edition
> The 1st new format of the Teach the Teachers Course was successful (25 participants)
> 8 fellows (out of 28 applicants) were selected to participate in the Trainee Exchange Programme (TEP)
> 2 centres were accredited by the ‘Hospital Visiting and Training Accreditation Programme’ (HVTAP)
> The CEEA programme of six courses was revised and the list of regional centres was updated
There are 4 new regional centres in 2013 & 2014
> The e-learning platform was launched during this Euroanaesthesia congress
The European Diploma in Anaesthesiology and Intensive Care (EDAIC) celebrated its 30th Anniversary and is constantly growing in terms of centres, languages and applicants. The On-line Assessment (OLA) 2014 was multilingual.

2.4 Research

The Research activities include:
- Coordination of eight trials through the Clinical Trial Network (CTN)
- The Research Grants and Prizes Programmes both from ESA and supported by the industry; this year 9 winners were selected out of 62 applications
- The Masterclasses
- The Task Forces and Research groups in specific areas

2.5 Guidelines

- There are 2 ongoing guidelines under construction (‘Sedation’ and ‘Prevention of post-operative delirium’)
- Revision of the ESC-ESA guideline on Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery is under way
- A task force was also created to work on the new guideline ‘Prevention of venous thromboembolism in anaesthesia and intensive care medicine’. The Guidelines Committee also plan several revisions of existing guidelines

2.6 Publications

The European Journal of Anaesthesiology (EJA) has an impact factor of 2.8 and is now part of the 10 highest rated anaesthesiology journals.

2.7 Patient Safety

The Helsinki Declaration on Patient Safety in Anaesthesiology launched in 2010 is supported by more and more countries and societies, the most recent one being the American Society of Anesthesiologists. A Master Course in Patient Safety was organised for the first time in 2014 during Euroanaesthesia. The new Patient Safety Committee will work together with National Societies for the implementation of the Helsinki Declaration. The European Patient Safety Foundation (EUPSF) launched by ESA in 2013 is going multi-disciplinary as intended. A new Board was elected.

2.8 Congresses

The President also presented some facts and figures about Euroanaesthesia 2014 congress and the 4th Autumn meeting in Timisoara. This year the Scientific Subcommittees’ meetings were open to members and a new format of the Young Teaching Recognition Award was introduced. The first ESA Focus Meeting on Perioperative Medicine was announced to be held in November 2014 in Athens.

The President also mentioned the new accreditation regulations to which ESA has to comply and the stable number of industrial partners (17).

2.9 Acknowledgement

The President thanked all the Committees, the Council, the Board, the ESA Secretariat and all the ESA members.

2.10 Results of elections at Council meeting on 30 May 2014

The President welcomed the new President-Elect Dr. Zeev Goldik (Israel) and announced the re-election of Prof. Walid Habre (Switzerland) and Prof. Andreas Sandner-Kiesling (Austria) as members of the ESA Board.

3 Secretary’s report // Dr. Jannicke Mellin-Olsen

The ESA Secretary presented the evolution of individual memberships since 2005 and emphasised on the huge increase in 2014 due to the inclusion of Associate members. Dr. Mellin-Olsen also presented the number of Associate Members and the number of Active Members per country. All were invited to recruit active members. The ESA also counts 39 National Society Members and 7 Specialist Society members in 2014.

The ESA Secretary also reported on the Council activities. Two thirds of the Council members are new after the election that took place early 2014. A meeting of the new Council took place on 30 May 2014 during which the ESA mission and vision were discussed as part of the brainstorming groups. The Council members were also invited to discuss how to increase ESA visibility in Intensive Care and Pain and how to increase Patient Safety.

A question arose on whether ESA had plans for collaborations with ESICM. There is no official relationship with ESICM but it will be up to the ESA Task Force on Intensive Care to suggest more activities.
4 Treasurer’s Report // Dr. Josef Wichelewski

The Treasurer presented the ESA 2013 annual accounts prepared in accordance with the Belgian Law Generally Accepted Accounting Principles and audited by Ernst & Young. He reported an increase in the 2013 operating income due to an increase of congress registrations, nb of memberships, nb of examinations registrations, and an extra income coming from the EJA agreement with the publisher. The operating charges also grew due to an increase in expenses related to office, congress and travel mainly due to an increase in activities.

The ESA Treasurer also presented the budget 2014 and thanked the ESA staff.

5 Approval of the 2013 Annual Accounts and 2014 budget

The General Assembly approved the 2013 ESA annual accounts and the 2014 ESA budget (85% agreed, 3% disagreed, 11% abstained).

6 Relieving the Board of Directors, Officers and Auditors of their liability for the ESA 2013 accounts

The General Assembly agreed to grant full discharge to the directors, officers and auditors of their liability for the 2013 accounts (79% agreed, 0% disagreed, 21% abstained).

7 Presentation of ESAACS 2013 accounts and budget 2014 // Michel De Bisschop

ESAACS CEO, Michel De Bisschop announced 5,375 registered delegates for Euroanaesthesia 2014 and then started his report with an overview of the relationship between ESA and ESAACS and reminded the reasons why ESAACS was founded (To avoid ESA to be considered as doing profit making activities & to secure ESA’ assets when organising activities such as congresses).

ESAACS is in charge of organising the annual congress (all the other activities such as Examinations, clinical trials, etc. are organised by ESA). ESAACS gets income from sponsorship and from exhibition functions. 97% of the shares of ESAACS are owned by ESA. The ESA Executive Director hold 3% of ESAACS shares as it is mandatory under Belgian law to have one physical person as shareholder to set up such an organisation.

Michel De Bisschop also reinstated that ESAACS has a social goal which is an ESA goal, that there is no interest on the shares and that no money can be given to shareholders. Nevertheless ESAACS can pay out grants before tax (ESA still determines the winners).

Michel De Bisschop then presented the ESAACS annual accounts 2013 and budget 2014 prepared in accordance with the Belgian Law Generally Accepted Accounting Principles and audited by Ernst & Young. These were presented for information as they do not require voting of the ESA General Assembly.

8 NASC activities // Prof. Dan Longrois

Prof. Dan Longrois started with a reminder of what is the NASC and its mission. He then explained NASC future projects approved by ESA Board and NASC:

a) To promote and organise the relationship between ESA and the National Societies
   > ESA/EBA/NASC communicate through the national NASC representative with the National Societies
   > Participation of National Societies to common actions led by the ESA (e.g. letters to the WHO to discourage a limitation on the use of ketamine)

b) To initiate projects such as:
   > Organisation of a networking of National Societies through centres of excellence and the ‘Practice Abroad and Return Home’ project
   > Implementation of the Helsinki Declaration

c) To participate to already existing projects such as the ‘Teach the Teachers’

It was asked why the ‘Teach the Teachers’ had a limit of age (40 years). Initially this programme was intended for young anaesthesiologists but continual medical education is indeed needed during the whole career. This age limit might need a rethink together with the National Societies.

Prof. Dan Longrois also thanked Dr. Mellin-Olsen for taking over the NASC ad interim after the death of the previous chair Dr. Geraldine O’Sullivan. A minute of silence was observed to honour her memory.

9 Any other business

None

10 Date and place of the next meeting

Sunday 30 May 2014, Berlin, Germany //
Nine years ago the new ESA was founded, being dedicated to anaesthesiology, intensive care medicine, pain medicine, emergency medicine and peri-operative medicine. During this time several unique successful projects have been initiated, like the European Diploma in Anaesthesiology and Intensive Care (EDAIC) exam, with applicants increasing each year by more than 30 per cent. Indeed, one of the main tasks of the ESA is education and providing access to medical knowledge.

Since the ESA is an amalgamation of primarily independent societies, several educational activities or initiatives were incorporated, like the CEEA course, a joint venture of ESA and WFSA, “Teach the Teacher” courses being run by NASC, the federation part of the ESA, the HVTAP in cooperation with EBA or UEMS, the Masterclasses provided by the Research Committee, or the new Basic Principle Courses (previously Basic Science Courses) provided by the Exam Committee. Additionally, the annual congress provides a high number of state-of-the art or in-depth lectures. These courses or lectures service our residents and graduated members.

In preparation for the 10th anniversary of the Euroanaesthesia congress, the Board asked the ESA Academy to initiate e-learning as a new service to their members. This new e-learning facility was launched during the Euroanaesthesia Congress in Stockholm.

The primary objectives of this new platform are to provide access to education to all anaesthesiologists within and outside of Europe. To increase the visibility and credibility of the ESA. Additionally to promote other educational activities, such as guidelines or patient safety initiatives. However, this new e-learning initiative shall not generate money.

Two German companies are supporting us. Qualitus (from Cologne) provides us with the electronic platform based on ILIAS. They have built the electronic structure which can be filled or looked at as a user. Michael Langenberg Consulting (mlc, from Cologne also) is specialised in producing e-learning contents and modules. Both companies have supported and advised us extremely effectively during our first steps in this new field.

Currently, the ESA Academy together with the Scientific Committee screen, review and provide content to be placed into e-learning modules. Their choices are based on the best lectures which were recorded as videos during the last 3 years, plus additional information provided from the lecturers. A story board is written by mlc in cooperation with an anesthesiologist and an English native speaker. Next, this story board is reviewed by members of the responsible Scientific Subcommittee. Following this review, the content is adapted and finally approved by the initial lecturer or author and the reviewer. Finally, mlc creates the new e-learning module.

The user will see the slides with the contents, and hears the voice of a professional speaker. At the end of each module the user finds multiple choice questions (MCQs) enabling him to test their new knowledge. Of course, in future, the e-learning platform will be expanded, to be used for things such as blended learning, adding modules from other societies like the ASA, and other functions. Collaboration with industrial partners is also possible. In this case, those modules will be clearly recognisable as industry-sponsored content.

ESA e-learning targets several groups. On one hand it offers additional learning material for residents when they prepare themselves for the EDAIC. Of course, the e-learning platform shall not be a prep course for the exam, but it gives easy access to state-of-the art knowledge prepared by members of our society. On the other hand it serves postgraduates helping them to stay updated with rapidly changing medical knowledge. To make finding the right e-learning module easy, the modules can be found individually by using a search function, or by clicking on one of 6 major topics. “Basic Principles” will be the first topic. The other 5 will cover modules related to “Anaesthesia”, “Intensive Care Medicine”, “Emergency Medicine”, “Pain Medicine” or “Peri-operative Medicine”.

Looking at the internal structure behind the e-learning tiles on the webpage, each single lecture is allocated to one of three levels. Level 1 provides “Basic Principles”. Its content was presented mainly in the Basic Science Courses during the previous two year’s Euroanaesthesia congresses. “Basic Principles” lectures focus mainly on physiology, pharmacology, physics, etc. Level 2 and 3 focus on clinically relevant topics. The difference between both is either providing basic knowledge about our daily routine activities (Level 2: “Clinical Practice Lectures”), or providing high-end knowledge based on the newest publications and studies (Level 3: “Evidence-Based Peri-operative Medicine”). Level 2 lectures were presented mainly in the Refresher Courses, level 3 in the Euroanaesthesia congress sessions.

The new e-learning platform, with content in the 7 new modules, went live in Stockholm. Additionally we will provide videos from the best lectures from the previous 3 years. During the next few years we want to expand our content by using the best 40 lectures of the annual meeting or other ESA Courses.

We invite you to make frequent use of this new and exciting service.
2014 Young Teaching Recognition Award //

Each year the National Anaesthesiologists Societies Committee (NASC) recognises and awards anaesthesiologists judged to have outstanding teaching qualities.

The 2014 Young Teaching Recognition Award (YTRA) winner is:
Dr. Dragana Unic-Stojanovic, Institute For Cardiovascular Diseases Dedinje, Serbia

The award was presented at the end of the ESA 2014 Young Teaching Recognition Award Competition session held at Euroanaesthesia 2014. Dr. Unic-Stojanovic also received a complimentary 2-year membership to the ESA.

2015 Young Teaching Recognition Award //

The NASC and the ESA Scientific Committee are seeking applications for the Young Teaching Recognition Award.

The purpose of this award is to honour an individual with outstanding teaching skills.

One award is given for applicants from Central/Eastern Europe and one award is given for applicants from Western Europe.

The Award

- Award finalists are invited to give a 20-minute lecture on the topic of their submission at Euroanaesthesia 2015 during the Young Teaching Recognition Award Competition. A jury selects the award winners at the end of the session.
- Following this session, winners are invited to a one-hour debrief meeting in which they are given the opportunity to discuss and evaluate their presentation with the help of experts and are offered tutoring to fine-tune their presentation.
- Award winners are invited to give a full lecture at Euroanaesthesia 2016, within the appropriate learning track.
- Award winners receive a free 2-year membership to ESA.
- The award winners will receive a free Euroanaesthesia 2015 Congress registration and travel reimbursement according to the ESA reimbursement policy to deliver their lecture at Euroanaesthesia 2015.

Eligibility and Regulations

- Applicants should be younger than 40 years of age at the time of application.
- Applicants should be members of their National Society and of the European Society of Anaesthesiology (ESA).
- Applicants must submit the application form, as well as their Curriculum Vitae and an outline of their lecture by email before the application deadline.
- Each application must be accompanied by a reference letter from the applicant’s Head of Department and of the Chairperson or President of their National Society.

Please submit applications to the ESA Secretariat ytaward@esahq.org no later than 31st December 2014.
Hospital Visiting and Training Accreditation Programme (HVTAP)

1. Porto // Serviço de Anestesiologia, Hospital Santo Antonio, Centro Hospitalar Do Porto, Portugal

Based on the hospital visit performed on 18-19 September 2013 by Dr. Elisabeth Van Gessel and Dr. Bazil Ateleanu and authorised by the Hospital Visiting & Training Accreditation Programme Joint Committee of the European Society of Anaesthesiology and the European Board of Anaesthesiology of the UEMS, we are pleased to announce that the Serviço de Anestesiologia, Hospital Santo Antonio, Centro Hospitalar Do Porto, Portugal fulfills the criteria required to meet the European standards of excellence and is declared to be a European Centre for training of Anaesthesiologists.

2. Kaunas // Hospital of Lithuanian University of Health Sciences Kaunas Clinics, Lithuania

Based on the hospital visit performed on 5-6 May 2014 by Prof. Hans Knape and Dr. Leila Niemi-Murola and authorised by the Hospital Visiting & Training Accreditation Programme Joint Committee of the European Society of Anaesthesiology and the European Board of Anaesthesiology of the UEMS, we are pleased to announce that the department of Anaesthesiology, Hospital of Lithuanian University of Health Sciences Kaunas Clinics, Lithuania fulfills the criteria required to meet the European standards of excellence and is declared to be a European Centre for training of Anaesthesiologists.
Registration Area //

Refresher Course //

ESA Booth // Lounge Area

Poster Area //

More Euroanaesthesia 2014 photos available on our website www.esahq.org/euroanaesthesia2014

e-learning trial at the ESA booth //

Refresher Course //
2014 // BAXTER Prize in Anaesthesia and Intensive Care Medicine

2014 BAXTER Prize in Anaesthesia and Intensive Care Medicine Winner:

Gilda Cinnella, University of Foggia, Foggia, Italy

Project Title: Effects of recruitment maneuver and positive end-expiratory pressure on respiratory mechanics and transpulmonary pressure during laparoscopic surgery

Cinnella, Gilda M.D.; Grasso, Salvatore M.D., Ph.D.; Spadaro, Savino M.D.; Rauseo, Michela M.D.; Mirabella, Lucia M.D. Ph.D.; Salatto, Potito M.D.; Capraris, Antonella De M.D.; Nappi, Luigi M.D.; Greco, Pantaleo M.D.; Dambrosio, Michele M.D., Ph.D.


The Prize was awarded during the Awards Ceremony on Saturday, 31 May 2014 at Euroanaesthesia 2014 by Andreas Hoeft, Chairperson of the Research Committee and Karlheinz Niebler, Associate Director Medical Affairs EMEA – Anaesthesia, Baxter Healthcare SA European Headquarters.

For information about the BAXTER Prize in Anaesthesia and Intensive Care Medicine 2015, please contact us at research@esahq.org.

2014 // DRÄGER Prize in Anaesthesia and Intensive Care Medicine

2014 Dräger Prize in Anaesthesia and Intensive Care Medicine winner:

Zudin Puthucheary, University College London, London, United Kingdom

Project Title: Acute skeletal muscle wasting in critical illness

Puthucheary ZA, Jaikrit Rawal; Mark McPhail; Bronwen Connolly, Gamunu Ratnayake, Pearl Chan; Nicholas S. Hopkinson; Rahul Padhke; Tracy Dew; Paul S. Sidhu; Cristiana Velloso; John Seymour; Chibeza C. Agley; Anna Selby; Marie Limb; Lindsay M. Edwards; Kenneth Smith; Anthea Rowlerson; Michael John Rennie; John Moxham; Stephen D. R. Harridge; Nicholas Hart; Hugh E. Montgomery


The Prize was awarded during the Awards Ceremony on Saturday, 31 May 2014 at Euroanaesthesia 2014 by Andreas Hoeft, Chairperson of the Research Committee and Anne Pattinson, Marketing Manager, DRÄGER Medical.

For information about the DRÄGER Prize in Anaesthesia and Intensive Care Medicine 2015, please contact us at research@esahq.org.
2014 MAQUET Grant in Anaesthesia and Intensive Care Medicine

2014 MAQUET Anaesthesia Research Grant Winner:
Frank Weber, Erasmus University Medical Center, Rotterdam, The Netherlands

Project Title: Cerebral microcirculation, EEG, NIRS and hemodynamics in surgical neonates under sevoflurane anaesthesia - a pilot study

The Grant was awarded during the Awards Ceremony on Saturday, 31 May 2014 at Euroanaesthesia 2014 by Andreas Hoeft, Chairperson of the Research Committee and Mats Wallin, Medical Director, MAQUET Medical.

For information about the MAQUET Grant in Anaesthesia and Intensive Care Medicine 2015, please contact us at research@esahq.org.

“Dying is a very complex phenomenon, but trying to reverse it is even more so.”

(Peter Safar, Crit Care Med 1988, 16:920)
This November, the European Society of Anaesthesiology will hold its first Focus Meeting on Peri-Operative Medicine. The focus of this year is on the Paediatric Patient. The ESA Focus Meeting is intended to provide an update for delegates on aspects of paediatric anaesthesiology, critical care medicine, emergency medicine and trauma and pain medicine within the broad frame of the concept of the central role of the anaesthesiologists in the field of peri-operative medicine. New advances in these field have been identified by the members of the Scientific Subcommittee on Paediatric Anaesthesiology, in collaboration with the European Society for Paediatric Anaesthesiology (ESPA), the European Society of Paediatric Neonatal Intensive Care (ESPNIC), and the Hellenic Society of Anaesthesiology (HSA).

The programme will consist of Symposia, Workshops, Lectures and Problem-Based Learning Discussions. Delegates will get the chance to update their theoretical knowledge and to acquire and/or update their technical skills on the different practice requirements related to anaesthesiology.

There will be ample opportunity to discuss with peers and key opinion leaders on challenging clinical cases and discuss ethical concerns related to the practice of anaesthesiology, critical care, emergency and pain medicine.

For more information and registration please visit www.esahq.org/FocusMeeting
The competition for this year’s best abstract was hotter than ever. This year, all submitted abstracts were reviewed by 3 separate reviewers. After the review was finished, the review chairperson of each Scientific Subcommittee nominated up to 2 of the 25 top ranked abstracts of their subcommittee. From these, the review chairpersons of all Subcommittees selected the final six abstract contenders from all the nominated abstracts.

This year’s competition had an extra twist: in order to improve the experience of the Best Abstract Presenters, all members and chairs of the 19 Scientific Subcommittees were encouraged to attend. In addition, all audience members were asked to vote for their top presenter using the electronic voting system at the end of the session. The winners were chosen based on the originality of their study, the quality of their presentation and the discussion after their presentation. Scientific Programme Chair Prof. Stefan De Hert (Ghent, Belgium) chaired the session and the judging this year was done by Prof. Bernd Böttiger (Cologne, Germany) and Dr. Malachy O. Columb (Manchester, United Kingdom).

First place was awarded to abstract ESAPC1-3 - Mechanistic insight regarding a possible inhibition of malignant cell metastatic potential by amide-linked local anaesthetics, by Tobias Piegeler (Zurich, Switzerland), who received the first place prize of 3000 Euros.

Second prize was awarded to ESAPC1-1 - Effect of lidocaine on preventing laryngospasm during general anaesthesia in children: a systematic review and meta-analysis by Takahiro Mihara (Yokohama, Japan) who received 2000 Euros.

Finally, the third prize of 1000 Euros was awarded for abstract ESAPC1-2 - The distinct roles of hypoxia-activated transcription factors in atelectasis-induced lung injury: a pro-inflammatory role of nuclear factor-κB and an anti-inflammatory role of hypoxia-inducible factor-1 in lung epithelial cells, by Kentaro Tojo (Yokohama, Japan).

Prof. De Hert said: “The panel was extremely impressed with the quality of this year’s abstracts and again we found it difficult to choose a winner. We would like to thank all researchers who submitted an abstract and look forward to the next competition in Euroanaesthesia 2015.”
Research Support Grant // Felix Van Lier (left) and Andreas Hoeft Research Committee Chairperson (right)

Research Project Grant // Rinat Abramovitch (left) and Andreas Hoeft Research Committee Chairperson (right)

Trainee Exchange Programme Award // Gloria Mercês Leitao Lobo De Araujo (left), Jean-Jacques Lehot, The Louis Pradel Hospital (middle) and Carmen Gomar, Trainee Exchange Programme Committee Chairperson (right)

Trainee Exchange Programme Award // Mauricio Polanco-Garcia (left), Hans Knape, Department of Anaesthesiology University Medical Center Utrecht (middle) and Carmen Gomar, Trainee Exchange Programme Committee Chairperson (right)

European Diploma Award // Anna Katharina Pernice (left) and Zeev Goldik, Examinations Committee Chairperson (right)

European Diploma Award // Ozlem Korkmaz Dilmen (left) and Zeev Goldik, Examinations Committee Chairperson (right)

European Diploma Award // Ahmed Mohamed Blair (left) and Zeev Goldik, Examinations Committee Chairperson (right)

More Euroanaesthesia 2014 photos available on our website www.esahq.org/euroanaesthesia2014
Research Grant // Dr. Robert Dickinson, London, UK (left) and Andreas Hoeft Research, Committee Chairperson (right)

Andreas Hoeft, ESA, Secretary (right)

Research Project Grant // Marc Suter (left) and Andreas Hoeft Research, Committee Chairperson (right)

Marc Suter (left) and Andreas Hoeft Research, Committee Chairperson (right)

Meta Analysis Grant // Tanja Manser (left) and Andreas Hoeft Research, Committee Chairperson (right)

Trainee Exchange Programme Award // Carmen Gomar, Trainee Exchange Programme Committee Chairperson (left), Janos Gel (middle) and Tim Strang, University Hospital of South Manchester (right)

Trainee Exchange Programme Award // Carmen Gomar, Trainee Exchange Programme Committee Chairperson (left), Janos Gel (middle) and Tim Strang, University Hospital of South Manchester (right)

More Euroanaesthesia 2014 photos available on our website www.esahq.org/euroanaesthesia2014

Jannicke Mellin-Olsen // ESA Secretary

European Diploma Award // Marcel Rigaud (left) and Zeev Goldik, Examinations Committee Chairperson (right)

European Diploma Award // Marcel Rigaud (left) and Zeev Goldik, Examinations Committee Chairperson (right)
The Clinical Trial Network reception of the ESA was organised on Sunday 1 June, 2014 in the Stockholmsmässan Congress Centre in Stockholm, Sweden during Euroanaesthesia 2014.

Prof. Andreas Hoeft cheerfully took the lead and invited everyone to raise a glass of good wine. He first thanked warmly the CTN team in Brussels, namely Brigitte Leva, Sandrine Damster and Benoît Plichon who are doing a superb job helping and coaching the local and national coordinators of all the studies that are underway or in preparation. He congratulated the Chief Investigators of the multicentre studies that are currently completed and have led to publications in major international Journals such as The Lancet (EuSOS) or Anesthesiology (PERISCOPE), and invited on stage Chief Investigators of studies for which next priority is the publication (LAS VEGAS) or the data cleaning (euCPSP PAIN-OUT, ETPOS and OBTAIN).

Prof. Hoeft also invited Prof. Walid Habre (Genève, Switzerland) to say a few words about APRICOT study, the first paediatric multicentre audit of clinical anaesthetic practice organised in Europe. More than 320 centres applied to participate and the goal of recruiting over 24,000 children will probably be achieved by the end of 2014. Finally, Prof. Hoeft warmly invited attendees to take part in the POPULAR study (POstAnaesthesia PULmonary complications After use of muscle Relaxants in Europe) led by Prof. Manfred Blobner (Munich, Germany), and in the PLATA study (Prevention of Phantom Limb Pain After Transtibial Amputation), led by Prof. Markus Hollmann and Dr. Philipp Lirk (Amsterdam, Netherlands).

This reception was, as always, a good opportunity to meet and to know better colleagues of whom we only knew the name or voice before. All participants look forward for the next CTN reception at Euroanaesthesia 2015 in Berlin, Germany!

Pictures of the reception can be found at the following: www.esahq.org/euroanaesthesia2014

More information?
Visit the ESA website at www.esahq.org/research or contact research@esahq.org //
ESA Clinical Trial Network //
Call for Study proposals is now open!

The European Society of Anaesthesiology Clinical Trial Network (CTN) provides an infrastructure for Institutions, clinicians and scientists allowing them to work collaboratively across international borders to improve the care of patients in the field of Anaesthesiology, Intensive Care Medicine, Perioperative Medicine, Emergency Medicine and Pain Medicine. International networks all over the world have demonstrated the advantages of collaboration to address and answer clinically relevant research questions.

Benefits
A CTN grant up to € 30,000 is provided for study costs. The grant is mainly to cover travel costs for Steering Committee meetings, costs for a statistician and possibly study coordination assistance at the Principal Investigators (PIs) institution. In general, no case money for participating centres is foreseen. In addition to the financial support, the ESA offers to the Chief Investigator and Steering Committee members a valuable Coordination support package: administrative, technical and logistic help for all phases of the study: documents preparation, centre set-up and coordination, case report forms and cleaning of the data, etc.

Eligibility
Every physician can apply for support by the ESA CTN. Non ESA members health care professionals are entitled to present proposals in the field of clinical anaesthesiology research on an international level.

Process
The Chief Investigator is asked to submit a study proposal to the ESA Research Secretariat by 15 September 2014 using the ‘CTN Study Proposal form’, available on the ESA website (www.esahq.org/research). Late applications will not be accepted.

CTN Studies // Get Involved!

The most important and challenging clinical questions are more likely to be answered if several centres join forces!

POPULAR study has been selected last year by the ESA Research Committee:

POPULAR: POPstAnaesthesia PULmonary complications After use of muscle Relaxants in Europe: a Prospective Observational International Multi–centre Cohort Study
Chief Investigator: Prof. Manfred Blobner (Germany)

Recruitment: It is planned to recruit approximately 20,000 patients via an estimated 400 centres in Europe. Recruitment started in July 2014.

Why is any postoperative residual neuromuscular blockade possibly live threatening?
Overall postoperative mortality in Europe is 4% (EUSOS study), in which postoperative pulmonary complications are a major factor. Based on a well-recognised body of surrogate data, it is hypothesised that residual neuromuscular blockade will increase the incidence of in-hospital postoperative pulmonary complications.

Why is it important that you participate?
Postoperative pulmonary complications are expected at rates below 4%. Techniques of monitoring and reversal of neuromuscular blockades widely differ between hospitals and countries. The number of patients to be recruited is approximately 20,000. The more centres participate the merrier the informative value of the study will be. We need you to participate!

What are the individual benefits for participating centres?
The investigators will not modify a participating centre’s customary management of patients. Centres will be allowed access to their data and make comparisons to other centres in their country. Scientifically, collaboration to the manuscript will be distributed according to differences in contribution to the study.

Help to make progress in our discipline! Help us to save patients’ lives! This study could reveal the best techniques to manage neuromuscular function. Based on European diversity you help defining European standards in an important field of anaesthesia care!

Eligibility
The ESA CTN is open to all clinicians meeting study protocol criteria. Centres may participate in several studies.

Would your hospital like to join this study as an actively contributing research centre?
The ‘Call for Centres form’, available on the ESA website (www.esahq.org/ctnform), must be filled in online. The completion of this form will facilitate the coordination and is mandatory for participation in ESA CTN. ESA Secretariat will then contact you providing you with additional information.

More information?
Go to www.esahq.org/research or contact us at research@esahq.org.
I am Zaklina Petrovic, 4th year resident from University Hospital Zvezdara in Belgrade, Serbia. Before this program I had no opportunity for working or training abroad, and I found it to be one of the limiting factors to the success of my future career path. Therefore I applied for the ESA Trainee Exchange Programme hoping I will be one of trainees who will be able to expand their knowledge and experience in one of the best training centres in Europe. In November 2012 I was informed I had been selected for The ESA Trainee Exchange Programme 2013. This award was the biggest acknowledgement of my hard work. I was very honoured that ESA found me to be one of the most promising trainees in Europe.

Since my 1st year of residency I have been particularly interested in critical care. Critical care medicine is one of the most challenging and complex areas of modern medicine. Having training in a multidisciplinary intensive care unit in one of the most prestigious medical centres in Europe has been my goal for a long time. That is why University Hospital Münster (UKM) was my first choice. The UKM is one of two ESA Host Centres in Germany, located within one of the most livable cities in the world: Münster, in the northwest of Germany. The history of the UKM can be traced back to the year 1774, when the first medical faculty of the University of Münster was opened. It consisted of only one single high school teacher who held lectures in anatomy, surgery and obstetrics. Today, the University Hospital of Münster is a large hospital with over 8,800 employees and 1,450 beds. Around 50,000 inpatients and over 450,000 outpatients are treated each year in this hospital. The UKM, with more than 30 clinics and centres, works closely with the Medical Faculty of the Westphalian-Wilhelms-University Münster, offering high-quality training and education. The UKM has an international reputation for medical research in areas such as inflammation and transplantation medicine, cardiovascular medicine, neurology, pre- and perinatal medicine including reproductive medicine, and tumor medicine oncology.

The first time I visited the UKM was in March 2013. During those 7 days my mentor Prof. Bjorn Ellger showed me around the hospital and introduced me to colleagues. For "hands-on" training I needed the license to practice medicine in Germany. For obtaining my license to practice, good knowledge of the German language was required. Since my German was not good, I had to take German classes. After months of hard work, I managed it. Thanks to the help of my mentor I obtained my license and I was allowed to perform "hands-on" training practical skills.
I started my training in September 2013 in a multidisciplinary intensive care unit. The day started with shift handover at 7:00 in the morning, what helped me follow the postoperative course of the admitted patients. After the handover the medical team during multidisciplinary round had a bedside discussion of every patient in ICU. Following the rounds, I was expected to do a history and physical examination, review the laboratory work and x-rays of patients and present my evaluation during in-depth discussion and prospective evaluations on every patient. I have been participating actively in the management of patients with a wide range of primary or complicating medical and surgical conditions. Besides, I had chance to perform many bedside procedures. Previously I had no experience in ultrasound-guided procedures. In the UKM I had opportunity to perform ultrasound guided arterial, central and peripheral venous catheterization, as well as pleural drainage. Under the supervision of my mentor I was able to perform percutaneous dilatational tracheotomy as well. I have also learned basis of echocardiography. All the time my mentor was near me helping and supporting me. All my colleagues were very helpful and friendly. I was able for the first time to see some new possibilities for the treatment of heart and respiratory failure like ECLS and ECMO, and also different types of renal replacement therapy. I was also invited to attend seminars held weekly on different subspecialty topics.

I have learned so much in these 3 months. This program helped me extend my knowledge and put my theoretical knowledge into practice as well. But this is just the beginning. The field of critical care is extremely broad and very complex, requiring true commitment, continuous learning and improvement. During this program I have also met new friends and colleagues, I have learned new language and culture. The experience I gained during this program was invaluable and will last for a lifetime. I think I took full advantage of this great opportunity. I am already recommending the ESA Trainee Exchange Programme to my friends and colleagues who are interested in improving their knowledge and skills.

Finally, I need to say thank you to many people who made this program possible. First of all, I wish to express my sincere thanks to my supervisor, Prof. Björn Ellger, for all the time spent with me, explaining and showing me how to do everything, for his support, kindness and patience that sometimes was needed. Also, I need to thank Prof. Hugo Van Aken, the head of the Department of Anaesthesia, Intensive Care Medicine and Pain Therapy in University Hospital Münster and his entire team, especially people who work in “19BO” ICU, who really made me feel like at home. Finally, I would like to thank the ESA Trainee Exchange Programme Committee for this unique opportunity, which I really appreciate. Very special thanks go to ESA secretariat’s Anny Lam for having been available all the time for any assistance. //
When Austrian-born anaesthesiologist Peter Safar introduced the concept of “ventilation and circulation with closed-chest cardiac massage in man” [1] in the early 1960s, he laid the foundation for what has today become the mission statement of the European Resuscitation Council: “to preserve human life by making high-quality resuscitation available to all.” The combination of the new idea of “closed-chest cardiac massage” with ventilation not only set a new standard of care for medical professionals – it also anticipated that the technique would enable lay people to save lives before professionals are able to reach the patient. “All you need, is two hands!”[2].

Making it possible for lay people to carry out life-saving resuscitation required new ways of thinking in every aspect of emergency care. The German anaesthesiologist Ahnfeldt presented the concept of a “chain of survival” [3] in which each link has to be sufficiently stable to establish a chain strong enough to save the patient’s life. The “chain of survival” approach was later also adopted by Peter Safar, and it is still used today to illustrate the extent to which a patient’s life depends on the non-professional parts of early care. Even today, rapid activation of emergency medical services (EMS) and early initiation of cardiopulmonary resuscitation (CPR) are still the weakest links in the chain, and most lives are undoubtedly lost within the first moments of a cardiac arrest.

Today, more than half a century later, the annual incidence of “sudden cardiac arrest” is still 50–100 per 100,000 inhabitants [4]. Every year, unsuccessful resuscitations are carried out following sudden out-of-hospital cardiac arrest on at least 350,000 people in Europe. This represents 1000 inhabitants per day: one every 90 seconds, every day, during the whole year – and in Europe. It is a tragic situation that must be changed. What would we do if two jumbo jets were to crash without any survivors – two every day for a whole year, in Europe? Wouldn’t we spend billions of Euros to deal with the situation? Today, fewer than one in 10 patients with out-of-hospital cardiac arrest survive, although the survival rate could easily be doubled or tripled. Despite the many efforts that have been made to improve the prognosis, the survival continues to be low [5]. Sudden cardiac arrest is one of the leading preventable causes of death today, as most cases result from sudden arrhythmia due to coronary disease. Most victims are still likely to die, and only little progress is being made in improving survival [6]. The fact needs to be faced that many so-called “advanced” strategies in life support have turned out to be unpromising. In addition, many of the “new” strategies for advanced cardiopulmonary resuscitation (ACLS) today are being challenged by the results of recent studies – whether they involve the use of vasopressors [7] or mechanical compression [8] – leaving us with more questions than answers.

We need to realise that there has still not been sufficient success in implementing the simple concept of basic life support (BLS) as defined by Safar and other anaesthesiologists some 50 years ago. Anaesthesiologists are well aware of how much organ function depends on perfusion and ventilation, and they should use this knowledge to further publicise the fact that getting lay persons involved in BLS has tremendous potential for saving more lives successfully – as was impressively shown recently by a nationwide study in Denmark [9]. Doubling the percentage of bystander CPR in Denmark tripled the 1-year survival rate among patients suffering from ventricular fibrillation.

There can be no doubt: promoting CPR is a task every anaesthesiologist should get involved in! Sudden cardiac arrest is one of the most important issues in health care. Alongside prevention, cardiopulmonary resuscitation is the best way of fighting it. The message for the public is clear: successful CPR is perfectly easy, you can just do it. Lay people can’t do anything wrong – the only wrong thing would be to do nothing.

References


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ESA Grants Programme 2015 //

The ESA Research Grants promote anaesthesiology–related research in Europe and encourage anaesthesiologists to go beyond their existing practice and understanding.

Applications are called for in the following areas: Clinical Research, Experimental Research and Patient Safety.

ESA Grants include:

> Project grants of up to €60,000 each to support work of a maximum of two years
> Research support grants of up to €15,000 to assist work in progress or pilot studies
> Young Investigator Start-up Grant of up to €30,000 for young researchers (up to 35 years old)
> Meta-Analysis Grant of up to €20,000 to support the Meta-Analysis plan of highest interest and importance in the field of Anaesthesia

Priority will be given to clinical (or related) topics and those investigators who do not have alternative sources of funding. However, the areas of priority and the number and size of the grants may change from year to year.

The annual submissions deadline is 4 September.

In the year the Grant is awarded, the winner receives free registration to Euroanaesthesia to accept the Grant during the Awards Ceremony.

More information? Visit the ESA website (www.esahq.org/research) or contact us at research@esahq.org. //

“...fatigued personnel, inadequate preoperative evaluation and setup, contribute to morbidity and mortality during emergency surgery”

(J. Tinker, ASA Refresher Course, 1982-206, pp 4)
The solubles. The potential use of soluble drugs as anaesthetics was based on the possibility of introducing them in to the organism either through the digestive system, rectally or orally, or by injecting them under the skin (intramuscular, subcutaneous or intravascular). This technique was already used by some by dissecting and catheterising a vein. Burkhard used this route to introduce diluted ether and chloroform to dogs and then patients with some success but blood in urine and venous thrombosis after ether disqualified the method. The trans-cutaneous injection was made possible by Pravaz in 1853 who invented the syringe derived from clysts of medieval doctors, the special bored needle provided with an adequate bevel and of course the conical junction between them. This instrument was not only the one that permitted injections in to the vascular system but also the precondition to regional anaesthesia. The oral and rectal routes were used for a very long time by doctors to administer their classical, plant derived, medication. The change came with the advent of chemically produced purified extracts and synthetic drugs. Burkhard, from 1900 onwards, continued to look for products to be used as anaesthetics by the intravenous route. He thus tried chloral hydrate, methane, Hedonal and Isupral. The first became popular in Russia through Fedoroff and Kravkov, Isupral in Germany and Great Britain, yet all discarded for intravenous administration due to severe accidents. Burkhard was also the first to dissociate the 2 pharmacological actions analgesia and hypnosis.

Paraldehyde synthesised in 1829 was used by Celrvello in 1882 as a sedative and as treatment of convulsions. It was proposed by Noel and Sautron in 1913 who noticed the total lack of analgesic action which had to be added by administration of ether. Nitzesco and Icobovici added alcohol. Administration was performed either intramuscularly or intravenously or even as an enema.

Ethyl-alcohol, used since antiquity, was also tried in different combinations, either in volatile administration as ACE mixture (Alcohol, Chloroform, Ether) or intravenously combined with chloroform (Garcia Marin) or paraldehyde (Nitzeesco).

Chloral hydrate synthesised by Liebig in 1832 was used in many most different indications where its sedative-hypnotic action was clinically exploited. It was administered either orally (Crespo), as enema or intravenously. It continued to be used in many countries up to the second half of the 20-th century.

Hedonal®, a derivative of methane, was tried by Dresser in 1899 on animals. Its action was 10 times stronger than that of chloral. In 1912 Memmel presented case reports of 56 neurosurgical interventions without accident, Fedoroff presented (580 cases) and Franklin presented 4916 cases in 1928 with 10 fatalities. It was largely used mainly in military units by Fedoroff and Avkov during World War I.

Avertin®, tribromonanol was synthesised by Eichholz and used by Butzengeiger and Nordmann, was intended only for rectal administration and had a very long lasting action. It came too late to gain a more important use.

Barbiturates. Barbituric acid was the molecule, was due to lead the first product capable of inducing sleep by intravenous injection under safe conditions. The first derivative usable in clinical practice was synthesised by von Mehring and Fischer, it was “Veronal” later “Luminal” (detylthyl barbituric acid) a very long acting drug insoluble in water. The first soluble salt of “Veronal” was “Somnifen®” a combination of “Veronal®”, “Dial®” and diamine. This was used clinically in intravenous administration by the Bardet brothers in 1921 but quickly abandoned due to its very long action (days). There followed a number of molecules with shorter action like “Pernocton®”, “Amytal®” and “Nembutal®”. A really usable molecule became available when Weese synthesised hexobarbital (Evipan®) in 1931 which was clinically used by H.Killian in 1932. This product survived in use more than seven decades and was largely used during World War II and afterwards as induction agent in spite of being surpassed in all qualities by pentibobarbital (Pentothal)Abbott, developed in the USA in 1933 by Wolwiler and Tabern and first used by Lundy who published experience on 2300 anaesthesias in 1936. He underlined its only hypnotic and quite total lack of analgesic action. It proved to be a good and safe sleep producing drug and continues to be used in spite of many other molecules which were proposed. These barbiturate derived molecules were Metohexital,Brietal® or Brevimital®, thiobutobarbital, Inactin®, and so on: Thiogenal®, Kemital®, Surital®, Dolitrone®, Intraval®, Trapanal®.

Non barbiturate hypnotics came through to challenge Pentothal with some success: the steroid derivatives Viadril®, Presuren® and „Alfathesin”, Gamma-hydroxy-butiric acid (γ-OH®), Thiamine „Hemineurin®”, Eugenol-glycolic acid Detrovel®, Epontol®, Gluthetimide Doriden®, Ethomodate, and Hipnomidate®. All had quite short lives due to their unacceptable adverse reactions. The sole survivors in this series are the phencyclidine derivative Ketamine®, introduced by Corssen and Comino (1965) which was an unusually acting drug. It was called dissociative, meaning dissociation between all input in to the nervous system and the inner activity of the brain going on. It produced an activation of the sympathetic system and is acting on the NMDA receptors, maintains a patient’s airway and does not depress pharyngo-larygeal reflexes. The NMDA action can be exploited by injection near the spinal cord and in low dosage to produce analgesia. It proved itself in use on very fragile emergency patients. It did not completely disappear from the scene but is little used nowadays.

The benzodiazepine derivative Midazolam “Dormicum®” and most important Propofol “Dipivan®” are products which enjoy an important popularity in today’s practice with the later tending to replace “Pentothal®” in a majority of indications.

The volatiles. Anaesthesia was born in 1846 with a volatile anaesthetic ether. It was followed the next year by chloroform
and ethyl-chloride. In the last part of the 19th century many other ethers were tried like divinyl-ether, methyl-isopropyl-ether, cypreth and cyprethylene-ethers, but were discarded even before clinical use because of unacceptable side effects. One non-ether volatile has to be mentioned because of its real qualities: very potent analgesic, non-flammable, with a high boiling point, Trichlorethylene (Trilene®) which was extensively used mainly for short procedures and in obstetrics.

Nothing important happened in this field until after World War II when Robbins in the USA started to study fluroninated derivatives and found two of them suitable for anaesthetic use, Fluoroexene and halothane. Fluoroexene was quickly discarded being surpassed in all points by Halothane which became predominant in use for quite half a century until its replacement by Enflurane (Ethrane®). In between (1960) came for a short time Methoxyflurane “Penthrane®” used by Artusio and van Poznac, a highly potent analgesic with high boiling temperature and slow dynamic with pharmacological profile similar to trichlorethylene. Enflurane was synthesised by Ross Forrel and used clinically by Kranz, Virtue and Joung (1963), had a short life in use and was replaced mostly because of its seizure producing effect by its isomer Isoflurane (Forene®). Both are polyhalogenated asymmetric ethers. Isoflurane had a short period of glory being replaced by the now prevailing volatiles Sevoflurane (Sevorane®) and Desflurane.

Theoretical problems concerning the pharmacology of the anaesthetics started with the first users and was a concern for the physiologists of the time. Claude Bernard was one of the most important names. Other contributors were mentioned before. The concept created was that sleep and analgesia are not implicitly connected and can be produced separately with different drugs or even precede the hypnotic action of volatile anaesthetics. Muscular relaxation was considered an implicit action of brain depressing drugs and supposed a deepening of anaesthesia.

Although so many drugs have been tried, we must still accept that, even today, there are good, but not yet ‘ideal’, anaesthetics. //
1. A decrease in thoracopulmonary compliance is associated with
   A. hyperventilation
   B. acute bronchospasm
   C. reverse Trendelenburg (head up) position
   D. pulmonary oedema
   E. induction of general anaesthesia

2. The following structures can be identified during endoscopic third ventriculostomy
   A. the foramen of Magendie
   B. the mammillary bodies
   C. the pituitary gland
   D. the posterior inferior cerebellar arteries
   E. the basilar artery

3. Recognised causes of hypotension during spinal anaesthesia to T3 include
   A. decreased heart rate
   B. increased venous capacitance
   C. decreased stroke volume
   D. direct myocardial depression
   E. increased atrio-ventricular conduction time

4. Appropriate initial treatment of acute atrial fibrillation in the absence of heart failure includes
   A. diltiazem
   B. propranolol
   C. digoxin
   D. lidocaine
   E. amiodarone

5. A combination of decreased PaO2 and decreased PaCO2 is likely to be associated with
   A. congenital cyanotic heart disease
   B. diabetic ketoacidosis
   C. morphine overdose
   D. hysteria-induced hyperventilation
   E. acute pulmonary embolism
dose of local anaesthetic used in spinal, as opposed to epidural, anaesthesia means that no direct cardiac effects of the local anaesthetic are present.

4. Answers: TTFFF
This is an Emergency Medicine question. Acute atrial fibrillation (AF) should be treated with electrical shock if the patient is hypotensive, but this question is aimed at pharmacological treatment and in particular initial therapy. First-line therapy according to the European Resuscitation Guidelines indicate that diltiazem or beta-blockade are initial therapies. Digoxin and amiodarone - but not lidocaine (treatment of frequent ventricular ectopics only) - should be considered only if the patient is in heart failure.

5. Answers: FFFFF
This is an Intensive Care question. Cyanotic heart disease is associated with a reduction in PaO2 with hypoxic pulmonary vasoconstriction but little change in PaCO2. Diabetic ketoacidosis (DKA) is associated with hyperventilation and low PaCO2 secondary to respiratory compensation for a metabolic acidosis, but a normal or slightly increased PaO2 (alveolar gas equation). Morphine overdose leads to hypoventilation and a fall in PaO2 but a rise in PaCO2. Self-imposed (hysterical) hyperventilation leads to a fall in PaCO2 and little change in a normal or slightly increased PaO2 similar to the situation in DKA. Acute pulmonary embolism causes a reduction in end-tidal carbon dioxide and a low PaO2 but a raised PaCO2 due to reduced blood delivery to the alveoli. //

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Spring 2014 Newsletter Questions // May 2014

SUE HILL // CHAIRMAN PART 1 EDAIC SUBCOMMITTEE // sue.hill@uhs.nhs.uk

I am sorry that there was an error in the answers to the last set of Basic Science Questions in the Spring 2014 Newsletter - Volume 57 - and thank you to those who pointed this out to me.

The answer that was incorrect was Question 3C:

3. Inhalational anaesthetic agents with a blood-gas partition coefficient less than 1.0 include:
   a. sevoflurane
   b. nitrous oxide
   c. desflurane
   d. isoflurane
   e. xenon

The correct Answers are: TTTFT (not TTFFT) since the partition coefficient of Desflurane is lower than that of Sevoflurane and definitely lower than 1. The explanation was correct, but there was an error in the answer list.

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There is no substitute for trained personnel in an adequately equipped department. The personnel is far more important than the equipment.

(TH Cannard “Anesthesia for open heart surgery” 1966, pp 70)
THE EUROPEAN DIPLOMA IN ANAESTHESIOLOGY & INTENSIVE CARE (EDAIC) IS:
- A multilingual two-part examination
- Organised by the European Society of Anaesthesiology (ESA)
- Endorsed by the European Board of Anaesthesiology (EBA)

THE EDAIC COVERS:
- Basic applied science
- Management of anaesthesia, intensive care, peri-operative care, chronic pain, resuscitation and emergency medicine

The curriculum and exam are set by independent European anaesthesiologists.

More information on www.esahq.org
The European Society for Peri-operative Care of the Obese Patient // Update - A mission focused on education

ESPCOP EDITORIAL TEAM

“Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit.”

Aristotle

The ESPCOP aim is to promote excellence in clinical care, education and research of the obese surgical patient. The Society was formed in 2009 with the goal of bringing together a variety of professionals, anaesthetists, intensivists and non-physicians who are active with obese patients, to work on all facets influencing optimal surgical outcomes.

According to World Health Organization, obesity’s prevalence has tripled in many countries of the WHO European Region since the 1980s, and the numbers of those affected continue to rise at an alarming rate, particularly among children. Besides causing various physical disabilities and psychological problems, obesity drastically increases a person’s risk of developing cardiovascular disease, cancer and diabetes, these three being responsible for large proportions of health costs and many deaths within the Region.

The ESPCOP is prepared to meet the challenges of growing numbers of obese patients undergoing anaesthesia or intensive care treatment, and to support, enrich and advance anaesthesia education, knowledge and skill acquisition, amongst European anaesthetists. Everyone needs to understand how to manage the altered physiology, how to dose our drugs, how to ventilate and how to support organ function. Although mortality reports are surprisingly low, “care of the morbidly obese patient is far from a routine act” - declares Jan Mulier, the ESPCOP president.

This assertion is strengthened by the UK National Audit Project 4 (NAP4) findings (2012 report), which showed that airway disasters were twice as common amongst obese patients, and even more so in the morbidly obese. Obesity needs to be recognised as a risk factor for airway difficulty and procedures modified accordingly.

Consequently, ESPCOP has as a primary goal, to see beyond the bariatric surgical patients, and to extend a framework for the management of severe and complicated obesity, irrespective of the type of surgery. Paraphrasing, the expertise gathered by those anaesthetists who are frequently dealing with this patient population, must be shared with all their European colleagues (using resources such as conferences, courses, workshops, and on-line educational materials). This should ultimately lead to the desired proposed end-point: that of the safest and best practice extended to all in the peri-operative care of the obese patients.

As was stated by Prof. Dr. Stefan De Hert, the ESA Scientific Committee Chair. “ESPCOP can play a key role in this process, and the co-operation between EPS COP and ESA allows us to extend this expertise beyond the core group of anaesthesiologists who treat obese patients in their routine daily practice”.

We are in absolute agreement.

ESPCOP serves its membership and the larger anaesthetic community through an annual meeting and conferences at international bariatric surgical congresses. In its capacity as an ESA Specialist Society, ESPCOP holds a dedicated session within Euroanaesthesia. This year, the ESPCOP session at Euroanaesthesia took place in Stockholm on Monday 2nd of June (14-15,30), on the topic of “Key points that are different when giving anaesthesia to morbidly obese patients!”

For more information see: http://www.espcop.org/espcop-sessions-for-esa-2014/

ESPCOP now has a new, more attractive website, which hopes to raise the awareness amongst our members and others about our activities. We encourage you to visit www.espcop.org and contact us at info@espcop.org. Any suggestions that you think will improve our work are welcome.

Recently ESPCOP has been involved in many other European meetings, in different countries, working with other anaesthesia societies, organisations and departments. Both our close collaboration with ESA and joint activities with fellow societies that follow the same group interest, such as the UK Society for Obesity and Bariatric Anaesthesia (SOBA), and the International Society for Peri-operative Care of Obese Patients (ISPCOP) are the pathway to fulfilling ESPCOP objectives.

With an increasing membership of more than 100 members now, ESPCOP is a collaborative and inclusive community of teachers and learners dedicated to excellence in obese patient care through education. //
Masterclass in Scientific Writing

Improve your Skills in Scientific Writing!

This Masterclass is an advanced scientific workshop dedicated to learning how to critically write and appraise scientific articles and abstracts.

Programme
Series of lectures and workshops during which participants will apply their knowledge through practical exercises.

Faculty
Experts in scientific medical writing who were given outstanding evaluation by previous Masterclass attendees.

The course is open to all ESA members who
• speak & write English fluently,
• already have some experience in the field of Clinical Research and have already written some publications in their native language,
• are making recognised efforts to develop their scientific writing skills.

When
18-20 November 2014 in Brussels, Belgium

Application deadline
15 September 2014

Fee
No registration fee. Lunch is provided.

More information on www.esahq.org/Masterclasses
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<tr>
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<th>Event</th>
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<tr>
<td>August, 4 - 7</td>
<td>The Dannemiller Hawaiian Anesthesia Seminar</td>
<td>Maui, Hawaii</td>
<td><a href="http://www.hawaiianesthesia.com">www.hawaiianesthesia.com</a></td>
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<td>September, 3 - 6</td>
<td>33rd Annual ESRA Congress</td>
<td>Seville, Spain</td>
<td><a href="http://esra.kenes.com">esra.kenes.com</a></td>
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<td>September, 16 - 18</td>
<td>23rd International Meeting of Anaesthesia Critical Care and Pain</td>
<td>Tel Aviv, Israel</td>
<td><a href="http://www2.kenes.com/icisa/Pages/Home.aspx">www2.kenes.com/icisa/Pages/Home.aspx</a></td>
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<td>September, 17 - 19</td>
<td>AAGBI Annual Conference</td>
<td>Harrogate, UK</td>
<td><a href="http://www.aagbi.org">www.aagbi.org</a></td>
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<td>September, 18 - 20</td>
<td>HAI Berlin</td>
<td>Berlin, Germany</td>
<td><a href="http://www.hai2014.de">www.hai2014.de</a></td>
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<td>September, 20</td>
<td>In Training Assessment (ITA)</td>
<td>Various locations</td>
<td><a href="http://www.esahq.org/EDAIC">www.esahq.org/EDAIC</a></td>
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<td>September, 20</td>
<td>Part I Examination</td>
<td>Various locations</td>
<td><a href="http://www.esahq.org/EDAIC">www.esahq.org/EDAIC</a></td>
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<td>September, 20 - 21</td>
<td>NYSORA Symposium</td>
<td>New York, New York</td>
<td><a href="http://www.esahq.org">www.esahq.org</a></td>
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<td>October, 1 - 4</td>
<td>4th Biannual International Multidisciplinary Pain Congress</td>
<td>Eindhoven, the Netherlands</td>
<td><a href="http://www.paincongress.org">www.paincongress.org</a></td>
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<tr>
<td>October, 23 - 25</td>
<td>25th ESCTAIC Meeting</td>
<td>Timisoara, Romania</td>
<td><a href="http://esctaic2014@esctaic.org">esctaic2014@esctaic.org</a> (In cooperation with SRATI)</td>
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<tr>
<td>November, 6 - 8</td>
<td>SSAR Annual Congress</td>
<td>Interlaken, Switzerland</td>
<td><a href="mailto:adrian.koenig@bbscongress.ch">adrian.koenig@bbscongress.ch</a></td>
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<tr>
<td>November, 14 - 15</td>
<td>ESA Focus Meeting on Peri-operative Medicine: The Paediatric Patient</td>
<td>Athens, Greece</td>
<td><a href="mailto:info@esahq.org">info@esahq.org</a></td>
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MAY 30 - JUNE 2
BERLIN, GERMANY

Euroanaesthesia
The European Anaesthesiology Congress

Symposia
Refresher Courses
Workshops
Abstract Presentations
Industrial Symposia & Exhibition

CME Accreditation will be requested
EACCME - UEMS

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F +32 (0)2 743 32 98
E registration@esahq.org
www.esahq.org/Euroanaesthesia2015

Abstract submission from
1 November - 15 December 2014