

Nerve Transmissions

University of California, San Diego



UCSD Division
of Regional
Anesthesia

A New Beginning for the UCSD Division of Regional Anesthesia

At the start of this new academic year, we wish our recent fellowship graduates, **Drs. Bing Feng and Steven Suydam**, the best of luck as they begin their careers. **Dr. Feng** has accepted a staff position at the Veterans Administration Hospital in Houston, TX, where he will be heading up a new acute pain service. **Dr. Suydam** has joined our neighbors at UC Irvine to bolster the staff of a recently-developed regional anesthesia service.

Prior to finishing our fellowship program, Drs. Feng and Suydam helped us initiate a new pediatric regional anesthesia service at Rady Children's Hospital San Diego in collaboration with Anesthesia Service Medical Group (ASMG). **Dr. Alex Rodarte** of ASMG serves as the educational director of the pediatric regional anesthesia and pain management rotation which offers our fellows a unique training experience. Please see the article on Page 3 for more details.

has been extremely productive—publishing 12 articles in noted peer-reviewed journals! Check out our research update from Dr. Ilfeld on Page 2.



From left: Drs. Madison, Sandhu, and Heil

We are very happy to welcome our new fellows: **Drs. Justin Heil, Eddie Kim, and Sarah Madison**. I can honestly say that I learn more from our fellows than they learn from me every year. It is a privilege for us to have the opportunity to train them as the next leaders of our specialty.

Faculty and Staff:

- Edward Mariano, M.D., M.A.S., Chief
- Benjamin Atwater, M.D., Ph.D.
- Richard Bellars, M.D.
- Michael Bishop, M.D.
- Eliza Ferguson, B.S.
- Brian Ilfeld, M.D., M.S.
- Nick Kormylo, M.D.
- Vanessa Loland, M.D.
- NavParkash Sandhu, M.D.
- Ana Seitz, R.N.
- Preetham Suresh, M.D.

Fellows:

- Justin Heil, Ph.D., M.D.
- T. Edward (Eddie) Kim, M.D.
- Sarah Madison, M.D.



UCSD Regional Anesthesia and Acute Pain Medicine Graduation Dinner 2009

While we look forward to this exciting new addition to our training program, we must also look back on our accomplishments in the past year. Thanks to the hard work of our clinical staff, research coordinator, and fellows, our research program

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International Medical Missions: Helping Children in Need

In April 2009, **Drs. Edward Mariano and Steven Suydam** traveled to Guayaquil, Ecuador, with a team of physicians, nurses, and support staff to provide free orthopedic surgery for chil-



Dr. Suydam visits a happy (and playful) patient in recovery

dren suffering from congenital limb abnormalities.

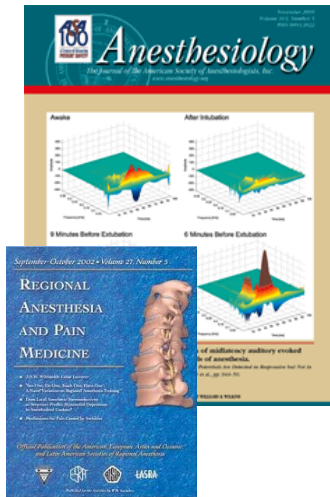
This was **Dr. Mariano's** third mission with this group.

Sponsored by the non-profit organization

Project Perfect World, this volunteer medical team returns annually to the Roberto Elizalde Children's Hospital which ensures continuity of care and appropriate long-term follow-up.

For more information, please visit <http://regional.ucsd.edu> or <http://projectperfectworld.org>.

Recent UCSD Regional Anesthesia Division Publications



Here is a sample of our recent publications:

Iffeld BM, Ball ST, Gearen PF, **Mariano ER**, et al. Health-related quality of life after hip arthroplasty with and without an extended-duration continuous posterior lumbar plexus nerve block. *A&A* 2009;109:586-91.

Mariano ER, Chu LF, Peinado CR, Mazzei WJ. Anesthesia-controlled time and turnover time for ambulatory upper extremity surgery performed with regional versus general anesthesia. *J Clin Anesth* 2009; 21:253-7.

Mariano ER, Afra R, **Loland VJ**,

Sandhu NS, **Bellars RH**, **Bishop ML**, Cheng GS, Choy LP, Maldonado RC, **Iffeld BM**. Continuous interscalene brachial plexus block via an ultrasound-guided posterior approach. *A&A* 2009; 108:1688-94.

Iffeld BM, Meyer RS, Le LT, **Mariano ER**, et al. Health-related quality of life after tri-compartment knee arthroplasty with and without an extended-duration continuous femoral nerve block. *A&A* 2009;108:1320-5.

Iffeld BM, **Yaksh TL**. The end of postoperative pain—a fast-approaching possibility? And, if

so, will we be ready? *RAPM* 2009;34:85-7.

Mariano ER, **Loland VJ**, **Iffeld BM**. Interscalene perineural catheter placement using an ultrasound-guided posterior approach. *RAPM* 2009;34:60-3.

Le LT, **Loland VJ**, **Mariano ER**, Gerancher JC, Wadhwa AN, Renehan EM, Sessler DI, Shuster JJ, Theriaque DW, Maldonado RC, **Iffeld BM**. Effects of local anesthetic concentration and dose on continuous interscalene nerve blocks: a dual-center, randomized, observer-masked, controlled study. *RAPM* 2008;33:518-25.



Brian M. Iffeld, M.D., M.S.
Director, Regional Anesthesia
Clinical Research

UCSD Regional Anesthesia Clinical Research Update

The Division currently has 1 case report, 5 randomized, controlled trials, 1 book chapter, and 2 letters-to-the-editor in press; with 1 additional manuscript submitted for publication, and 3 manuscripts being prepared for submission.

Current topics of study:

Optimizing perineural infusion location following hip arthroplasty and upper extremity surgery

Exploring the risks and benefits of continuous transversus abdominis plane blocks

Continuous femoral nerve blocks following total knee arthroplasty and their effects on readiness-for-discharge and subsequent quality-of-life

The effect of continuous peripheral nerve blocks on the incidence of phantom limb pain following surgical amputation

The effect of ambulatory con-

tinuous peripheral nerve blocks in treating phantom limb pain of an existing amputation

If you have a patient or know someone who suffers from phantom limb pain, he or she may qualify for the above research study. Subjects receive all study-related medications, equipment, and medical care at no cost. Please contact **Dr. Iffeld** for more information at bilfeld@ucsd.edu or 858-444-5949.

Learning Ultrasound-Guided Regional Anesthesia Skills



Ultrasound-guided regional anesthesia pioneer, Dr. NavParkash Sandhu (middle), instructing UCSD residents in ultrasound-guided peripheral nerve blockade.

Learning ultrasound guidance for regional anesthesia can be a challenge, especially for practitioners who have already completed residency training.

Now there is a set of training guidelines available from ASRA and ESRA that has been published in *Regional Anesthesia and Pain Medicine* (*RAPM* 2009;34:40-46).

The skill of identifying normal neural sonoanatomy can be acquired at most regional anesthesia courses. Rarely will workshops permit participants to perform actual nerve block procedures.

At some point, practitioners must take what they learn to the bedside and attempt procedures on their own.

Preceptorship programs offer practitioners a way to “bridge the gap” between didactic teaching and clinical application. At UCSD, preceptorship participants observe all aspects of regional anesthesia practice from preoperative education through postoperative follow-up. If you are interested, please contact us at (619) 543-5742.

What's New in the UCSD Regional Anesthesia Fellowship

The UCSD Regional Anesthesia Fellowship emphasizes expert training in state-of-the-art regional anesthesia techniques and multi-modal strategies for acute pain management. We constantly strive to keep our curriculum fresh and provide our fellows with the most comprehensive and advanced training program available.

At UCSD, our fellows practice regional anesthesia in a block room setting in order to gain necessary repetition and a high volume of procedures. The block room model allows our

fellows to see “the big picture” by learning strategies to optimize patient flow, increase procedural efficiency and system performance, and establish patient rapport for effective follow-up. These are essential skills that our fellows will need to set up their own regional anesthesia programs after graduation.

Our research initiative is designed to parallel our patient care practice, fellows' involvement in research can range from simply performing the research-related procedures to

heading up their own projects as principal investigators.

We recently added a new pediatric regional anesthesia and pain management rotation in collaboration with Anesthesia Service Medical Group at Rady Children's Hospital San Diego. This is an amazing opportunity for us to provide our fellows with 3-4 months of pediatric regional anesthesia training experience and ensure that our fellowship graduates will be the next experts in regional anesthesia for adults and children.



At UCSD, regional anesthesia fellows learn essential skills to become experts in advanced regional anesthesia and acute pain medicine for adults and children.

Incorporating Acute Pain Medicine into Residency Training

Teaching residents the skills to become a consultant anesthesiologist is becoming more and more important.

We have designed our Acute Pain Medicine rotations (formerly Regional Anesthesia) to do just that. With resident input, we have created a better system to expose residents to our specialty earlier in their residency. Now, second-year

residents have 4 week-long rotation learning basic regional anesthesia skills at Hillcrest.

Then CA3 residents hone their regional anesthesia and acute pain medicine practice for 4 weeks at the VA. This system guarantees every resident at least two months of Acute Pain Medicine training. Residents with special interest in our subspecialty will also have the op-

tion of pursuing an additional rotation to work on an academic project. As demand for Regional Anesthesia and Acute Pain Medicine training increases, we are confident that our residents will be some of the best-trained graduates entering the work force. We congratulate our recent grads and wish them the best of luck as they begin their new practices!



Vanessa J. Loland, M.D.
Director, Regional Anesthesia
Resident Education

Clinical Pearls: Update on Billing for Continuous Nerve Blocks

An effective billing strategy for regional anesthesia services takes a hands-on approach. Meet with your practice manager and billing service early to open lines of communication.

While anesthesia billing services are very familiar with CPT codes, we should not expect them to be able to interpret our handwritten procedure notes and deduce the appropriate code. To prevent confusion, we

included the current CPT codes for our procedures on our standardized procedure note.

Please visit our website to download our sample forms: <http://regional.ucsd.edu>. When billing for nerve block procedures performed for postoperative pain management, we also include the **modifier -59** to distinguish the block from the intraoperative anesthetic technique.

Prior to January 2009, the CPT code for continuous nerve blocks included the period of follow-up (10 days). Since the beginning of the year, the Medicare fee schedule has unbundled the follow-up for continuous nerve block catheters, and now we may be able to start claiming daily evaluation and management (E&M) using 99231-99233 for established in-hospital consults.



Edward Mariano, M.D., M.A.S.
Chief, Division of Regional
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Medicine



Upcoming Lectures and Workshops

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**“Regional anesthesia is an art.
Remembering that even experts may fail, we
should try often and again, observing
scrupulously its principles, until we
succeed.”—Gaston Labat, 1922**

For more information, please visit
our Division website:

<http://regional.ucsd.edu>

- *August 3-7, 2009: Hawaii Anesthesiology Update, Big Island (Dr. Sandhu)*
- *August 27-30, 2009: University of Toronto Regional Anesthesia and Pain Medicine Conference, Niagara-on-the-Lake, Ontario (Dr. Iffeld)*
- *September 12, 2009: Southern California Kaiser Permanente Anesthesiology Symposium, Newport Beach (Dr. Sandhu)*
- *October 17-21, 2009: American Society of Anesthesiologists, New Orleans (Drs. Iffeld, Loland, and Mariano)*
- *November 7-8, 2009: 5th Annual UCSD-NMCSO Intensive Regional Anesthesia Course, San Diego*
- *November 19-22, 2009: American Society of Regional Anesthesia Annual Fall Meeting, San Antonio*

5th Annual UCSD-NMCSO Intensive Regional Anesthesia Course

We are delighted to announce the **5th Annual Intensive Regional Anesthesia Course** co-hosted by the Departments of Anesthesia at the University of California, San Diego Medical Center, and Naval Medical Center San Diego.

The Saturday morning lectures by our panel of experts will present basic and advanced techniques of upper and lower extremity peripheral nerve blockade, ultrasound guidance, and continuous perineural infusion.

New this year will be a special educational track designed for nurses with specific interests in regional anesthesia and acute pain management.

Our main emphasis is hands-on learning. Cadaver dissections

prepared by our faculty will allow participants to study peripheral nerve anatomy firsthand. Ultrasound workshops will give participants the opportunity to correlate surface anatomy to cross-sectional imaging at the point of care as well as practice real-time needle guidance.

Based on positive feedback from last year, we will offer 2 optional *Advanced Ultrasound Workshops* to a limited number of participants who have already mastered basic skills in ultrasound-guided regional anesthesia to learn advanced techniques from our expert faculty in an intensive small group setting.

These 2 advanced workshops will be **Advanced Ultrasound-**

Guided Regional Anesthesia Techniques and Ultrasound for Pain Medicine.

This course will offer you the opportunity to immerse yourself in a comprehensive learning environment dedicated specifically to the practice of regional anesthesia. Registration forms and course information are available on our UCSD Division of Regional Anesthesia website:

<http://regional.ucsd.edu>.

This course is accredited through the Naval Medical Center San Diego to provide **12 credits** of AMA Category 1 Continuing Medical Education.

November 7-8, 2009