

# 2nd European Symposium on Ambulatory Anesthesia & Analgesia

8 – 9 March 2019

Renaissance Tower Hotel, Zurich, Switzerland



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**SAMBA** AMBULATORY  
ANESTHESIA

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## Index

Introduction .....	3
Program .....	4 - 7
Workshops .....	8 - 10
Timetable .....	11 – 12
Location Map .....	13
Speakers .....	14 – 19
Closing Remarks .....	20
Social events .....	21-22
Exhibitors & Sponsors.....	23 – 29
AAA2021 .....	30

## **Ambulatory anesthesia - its importance and pitfalls**

We welcome today our guests to the 2<sup>nd</sup> International Symposium on Ambulatory Anesthesia and Analgesia, a scientific event which deals with one of the newest trends in surgery in the last decades.

Ambulatory surgery is a domain in a continuous development. The so called "same day surgery" conquered the world, as today more than half of the elective surgical interventions are done in an ambulatory setup.

Anesthesiology could not ignore this new trend. Our approach to the needs of ambulatory surgery is both practical (organization, patient selection, etc.), and undoubtedly scientific too. In the last years we witnessed a tremendous number of papers dedicated to this field of daily activity.

The first edition of the Symposium, held in March 2017 in Zurich, represented a splendid opportunity not only to present the highest achievements in this field from the practical point of view, but also to gauge the interest of the international anesthesia community for this domain.

The positive comments and feedback obtained with that occasion encouraged the organizers to transform this symposium into a tradition, and here we are, with the 2<sup>nd</sup> event, which was received with a vivid interest, not only by the participants but also, and mainly by a large number of speakers from six European countries and the USA.

The organizing committee decided to cover a full list of topics which belong to the extended topic of ambulatory anesthesia and analgesia.

Anesthesiology is recognized all over the world as a specialty based on a thorough organization of its daily activity. This aspect becomes crucial when we speak about ambulatory surgery and anesthesia. One cannot ignore the fact that one of the main goals in ambulatory surgery is to discharge the patient as soon as possible, but in a stable condition, free of pain and without the risk of postoperative complications.

This imposed the selection of the main topics of this Symposium: preoperative assessment of the patient, the necessary equipment for monitoring, various techniques of anesthesia (among them the very much debated role of regional techniques), as well as the immediate postoperative period and the criteria for discharge.

Besides, a series of practical workshops is scheduled during the two days of the Symposium, offering the participants a chance to get accustomed with various specific and useful anesthesia techniques to be used in the framework of ambulatory surgery.

This Symposium belongs to the participants. This is the reason why the organizers decided to allocate time for discussions after each panel. We are interested to hear the participants' opinions about the presentations and to give those who are interested the opportunity to share their own experience with others.

We hope that the conclusions of this 2<sup>nd</sup> Symposium would represent a good starting point for preparing the third one.

We welcome you, wish you a fruitful two-day scientific atmosphere and a nice stay in Zurich.

**Gabriel M. Gurman, MD**

**Co-Chairman, Scientific Committee**


## Program – Lectures

**Friday, March 8, 2019**

7.00 Registration/Opening Welcome desk

8.00 **Opening ceremony: Stefan De Hert (Belgium) – President European Society of Anaesthesiology:** Do we need guidelines for correct patient treatment?

8.45 **Plenary lecture: Mark Skues (United Kingdom), Michael Lottan (Israel):** Ambulatory anesthesia, a review of the past, a glance to the future and a short discussion on its juridical aspects in different countries

9.30-9.45 Coffee break 

**1<sup>st</sup> panel 9.45-11.15**

### **Infrastructure and logistic aspects of ambulatory anesthesia**

Chairpersons: **Daniela Filipescu, Stefan De Hert**


9.45-10.05 **Luc Sermeus (Belgium):** Logistics of preoperative consultation and planning day-care anesthesia

10.05-10.25 **Rebecca Twersky (USA):** Enhanced recovery in the outpatient setup: an evidence-based approach

10.25-10.45 **Sorin Brull (USA):** Suitable equipment and recommended monitoring in an ambulatory setup

10.45-11.05 **Daniela Filipescu (Romania):** My patient has a pacemaker/implantable cardioverter defibrillator (ICD)/cardiac resynchronization therapy (CRT)...

11.05-11.15 Discussion

11.15-11.30 Coffee break 

**2<sup>nd</sup> panel 11.30-13.00**

### **Tailored monitoring equipment**

Chairpersons: **Kurt Ruetzler, Rebecca Twersky**

11.30-11.50 **Jan Poelaert (Belgium):** Hemodynamic monitoring

11.50-12.10 **Peter Szmuk (USA):** Hyperoxygenation in ambulatory surgery

12.10-12.30 **Daniela Filipescu (Romania):** The management of the patient with chronic heart failure for day surgery- special monitoring and care

12.30-12.50 **Kurt Ruetzler (USA):** New pain monitoring

12.50-13.00 Discussion

13.00-14.15 Lunch 

### 3<sup>rd</sup> panel 14.15-15.45

#### Preoperative assessment

Chairpersons: **Steven Butz, Gabriel Gurman**

14.15-14.35 **Gabriel M Gurman (Israel):** Informed consent in ambulatory anesthesia

14.35-14.55 **Rebecca Twersky (USA):** Can outpatient surgery be performed in patients with obesity and obstructive sleep apnea?

14.55-15.15 **Kurt Ruetzler (USA):** Laboratory testing before ambulatory surgery

15.15-15.35 **Steven Butz (USA):** Preoperative assessment and preparation of the cardiac patient for outpatient surgery

15.35-15.45 Discussion

15.45-16.00 Coffee Break



### 4<sup>th</sup> panel 16.00-17.30

#### Pharmacological considerations in ambulatory anesthesia

Chairpersons: **Sorin Brull, Arnaldo Valedon**

16.00-16.20 **Timo Palas (Switzerland):** Spinal chloroprocaine in ambulatory surgery

16.20-16.40 **Johan Raeder (Norway):** IV-anesthesia in the ambulatory setting: is it a real solution?

16.40-17.00 **Jan Poelaert (Belgium):** Local anesthetics in ambulatory surgery

17.00-17.20 **Sorin Brull (USA):** Is there any place for using neuromuscular blocking agents in ambulatory anesthesia?

17.20-17.30 Discussion

17.30-17.45 Coffee Break



### 5<sup>th</sup> panel 17.45-19.15

#### Regional anesthesia: possibilities and limitations

Chairpersons: **Gabriella Iohom, José Aguirre**

17.45-18.05 **Friedrich Lersch (Switzerland):** New types of blocks on geriatric patients: making ophthalmic regional anesthesia safer

18.05-18.25 **Steven Clendenen (USA):** Indications and limitations of regional anesthesia in an ambulatory setup

18.25-18.45 **Adela Onutu (Romania):** Peripheral blocks in an ambulatory setup

18.45-19.05 **Gabriella Iohom (Ireland):** Regional anesthesia and the patient under anticoagulant therapy

19.05-19.15 Discussion

Faculty Meeting / VIP - Dinner



**Saturday, March 9, 2019**

**6<sup>th</sup> panel 9.00-10.10**

**Anesthesia for specific surgical procedures and high-risk patients**

Chairpersons: **Kurt Ruetzler, Steven Butz**

9.00-9.20 **Michael Lottan (Israel):** The pregnant patient for ambulatory surgery - any problems?

9.20-9.40 **Daniela Ionescu (Romania):** Anesthesia in ambulatory laparoscopic cholecystectomy - any news?

9.40-10.00 **Kurt Ruetzler (USA):** Perioperative cardiac morbidity and mortality

10.00-10.10 Discussion

10.10-10.25 Coffee break



**7<sup>th</sup> panel 10.25-11.35**

**Pediatric ambulatory surgery and anesthesia**

Chairpersons: **Peter Szmuk, Michael Lottan**

10.25-10.45 **Steven Butz (USA):** Anesthesia problems for tonsillectomy in an ambulatory setup and guidelines addressing them

10.45-11.05 **Farhad Hafezi (Switzerland):** Addressing the needs of children and low-compliant patients during eye surgery

11.05-11.25 **Peter Szmuk (USA):** Local anesthesia and caudal block in ambulatory pediatric anesthesia

11.25-11.35 Discussion

11.35-11.50 Coffee break



**8<sup>th</sup> panel 11.50-13.00**

**Day case handling of patients with chronic pain**

Chairpersons: **Omar Omar-Pasha, Peter Biro**

11.50-12.10 **Omar Omar-Pasha (Germany):** Role of causal therapy in chronic pain treatment - view of a surgeon

12.10-12.30 **Otto Meltzer (Romania):** A new device for painless cutaneous injection

12.30-12.50 **Omar Omar-Pasha (Germany):** Ambulatory interventional approach to lower back pain

12.50-13.00 Discussion


13.00-14.15 Lunch



## 9<sup>th</sup> panel 14.15-15.25

### Prevention of immediate postoperative complications

Chairpersons: **Arnaldo Valedon, Daniela Ionescu**

- 14.15-14.35 **Steven Butz (USA):** Evidence-based approach to minimizing post-discharge nausea and vomiting
- 14.35-14.55 **Kurt Ruetzler (USA):** Airway management and neuromuscular blockade
- 14.55-15.15 **Arnaldo Valedon (USA):** Emergency surgery in the out-patient setup: how to prevent postoperative complications
- 15.15-15.25 Discussion
- 15.25-15.40 Coffee break 

## 10<sup>th</sup> panel 15.40-16:50

### Discharge and readmission or hospitalization after ambulatory anesthesia

Chairpersons: **Narinder Rawal, Gabriel Gurman**

- 15.40-16.00 **Arnaldo Valedon (USA):** Outpatient total joint replacement: is this the future?
- 16.00-16.20 **Gabriel Gurman (Israel):** The asthmatic patient for partial thyroidectomy. How to prevent readmission?
- 16.20-16.40 **Narinder Rawal (Sweden):** Pain management at home after ambulatory surgery - Twenty years of catheter regional techniques
- 16.40-16.50 Discussion

**16:50-17.05 Closing ceremony: Narinder Rawal, Alina Predescu, Peter Biro, Gabriel Gurman**

**Bus Tour – Best of Zurich City (after closing ceremony)**





## Workshops

### 1. **Jet ventilation**

Tutors: Didier Moens, Peter Biro

Friday March 8th 13.00-14.00, 14.30-15.30

Saturday March 9th 15.45-16.45

### 2. **Ultrasound-guided regional anesthesia**

Tutors: Gabriella Iohom, Adela Onutu, Steven Clendenen,  
Niamh Conlon, José Aguirre

Friday March 8th 11.30-13.30, 14.30-16.30

Saturday March 9th 10.30-12.30, if needed: 16.50-18.50

### 3. **Peribulbar or sub-Tenon's blocks**

Tutors: Friedrich Lersch, Bazil Ateleanu, Tatjana Josifova,  
Yves Perron

Friday March 8th 16.00-17.30

Saturday March 9th 9.00-10.30, 12.30-14.00

### 4. **Conox: A smart “depth of anesthesia” monitoring**

Tutors: Brian Oosterhoff, Pablo Martínez

Friday March 8th 11.30-12.30, 17.45-18.45

Saturday March 9th 14.15-15.15

## Workshops:

### I: Jet ventilation - a new instrument

Didier Moens – Jet ventilation Workshop (EN)

Didier holds a Masters degree in Commercial Sciences – HEC Brussels (2000)

Promoting commercially and scientifically Acutronic jet ventilation as a distributor in Belgium for nearly 20 years, Didier joined later ACUTRONIC Medical Systems, leader in High Frequency Jet ventilation, as the VP Sales and marketing in 2016.

His practical workshop, based on a Powerpoint presentation, hands on and pig lung demonstration, will revisit the physical concepts and concerns of the technique.

Interfacing developments in minimal invasive ventilation (as ENT and Bronchoscopy) as in low diaphragmatic motion challenges will be demonstrated and explained in order to understand the full potential of this technique and its brilliant future.

Finally, and none the less, this AAA meeting will be the Swiss première for the new MONSOON4 jet ventilator, the latest and most advanced jet device ever.

We look forward to meeting you at this workshop.

**ACUTRONIC**



### II: Ultrasound-guided regional anesthesia

This 2-hour regional anesthesia workshop focuses on supervised hands-on needling practice and ultrasound scanning of relevant structures. It capitalises on a low participant: instructor ratio (max 6:1) and real time performance feedback.

Workstations include live model ultrasound scanning of peripheral nerves and fascial planes at the level of limbs and trunk, as well as hand-eye coordination and needling skill practice in a gelatine phantom.

At the end of this workshop, participants would have acquired knowledge of imaging and needling techniques for select regional anesthesia procedures relevant to their practice.

At the conclusion of the regional anesthesia workshop, the participant should be able to:

Correctly identify relevant sono-anatomy of select peripheral nerves and fascial planes

Simulate performance of an ultrasound-guided peripheral nerve block in a gelatine phantom  
of an ultrasound-guided peripheral nerve block in a gelatine phantom

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## Workshops:

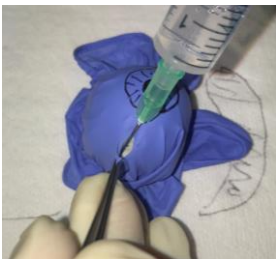
### III: Peribulbar or sub-Tenon's blocks

This practical course in ophthalmic anaesthesia will teach first and foremost how safe sub-Tenon's blocks are performed on animal eyes.

A short presentation beforehand will talk about the anatomy involved and how the pig model can be compared to human eyes.

Participants will learn about the double-layer of bulbar conjunctive and Tenon's fascia they need to engage to safely place a cannula in the space between sclera and Tenon's fascia. At „hand's on“, participants will be instructed on an individual base how to go about with syringe and forceps. Every participant will learn how to build simple training models for himself or staff in his own clinic from small styrofoam balls or cherry tomatoes. These models are used to train anaesthesiologists and ophthalmologists all over the world.

Split pig heads (as available) will be used as training models for lateral canthotomy, a short surgical procedure that saves eyes in case of ophthalmic compartment syndrome, resulting from intra-orbital bleeding. The latter is one of the major complications of ophthalmic regional anaesthesia. Instructors for this course are going to be Dr. Bazil Ateleanu (Cardiff, UK), Dr. Yves Perron (Lausanne, Switzerland)



**medilas ag**

### IV: Conox - Smart Depth of Anaesthesia Monitor

During the one-hour workshop, the new anaesthesia device Conox used to monitor the depth of anaesthesia will be introduced.

On the one hand, it will be explained how the Conox measures the two main fields of anaesthesia: hypnotic and analgesia. Thereby, the two EEG-measurements based indices qCon and qNox as well as other parameters provided by conox will be discussed in detail. On the other hand, experiences are shared by practice users.

At the end of the workshop, users will know how to monitor the Conox to ensure stable and reliable monitoring of patients under anaesthesia conditions. Furthermore, visitors to the workshop will be familiar with the advantages associated with the device.



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**Friday 8 March 2019**

**HELVETIA**

**Stadt Zurich**

**Danubius**

**7.00 - 8.00**

**Registration**

**8.00 - 8.45**

**Opening Ceremony**

**8.45 - 9.30**

**Plenary lecture**

**9.30 - 9.45 Coffee break**

**9.45 - 11.15**

**1st panel**

**11.15 - 11.30 Coffee break**

**11.30 - 13.00**

**2nd panel**

**11.30-12.30**

**Depth monitoring**

**11.30-13.30**

**Ultrasound**

**13.00 - 14.15**

**Lunch**

**13.00-14.00**

**Jetventilation**

**14.15 - 15.45**

**3rd panel**

**14.30-15.30**

**Jetventilation**

**14.30-16.30**

**Ultrasound**

**15.45-16.00 Coffee Break**

**16.00-17.30**

**4th panel**

**16.00-17.30**

**sub-Tenon**

**17.30-17.45 Coffee Break**

**17.45-19.15**

**5th panel**

**17.45-18.45**

**Depth monitoring**

## Saturday 9 March 2019

**HELVETIA**

**Stadt Zurich**

**Danubius**

**9.00 - 10.10**

**6th panel**

**9.00-10.30**

**sub-Tenon**

**10.10 - 10.25 Coffee break**

**10.25 - 11.35**

**7th panel**

**10.30-12.30**

**Ultrasound**

**11.35 - 11.50 Coffee break**

**11.50 - 13.00**

**8th panel**

**12.30-14.00**

**sub-Tenon**

**13.00 - 14.15**

**Lunch**

**14.15 - 15.25**

**9th panel**

**14.15-15.15**

**Depth monitoring**

**15.25 - 15.40 Coffee break**

**15.40 - 16:50**

**10th Panel**

**15.45-16.45**

**Jetventilation**

**16:50 - 17.05 Closing**

**16.50-18.50**

**Ultrasound**

**(if needed)**

## Location map

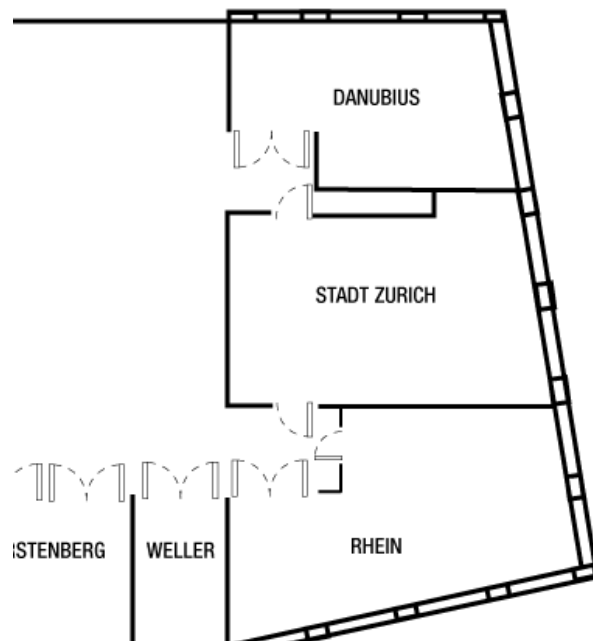
**First Floor:** Lectures: Helvetia A/B,  
Exhibition & Catering: Foyer, Bavaria A/B



## Second Floor: Workshops

Danubius:  
II: Ultrasound

Stadt Zurich:  
I: Jet ventilation  
III: sub-Tenon  
IV: Depth monitoring



## Faculty List

### AAA - Organisation



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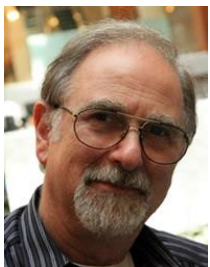
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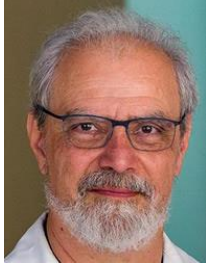
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## Closing Remarks

We witnessed a rich and diverse scientific program during this meeting and we, the organizing committee would like to thank all contributors to this outstanding event. The topics covered all facets of surgical and anesthesiological problems arising in the ambulatory environment and hopefully have increased the awareness for this expanding field in our profession.

We extend our gratitude to the excellent faculty, to the sponsors of this event and to all participants, who found interest and invested time into this common effort: to increase the knowledge and to share experience in outpatient operative medicine.

Our farewell to the participants of this meeting is a reminder on our intention to meet again, to raise new topics and to find answers to new questions and problems. Until then, as we know well by experience, new technologies will appear on the horizon, which certainly will make ambulatory anesthesia and surgery safer, easier, more widespread and even more profitable. Keep your senses open for the upcoming news in this field, and not to forget the expected news from the third ambulatory anesthesia and analgesia Symposium that will be scheduled into the springtime 2021.

**Peter Biro, MD**

**Co-Chairman, Scientific Committee**



**AAA-Organisation:**  
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# Join us for the VIP-Dinner - Faculty Meeting 8th March 2019



**Sign up @ our Welcome Desk**



VIP-Lounge until midnight:  
Get groovy with our live DJ!  
It's going to be an evening you  
don't want to miss!



Be amazed by a great  
view over one of the  
most beautiful cities in  
the world during the  
relaxed get-together.

Enjoy food & drinks à discretion during  
dinner time\* - take the opportunity to  
establish new friendships and  
connections or just enjoy the  
atmosphere among friends and  
colleagues.

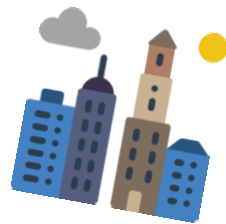
**When & where: 8 p.m. @ Upperdeck  
Renaissance Zurich Tower Hotel**

\*dinner until 10p.m. (everything included), afterwards live DJ & bar  
until midnight (drinks not included)

# Join our Best of Zurich City Bus Tour on Saturday 9th March 2019 after the symposium!

Discover Zürich, business and cultural center of Switzerland and consecutively awarded "city with the world's best quality of life" on this classic city tour. Sit back and relax on a comfortable, air-conditioned coach as your guide points out the highlights of this unique city!

## Sign up @ our Welcome Desk



Our exhibitors:

- Baxter



- Bayer



- BBraun



- Bichsel



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- Fresenius



- Labatec



- Getinge



- Mediconsult - Brumaba



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- Mundipharma



- Sintetica

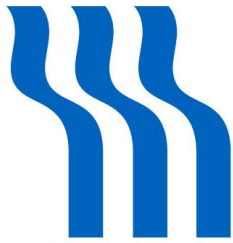


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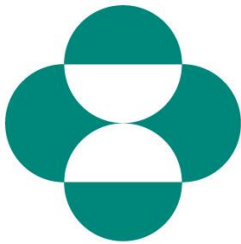


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# Conox® Smart Anaesthesia Monitoring



Conox is a non-invasive EEG monitor assessing the hypnotic and analgesic effects of patients undergoing general anaesthesia.

## Two monitoring solutions in one device

Advanced digital processing algorithms for depth of anaesthesia monitoring.

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sugammadex

PREDICTABLE. COMPLETE. RAPID.<sup>1-3</sup>

**References:** **1.** Blobner M, Eriksson LI, Scholz J, et al. Reversal of rocuronium-induced neuromuscular blockade with sugammadex compared with neostigmine during sevoflurane anaesthesia: results of a randomised, controlled trial. *Eur J Anaesthesiol.* 2010;27(10):874–881. **Study design:** A multicenter, randomized, parallel-group, comparative, active-controlled, safety-assessor-blinded study of 98 adult surgical patients. At the reappearance of T2 after the last dose of rocuronium, patients were randomly assigned to receive 2 mg/kg of BRIDION vs 50 µg/kg of neostigmine with 10 µg/kg of glycopyrrolate. Primary end point was the time from start of BRIDION or neostigmine administration to a TOF ratio of 0.9. Study objective: the study compared the efficacy of BRIDION vs neostigmine in reversing moderate rocuronium-induced NMB at reappearance of T2. **2.** Jones RK, Caldwell JE, Brull SJ, et al. Reversal of profound rocuronium-induced blockade with sugammadex: a randomized comparison with neostigmine. *Anesthesiology.* 2008;109(5):816–824. **Study design:** A multicenter, randomized, parallel-group, comparative, active-controlled, safety-assessor-blinded study of 74 adult surgical patients. At the reappearance of 1–2 PTCs after the last dose of rocuronium, patients were randomly assigned to receive 4 mg/kg of BRIDION vs 70 µg/kg of neostigmine with 14 µg/kg of glycopyrrolate. Primary end point was the time from start of BRIDION or neostigmine administration to a TOF ratio of 0.9. The study compared the efficacy of BRIDION vs neostigmine in reversing deep rocuronium-induced neuromuscular blockade at 1–2 PTCs. **3.** Prescribing information Bridion, Status April 2016, [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch). **Reprints of cited literature can be requested at the address below.**

**BRIDION® (sugammadex, MSD) – abbreviated prescribing information. Solution for injection in vials (IV). Composition:** Active substance: Sugammadex (sodium salt) 200 mg (2 ml) and 500 mg (5 ml). **Excipients:** sodium hydroxide, hydrochloric acid, aqua ad inject. **Indication:** Reversal of neuromuscular blockade induced by rocuronium or vecuronium. In children and adolescents administration is recommended only for rocuronium-induced neuromuscular blockade. **Dosage:** administration only by or under supervision of an anesthetist. Use of an appropriate neuromuscular monitoring technique is recommended to monitor the recovery of neuromuscular blockade. The recommended dose depends on the level of neuromuscular blockade to be reversed and not on the anesthetic regimen. **Adults:** Sugammadex can be used to reverse different levels of rocuronium- or vecuronium-induced neuromuscular blockade. **Routine reversal of neuromuscular blockade:** dose of 4.0 mg/kg if recovery has reached 1–2 post-tetanic counts (PTC), median time to recovery of the T4/T1 ratio to 0.9 is around 3 minutes; dose of 2.0 mg/kg is recommended, if spontaneous recovery until T2 has occurred. **Dose for immediate reversal of neuromuscular blockade:** 16.0 mg/kg. Use for immediate reversal following vecuronium-induced neuromuscular blockade not recommended (no data). **Posology in case of re-occurrence of neuromuscular blockade:** after an initial dose of 2 mg/kg or 4 mg/kg, a repeat dose of 4 mg/kg is recommended. It may be necessary to ventilate the patient. Following a second dose, the patient should be closely monitored to ascertain sustained return of neuromuscular function. **Renal impairment:** not recommended for use in severe renal impairment including dialysis (CrCl <30 ml/min). **Overweight/obese patients:** the dose should be based on actual body weight applying the same dose recommendations as for adults. **Hepatic impairment:** use with great caution in patients with severe hepatic impairment or hepatic impairment with coagulopathy. **Children and adolescents (2–17 years):** same dose recommendations as for adults or routine reversal of rocuronium-induced neuromuscular blockade; other doses higher than 2.0 mg/kg are not recommended. **Neonates and infants:** use is not recommended. Correct method of administration: rapidly (within 10 seconds) administered intravenously preferably as a single bolus injection into an existing IV line. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warning and precautions:** **Monitoring for respiratory function during recovery:** ventilatory support is mandatory until adequate spontaneous respiration is restored, even if recovery is complete; ventilatory support might still be required due to other medications. Should neuromuscular blockade reoccur following extubation, adequate mechanical ventilation should be provided. **Reoccurrence of neuromuscular blockade:** lower than recommended doses should not be used. Not for use to reverse block induced by nonsteroidal neuromuscular blocking agents such as succinylcholine, benzylisoquinolinium. Not for use to reverse block induced by steroidal blocking agents others than rocuronium or vecuronium. **Anesthetic complications:** If neuromuscular blockade is reversed while anesthesia is continued, additional doses of anesthetic and/or opioid should be given. **Marked bradycardia:** hemodynamic parameters of patients treated with sugammadex should be closely monitored during and after the administration. If clinically bradycardia is observed, appropriate emergency actions should be taken and an anti-cholinergic agent should be administered. **Effect on hemostasis:** Use with caution in patients receiving therapeutic anticoagulation. **Drug hypersensitivity:** Clinicians should be prepared for allergic drug hypersensitivity (including anaphylactic reactions) and take necessary precautions. **Adverse events** (pooled safety data from clinical trials phase I–III): **common:** nausea, vomiting, cough, decreased therapeutic response. **Serious:** prolonged QT interval, serious systemic interactions (anaphylaxis, anaphylactic shock), marked bradycardia including cardiac arrest, bronchospasm. **Interactions:** displacement interactions with toremifene and fusidinic acid. Complex formation with hormonal contraceptives (additional non-hormonal contraception required). **In vitro:** serum progesterone assay, pharmacodynamic interactions (prolongation aPTT and PT) with vitamin K antagonists, unfractionated heparin, low molecular weight heparinoids, rivaroxaban and dabigatran. **Pregnancy/Lactation:** no use during pregnancy unless absolutely necessary. Not recommended during lactation. **Authorization holder:** MSD Merck Sharp & Dohme AG, Werftstrasse 4, 6005 Lucerne. **Packaging:** Solution for injection in vials of 200 mg (2 ml) and 500 mg (5 ml). Category B. **Information date:** April 2016.

The complete prescribing information is published on the website of Swissmedic ([www.swissmedic.ch](http://www.swissmedic.ch)) or under [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch).

Before prescribing Bridion®, please consult the full prescribing information published on the homepage of Swissmedic ([www.swissmedic.ch](http://www.swissmedic.ch) or [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch)).

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