



**Minutes of the meeting at the Tackle and Forge Room, White Horse,  
Romsey. 11<sup>th</sup> June 2015, 7pm.**

**Present:**

Dr Eldridge, Dr H Gordon, Dr J Meikle, Dr S Wilson, Dr D Dalglish, Dr R Isacss, Dr Swanton,  
Dr J Davis, D S Allen, Dr H Bryant, Dr P Gill, Dr S Al Rawi, Dr C Hennebry.

**Apologies:**

Dr Taylor, Dr Fortescue, Dr S Hughes, Dr Swales.

**Minutes of previous meeting:**

Accepted and no changes were made.

**Courses and meetings:**

- 1) Annual meeting – this will be held on **Friday 16<sup>th</sup> October** at the ARC centre, Basingstoke Hospital. Dr Meikle outlined the exciting programme including Roshan Fernando and Kate McCoombe giving an update on consent and the recent Montgomery ruling. The first prize will be identical to last year (£250 towards a clinical meeting) with posters attracting a prize of £100. Dr Meikle would e mail department secretaries and CH will e mail the main WOA e mail group.
- 2) WOADS/Simulation course – 30<sup>th</sup> November 2015 is the next course.

**WOA website:**

The new website is up and running with many thanks to Dr Isacss. A link will be sent out with the minutes of the meeting inviting WOA members to make any constructive comments as to any further content.

The possibility of a trainee section was discussed. Also a link to the research and audit group with security in mind e.g password protected.

**WOA treasurer**

Unfortunately no one has as yet expressed an interest in taking on the role of treasurer form Dr Mackie. CH will e mail the WOA group again

**Date for the Next Meeting**

**MONDAY 11<sup>th</sup> January 2016, 2pm  
Postgraduate Centre  
Salisbury Hospital  
Chaired by Dorchester**

## **Clinical Section: Chaired by Portsmouth, Dr Eldridge and Dr H Gordon.**

- 1) On a background of a possible increase in PDPH and DP rate, Dr Gordon presented a one year review of patients complaining of positional headaches or possible dural punctures. Some common themes were identified such as DP occurring more commonly out of hours in less experienced hands! Blood patches were all effective despite differing times to mobilise post procedure. The advantages and disadvantages of intrathecal catheters were discussed, they can provide good analgesia but can also have a high failure rate.  
Lessons learned:  
All epidurals are supervised in the novice period.  
Recording of number of attempts is not useful, technical ease should be recorded instead.  
Spinal induced PDPH approx. 2-5%.
- 2) Dr Eldridge presented a very comprehensive review of the development of failed intubation drills, a consequent reduction in anaesthetic related deaths, the risk of aspiration.  
There had been a couple of cases of difficult intubations with a common theme of being unable to railroad an ET tube over a Bougie and difficulty with manual ventilation as the patient was waking up. All possibly due to excessive or incorrectly applied cricoid pressure.  
Lessons learned:  
Release cricoid pressure for mask ventilation  
Teach railroading technique – doesn't matter which way it is rotated!  
Use a glidescope while teaching  
In a case of cant intubate, can ventilate and surgery needs to proceed  
Use second generation LM  
Paralyse patient as allows hands free anaesthesia and reduces risk of coughing  
Insert orogastric tube and leave on low pressure suction  
Avoid/minimise fundal pressure at delivery  
Do not try further attempts at intubation.