

The Announcement Message

14th November 2015
THE 22ND ANNUAL MEETING OF
JAPANESE SOCIETY OF INTRAVENOUS ANESTHESIA
“Prevention of Near Misses in Intravenous Anaesthesia”
President’s Remark

I am very pleased and honoured to announce that the 22nd Annual Meeting of the Japanese Society of Intravenous Anesthesia (JSIVA) will be held on Saturday, 14th of November 2015, in Tokyo. Ten years have passed since the last JSIVA Meeting in Capital took place in 2005. When we look back to the beginning of our annual meetings, to the year 1994, the concept of TIVA/TCA had not been well recognised among general anaesthetists and many of them considered infusion of anaesthetic agents with the aid of a computer implausible or even dangerous.

In our country, a commercially available TCI system for Propofol (Diprifusor™) entered the clinical market in 2001, followed by an ultra-short acting opioid Remifentanil in 2007. Nowadays, it is not at all surprising to see novices using TIVA for maintenance of general anaesthesia, even on their first day of attachment to Department of Anaesthesia. We have got many good intravenous agents in our pharmacologic armamentarium and we are fortunate enough to be able to use them without strict limitations in our daily practice. In the meantime, Desflurane has finally become available in Japan in 2011 and owing to its very rapid recovery, coupled with development of state-of-the-art modern anaesthetic machines, this volatile agent is now being administered in many patients, such as elderly or morbidly obese. In some situations, recovery from anaesthesia and general postoperative state might be better with Desflurane than with Propofol/Remifentanil combinations. So I wonder whether the TIVA technique has already reached its goal or not. Are there any issues, which remain to be solved in order to make TIVA safer and more comfortable for our patients?

Good quality of recovery after TIVA and low incidence of postoperative

nausea/vomiting in particular has made TIVA an attractive choice in some groups of patients, for example, women undergoing laparoscopic gynaecology procedures. However, in these operations, both arms are tucked along a patient's body and it is very difficult to observe a site of intravenous cannulation intraoperatively. This sort of problem is not relevant with inhalation anaesthesia. Successful TIVA fully depends on a reliable and good intravenous route. We always have to keep in mind that there are no clever ways to confirm that intravenous agents are actually being infused into a patient's circulatory system and eventually being delivered to brain, the target organ. This is the major drawback of intravenous anaesthesia, compared to inhalation anaesthesia, whose concentrations can be measured on a real-time basis in both inhaled and exhaled gases. Fortunately, this problem may be solved in the not so distant future. A newly developed technology of measuring extremely small concentrations of Propofol in exhaled gas might help increase safety of TIVA. A researcher of Dräger Medical comes from Lübeck, Germany, and will present us the recent advancements in this exciting field.

The 5th National Audit Project (NAP5) which was conducted in Great Britain and Ireland for one year from June 2012, has addressed problem of accidental awareness during general anaesthesia (AAGA). The results of this national survey were published in autumn 2014. In the final report, TIVA was found to be one of the factors that might increase risk of AAGA. What precautions are necessary to prevent this devastating complication? Professor Robert Sneyd from Plymouth, the UK, will give us a special lecture on various pitfalls of intravenous anaesthesia and some useful measures for AAGA prevention.

Modern TIVA would not have become a practical technique without developments of sophisticated technology of infusion pumps, and the so-called "depth of anaesthesia" monitors as well as visual display of clinical pharmacology. It might seem that many of these devices have made our anaesthesia practice a simple, easy and somewhat automated. Is it really a step forward, or another hidden pitfall of intravenous anaesthesia? Another Guest Speaker, Mr Keiji Shinozaki, a Captain of international commercial flights at Japan Airlines, will shed a light on human-machine relationship. He was once an anaesthetist, and I am sure his lecture based on his broad experience in

both medicine and civil aviation, must be a very interesting one.

We are also organising a Debate Session "Intravenous Anaesthesia vs Inhalation Anaesthesia", perhaps the first project of this kind in the history of JSIVA Meetings. I hope this Session will be a good opportunity to reflect again on advantages and disadvantages of both anaesthetic methods. Many young anaesthetists in their 30's, who I believe will become opinion leaders in many anaesthesia subspecialties in the future, will join the Debate as presenters.

As usual, JSIVA Awards will be granted to selected excellent presentations. The assessment criteria for general presentations will be announced on our website (<http://pcoworks.jp/jsiva22/>) in due course and I hope many young anaesthetists will present their basic and clinical studies.

For the Meeting Venue we have chosen the GRANPARK CONFERENCE, just a few minutes' walk from Tamachi station on JR Yamanote and Keihin-Tohoku Lines. Many historic places including Sengaku-ji Temple, well known for its cemetery of Ako Ronin Samurai, and Old Library of Keio Gijuku University are within a mile of the Conference Hall. From the Rainbow Bridge connecting Tamachi and Daiba Areas, walkers and active runners can enjoy awe-inspiring night view of Tokyo Metropolis.

During this one-day scientific JSIVA Meeting, I do hope all participants will enjoy and take part in active discussions. I should be really pleased if new insightful ideas and knowledge gathered during the Meeting will enable us to provide better quality of anaesthesia. Last but not least, I very much look forward to welcoming you all in Tokyo in November 2015.

Winter 2015

President

The 22nd Annual Meeting of Japanese Society of Intravenous Anesthesia

Professor, Department of Anaesthesia

School of Medicine, The JIKEI University

Shuya KIYAMA