

**Resident Highlights**

Congratulations to residents Wilfredo Borotto Bechara, Ina Du, Kiana Fahimipour, and Brittni Lanoux for presenting at the Annual 2023 Society for Obstetric Anesthesia and Perinatology (SOAP) Meeting in New Orleans, May 3-7, 2023. We are thankful for our wonderful faculty, Dr. Corrine Weinstein and Dr. Jakayla Harrell for their mentorship!

**A CASE REPORT OF A SUPER-SUPER OBESE PATIENT WITH SUSPECTED PULMONARY EMBOLISM REQUIRING NEURAXIAL ANESTHESIA FOR HIGH-RISK C-SECTION**  
Wilfredo J. Borotto, MD, Jakayla Harrell, MD  
Louisiana State University Health Sciences Center- New Orleans, LA

- Super-super obesity is BMI >60
- Body Habitus and co-morbidities a unique challenge to anesthesiologists
- As intubation can be difficult or impossible, neuraxial anesthesia is often the safest choice but still not without positioning and anatomical challenges
- Creating a safe anesthetic plan in a super-superobese patient with multiple co-morbidities requires a multidisciplinary approach of all caregivers involved

**Obesity in Louisiana**

\* Percentage of adults with a BMI >30 per CDC  
<https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/LA>



**SOAP**  
Society for Obstetric Anesthesia and Perinatology

**LSU Health**  
NEW ORLEANS

**Tuberous Sclerosis Complex (TSC) and Candidacy for Neuraxial Anesthesia in Parturients**  
Ina Du MD, MPH, Corinne Weinstein, MD  
Louisiana State University Health Sciences Center – New Orleans, LA

- Rare genetic condition with development of multorgan hamartomas
- Most commonly brain, kidney, and cutaneous lesions
- No standardized guidelines for neuraxial management due to disease rarity

**Anesthetic Management in Parturients Susceptible to Malignant Hyperthermia**  
Kiana Fahimipour, MD, Corinne Weinstein, MD  
Louisiana State University Health Sciences Center- New Orleans, Louisiana

**Introduction**

- Malignant hyperthermia (MH) is an autosomal dominant condition due to mutations in the RYR1 gene coding for the ryanodine receptor.
- Symptoms of MH are caused by unregulated release of calcium ions in skeletal muscle<sup>1</sup>.
- The clinical and biological signs of MH crisis secondary to triggering anesthetics are life threatening.
- Parturients who have a past medical or family history of MH present special challenges.

**Management of a Parturient with Cerebral Palsy and a VP Shunt with Seizure Immediately Following Spinal Anesthesia for Cesarean Delivery**  
Brittni Lanoux, MD; Jakayla Harrell, MD  
Louisiana State University Health Sciences Center- New Orleans, LA

- Cerebral Palsy: a range of symptoms usually stemming from peripartum brain injury
  - Symptoms can include seizures, neuromuscular dysfunction, paralysis, swallowing impairment, scoliosis, chronic lung disease, etc.
- Hydrocephalus: common and managed with a VP shunt
  - Should be evaluated for location and function prior to neuraxial anesthesia
  - Neuraxial generally carries minimal risk



Dr. Wilfredo Borotto Bechara



Dr. Brittni Lanoux, Dr. Ina Du, and Dr. Kiana Fahimipour

**School of Medicine**  
Department of Anesthesiology

**Faculty News**

CA-3 Joshua Hurley, MD presented at the 11th Annual Quality Improvement & Patient Safety Forum with LSUHealth on June 8, 2023.

Congratulations to Anesthesiology Residency Director, Dr. Ryan Kline, on his promotion to Associate Professor. This well-deserved faculty promotion is based on his clinical care, teaching and tireless work as our anesthesiology residency director.

Dr. James Riopelle, and Gratis Faculty members Dr. Melville Wyche and Dr. Marion Yapuncich contributed “*Lower Double-Wall Puncture Rate During Ultrasound-Guided Internal Jugular Vein Cannulation Using Sharper, Narrower-Gauge, and/or Length-Optimized Needles: A 6-Year Quality Improvement Clinical Series in Adult Patients*” to the June 2023 edition of the Ochsner Journal.

**UMC New Orleans Thoracic Epidural Placement, Initiation, and Follow-up Protocol**

\*J. Hurley, MD (Anesthesiology), I. Du, MD

**BACKGROUND:** Thoracic surgeries and open abdominal surgeries are commonly performed at UMC. Patients undergoing these procedures often have significant postoperative pain which can be exacerbated by regular breathing and coughing. To limit their pain, patients will often take shallow breaths and avoid coughing, which can ultimately lead to respiratory complications such as atelectasis and pneumonia. These complications can prolong hospital stays and increase morbidity and mortality. Thoracic epidurals demonstrate superior efficacy in pain control compared to opioids. Prior to this effort, our institution had no standardized protocol for placement, initiation, or follow up of thoracic epidurals, and there was an incident where a patient with a thoracic epidural was not being followed by the anesthesiology service on a daily basis.

**METHODS:** Our goal was to establish an easily accessible and concise protocol that could be used for placement, initiation, and daily follow up on thoracic epidurals. The written protocol for placement and initiation of the thoracic epidural was uploaded to the LSU anesthesiology SharePoint, which can be accessed by all LSU anesthesia residents. A pre-existing epidural order set was utilized for initiation of the thoracic epidural with instructions in the written protocol on how to properly complete this order set. A dot phrase (epidural) was created in Epic to be used as a template for the daily progress note documenting important information regarding this patient's epidural.

**MEASURES:** All anesthesiology residents were eligible to fill out a survey. This survey assessed residents' familiarity and utilization of the protocol, and whether the protocol was user friendly or helpful in the execution and documentation of thoracic epidurals. Thirteen (68%) of residents responded to the survey. Out of the 13 responses, 6 people reported that they have placed a thoracic epidural. Review of survey data demonstrated that only 2 out of 6 residents who placed a thoracic epidural were aware of the protocol upon placement. Regarding rounds, 9 residents reported participation in rounds, 8 of which used a dot phrase created on Epic to document the appropriate measures for thoracic epidurals. A summary of the survey results can be summarized in the table below (Table 1).

Survey Questions	Yes	No
Question 1: Are you familiar with the thoracic epidural protocol? If yes, have you read the protocol?	7 (53.8%) 6 (85.7%)*	6 (46.2%)
Question 2: Have you placed a thoracic epidural at UMC?	6 (46.2%)	7 (53.8%)
Question 3: Have you rounded on a thoracic epidural at UMC (Regardless of if you placed it or not)? Did you use the epidural dot phrase when rounding on thoracic epidural patients?	9 (69.2%) 8 (88.9%)*	4 (30.8%)

**CHANGE RECOMMENDATIONS/INTERVENTIONS:** Based on initial survey results, only two providers utilized the thoracic epidural protocol when initially placing the epidural, indicating low awareness prior to epidural placement. This may be due to the fact that upper level residents have an increased likelihood of placing thoracic epidurals and have placed epidurals prior to the creation of the protocol. We predict that the awareness of the thoracic epidural protocol will increase following this study as a result of this survey distribution. The awareness of the dot phrase in Epic has an 88.9% utilization rate based on survey respondents for the follow up of epidurals postoperatively. This number is reassuring that the residents are using the proper measures to document epidural follow up. We recommend that anesthesia providers attempt to identify appropriate candidates for thoracic epidurals.

Once an appropriate patient has been identified, our written protocol should be used as a standardized guide, and our dot phrase should be used as a template for daily evaluation of patients who have a thoracic epidural in place. The regional anesthesia resident should be responsible for updating the protocol as guidelines for epidural placement and management are subject to change with emerging research.

**CONCLUSION:** In appropriate candidates, thoracic epidurals will improve respiratory mechanics, improve patient comfort, reduce pulmonary complications such as atelectasis and pneumonia, and reduce the associated side effects seen with high doses of opioids (respiratory depression, nausea, postoperative ileus). Having a standardized method of placing and documenting thoracic epidurals is crucial in order to manage eligible patients perioperatively and reduce the unnecessary risks of epidural placement.

Hurley, J. Du, Ina (June 2023). UMC New Orleans Thoracic Epidural Placement, initiation, and Follow-up Protocol. E poster presentation conducted at LSU School of Medicine New Orleans' annual Quality Improvement & Patient Safety Forum, New Orleans, LA.

**Upcoming Events**

Anesthesia Patient Safety Foundation (APSF)

Stoelting Conference  
September 6-7, 2023  
Las Vegas, Nevada

American Society of Anesthesiologists (ASA)

Annual Meeting  
October 13-17, 2023  
San Francisco, California

American Society of Regional Anesthesia and Pain Medicine (ASRA) Annual Meeting

November 10-11, 2023  
New Orleans, Louisiana

American Society of Interventional Pain Physicians (ASIPP) Annual Meeting

April 4-6, 2024  
Dallas, Texas

Louisiana Society of Anesthesiologists Annual Meeting

April 19-20, 2024  
New Orleans, Louisiana

Society of Obstetric Anesthesia and Perinatology (SOAP) Annual Meeting

May 2-5, 2024  
Denver, Colorado

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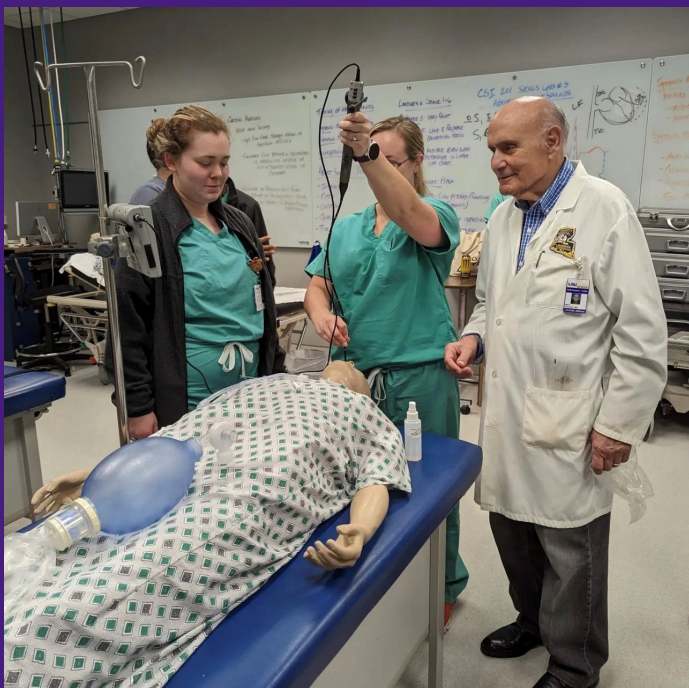
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## Past Workshops

We were fortunate to have Professor Emeritus Dr. Mack Thomas lead lectures and workshops on airway anesthesia and intubations!



Residents practicing on simulation mannequins with real and disposable fiberoptic scopes to feel the difference, and were able to gain practice with placing DLT.

Residents learned to perform a cricothyrotomy using pig tracheas.

