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Medical-Legal Consulting Newsletter

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Greetings!

This is my initial e-newsletter. I am sending it to you because you have had the occasion to use my services in the past. I welcome your feedback pertaining to items of interest so I can provide a useful instrument to assist you with medical- legal issues. Also, since referrals are the most effective way to expand my business, I would greatly appreciate your forwarding this e-newsletter to your associates within and outside your firm.

The purpose of my medical-legal consulting service is to provide attorney clients with timely and accurate analyses and objective professional opinions on the medical components of potential and actual medical malpractice, personal injury and product liability lawsuits. This newsletter enables me to efficiently communicate pertinent information to you and thereby provide another forum for us to interface. I look forward to being of service to you.

Anesthesia Awareness

 Anesthesia awareness, also called unintended intraoperative awareness, occurs when a patient under anesthesia becomes cognizant of some or all events during surgery and has direct recall of these events. Because patients undergoing general surgery typically receive paralytic drugs to keep them motionless during these delicate procedures, there is no way to signal physicians or nurses they are awake, even by blinking an eye or waving a finger. The frequency of anesthesia awareness has been found to range between 0.1 percent and 0.2 percent of all surgeries, or about 20,000 to 40,000 cases per year. Patients experiencing awareness report auditory recollections (48%), sensations of not being able to breathe (48%) and even pain (28%). Over 50 percent of these patients are reported to experience mental stress following surgery, including an indeterminate number with post-traumatic stress disorder (PTSD). The likelihood of experiencing anesthesia awareness increases among cardiac, obstetric and major trauma cases because anesthesia doses must be smaller and carefully titrated to decrease significant side effects. Other factors contributing to the risk of anesthesia awareness include increasing use of intravenous delivery of anesthesia, as opposed to inhalation; misuse or failure of anesthesia equipment,

medication errors and the premature lightening of anesthesia at the end of a procedure to facilitate Operating Room turnover.

On October 6, 2004, the Joint Commission on Healthcare Organizations issued a Sentinel Event Alert on prevention and managing the impact of this issue. Anesthesia awareness is generally under- detected and under-managed. The Sentinel Event Alert was developed to draw attention to the issue and offer advice to health care organization leaders on how to prevent anesthesia awareness and how to assure the needs of those experiencing this adverse event are met. (www.jcaho.org) Both the American Society of Anesthesiologists (www.asa.com) and the Association of Nurse Anesthetists (www.aana.com) provide guidelines for administering and monitoring anesthesia.

Specific recommendations for the prevention of awareness are addressed in the February 2000 issue of Anesthesiology. These include: • Consider premedication with amnesic drugs. • Administer more than a "sleep dose" of induction agents if they will be followed immediately by tracheal intubation. • Avoid muscle paralysis unless absolutely necessary and, even then, avoid total paralysis. • Conduct periodic maintenance of the anesthesia machine.

In October 2005, the American Society of Anesthesiologists (ASA) approved the group's first standards on preventing awareness, but the ASA stopped short of making brain-function monitors, which can prevent awareness from happening, a standard of care. (www.asa.org) Coming down squarely in the middle, the society approved a "practice advisory" which leaves it to individual practitioners to decide whether to use brain wave monitoring technology (Brain wave monitors are already present in about 40% of hospital ORs and are used on about 12% of all patients who receive a general anesthetic.). The ASA called for physicians to follow a checklist protocol for anesthesia equipment to make sure proper doses are being delivered. In addition, anesthesiologists should rely on multiple modalities, including techniques; e.g., checking for reflex movement, and conventional monitoring systems (EKGs, BP monitors and heart-rate monitors, end-tidal anesthetic analyzers and capnographs).

Practical Applications

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In screening claims alleging Anesthesia Awareness, consider the following:

1. Is there evidence that the clinical staff has been educated concerning anesthesia awareness and how to manage patients who experience awareness?
2. Was a preoperative anesthesia assessment performed to identify patients at increased risk of experiencing awareness?
3. Did Anesthesia use all available monitoring techniques and perform timely maintenance of anesthesia equipment?
4. Did Anesthesia provide postoperative follow-up of patients, including children, who have undergone general anesthesia to identify any previous awareness incidents?
5. Did Anesthesia provide management of the patient who experienced awareness?

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