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## SNACC NEWS

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For the first time in the history of SNACC, the elections of the new Board of Directors and the Executive Committee Members have been performed electronically. This has the advantage that everybody can vote independent of their attendance at our Annual Meeting. There were many excellent applications this year and SNACC is happy to announce that now we can welcome four new members to the Board of Directors. I want to congratulate Michael James, William Armstead, Chanannait Paisansathan, and Danesh Gupta for having been elected as the new members of the Board of Directors and wish them good luck! Their term will start after the business meeting at our Annual Meeting in New Orleans. Jeff Pasternak has been elected as the incoming SNACC Secretary/Treasurer. His transition will be a huge loss to the Scientific Affairs Committee, but at the same time, a wonderful reinforcement for the Executive Committee. Unfortunately, it is the nature of things that the terms of two very important members of the Board of Directors and the Executive Committee expire. Martin Smith and Rafi Avitsian will leave the Board. SNACC is very grateful that two such excellent physicians and researchers have invested a great deal of their time and energy in the development of SNACC and, thereby paved the way for the success of our great society.

Soon the SNACC 42nd Annual Meeting will take place in New Orleans, October 9-10, 2014. I would like to cordially invite all of our members to attend this important meeting. Besides the opportunity to meet your friends and scientific partners in ambient surroundings, the program this year offers a huge variety of attractive topics. Andy Kofke succeeded in creating a program which is interesting for clinicians as well as for neuroscientists. SNACC also honors one of the founders of our society with the first annual Maurice Albin Keynote Lecture. Although Maurice Albin will not be able to attend the meeting he will send us a welcome note and be connected to the meeting by internet. Over the last year, SNACC offered an increasing number of workshops and symposia on Thursday afternoon, which are well attended due to the outstanding quality of these events. To address the desire for more scientific contents, George Mashour organized a Basic Science Symposium. Those who are more interested in clinical topics can attend the Emergency Neurologic Life Support (ENLS) Workshop or the Neuromonitoring Workshop. For members who are interested in a career in clinical research, the Mentoring Session will offer helpful advice by experienced clinical researchers. So please do not hesitate and register for the SNACC Annual Meeting. On the Annual Meeting registration form you will find the opportunity to donate $10 or more for FAER. This money will be used for FAER students to attend the Annual Meeting and pay for their registration and lunch in the Mentoring Session on Thursday. In this way you can directly support our future SNACC members. Please also take the opportunity to book a room in the SNACC headquarters hotel in New Orleans for a reduced fee. You will find the hotel link on the SNACC webpage at www.snacc.org.

SNACC is an international, multidisciplinary society that encourages and promotes both scientific and clinical collaborations. The Society is interested in creating affiliations with other professional societies with similar goals and missions in educational and scientific activities. In order to standardize the procedure of affiliation, the Membership Committee under the leadership of Lauren Berkow, has created a SNACC Affiliation Proposal characterizing the standards an affiliated society has to fulfill. Furthermore, the benefits for the affiliated society are defined. One benefit is the possibility to attend our Annual Meeting at the SNACC membership registration rate. As this will be a reciprocal benefit, SNACC members will also be able to attend the Annual Meeting of the affiliated society at a reduced price. The SNACC Affiliation Proposal is now finalized and will soon be published on our homepage.

SNACC often receives the request to send out surveys to our members. The Scientific Affairs Committee, under the guidance of Jeff Pasternak, has reviewed these surveys and has selected the best of them. Therefore, three surveys will be sent to the SNACC members within the next few months. SNACC hopes to find a good balance between the wish to be an active scientific society without bothering the members with too many surveys.

I am also very proud to announce the SNACC Consensus Statement "Perioperative Care of Patient at High Risk for Stroke during or after Non-Cardiac, Non-Neurologic Surgery” is published in the Journal of Neurosurgical Anesthesiology as Epub ahead of print. I thank George Mashour, Laurel Moore, Abhijit Lele, Steven Robicsek, and Adrian Gelb for the outstanding effort.
paper, which defines standards in the treatment of patients with perioperative stroke.

At our Annual Meeting in October, I will be handing over the responsibility for SNACC to Deborah Culley. I wish her the best of luck and I am sure that the future of SNACC is safe under her leadership. I am grateful that I had the honor to be President of SNACC during the last year and I very much enjoyed working together with all the wonderful partners on the BOD/EC and with the staff of Ruggles Service Corporation. Special thanks go to Sandra Peterson and Stewart Hinckley, and to all of you who have supported me during this year.

SNACC Stroke Guidelines: Neuroanesthesiologists as Perioperative Neuroscientists

George A. Mashour, MD, PhD
University of Michigan Medical School, Ann Arbor

As you might be aware, the SNACC Task Force on Perioperative Stroke recently published a consensus statement in the *Journal of Neurosurgical Anesthesiology*. This article was supported by the American Society of Anesthesiologists and will hopefully improve the care of noncardiac, non-neurosurgical patients at high risk for perioperative stroke. However, a question might arise: why should neuroanesthesiologists be publishing a consensus statement on the management of non-neurosurgical patients? This initiative could be argued to reflect the more recent focus of SNACC on “neuroscience in anesthesiology” rather than “neurosurgical anesthesiology.” Our expanded mission is appropriate and has the potential for greater impact in the field. It also suggests that we as neuroanesthesiologists should embrace the broader scope of perioperative neuroscience, creating opportunities to serve all surgical patients encountered in the perioperative setting. In anesthesiology and critical care medicine, complications of the nervous system such as stroke are among the most devastating for our patients. This is because—unlike virtually every other major organ system—there is neither a temporary nor sustainable strategy to replace or repair a damaged brain. Developing as consultants for perioperative neuroscience questions beyond the purview of clinical neuroanaesthesia creates a vital and indispensable role for the neuroanesthesiologist in the 21st century.

The Neuromonitoring Workshop at the SNACC 2014 Annual Meeting

New Design, More Interactive

Antoun Koht, MD, Tod Sloan, MD and Deepak Sharma, MBBS, MD

Come and join us at the neurophysiological monitoring workshop on Thursday, October 9 at the SNACC Annual Meeting. A new format, expanded faculty with new looks and directions for the future make this an exciting opportunity to see where neuromonitoring is evolving.

The format for the 2014 workshop is designed from the recommendations of previous attendees and faculty and incorporates all the positive aspects during the previous SNACC and ASA workshops. This year’s workshop will include succinct didactics followed by hands-on experience under supervision of experienced faculty and a completely new interactive session of case presentations.

Short introductions will give us an overview of the future with the possibility (and may be the necessity) of more anesthesiology involvement in IOM monitoring. The second segment will include workstations where attendees will observe a variety of monitoring modalities and have hands-on experience. To fully optimize the time, all testing modalities will be shown on each station as instrumentations permit. The last part of the workshop is an expanded case presentation with interactive discussions shared by you, the learner and the faculty. This has been a well-received format and highly rated method used by the organizers in other meetings.

The workshop will cover Transcranial Doppler Ultrasonography (TCD) in addition to the different electrophysiological modalities such as SSEP / MEP / ABR and both free running and triggered EMGs. At the end of this workshop you will have gained enough information to enable you to participate in cases utilizing these modalities. You will be able to design the best anesthetics regimen for such monitoring cases, interpret and participate in the management of surgically caused evoked potential changes, and to participate in discussions of cases where these neurophysiological monitoring modalities are utilized.

Space is limited so sign up today on the SNACC website at www.snacc.org.
SNACC Communications Committee News

Laurel E. Moore, MD
Chair

The SNACC Communications Committee has three central objectives which include:

1. To act as a source of information regarding SNACC activities for SNACC members.
2. To promote the SNACC organization and serve as a contact for outside organizations.
3. To work closely with Ruggles to maintain and update the SNACC website.

SNACC Communications Committee members include Drs. Eugenia Ayrian, Marc Bloom (former Chair), Reza Gorji (Editor of the SNACC newsletter), Jeremy Hensley, Andrew Kofke, Mariel Manlapaz, Laurel Moore (Chair), and Vijay Tarnal.

The most visible and important task of the Communications Committee is the newsletter, with Editor, Dr. Reza Gorji and Assistant Editor, Dr. Fenghua Li. Thanks to the contributions from SNACC members, the society publishes quarterly newsletters on a wide range of subjects ranging from society initiatives to clinical conundrums. Dr. Sergio Bergese and his associates translate, in Spanish, many articles from the newsletter and a separate version is published.

We invite you to contribute your thoughts and ideas for inclusion in the newsletter. An additional source of information for members is our LinkedIn page www.linkedin.com. Current topics of discussion include the ACGME Neuroanesthesia Milestones and our upcoming meeting in New Orleans.

Feel free to contact me (Laurelmo@med.umich.edu) if you have thoughts and or suggestions for the Communications Committee. Better yet, if you have an interest in joining, we are always interested in including members with talents related to the above objectives.

SNACC 42nd Annual Meeting
October 9-10, 2014
Sheraton New Orleans
www.snacc.org

Book your ASA Housing at www.snacc.org

Reza Gorji, MD
Editor

Dear SNACC Member,

The annual meeting is fast approaching. If you have not registered yet, please do so soon! The meeting is going to be exciting as well as educational. There are new and exciting workshops including Emergency Neurologic Life Support (ENLS) which will be of great interest to many. Speaking of being educational, SNACC’s Education Committee is hard at work. The latest article of the month is on SNACC’s website. Look in the left hand corner, right below SNACC’s annual meeting information for the link. Kudos to the society members who are spending a lot of time and effort in keeping SNACC members informed and up-to-date on many current issues including SNACC’s very important Clinical Consensus Statements on Endovascular Stroke and Perioperative Stroke. These were recently published in the JNA. In addition, please read in this issue Dr. Mashour’s article, SNACC Stroke Guidelines: Neuroanesthesiologists as Perioperative Neuroscientists. SNACC is a society rich in experts in neuroscience and critical care. If you are reading this and are not a member, we encourage you to join now!
Thursday, October 9

- Basic Neuroscience Symposium. Find out how patients wake up from anesthesia and what's going on when emergence is slower than expected.
- Neuromonitoring Workshop. Overview and practice intraoperative neuromonitoring techniques, including Transcranial Doppler.
- Mentoring Session about developing your idea and making it a success.
- Annual Thursday evening Dinner Symposium. Network with colleagues and learn about the meaning of anesthetic effects on EEG. Also learn more about the newly hot area of connections in the brain and how they are important in anesthesia.

Friday, October 10

- Keynote Lecture on Spinal Cord Injury. What's going on with hypothermia, stem cells, neuroprotection, perfusion pressure and other issues relevant to neuroanesthesia care.
- Personalized medicine. Learn about what's new in the interface between the electronic health record and genomics. The ultimate in personalized medicine and it will make it to your OR!
- Two scientific poster sessions. All digital with many stations. Read the abstracts and their posters before, during, and after the presentations. Offer questions to the authors digitally.
- Intraoperative catastrophes. Hear opinions of leading clinicians of what to do when all heck breaks out in your OR. Venous air embolism, massive bleeding, epidural hematoma.
- Neurointerventional suite. Dealing with various issues. GA or MAC?
First of all, SNACC wants to thank all abstract authors for completing their financial disclosure forms! Disclosures from all authors were necessary to be able to provide CME credits for poster session attendees. The SNACC poster sessions have always served as an outstanding venue for making connections, exchanging ideas and setting up collaborations on future projects. Collectively, there will be 99 abstracts presented during the two poster sessions to be held at the upcoming SNACC Annual Meeting on October 10 in New Orleans, LA. Seventy-five percent of abstracts are relevant to clinical neuroscience and neurocritical care with the remaining addressing topics in basic neuroscience. A fellow, resident, medical student or other trainee will be the primary presenter for the posters during the walk-around poster session. As such, this is a great opportunity for mentorship and to involve the younger generations in the exciting field of perioperative neuroscience. Authors represent multiple countries around the world with seven abstracts resulting from international collaborations:

Canada: 2  Spain/France/Germany/Italy/
China: 3  United Kingdom: 2
Columbia: 1  Switzerland/United
Denmark: 1  Kingdom: 1
Germany: 8  United Kingdom: 9
India: 6  United States: 55
Israel/United States: 4
Japan: 6

Electronic posters made their debut at the 41st SNACC Annual Meeting in San Francisco and we will utilize that technology again this year. Authors will be able to upload their poster electronically prior to the meeting which means that you will not have to carry a poster on the airplane. Poster session attendees will be able to access the full posters prior to and during the meeting at either one of the large monitors at the meeting site or on their personal laptop or tablet through the SNACC website (more details soon). Attendees will also be able to leave comments for authors that can serve as topics for discussion during the walk-around moderated poster sessions.

I look forward to seeing everyone in New Orleans in October.

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**ENLS for the Neuroanesthesiologist**

Ines Koerner, MD, PhD  
Abhijit Lele, MD  
Michael “Luke” James, MD

The Neurocritical Care Society devised the Emergency Neurological Life Support (ENLS), as ACLS for the brain, to provide recommendations for addressing neurological emergencies based on current best evidence. SNACC is excited about being able to offer an ENLS workshop for its members at the upcoming Annual Meeting in New Orleans. The ENLS Workshop is an opportunity to learn high quality medical care during neurological crises. The workshop will cover 13 different disease processes within the ENLS curriculum. Special emphasis will be put on the emergencies that are of highest relevance to SNACC members, including acute ischemic stroke, subarachnoid hemorrhage, traumatic brain and spinal cord injury, and acute intracranial hypertension. The five-hour workshop will provide ENLS materials and culminate in the opportunity to gain ENLS certification. Becoming ENLS certified will prepare participants to champion the cause of best practice-based responses to neurological emergencies at their home institution.

Common uses of ENLS materials and certification include:

1. Creation of problem-based learning exercises
2. Enhancement of neuroanesthesia resident and fellow curriculum
3. Patient care protocol development
4. Deeper understanding of the patient care treatment continuum of critical neurological illness

Please use this opportunity to enhance your knowledge about the various neurological emergencies, discuss best practice approaches with your peers, and become ENLS certified. Space is limited so sign up on the SNACC website today!

Feel free to contact any of the ENLS workshop moderators below with any questions that you may have.

Ines Koerner, MD, PhD (korneri@ohsu.edu)  
Abhijit Lele, MD (alele@kumc.edu)  
Michael “Luke” James, MD (michael.james@duke.edu)
Could you identify the P100 in this example?

Presenter: Reza Gorji, MD and Geoff Allott, CINM

**Pictured to the left:**
An example of Visual Evoked Potentials (VEP)

In this example the blue lines represent the “baseline” traces taken prior to surgical incision. The red traces represent the most recent acquisition. The latency is 3ms/Div (lower left) and amplitude is 20ms/Div (lower right). The upper most trace (LERG-RERG), was recorded from needle electrodes inserted in the eye lids that produce the electroretinogram (ERG). The subsequent tracings below the ERG are recorded at multiple different locations. The primary peak of the VEP is the P100 which appears in most patients at 100ms.
Whether he’s researching 19th-century anesthesia practices, conducting groundbreaking research on mammalian brain transplantation, exploring the physiopathology of venous air embolism or acute traumatic spinal cord injury or writing poetry inspired by his life’s work, Professor Maurice S. Albin brings a generous scholarship and unflagging enthusiasm to his specialty.

Dr. Albin has covered quite a bit of territory in his nearly 60 years of specializing in neurosurgical anesthesia and neuroscience research. Before moving to Birmingham and joining the UAB Department of Anesthesiology, he served as Vice Chairman for Academic Affairs in the Department of Anesthesiology at the University of Texas Health Science Center in San Antonio and Director of the Spinal Cord Injury Research Center at the University Health Center of Pittsburgh.

In the 1960s, he and his research colleagues at the Metropolitan General Hospital of Cleveland and Case Western Reserve University School of Medicine isolated the brain of a canine and then transplanted it to the neck of another canine, attracting the attention of the Nobel Prize committee, as well as novelist Peter Niesewand, whose 1982 espionage thriller Fall Back referenced their pioneering research.

Lately, Dr. Albin has been exploring the role of the Civil War in disseminating early anesthesia practices. The July 2014 issue of the ASA Newsletter includes his paper “The Civil War and the Familiarization of American Medicine With Anesthesia and Anesthetics”. Last fall, the Scandinavian Journal of Pain published “In praise of anesthesia: Two case studies of pain and suffering during major surgical procedures with and without anesthesia in the United States Civil War, 1861–65.” [See PubMed for his full publication listing.]

We asked Dr. Albin to share a few thoughts about issues that have impacted his career. His responses follow.

**On Neurosurgical Anesthesia:**

“I have always been fascinated by the organic basis of our thought processes, which inevitably led me to search for the basic mechanisms possibly embedded in the brain. And, of course, pain and cognition—to name but a few characteristics—are deeply affected by anesthetics. By the early 1960s, there was an explosion of knowledge concerning the effects of anesthetic agents on cerebrovascular dynamics, which impacted upon the anesthetic management of the patient with neurological dysfunction.

“At that time I was at the Mayo Clinic doing my residency in anesthesia and enrolled in a two-year anesthesiology fellowship program that granted a Masters of Science degree in anesthesiology, with my thesis being a study on the physiological and pathological effects of localized spinal cord hypothermia. This was a life-changing decision, as it brought me in contact with world-class scientists and gave me whole new perspective on my career in anesthesia.

“Although being financially strapped with three children, I was fortunate to have a wonderful helpmate and decided to enter the academic life and to continue the pursuit of information relating to anesthesia and its central nervous system effects. From there on out it was logical to join with a few others to organize a society that would help to disseminate knowledge relating to neurosurgical anesthesia. The society, known as SNACC (Society for Neuroscience in Anesthesiology and Critical Care), celebrated its 40th anniversary in 2012 and has honored me by lending my name to the keynote lecture at its annual meeting.”

**On Being a Good Academician:**

“I don’t think that I know the secret to being a ‘good academician.’ We in academic anesthesia are fortunate in that we have a duty to either teach others, inform others through our research or a combination of both —and I can’t think of a higher calling, as in the long run it is all dedicated to the alleviation of suffering through the dissemination of knowledge.

“For those pursuing an anesthesiology residency or fellowship, the only message I can proclaim is to READ, READ and READ the medical and anesthesia literature. With a reasonable knowledge of statistics in your background, you now have a chance to be very critical of so much of the medical literature that pounds on our sensorium every day.
"I developed an outreach program in the 1970s, ‘80s and ‘90s dedicated to upgrading the knowledge base concerning neurosurgical anesthesia among Latin American anesthesiologists. This also meshed with my love of and appreciation for Hispanic culture. One of the primary conditions of acceptance was that the applicant had to agree to return to his or her native country after training and not remain in the USA. I probably trained more than 30 fellows from foreign countries, the bulk coming from Latin America, but also representing countries such as Spain, Singapore, Switzerland, Germany, China and Russia."

On His Military Service:

"I was both fortunate and unfortunate in my time spent in the service during World War II—fortunate in being able to help my fellow comrades; in having the privilege of seeing unbelievable acts of courage and sacrifice; in realizing that we must have a feeling of goodness towards all people; and in underscoring that a sense of humility is important in dealing with the suffering. It was unfortunate that I also had to see man as a beast, inflicting degrading inhumanity on fellow humans that often defied description."

On the Future of Anesthesia:

"Although the Affordable Care Act is still being challenged, my sense is that this paradigm of care will eventually be a permanent part of our medical landscape. This will unleash (as is already happening) significant increases in the patient population, requiring all aspects of anesthesia care. I feel confident that our UAB Department of Anesthesiology with its attuned leadership is well positioned to entertain these challenges as they arise and accomplish our goals of supplying and bettering patient care, education and research."

Many thanks, Dr. Albin, for sharing your insights with us!

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Dr. Maurice S. Albin, MD, MSc, has been a professor in the UAB Department of Anesthesiology since 2001. He may be reached at malbin@uab.edu.

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Welcome New Members

**ACTIVE**

Thomas J. Blanck, MD, PhD.......... New York, NY
Andrea Kurz, MD ....................... Moreland Hills, OH
Kirsten O’Neil, MD ..................... Jacksonville, FL
Ravnita Sharma, MD ................. Ann Arbor, MI
Mariel R. Manlapaz, MD .......... Pepper Pike, OH
Victor Romo, MD ...................... Drexel Hill, PA

**FELLOWS**

Ashot Aslanyan, MD ................. Shaker Heights, OH

**RESIDENTS**

Daniel N. Kianpour, MD ............. Seattle, WA
Karthik K. Kura, MD ................. New York, NY
Jonathan Zoller, MD ................. Kansas City, KS
SNACC’s newsletter is open to submission by members of SNACC. Please adhere to the following schedule. Submissions do not guarantee publication. We are interested in news and articles of interest from the membership at large. In addition, if you have a question to ask any of the officers of SNACC, you can submit them as well. Due to time and the volume of issues anticipated, not all questions can be answered. Please send your submission to Dr. Reza Gorji at reza@gorji.com.

Publication & Submission Deadlines

**Winter Issue**
Published December 15, 2014
Copy Deadline - November 15, 2014

**Spring Issue**
Published April 15, 2015
Copy Deadline - March 15, 2015

**Summer Issue**
Published June 15, 2015
Copy Deadline - May 15, 2015

**Fall and Pre-Meeting Issue**
Published September 15, 2015
Copy Deadline - August 15, 2015