



ASRA Responds to COVID-19 with Added Member Support, Expanded Reach

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The American Society of Regional Anesthesia and Pain Medicine (ASRA Pain Medicine) is committed to supporting its members and customers throughout the COVID-19 pandemic, recognizing that our goals to improve patient outcomes and relieve the global burden of pain remain as important as ever.

COVID-19 has dramatically affected every aspect of our members' work. ASRA has responded by enhancing engagement, facilitating virtual learning, and continuing to produce those ASRA products that our members find most helpful to their practices. Last spring, we published evidence-based guidance for both regional anesthesia (Figure 1) and interventional pain (Figure 2) procedures within the COVID-19 environment. We debuted educational webinars on topics such as COVID-19, lumbar facet joint guidelines, and opioid use disorder to continue to get this important information out despite the lack of in-person

COVID-19 Guidance for Regional Anesthesia
Neuraxial Anesthesia and Peripheral Nerve Blocks

Regional Anesthesia (RA) is preferred over General Anesthesia (GA) for patients with COVID-19 to reduce the need for aerosol-generating medical procedures.

USE SAFE PRACTICES

- Don appropriate PPE before doing the procedure, take extra time to doff, and use an observer.
- RA procedures are not considered aerosol-generating.
- The use of respirator masks is generally not considered necessary for the performance of RA but may be necessary if close contact with a patient for prolonged duration is needed.
- Use respirator masks when available, but they should definitely be considered for surgical procedures with a significant risk of conversion to GA.
- All patients should wear a surgical mask to restrict droplet spread.
- Ensure the use of plastic covers to protect ultrasound equipment.

CHOOSE THE RIGHT PROCEDURES

- The use of RA is not contraindicated for COVID-19 positive patients.
- Prepare and pack the required drugs in a plastic bag.
- Use blocks that have minimum impact on respiratory function such as axillary or infraorbital brachial plexus block.
- Risk-benefit should be considered for perineural adjuncts and continuous perineural catheters.
- Currently, no dose adjustment for RA is recommended.
- Use ultrasound guidance for peripheral nerve blocks.

BE VIGILANT

- RA should be thoroughly tested before proceeding with surgery to minimize the need for conversion to GA.
- Use minimal supplemental oxygen - enough to maintain saturation.
- Rule out thrombocytopenia before neuraxial procedures.
- Watch and be prepared for hypotension after neuraxial anesthesia.
- Postpone epidural blood patch if possible until recovery from acute infection.

Visit www.asra.com/covid19 for more COVID-19 resources

Figure 1

COVID-19 Guidance for Chronic Pain Patients

- Chronic pain patients may be more susceptible to COVID-19.
- Elderly patients and those with multiple comorbidities are particularly susceptible.
- Chronic opioid therapy may cause immune suppression in some patients.
- Use of steroids in interventional pain procedures may induce immune suppression.

URGENT PROCEDURES

- Suspend elective procedures, use telemedicine if possible.
- Determine elective or urgent procedures on a case-by-case basis.

URGENT PROCEDURES:

- ITP, reflux, and malnutrition
- Device infection, deep infection -> explant

SEMI-URGENT PROCEDURES

- Evaluate other cases on individual basis, shared decision making.
- Goal: avoid deterioration of function, reliance on opioids, or emergency room (ER) visits, which increase risk of exposure.

Procedural scenarios include, but not limited to, the following:

1. Irresistible cancer pain
2. Acute herpes zoster or subacute, intractable post-herpetic neuralgia
3. Acute herpetic zoster or subacute, intractable post-herpetic neuralgia
4. Intractable trigeminal neuralgia
5. Early complex regional pain syndrome
6. Acute cluster headaches and other intractable headache conditions
7. Other intractable, medically resistant pain syndromes

OPIOIDS

- Use telemedicine to evaluate and continue opioid Rx.
- Ensure existing Rx to avoid withdrawal.
- Provide naloxone education and Rx for high-risk patients.
- DEA-registered practitioners can issue Rx for pts without in-person evaluation if:
 - 1) legitimate medical purpose
 - 2) audio/visual, real-time, two-way interactive communication system
 - 3) in accordance with applicable federal and state laws.

STEROIDS

- Steroids increase potential for adrenal insufficiency and altered immune response.
- Joint corticosteroid injection shown to be associated with higher risk of influenza.
- Duration of immune suppression could be less with the use of dexamethasone and betamethasone.
- Consider evaluating risks/benefits of steroid injections and use a decreased dose, especially in high-risk patient populations.

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Figure 2

meetings. ASRA launched a multisociety working group to address the role of anesthesiologists and pain physicians in reducing the burden of the opioid crisis and save lives touched by this devastating illness. In all, we reached many more learners in 2020 than we did in 2019, and we intend to continue that trend.

ASRA creates CONNECTIONS

ASRA is much more than a platform for education. Our members consistently rank the connections they make with colleagues to be a driving force behind their dedication to the society. Many forge relationships and collaborations with peers across the country and the world at our live meetings that continue into lifelong friendships. ASRA supports its more than

Abdominal and Pelvic Pain
Cancer Pain and Supportive Care
Cannabis in Acute and Chronic Pain
Education in Regional Anesthesia
Functional Medicine for
Anesthesiologists and Pain
Practitioners
Global Health and Regional
Anesthesia
Green Anesthesia
Headache
LGBTQA
Neuromodulation
Nurse Practitioner, Physician
Assistant, and Clinical Nurse
Pain and Substance Use Disorder
Pediatric Regional Anesthesia and
Pain Management

Perioperative Medicine
Perioperative Point-of-Care
Ultrasound
Persistent Perioperative Pain
Physician Mentorship and
Leadership Development
Regenerative Pain Medicine
Regional Anesthesia Cardiothoracic
Enhanced Recovery
Resident and Medical Student Pain
Education
Ultrasonography in Pain Medicine
Women in Regional Anesthesia and
Pain Medicine

Significant Difference

Figure 3: ASRA Special Interest Groups

5,000 members by continuing to create meaningful ways for people to connect. We recently launched an exciting new Mentor Match program, managed by our Physician Mentorship and Leadership Development Special Interest Group (SIG). The program pairs mentors and mentees based on individualized needs. Topics addressed include advocacy, career development, leadership, program building, quality improvement research, scientific writing, and work-life balance. The formal mentoring relationship is six months, but the hope is to create lifelong matches that will continue for years to come.

ASRA's special interest groups (SIGs) offer a unique opportunity for members with similar interests and talents to share ideas, move agendas forward, and create content for the society across multiple venues. ASRA has 22 SIGs, each focusing on programs and projects that support specific aspects of the field of acute and chronic pain, and regional anesthesia (Figure 3). Nearly 70% of members are involved in one or more SIGs, and topics cover a wide range of areas such as Pain and Substance Use Disorder, Perioperative Point-of-Care Ultrasound, and Persistent Perioperative Pain. There is a SIG for everyone! These groups create projects, share research, and create amazing connections.

ASRA continues to advance high-quality EDUCATION

While the loss of our spring 2020 program due to COVID was unfortunate, we have continued to offer expanded educational opportunities. In addition to a number of educational webinars, ASRA offered two major virtual meetings this year. For the first time in our history, we



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collaborated with the European Society of Regional Anaesthesia and Pain Therapy (ESRA) to create the ESRA and ASRA International eCongress, which brought together European and North American faculty for nearly 24 hours of continuous engaging and insightful programming. E-Congress was a first-ever global event offered to members without cost, bringing the world community and two major societies together at a time when so many are suffering from the isolation of the pandemic. E-Congress generated more than 5 million social media impressions! ASRA also presented its first-ever fully virtual 19th Annual Pain Meeting, which we taglined "ASRA Worldwide 2020." The tagline was in honor of the fact that this three-day meeting combined content from our previously cancelled 46th Annual Regional Anesthesiology and Acute Pain Medicine Meeting, originally planned for spring 2020, and our traditional pain medicine meeting, with content spanning the entire continuum of acute and chronic and regional anesthesia. There are also sessions on opioid use disorder, practice management, and physician wellness. Led by Drs. Jaime Baratta and Magda Anitescu, this meeting's virtual format provided the added benefit of inclusivity of everyone across the globe, regardless of his or her ability to travel.

We cannot predict what 2021 will bring, but we are optimistic that we will have a robust live spring meeting

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Call for Nominations: ASA Excellence in Education Award

The ASA Excellence in Education Award recognizes ASA members who have made outstanding contributions through demonstrated excellence in teaching, development of new teaching methods and/or implementation of innovative educational programs in anesthesiology. The nominee for this award must be an active ASA member in good standing who teaches students, residents, fellows or

faculty in an Accreditation Council for Graduate Medical Education-accredited (or international equivalent) anesthesiology or subspecialty training program and spends at least 50 percent of his or her time on clinical activities. Physicians from academic or community practices that have training programs are eligible. Nominees should have a minimum of five years of experience in resident and/or continuing medical education.

Those who wish to submit nominations should include the following:

1. A one-page cover letter summarizing why he or she believes the nominee should receive this recognition.
2. A copy of the nominee's current resume or curriculum vitae.
3. A letter of support from the nominee's department chair.
4. Any additional supporting materials that are essential to impact the

final decision of the Committee of Professional Oversight in selecting the reward recipient.

All nominations and supporting materials should be submitted to j.jacobson@asahq.org by May 17, 2021. The award recipient will be announced in June 2021, and will receive a plaque, an honorarium and reimbursement for hotel and travel, and per diem to accept the award at the ASA ANESTHESIOLOGY® annual meeting. ■

You Are Awesome

A tribute to all who work in the Massachusetts General Hospital Department of Anesthesia, Critical Care, and Pain Medicine.

In normal times,
which yes there were,
and may never be again,

You worked your magic,
caring for those who came
in need of your healing touch

Just for a few moments
known to them,
yet their life is in your hands

As it surely would,
the stealth killer came
unexpectedly (for most)

Spreading on the wind
from the air we breathe
into the moist flesh

The vulnerable
could not stop
the mass replication

Which ravaged the lungs
the heart
the vessels

Weakened
Breathless
Afraid

They came to you
helpless to fight
against the relentless beast

And, you
also unprepared
also afraid

did not turn away.
Instead, stood firm
for those who needed you

You took care of them
even when
you didn't know how.

Redeploy they said.
There is no one else.
You put yourself in harm's way.

The human form
in front of you
fighting for life

Against some RNA
without a soul
and you with so few weapons

You medicated
ventilated
sometimes not sure how.

The rules changed
every day
every hour

You adapted.
You persevered.
Defeated your fear

Gave the best of care
not enough for some
but for others, survival

Where did it come from in you?
The passion to serve
those you don't even know

Even you may not know
may not question
it is so deeply felt

We who watched
from a distance
in awe

of your competence
your energy
your courage



Jeffrey B. Cooper, PhD
Professor of Anaesthesia, Harvard Medical School, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Boston, and Executive Director Emeritus and Senior Fellow, Center for Medical Simulation, Cambridge.

and for those you saved
and those you did not,
forever grateful.

Since COVID-19 hit us, our department's quality and safety team has had a Zoom meeting every day, looking for ways to support what our anesthesia providers and support staff are doing. We've been hearing what's happening at the front lines of care and the incredible challenges anesthesia providers have been facing. The team wanted to honor all the clinicians who have risen to this occasion. After one of our team meetings, I woke up at 2 a.m. inspired by how much so many owe to all of you. When I wrote this, I had in mind those who have been caring for patients, but as our team considered more about what has happened, we realized there are many more – including all the staff who support those providing direct care – to whom this equally applies.

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Jeff Cooper  
June 4, 2020

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May 13-15, 2021, at Disney's Yacht & Beach Club Resorts in Lake Buena Vista, Florida, with virtual components. We

have learned a lot from necessity during the COVID crisis. Looking ahead, we plan to continue offering educational webinars and on-demand continuing medical education, but with a hope to be once again face-to-face for educa-

tional programming. Regardless of what happens, ASRA will remain poised and flexible to meet our members' needs and maintain engagement.

All of these efforts are possible with the continued work of our dedicated vol-

unteers and staff who tirelessly support the society's mission. ASRA is truly a team effort made ever-more apparent during COVID. We are incredible grateful to be part of and to serve this great society. ■