Simulator-based training in paediatric anaesthesia

Editor—The Council of the Association of Paediatric Anaesthetists of Great Britain and Ireland (APA) read with interest the recent editorial by Eich and colleagues regarding simulator-based training in paediatric anaesthesia. On the whole, the arguments are sound, but we feel we must point out some important inaccuracies in the section describing the use of simulators in training specialist registrars in the UK.

(1) Although the APA have been enthusiastic to support the national collaborative project on paediatric simulation, it is not the body responsible for anaesthesia training and assessment in the UK as implied in this article. That body is the Royal College of Anaesthetists (RCoA), which sets standards with input from the specialist organizations.

(2) The document ‘Guidance on the Provision of Paediatric Anaesthesia Services’ has been incorrectly attributed to the APA both in the text and in reference 24. This document is a publication of the RCoA.2

(3) In its document ‘Guidance on the Provision of Paediatric Anaesthesia Services’, the RCoA recommends simulator training as part of the continuing education of consultants who do not anaesthetize children on a regular basis. There is no mention of the use of simulator training for specialist registrars in this document and, as far as the APA is aware, the RCoA has no immediate plans to make this a compulsory part of training and assessment in paediatric anaesthesia of specialist registrars.

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Editor—Thank you for the opportunity to respond to the comments from the APA. We regret that these inaccuracies were missed by us during preparation of our editorial and apologize for any misunderstanding this may have caused.

In line with Dr Meakin’s other comments on the future role of simulator-based training in paediatric anaesthesia, we have received a lot of supportive feedback from readers.

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Coronary artery stents and non-cardiac surgery

I read the article by Howard-Alpe and colleagues1 with great interest. The authors say ‘their management should involve careful discussion between the surgeons, anaesthetists, cardiologists, and haematologists’. I think we are forgetting the most important person—the patient. We always discuss with the patient before we start any treatment advantages, disadvantages, and complications. We should in my opinion discuss with the patient before stopping any treatment, especially before having an operation. Recently, I had a patient who was treated with clopidogrel for stroke prevention. Initially, she preferred an epidural analgesia for her postoperative pain relief. When she realized that she cannot have her clopidogrel until the epidural catheter was removed, she chose not to have the epidural. In my opinion, if given a choice, the patients would prefer to have slightly more blood loss over having another MI or stroke. The anaesthetists should continue to play the vital role, but also document patient’s wishes.

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