

What's Inside

President's Message	Inside front cover
2003 Gaston Labat Awardee	page 1
Pop Quiz	page 2
Resident Activities at ASA	page 2
Wanted Video Clips	page 2
Research Article	page 3
Commercial Support	page 3
Education Committee Report	page 4
Regional Fellowship Guidelines Project	page 4
Resident Section Committee Report	page 4
Resident Section Committee Officers and Duties	Inside back cover

News on the Web

Web CME

CME Needs Assessment

Upcoming Meetings:

- 2003 Annual Spring Meeting, San Diego, CA
Online Abstract Submission Deadline: January 3, 2003

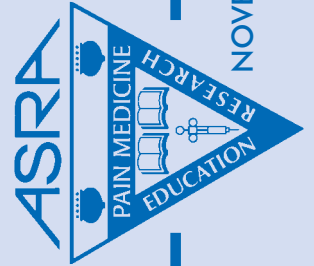
Congress Report:

World Congress of Regional Anesthesia and Pain Therapy

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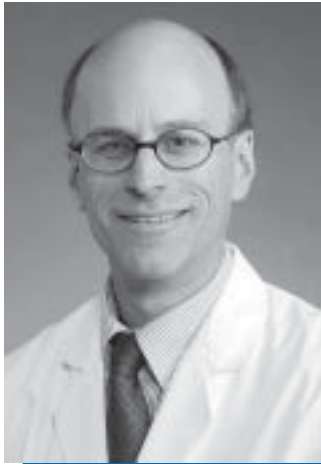
NOVEMBER 2002

ASRA News

A PUBLICATION OF THE AMERICAN SOCIETY OF REGIONAL ANESTHESIA AND PAIN MEDICINE

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James C. Eisenach, MD
President, ASRA

President's Message

Where are we going with regional anesthesia in the United States?

Just a few thoughts on where we're going as a sub-specialty in regional anesthesia. First, we believe that the practice of regional anesthesia, just as the practice of general anesthesia, is the practice of medicine. Not nursing. Whereas it is easy to understand the concept of the team approach to anesthesia care in the setting of general anesthesia, this is less obvious with regional anesthesia, where the medical decisions regarding choice of therapy and active treatment are made at the outset and in a manner that makes it difficult to share 'holding the needle'. As such, we strongly support the ASA statement from 1983 regarding the practice of regional anesthesia as the practice of medicine. This statement is apparently under attack and the application of regional anesthesia as a medical procedure is under re-consideration by the House of Delegates of the ASA. Be assured that we will voice our opinion that the considerations and practice of regional anesthesia reflect medical, not nursing practice.

Second, it may surprise you that an incoming President of this organization (Mark Lema) has recently suggested, perhaps rhetorically, that regional anesthesia in the United States is obsolete. I have rebutted his editorial in the following text, which will be published nearly simultaneously to this message in the ASA Newsletter. Clearly, I think that regional anesthesia is not obsolete and that we have much to offer our patients!

From the ASA Newsletter, Fall, 2002:

Imagine yourself or your spouse having extensive arthroscopic shoulder surgery as an outpatient. What kind of anesthesia would you choose? Most likely it would be general anesthesia. Knowing that pain is often severe for at least 12 hours after this surgery, what kind of analgesia would you choose? Many would prefer an interscalene block. Time and time again when anesthesiologists are surveyed regarding their preference for anesthesia for themselves, they chose regional anesthesia a much higher percentage of the time than they practice regional anesthesia for their patients. Why might this be?

As Dr. Lema noted, somewhat tongue-in-cheek, in the last issue of the ASA Newsletter, there is a perception that regional anesthesia is dying in the US. The reasons for this perception are clearly indicated in his article: extra time needed for regional anesthesia, no clear safety benefit compared to newer, safer general anesthetic drugs and techniques, and lack of personnel in training centers interested in teaching regional anesthesia. Although these perceptions exist in many centers, overall, there has been a dramatic shift in interest in regional anesthesia, research indicating significant benefits of regional anesthesia, and development of better methods to teach regional anesthesia in the US over the last decade.

Twenty five years ago, all US residents were assumed to master the knowledge and techniques necessary for general anesthesia. Yet there was a pervasive

attitude that regional anesthesia was more of an art than general anesthesia, required very different skills, and was attainable only by the gifted few. This attitude can be attributed to the use of 'blind' techniques, relying on the poorly-described tactile sense of needle advancement and practitioner experience. Prominent teachers of regional anesthesia disagreed strongly with each other on even the basic anatomy of the peripheral nerves, how blocks should be performed, and how much local anesthetic should be administered. In many institutions, IV sedation was routinely administered during and after the placement of peripheral nerve blocks to the extent that it was difficult to determine the efficacy of the block. Fellowships in regional anesthesia pre-supposed that only the gifted few could master these complex, mysterious, and tricky techniques.

It is not surprising that anesthesiology residents at the end of their training 25 years ago rarely ventured beyond the occasional spinal or axillary block. Even those trained in the art of regional anesthesia did not use these techniques if they entered a practice where regional anesthesia was not already established. In many ways, one could say that regional anesthesia at this time was an intellectual curiosity, of minimal practical consequence, and was essentially dead as a viable technique for routine use in the US.

Regional anesthesia in 2002, in contrast, is alive and well. In my opinion, the increased interest and practice of regional anesthesia reflects two important changes in education of these techniques. The first is the now routine use of nerve stimulators, allowing one to demonstrate the functional anatomy of peripheral nerves and their divisions, with clear endpoints and more certain knowledge of where the needle tip lies in relation to the nerve. Comparing this to the older description of the feel of 'pops' by the teacher holder the needle themselves is akin to comparing the current teaching of laparoscopic surgery, when all can see the procedure on the video screen,

to previously, when the chief surgeon, peering through the objective of the laparoscope, described the surgery to the resident.

Education of regional anesthesia is also improved by the now routine use of cadaveric anatomic specimens to demonstrate peripheral neural anatomy. Many programs now incorporate teaching sessions in the gross anatomy lab for their residents, and intensive workshops at the Annual Meeting of the American Society of Regional Anesthesia and Pain Medicine as well as other self-standing workshops rely heavily on hands on experience for the practitioner wishing to review regional anesthesia and renew or learn skills.

Finally, we are becoming increasingly aware of the benefits of regional anesthesia and applying it to a wider set of patients and circumstances. Few argue that regional anesthesia reduces mortality compared to general anesthesia, although there are some indications that this may be so in special populations. However, analgesia following surgery from appropriate central or peripheral nerve block is unrivaled. Often, opioids can be totally removed from the postoperative pain regimen, avoiding their numerous bothersome and occasional dangerous side effects. Recent work from our research laboratory and others suggests that regional anesthesia may reduce the incidence of chronic pain following surgery, which, as indicated in Dr. Lema's article, is particularly high after amputation and thoracic surgery. Thus, just as acute beta-adrenergic blockade at the time of surgery may have prolonged benefits for months to reduce patient mortality in high risk populations, so may regional anesthesia at the time of surgery prevent the devastating consequences of chronic pain.

This article was not meant to be a debate with Dr. Lema, my colleague on the Board of Directors of the American Society of Regional Anesthesia and Pain Medicine. He did, however, provide an easy straw man to knock down. Indeed, regional anesthesia is far from becoming obsolete in the US, thanks in large part to new methods to easily teach and perform these techniques.

James C. Eisenach, MD

*FM James, III Professor of Anesthesiology
Wake Forest University School of Medicine*

Dr. Brendan Finucane 2003 Gaston Labat Awardee

The American Society of Regional Anesthesia and Pain Medicine is proud to announce our 2003 Gaston Labat Awardee, Dr. Brendan Finucane. This prestigious award is given to a physician who has made exceptional contributions to research, education and clinical practice in the field of regional anesthesia.




Dr. Finucane graduated MBBCh, BAO from University College Dublin in 1967, completed his internship in Ireland, and completed a 4-year residency in

Liverpool under the tutelage of Professor Cecil Gray (Liverpool Technique). He then did a Fellowship in Pediatric Anesthesia at The Hospital for Sick Children in Toronto (1972-73) and was awarded his FRCPC in 1974.

Dr. Finucane joined the Faculty at Emory in Atlanta, GA in 1974, and was appointed Chief of Anesthesiology at Grady Memorial Hospital in 1977 where he served for 12 years. He was then appointed Professor of Anesthesiology in 1983. He was then invited to Chair the Department of Anesthesia at the University of Alberta in 1989 and completed 2 terms as Chair. He is currently Professor and Program Director, Department of Anesthesiology and Pain Medicine at the University of Alberta. Dr. Finucane has played a vital role in the Society where he served on the Board of Directors, and is a Past President. He is also active in the Academy of Anesthesiologists. He has written more than 80 publications and 2 books.

Dr. Finucane was an obvious choice for this award. He will be presenting a lecture at the 2003 Spring Meeting. He joins a long list of regional anesthesia luminaries who have previously received the Gaston Labat Award, including Dr. John Bonica, Dr. Daniel Moore, Sir Robert Macintosh, Dr. Nicholas Greene, Dr. Michael Cousins, and Dr. Cosmo DiFazio.

Denise J. Wedel, MD



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Co-Editors

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Pop Quiz

What do Balboa Park, Hua Mei the giant panda, a plate full of authentic Mexican carnitas, and the ASRA 2003 Annual Spring Meeting all have in common? If you answered San Diego you get partial credit. Full credit goes to those who answered San Diego *and me!* In April, ASRA will return to a favored place to meet and you are invited to obtain full credit by joining the fun.

In 2003, the Spring Meeting will also return to the thematic roots from which our society sprouted over 25 years ago: the use of regional anesthesia to treat peri-operative pain. With the dramatic expansion of interest and practices in both regional anesthesia and pain medicine, our society has grown well equipped to sponsor two individually balanced, focused, and comprehensive meetings. These paired Annual Meetings are the Spring Meeting on peri-operative regional anesthesia and the Fall Meeting on Pain.

Here's what is new and exciting for our 2003 Spring Meeting in San Diego:

The program of speakers will reflect a more international flavor very much in keeping with the international influences behind the regional anesthesia practices we use everyday. The old guard will still be put to work but, many new and exciting speakers are joining the ranks—and doing so from all over the world. General Sessions will have a decidedly fresh and topical focus in 2003 with session titles such as 'update on continuous blockade' and 'economics and regional anesthesia' setting the theme for their lectures.

The Education and Program committees have devoted much time to improve small-group interactions for 2003. In an effort to match the impact and success of the well established master classes, workshops have been expanded in time and intensity so that each will be hosted by two faculty devoting an hour and a half to demonstrate and discuss those techniques about which ASRA members care the most. Over lunch, you are invited to pick a problem-based learning discussion group and a sandwich and dig in. Other recent small group innovations to the ASRA program will continue: the popular upper and lower extremity intensive workshops will remain a focus, and the opportunity to 'break-out with the expert' after each refresher course will be there too.

The newest science will be spotlighted in a presentation of 'the best abstracts of the meeting' while a video presentation called "ASRA members home movies" will allow the best practices and innovative techniques of clinicians to shine as well. Lastly, what anesthesia meeting in San Diego would be complete without a visiting veterinarian speaking from the world's most famous zoo?

See you in San Diego,

JC Gerancher MD

Chair, 2003 Annual Spring Meeting

2003 Spring Exhibitors to Date:

Arrow International
Codman & Shurtleff, Inc.
Epimed International
Preferred Physicians Medical
Wallach Surgical Devices, Inc.

Resident Activities in ASRA

The 2003 Annual Meeting of the ASRA in San Diego, CA, will give Residents a full spectrum of educational opportunities. Besides attending refresher courses and break-out with expert sessions, Residents can participate in intensive workshops and master classes involving regional anesthesia and pain medicine. Problem based learning discussion sessions, poster presentations and meeting with vendors/drug representatives are also available for participation.

The ASRA Resident Component will be holding its 9th Annual Resident Forum Cracker Barrel entitled, "Designing and Evaluating Clinical Trials." This session will feature distinguished speakers, Christopher Wu, MD and F. Michael Ferrante, MD. A selection of wine, cheese and crackers will be available for all to enjoy during the session.

The bi-annual meeting of the ASRA Resident Component will also be held at the ASRA Annual Meeting. All Residents are invited to attend the luncheon on Friday. Multiple topics will be discussed concerning Residents and the 2003-2004 new officers, including Canadian and Pain Fellow representative of the ASRA Resident Component will be announced.

Hope to see you in San Diego!

Eric K Wellmeyer, MD

Chair, ASRA Resident Section Committee

Wanted:

Your Regional Anesthesia Film Clips For: 2003 ASRA Meeting

Do you have interesting regional anesthesia film clips? We are preparing a film of the most interesting film clips highlighting techniques in regional anesthesia. We are particularly seeking dye studies, patient responses, nerve localizing techniques, or novel approaches.

Full credit will be given for any clips included in the film. If possible, include a segment of you introducing the film clip. Please limit this to less than 20 seconds. DVD or digital tape submissions are preferred, but any type of media is acceptable. For more information or if you have suggestions, please contact Victor M. Zayas, M D at zayasv@hss.edu.

Mail clips to:
Victor M. Zayas, M. D.
Department of Anesthesiology
Hospital for Special Surgery
535 E70th Street
New York, NY 10021

Research Update

A major research issue is the role of the Internet as a conduit for dissemination of research results. Articles in *Photonics Spectra* [1] and in *Science* [2] highlight some of the problems and concerns about electronic publishing. Who pays for access to electronic publications, is the quality of electronic publications as good as printed publications and do people prefer electronic or printed publications are some issues being debated. The Reader Opinion Poll results published in *Photonics Spectra* [1] revealed that two-thirds of the respondents used print versions of peer-reviewed journals rather than electronic versions published on the web. Seventy-eight percent of the respondents opinioned that "free" information on the internet is of lower quality than what is produced in peer-reviewed journals. Slightly over half (53%) of the respondents thought peer-reviewed journal material should be available on line at no cost. Fear was expressed that advertising might be used to underwrite the cost of "free" electronic information. On the other hand, concern was expressed that cost might limit access to information. Only twenty-two percent thought sites other than the journal's web sites will replace the printed publications.

The *Science* [2] article focused on how to cite electronic publications. Page numbers are meaningless in cyberspace. When the American Geophysical Union decided in 2001 that online papers, not print versions, were the publications of record, page numbers were scrapped and a 20-character string of numbers and letters called a digital object identifier (DOI) was assigned to each paper (e.g. *Geophysical Research Letters* 29,10.1029/2001GLO14304(2002)). Objection was raised that DOIs are not user friendly and search engines are not designed to recognize them. Concern has been expressed about archiving electronic material. Ironically geographic boundaries (e.g. user must be within a 5 mile area of the license holder) are used by some publishers to limit user access and hence, enhance revenue.

The physics community has embraced an electronic archive (at <http://arxiv.org/>) which is funded in part by the National Science Foundation. The archive is not peer-reviewed, but is intended as a long-term archive of scientific communication, which may or may not be submitted to peer-

reviewed journals. The arXiv experience (documented at <http://arxiv.org/blurb/pg01unesco.html>) finds that a specialist-operated archive of results can dramatically increase the speed of dissemination of knowledge, as well as dramatically lower the cost (by possibly a factor of 100) of disseminating and archiving knowledge.

Assimilating new information that builds upon existing knowledge and rapid dissemination of the new information is the *sine qua non* for scientific advancement of regional anesthesia and pain medicine. Therefore, awareness of issues related to the use of cyberspace as a scientific instrument is an important research activity.

REFERENCES:

1. Peer-reviewed journals – Do they need to change? *Photonics Spectra* August:157, 2002. (no author cited in publication)
2. Renner R. Online pioneer winds up lost in cyberspace. *Science* 297:1468-1469, 2002.

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**Sincere thanks for 2002
educational support**

27th Annual Spring Meeting

Abbott Laboratories
Support of Portfolios

AstraZeneca
Support of Breakfast

Baxter Healthcare Corp.
Support of Breakfast

Purdue Pharma, LP
Support of Breakfast
Abstract CD

Annual Fall Pain Meeting

Abbott Laboratories
Support of Portfolios

AstraZeneca
Support of Pain Fellow Scholarships

Baxter Healthcare Corp.
Support of Pain Fellow Scholarships

Endo
Support of Breakfast

Pfizer Pharmaceutical Group
Support of Pain Review

Purdue Pharma, LP
Support of Breakfast

Education Committee Report

The Education Committee met three times in 2002 to discuss educational programs and discuss innovative concepts and new programs for the future. Meetings now occur in the spring and the fall, with these dates corresponding to the change to two annual meetings. The spring meeting focuses on the program for the following year's spring meeting, and the fall meeting concentrates on next year's fall Annual Pain Meeting.

This schedule allows timely input into the program and gives direction to the Annual Meeting Program Directors.

In addition to the annual meeting programs the Education Committee also plans and updates the Intensive Workshop Programs. The first two programs, the Upper Extremity and Lower Extremity Intensive Workshops, were launched in 2001 and 2002 at the spring annual meetings and were met with great enthusiasm. These programs provide an in depth approach to specific regional anesthetic issues, including anatomical demonstrations, live models, clinical applications and a superb CD-ROM syllabus. Registration is limited so that each participant is able to maximize their educational experience. Future intensive workshops will focus on specific pain topics.

The Education Committee has also focused on developing better tools for evaluating our meetings and CME offerings. You can expect to see new evaluation forms in the future. We will be approaching attendees with specific questions as well as offering incentives to respond to our standard evaluation forms.

Denise J. Wedel, MD
Education Committee Chair

Regional Fellowship Guidelines Project

On October 14, 2002 regional anesthesia fellowship program directors and interested faculty members met to discuss proposed guidelines for regional anesthesia fellowship training. Under the direction of Jim Beckman and Greg Ligouri from the Hospital for Special Surgery the group has developed a collaborative document from the faculties of The University of Manitoba, Virginia-Mason Medical Center and the Hospital for Special Surgery which attempts to establish a homogenous set of standards for the training of regional anesthesia fellows.

This group will be holding a follow-up meeting during the American Society of Regional Anesthesia and Pain Medicine Annual Spring Meeting in San Diego. Any programs currently training regional anesthesia fellows or interested in establishing a training program are encouraged to become involved. Information on the meeting can be obtained from Mary Hargett at the Hospital for Special Surgery (HargettM@HSS.EDU).

If you would like to have your fellowship listed on the ASRA Website, email asra@societyhq.com.

Julia A. Pollock, MD

Resident Section Committee Report

ASRA Resident Section Committee Biannual Meeting at the 2002 ASA Annual Meeting in Orlando, FL

The meeting of the ASRA RSC in conjunction with the ASA Annual Meeting was called to order by Dr. Eric Wellmeyer at the Rosen Plaza Hotel in Orlando, FL at 11:00am on Sunday, October 13, 2002.

In attendance: Susan B. McDonald, M.D. (Faculty Advisor), Eric Wellmeyer, M.D. (Chair), Sandra Kopp, M.D. (Newsletter Advisor), Kristin Smith, M.D. (Member-at-Large), Daniel Warren, M.D. (Member-at-Large), Catherina Marino

The following are brief summaries of the issues discussed at the meeting.

2002 ASRA Annual Meeting (Chicago, IL)

The 8th Annual Resident Forum Cracker Barrel was a big success. Alon Winnie, MD; James Rathmell, MD; and Patrick McQuillan, MD discussed, "Tricks of the Trade: Everything I Wish I Had Learned in Residency". There were approximately 150-175 people in attendance.

2002 ASA Annual Meeting (Orlando, FL)

The ASRA representation to the ASA Resident Component House of Delegates was discussed. Currently the Chair of the ASRA RSC acts as a delegate. In the future the Chair-Elect will serve as the alternate delegate. It was decided that the ASA Annual Meeting would continue to be the forum for the biannual meeting of the ASRA RSC meeting.

2002 Annual Fall Pain Meeting (Phoenix, AZ)

The focus of this meeting will be chronic pain issues. There will not be any ASRA RSC activities planned for this meeting. There were several Pain Fellow Scholarships awarded to Fellows attending this meeting. Each \$1000 scholarship was made available with the support of ASRA, AstraZeneca, Baxter Healthcare, and ASRA. The scholarships were awarded to the following individuals:

Matthew Doust, M.D. (MN)	Samer N. Narouze, M.D. (OH)
Victor J. Barney, M.D. (IA)	Fayez Kotob, M.D. (NY)
Mazhar Rasul, MBBS (OH)	Maunak Rana, M.D. (IL)
Victor Argumedo, M.D. (WV)	Carlos O. Viesca, M.D. (TX)
Muhammad K. Ghori, M.D. (CT)	Haruo Arita, M.D. (CA)
Yuriy Bukhalo, M.D. (IL)	

28th Annual Spring Meeting and Workshops (San Diego, CA)

The 9th Annual Resident Forum Cracker Barrel session has been scheduled for April 3rd, 2003. Dr. Michael Ferrante and Dr. Chris Wu will discuss, "Designing and Evaluating Clinical Research". This promises to be an excellent panel.

The forum for the Resident Section Committee meeting was discussed. In order to attract more residents and fellows, a luncheon in conjunction with the meeting was proposed. The meeting is tentatively scheduled for Friday, April 4, 2003.

Respectfully submitted,

Sandra Kopp, MD

Resident Section Committee Officers and Duties

The ASRA Resident Section Committee (RSC) was formed in 1995 with the intent of creating a forum for education and discussion of resident issues. The RSC is responsible for organizing a Resident Forum at the ASRA Annual Meeting each year. The RSC has several other functions, including: organizing luncheons at the annual meeting, quarterly contributions to the ASRA newsletter, and recruiting new resident members.

There are currently five elected positions in the RSC. Current ASRA faculty members or program directors may submit nominations to the ASRA Board of Directors. The nominations are reviewed and elections are made by the Board of Directors at the ASRA Annual Meeting. The responsibilities of each position are assumed at the conclusion of the ASRA Annual Meeting held in the spring of each year. The five positions are as follows:

Chair (One-year position):

This individual will have completed one year of service as the ASRA Newsletter Advisor. Responsibilities of this position include:

- 1) Preside over all meetings of the ASRA Resident Section
- 2) Organize communications between the ASRA Board of Directors and the ASRA Resident Section.
- 3) Serve as a member of the Scientific Program Committee and the Membership Committee as the Resident Representative.
- 4) Organize and moderate the ASRA Resident Forum and Resident Luncheon at the Annual Meeting.
- 5) Act as the ASRA resident delegate to the American Society of Anesthesiologists.

Newsletter Advisor/Chair Elect (Two-year position):

This person must have at least 24 months of residency/fellowship training remaining. Following a one-year term as the Newsletter Advisor, this person assumes the position of Chair of the Resident Section Committee for the following year. Responsibilities of this position include:

- 1) Coordinate, edit, and submit the quarterly ASRA Newsletter articles by their deadline.
- 2) Assist the Chair in conducting the affairs of the Resident Section Committee and attends the meetings of the Committee.
- 3) Act as ASRA alternate delegate to the American Society of Anesthesiologists.
- 4) Assume the position of Chair at the end of the first year of duty.

Member-at-Large (One-year position):

Responsibilities of this position include:

- 1) Assist the Chair in conducting the affairs of the Resident Section Committee.

Pain Fellow Representative (One-year position):

Responsibilities of this position include:

- 1) Assist the Chair in conducting the affairs of the Resident Section Committee.

Canadian Member-at-Large (One-year position):

Responsibilities of this position include:

- 1) Assist the Chair in conducting the affairs of the Resident Section Committee.

Current members of the ASRA Resident Section Committee:

Chair: Eric Wellmeyer, M.D.

UCLA

Los Angeles, CA

E-mail: wellmeyer@yahoo.com

Newsletter Advisor/Chair Elect: Sandra L. Kopp, MD

Mayo Medical Center

Rochester, MN

E-mail: kopp.sandra@mayo.edu

Pain Fellow Representative: Carlos Moreno, MD

University of Michigan

Ann Arbor, MI

Canadian Representative: Anahi Perlas, MD

Toronto, Ontario

Canada

E-mail: anahi.perlasfontana@utoronto.ca

Resident Faculty Advisor: Susan B. McDonald, MD

Virginia Mason Medical Center

Seattle, WA

E-mail: susan.mcdonal@vmc.org

The deadline for nominations for the 2003-2004 year is January 2003. Nominations should include a curriculum vitae, and can be sent to the ASRA Board of Directors at ASRA, 2209 Dickens Road, Box 11086, Richmond VA 23230-1086. Additional information regarding specific positions can be obtained by contacting any of the current RSC members or by visiting the ASRA resident website at www.asra.com.

The American Society of Regional Anesthesia Board of Directors is currently accepting applications for members interested in joining the Newsletter Committee. If you are interested in becoming more involved with the society and would like to be considered for the newsletter committee please send your CV to the Society at asra@societyhq.com.



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*American Society of Regional Anesthesia
& Pain Medicine*

**28th Annual Spring Meeting
& Workshops**

April 3-6, 2003



Sheraton San Diego Hotel & Marina
San Diego, CA

MEETING NOTICE

Abstract submission deadline is January 3, 2003

Watch for meeting updates and registration online at:

www.asra.com

American Society of Regional Anesthesia & Pain Medicine
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