In September 2010, we said farewell to one of the founding members of the University of Manitoba Department of Anesthesia. Dr. Doug Craig was instrumental in creating and developing our university department. It is a pleasure to chronicle at least some of his contributions here.

In 1967-68 Doug was a resident in Anesthesia in the University of California Department of Anesthesia at San Francisco. During this time he met John Wade and Joe Lee. He returned to McGill in 68 to complete his anesthesia training and his Masters in Experimental Medicine. He received his Royal College Certificate in Anesthesia in 1970. John Wade as the new Anesthesia Department Head at the University of Manitoba was successful in recruiting Doug to Manitoba in 1971 to become the Program Director of the Department.

When Doug took over the residency training program he, with the backing of John Wade, made some dramatic changes to the program. First of all, they decided that every Wednesday morning the department would hold academic rounds from 0745-0845. This included the whole department as well as residents. This meant of course that the surgical slate on Wednesdays was delayed for one hour. The Department of Surgery was initially unhappy with this decision, but within a few years both Surgery and Obstetrics and Gynecology were holding their rounds Wednesday morning too. Secondly, Doug thought that the residents needed to spend time presenting topics to each other to augment their practical training in the OR. This was scheduled for Wednesday morning from 0900 to 1200 hours. This allowed the residents time for learning in the daytime—an unheard of proposition before then! Doug developed a series of topics to be discussed over a two year time period so that residents at both junior and senior levels would receive the necessary background to prepare them for the Royal College specialty examinations.

Doug was also the first anesthesia program director to develop career counseling for residents. Each resident was interviewed twice a year to ensure that they were doing well in the program but also to help them plan for their future careers. Particularly with the contacts at San Francisco, John and Doug were able to arrange additional training in subspecialty areas for many residents.

In 1972-73, The Royal College established Anesthesia as a “stand alone” specialty. Doug was actively involved in developing the first written examinations for Anesthesia and also served as an oral examiner for several years. As the Royal College mandated that all anesthesia training must be the responsibility of the University, Doug was responsible for integrating all the training at the various hospitals within the one university program.

Because of Doug’s progressive and well-organized training program which put residency education first, he was able to attract several residents from other programs. Examples include Rick Palahniuk, Ed Pavlin, and Alison Froese. These individuals went on to have careers in Anesthesia which involved teaching, research and administration as well as excellent clinical expertise.

Doug was also cognizant of the looming barrier of the “oral” examination in Anesthesia. In the early 1970s pass rates were sometimes only 50% of the residents taking the examination! Doug decided that this wasn’t going to be the case at Manitoba. He instituted the “practice oral” for all senior residents. It was a grueling process, but once you completed the “Doug Craig finishing school” the real oral exams were a piece of cake. Manitoba was the envy of other programs and in fact several programs sent residents to Manitoba for special training and oral exam practice.

In addition to establishing an excellent residency education program at Manitoba, Doug also served on the Royal College Accreditation Survey Teams from 1986-1990 to assess other programs across the country.
Anesthesia, Health Sciences. It was important to create these new positions as the clinical scheduling has become increasingly complex at both the tertiary care sites, with increased integration of faculty within community sites. The Associate Heads will have, amongst other responsibilities, primary responsibility for scheduling activities and work closely with Trevor in assuring this.

The Annual Resident Research Symposium was held at Bergmann’s on Lombard on November 9th. Our Visiting Professor and judge was Dr. Alan Merry from New Zealand. He is an international luminary in the world of anesthesiology. I would like to thank all faculty, staff, and students for attending this important function. Many residents, faculty and support staff worked hard on their research projects, and it meant a lot to them to have had a large audience supporting them.

There are many other exciting opportunities and developments in the Department that are beyond the space accorded to me in this newsletter. If any faculty member is wanting to become more involved with University of WRHA leadership/administrative/research/educational activities, we would be delighted to assist you and create these opportunities. Please follow the ongoing events by logging onto the Department webpage at umanitoba.ca/faculties/medicine/anesthesiat.

The APC updates are posted there and are a great source of information.

Thank you all for your many contributions. 🙏

Dr. Eric Jacobsohn
Department Head
Medical Director

A Word from the Department Head and Medical Director

With the new academic year now in full swing, the Department is fully engaged in many important activities at the University. Of utmost importance is the upcoming accreditation of the Medical School by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME, the American accreditation body). Many constituents have been working hard to make this happen, and Dr. Christodoulou has been one of the cornerstones of the University’s efforts, and the Department is indeed grateful to him for this. It is through these types of efforts (that many of you are increasingly engaged in) that our profile as a “serious player” within the University continues to grow.

As part of the accreditation process, the medical students have completed an extensive survey of their medical school experience. This has included an evaluation of all rotations, including the Anesthesiology rotation. In general, the rotation has been well-received and relatively highly evaluated, but as with all of these, there are some opportunities for improvement. Our educational office is working with all concerned to address any weaknesses that were identified.

CACMS and LCME conducted a Mock Survey this past year. There were many deficiencies identified, but few were really surprises. Many of the fixes have already been instituted and the School is confident that the true accreditation in April 2011 will be successful. One of the important educational standards that had to be addressed in all Departments is an improved student evaluation-feedback, as well as improved evaluation of Faculty by students (and residents). In this regard, we have been working with the APMSS to electronically identify student-faculty interactions and require a student to complete the faculty evaluation prior to receiving the rotation evaluation. This confidential evaluation of faculty’s teaching efforts will enable the faculty to receive aggregate feedback every 6-12 months (depending on the number of student-faculty interactions).

Similarly, a faculty-wide initiative (led by the Dean’s office and Dr. Roberts from the Department of Internal Medicine) is underway to establish a uniform research productivity evaluation methodology. It is likely that will be introduced faculty-wide within the few months. Similar changes have been given to address clinical and administrative efforts, and in this regard Anesthesia Program Committee (APC) established a small working group consisting of Dr. Laurence Brownell, Dr. Dean Bell and Dr. Amir Esmail to work on this matter. Good progress is being made on this front as well.

Our University of Manitoba and WRHA Anesthesiology administrative structure has undergone significant change in the last several months. We are delighted that Dr. Trevor Lee has assumed the position of Associate Head Clinical Operations, and Dr. Stephen Kowalski has assumed the position of Associate Head Research and Academic Activities. I am confident that both Stephen and Trevor will make important contributions in these domains. I am also pleased to announce that Dr. Shawn Young has assumed the position of Associate Head St. Boniface Hospital Anesthesia, and that Dr. Prakash Venkender has assumed the position of Associate Head of Anesthesia.

The four year specialty program was not Doug’s only interest. He initiated the one year program for anesthesia training for Family Medicine residents. This program was first directed by Dr. Don Reimer and is still going strong today.

Education on a national level was also important to Doug. He was actively involved in the establishment of refresher courses at the Canadian Anesthesiologists’ Society (CAS) annual meetings. He served on the scientific affairs committee from 1980-88 and the research advisory committee from 1987-92. He was one of the founding members of ACUDA and served as the vice-president in 1991-92 and the President in 92-94. Doug’s contributions to the Society were officially recognized in 1993 when he was awarded the CAS gold medal for meritorious service.

Within the CAS Doug also made another extremely important contribution. He became the Editor of the CAS journal from 1983-88. Doug revamped the look and structure of the journal so that it became a much more prominent journal in the world of anesthesiology. He also was actively engaged with the International Anesthesia Research Society and was a member of the Board of Trustees from 1978 to 1996. He was the Chairman of this board from 1991-94 and a member of the editorial board for the Journal of Anesthesia and Analgesia from 1977-82. It was this latter experience that made him such a great candidate to be the editor of the Canadian Journal.

While Doug was an excellent editor of the research submissions to the journal, he had previously been involved in research in anesthesia research both at McGill and also with the Respiratory Section of Internal Medicine at Manitoba. His interest and publications ranged from airway closure in the world of anesthesiology. I would like to thank all faculty, staff, and students for attending this important function. Many residents, faculty and support staff worked hard on their research projects, and it meant a lot to them to have had a large audience supporting them.

There are many other exciting opportunities and developments in the Department that are beyond the space accorded to me in this newsletter. If any faculty member is wanting to become more involved with University of WRHA leadership/administrative/research/educational activities, we would be delighted to assist you and create these opportunities. Please follow the ongoing events by logging onto the Department webpage at umanitoba.ca/faculties/medicine/anesthesiat. The APC updates are posted there and are a great source of information.

Thank you all for your many contributions. 🙏

Dr. Eric Jacobsohn
Department Head
Medical Director

A Word from the Department Head and Medical Director

A Word from the Department Head and Medical Director

A Word from the Department Head and Medical Director
Dr. Bob Friesen: Where are They Now?

In 1982, after completing my anesthesia residency at the U of Manitoba, I started my career at St Boniface General Hospital. During my time in Winnipeg, I was also the SBGH Department of Anesthesia Chair for some 11 years. 2005 was an eventful year for me. After 23 years at SBGH, my wife Penny and I sensed that it was time for a change. The challenge was to find a stimulating practice that provided a balance for family and leisure time. This we found in White Rock B.C. Peace Arch Hospital is a 160 bed acute care community health facility located 40 minutes south of Vancouver. The hospital offers a wide range of surgical services, from care for a very prominent geriatric population to a maternity service of approximately 800 deliveries per annum. There are also opportunities to work in private practice surgical clinics. We have 8 anesthesiologists on staff. I have served as departmental chair since 2006. The hospital fosters a sense of community, loyalty and excellence in patient care, not dissimilar to SBGH. I have long had an interest in OR function and design. My present position and more predictable work load have allowed me to continue to pursue this interest.

One is constantly reminded of the prairies. Many of my colleagues at work, as well as some of my close friends, are former Winnipeggers. Priorities shift with the arrival of grandchildren. We now have four, making for frequent commutes to Brandon and Calgary.

While the observation that, “it rains a lot in Vancouver” may be true of the North Shore, my experience in White Rock has been just the opposite. There is much to do, all less than one hour from our home. My present passions include hiking, skiing, freshwater fishing and boating.

Anesthesia is an egalitarian speciality. Aside from those individuals who have limitations on the type of call that they do, we all do the same work. There are no benefits of seniority. Call reduction becomes a means of acknowledging those that have come before it also gives them something to look forward to.

For many senior anesthesiologists, who may be financially secure, the added call income is unnecessary. Faced with a choice of continuing call or retirement they may choose the latter. This would deprive the departments of both manpower and their most experienced individuals.

In conclusion, an age based call reduction can potentially benefit the individual involved and the anesthesia community as a whole.

Anesthesia Residency Program

BY DR. CRAIG HABERMAN

Congratulations to all PGYS and PGY4 residents on their presentations and posters at the Research Symposium. Special thanks to all the resident research mentors. Thank you to Ian McIntyre for his enormous efforts as Chief Resident as he completed his term on December 31. Ryan Brinkman has agreed to continue his responsibilities as Co-Chief Resident while assuming the role of Chief Resident on January 1, 2011. The Editorial Committee Members feel it is in the best interest of the Program that Ryan continue in both roles as the training program roles out and trials a new call system in January 2011. It is that time of year again when we also prepare for the CaRMS. Faculty will shortly be receiving the request for volunteers to assist with the CaRMS interview process. I would encourage you to get involved in having a part in the selection of our future residents! I would like to welcome Mehdi Sefidgar to the residency program. Mehdi transferred into Anesthesia from Physical Med Rehab joining the PGY3 Anesthesia resident cohort.

Annual Resident Research Symposium

Congratulations to all award nominees and award recipients. November 9, 2010

WAIEL AL-MOSTADI – PGY5 Completed Research

KRISTIN MCCREA – PGY4 Research in Progress

IAN McINTRYE – Ben Shell Research Award for Research Excellence in Anesthesia

STEVEN BOOTH – Douglas B. Craig Resident of the Year

CHINNIPALAYAM RAJAMOHAN – St. Boniface Anesthesia Teacher of the Year

FAHID AL-GURASHI – Community Anesthesia Teacher of the Year

LEENA PATEL – Pediatric Anesthesia Teacher of the Year

TOM MUTTER – YK Poon Anesthesia Teacher for Excellence in Teaching

JENNIFER BALLEN “Vascular Surgery” – Best Academic Day Presentation Nominees: Tamara Miller, Barry Bradly, Raymond Deutscher, Johann Strumpher

IONA PRIMROSE – PGy4 Research in Progress

FAHD AL-GURASHI – Community Anesthesia Teacher of the Year

LEENA PATEL – Pediatric Anesthesia Teacher of the Year

TOM MUTTER – YK Poon Anesthesia Teacher for Excellence in Teaching

JENNIFER BALLEN “Vascular Surgery” – Best Academic Day Presentation Nominees: Tamara Miller “Intraoperative Crisis Management”

Ivan Ernst “Valvular Heart Disease”

Howard Intrate “Cronic Pain”

There are few Specialists in the region that struggle with the frequency and acuity of call that we do in Anesthesia. On any given night there are at least 17 Anesthesiologists on call in the region. Depending on the number of Anesthesiologists on staff, call frequency can become burdensome. More recently, the acuity of call has increased, especially for sites that are part of an Acute Care Surgical Service (ACSS). Call reduction policies based on age would mean that much of this work would be carried out by the more junior members of our departments (in a stage of their lives where they are raising young families). This high frequency, high acuity call scenario not only challenges our busy family lives but can lead to physician burn out.

The Anesthesia community is a large one, and has made remarkable gains recently in improving the integration between sites. Sites are now less vulnerable to changes in the surgical program (most notably when they drop an ACSS program on your doorstep). We are now in a position to better match individuals with sites based on preferred case mix as well as the frequency and acuity of call. Unfortunately, this will not change the absolute number of people on call on a given night… that would require something much more dramatic.

Dr. Raymond Deutscher
Department of Anesthesia
St. Boniface Hospital

Dr. Raymond Deutscher
Department of Anesthesia
St. Boniface Hospital
A Warm Thanks to Winnipeg! by Dr. Doug Craig

My children Shauna, Rob and Lea join me in expressing our sincere thanks for the wonderful retirement event in September! We extend special thanks to the team of organizers who did such a great job!

When I considered Eric Jacobsohn’s proposals for an event to recognize my 40 years in Winnipeg, my decision was to limit it to something ‘small’ and ‘informal’. If I had defined ‘small’ in advance it would have been far short of the actual! I would never have imagined that so many people from so many constituencies would want to be part of the celebration. I thank each of them! I really appreciated both the set of ‘formal’ presentations and the many direct comments, both from those at the event and in written form. I have many good memories!

The video presentation (thank you Lorraine!) was a total surprise to me, although it became clear that my children had a hidden part in supplying some of the material! As you would expect, I found much of the content a very touching reminder of my personal life, not only while in Winnipeg but earlier (the No Smoking photo was from Pietermaritzburg, South Africa – I was 10 – and secretly smoking!). The photos of my time in Winnipeg but earlier (the no Smoking photo was from Pietermaritzburg, South Africa – I was 10 – and secretly smoking!).

Moving from Winnipeg to Montreal has been an adventure! I now feel settled in my apartment and have jumped through multiple bureaucratic hoops to get my Quebec health card, car registration, driver’s licence and a local parking permit. Each of these has been a ‘story’ that belongs elsewhere! Since September, I have travelled to Nova Scotia and Saskatchewan to visit my family, including Tatum Christine Moore who was born on October 31st.

I want to repeat a point I made in my comments at the event. Winnipeg really was a great place to live, work, complete schooling and to play – for my whole family. John Wade’s invitation in 1969 for me to move there from Montreal led to a fulfilling career that I could not have imagined in advance and a wonderful family life. I thank all my colleagues in the Anesthesia Department and elsewhere in Winnipeg, as well as all our family friends who helped make the 40 years so positive.

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The Role for Night Float in Anesthesia

With the advent of pre and post call days related to 16 hour call it is noticeable that we lose a significant number of elective clinical slates. This has been noted recently at the Royal College level. Most residents will do at least 17 months of adult anesthesia in our PGY 2-5 years of residency. Because we cover two sites with a relatively small number of residents (24-26 per year) most people end up doing 7 calls per month. While there is no doubt that on-call cases are important to thinking on ones feet, elective cases, especially earlier in residency, are important for developing approaches to anesthetics as well.

When a 2nd year resident does 7 call they have the potential to do only 8 elective slates in one month. With no pre call day they would likely be doing 12 elective slates (this takes into account the academic full day in PGY 2). This also creates serious challenges to evaluating residents. It would be unrealistic to expect a junior resident to be able to manage a ruptured AAA at 3 am when they haven’t had the opportunity to do one electively.

With these considerations we have elected to trial a night float system in the last 6 months of this academic year. We will have one resident doing call for up to 7 days straight from 1900-0700. We will have a resident covering from 1530-1900 most nights. On weekends the residents will do elective slates per month for residents. Over the course of our residency this could equate to 2-3 extra months of anesthesia exposure.

If you have any questions or feedback please let myself or Dr. Haberman know.

Ryan Brinkman, Chief Resident

Congratulations Linda Boiteau on her graduation as an Ophthalmic Sedation Practitioner in Anesthesia at the Misericordia Health Centre.
People in the Crowd

Congratulations to the graduating PGY5s who commenced fellowships in July, August and September: AARON MACINNES, Pain; MARSHALL TENEBNEBN, Simulation; HARLEENA GULATI, Thoracic Fellowship in New York; DEAN SWEDLO, Critical Care Fellowship in Calgary; KEVIN WILLIAMSON, Trauma Fellowship in Washington.

Congratulations to JUDY LITTLEFORD on completion of her Palliative Medicine fellowship in Ottawa. Judy has returned to Winnipeg and has accepted the position of Course Coordinator; Information Literacy and Biomedical Informatics for the Faculty of Medicine.

Thanks to FRANK EWERT for his 5 years service as Chair of Anesthesia Standards Committee; welcome to JIM ENNIS as the incoming Chair of Anesthesia Standards Committee.

Welcome to STEPHEN KOWALSKI as Associate Head, Research and Academic Affairs and TREVOR LEE as Associate Head, Clinical Affairs.

Congratulations to ROB BROWN on being offered (and accepting) the position of Honorary Senior Stuck of the MMASA for the 2010-2011 academic year. The Honorary SENIOR STICK of the MMASA is a faculty member of the University of Manitoba elected by the MMASA Executive. The Honorary Senior Stuck provides guidance, support and an appreciation of the broader contexts within healthcare and education.

News from Pain Management

By DR. HOWARD INTRATER, MEDICAL MANAGER, PAIN CLINIC, HSC

The National Opioid Use Guideline Group (NOUGG) is developing implementation strategies for the Family Physician Anesthesia Program and the Department of Anesthesia of the Faculty of Medicine, University of Manitoba and the Office of Rural and Northern Health to collaboratively develop a Continuing Professional Development Program for FP/GP-Anesthesia. The proposed program would serve to provide for the ongoing CPD needs of the FP/GP community through individual physician-requested programs and working with the FP/GP community, rural RHAs and CPDM to assess the CPD needs, and develop formal programs.

ALAN MUTCH has stepped down as Vice-Chair, Research and Academic Affairs. Many thanks to Al for his remarkable service in establishing the Department of Anesthesia Research Office and for spearheading the enterprise in so many ways.

Best wishes to GERRY LEFEVRE on his retirement from practice at St. Boniface Hospital and the WRHA.

Best wishes to ARCHIE BENOIT as he steps down as Medical Director of Pre-Hab Medicine.

Congratulations to RICK SINGH on completion of his Cardiac Anesthesia Fellowship. Rick has commenced his practice at St. Boniface Hospital.

Congratulations and best wishes to BRIAN KUO on his Faculty of Medicine appointment as Coordinator, Continuing Professional Development Program for Family-Practice Anesthesia.

In this role, Brian will work with the Office of Continuing Medical Education, the Family-Physician Anesthesia Program and the Department of Anesthesia of the Faculty of Medicine, University of Manitoba and the Office of Rural and Northern Health to collaboratively develop a Continuing Professional Development Program for FP/GP-Anesthesia. The proposed program would serve to provide for the ongoing CPD needs of the FP/GP community through individual physician-requested programs and working with the FP/GP community, rural RHAs and CPDM to assess the CPD needs, and develop formal programs.

CHRIS CHRISTODOULOU has been appointed by the Dean of Medicine as the Director of UGME Curriculum Development for the Faculty of Medicine.

Welcome to ALEX PANDIAN and his wife Somya Narasimhan on their recent move to Winnipeg from England. Alex will be practicing at Health Sciences Centre and Somya has accepted a faculty position in Endocrinology.

Welcome to MARK ACALA who will be working on data entry for Pediatric Anesthesia.

Welcome to KIM ARMITT who joins Anesthesia as Executive Assistant to Reid McMurchy, Bruce Anderson, and Laura-Lee Bouchard.

Welcome to PRAVITA OSMAN who joined the Pain clinic, HSC as a secretary in May 2010. Welcome to WAYNE NATES as he commences a one year fellowship in Cardiac Anesthesia.

Congratulations to PRAKASHEN GOVENDER on his appointment as Associate Site Manager, HSC Adult Anesthesia and to SHAWN YOUNG on his appointment as Associate Site Manager, St. Boniface Hospital.

Effective November 15, 2010, PATRICIA MKYTIUK assumed the position of fellowship Director for Pain. Thank you to IAN SUTTON for his years of service to the Fellowship.

NEWS FROM PAIN

JENNIFER BALLEN and her husband Marshall Pitz on the arrival of their first child, Alexa Elyn born on July 26.

SHERRY GARD and her husband Jason welcomed their 4th son Graham Robert on June 21.

WAIEL AL-MOUSTADI and his wife Saleha who welcomed a son, Ahmed on August 19.

STEVEN BOOTH and his wife Jen welcomed their first child, a daughter, Kain born on July 2, 2010.

IAN MCINTYRE and his wife Tina welcomed their second child, a daughter, Ila on November 18, 2010.

AINSLEY ESPENELL and her husband Norm welcomed their third child and second son, Rylen on December 6, 2010.

SEAN JARDINE and his wife Caroline welcomed a daughter, Indianna Lily on November 4, 2010.

If you have information that you wish to share with members of the department and alumni, please forward to Laura-Lee Bouchard at lbouchard@hsc.mb.ca or email us at lbouchard@hsc.mb.ca so we can print it in a future issue of Gasline.
Remembering Those We’ve Lost

Maureen Cumming R.N. B.Sc.1944-2010

Maureen Cumming passed away suddenly on August 20, 2010 at the Victoria Hospital in Winnipeg. She had retired from the Department of Anesthesia at HSC in 2007. Maureen was born and raised in Morden, Manitoba and graduated from the Winnipeg General Hospital School of Nursing in 1965. She worked in the operating room of the WGH after graduating and rose to become head nurse in the Section of Vascular Surgery. Following this she transferred to the Recovery Room and nured there for approximately three years. During her time working at WGH she also obtained her Bachelor of Science degree.

In 1975 she came to work in the Department of Anesthesia with Dr. John Wade and Dr. Richard Palahniuk in the animal laboratory in the Medical College. Maureen was the scrub nurse for the operations on the pregnant ewe which was the animal model for experiments in obstetrical anesthesia. In addition to running the “OR” Maureen helped with the various experiments and the analysis of data. Besides Drs. Wade and Palahniuk, she worked with Drs. Arnold Tweed, Bill Ong and George Gregory plus many anesthesia residents and obstetrical research fellows on many studies. As John Wade said “Maureen was the glue that held the lab together”. Residents and fellows from out of town were always welcomed to the lab by Maureen who was always ready to help newcomers settle in to Winnipeg. She often had them over to her apartment and was always available to help people adjust to living in a new city.

In between “sheep seasons”, Maureen helped with other research projects and soon became the follow-up nurse for tracking patient outcomes in the OR. The Department of Anesthesia at the now HSC institution began using computerized OR records and Maureen was the research nurse who visited patients and reported back to the Department and individual anesthesiologists about patient problems and complications. These early studies eventually resulted in multi-centered tracking of OR complications in other hospitals besides HSC. In another study on operations during pregnancy, Maureen and Moyra Perry travelled to communities throughout the province to look at newborn records in community hospitals to correlate data obtained from the Manitoba Health Services computer. This large study demonstrated that emergency anesthetics during pregnancy had no specific effects on newborns at birth.

In 1984, Maureen transferred to the Health Sciences Hospital Department of Anesthesia but continued to be involved in many of the outcome studies. She participated in-studies in both HSC and St. Boniface Hospital and assisted many anesthesiologists and residents in their research projects. Maureen always came to the early morning obstetrical anesthesia rounds held at the Women’s Centre and was a faithful attendee at weekly talk rounds and kept the minutes of these sessions. She also participated in the WRHA audit process for the all the Anesthesia Departments in Winnipeg when this was first established in 2002.

Besides her research work, Maureen was noted for her culinary skills. She organized parties at Christmas and was famous for her appetizers and other dishes at the Department parties and events. She also had a catering business for her friends and their families. She loved to cook and her collection of cook books would rival many famous chefs.

In 2006, Maureen underwent a total knee replacement because of severe arthritis as a result of a car accident which occurred in 1965 shortly after she graduated from nursing. This accident, in which she was the sole survivor and lost three of her friends, occurred when they were traveling in England. The accident was a defining and tragic occurrence in Maureen’s life. The aftermath plagued her for years and likely was indirectly responsible for her untimely death.

Maureen touched many lives during her career in the Department of Anesthesia at the university and at HSC. We remember her enthusiasm, her dedication and her kindness to patients, co-workers and friends. Along with her brother, Bob, his wife Susan and Maureen’s two nieces, we will miss her greatly.

After the closure of the sheep laboratory in 1984, Maureen

Maureen was the glue that held the lab together... she was always ready to help newcomers settle in to Winnipeg... and was always available to help people adjust to living in a new city.
The Malignant Hyperthermia and Serum Cholinesterase Registries are administered by the Section of Pediatric Anesthesia. The Registries were established to keep a record of patients and family members at risk of MH and cholinesterase deficiency. Over the years the Registries have become an important source of information for physicians and patients.

Dr. Douglas Craig started the Serum Cholinesterase Registry in the early 1970s; Dr. Suzanne Ullyot is the current Medical Director. There are 4500 records in this database. Of these, 235 patients have no normal gene, ie, they are AA, SS, AS, or a more rare variant. 1123 patients are heterozygous with one normal gene and one abnormal one.

Dr. Peter Duncan started the MH Registry in 1982. It currently contains 1500 records. Of these, 185 are index cases which initiated an investigation, and the rest are family members. 385 biopsy results are on file, about half of which are positive. Dr. Leena Patel is the current Medical Director. In addition to managing the MH Program, she runs a consultation clinic once a month where patients and families of suspected cases are investigated and counseled.

Joanne McGorman in the pediatric anesthesia office is the Administrator for both Registries. She receives approximately 30-40 calls a month from Anesthesiologists, Pre-Admit Clinic Nurses, Physicians, Surgeons, Dentists and patients or family members. Most questions from physicians and nurses pertain to whether a patient is in either registry and if they are susceptible. Patients and families call to obtain information on MH or cholinesterase deficiency and how they can be tested.

Both Registries currently exist largely in paper form occupying two banks of filing cabinets in Dr. Reimer’s office. Steps are under way to modernize the registries with the intent that any anesthesiologist within the Region will be able to access the databases from a hospital computer terminal. A basic computerized database already exists, but at present is only accessible to anesthesiologists at Children’s hospital. As part of the upgrade process, new medical directors will be needed soon to transition into these roles.

Interested anesthesiologists should contact Joanne or Dr. Reimer at 787- 2560.

Submitted by, Joanne McGorman
Administrative Assistant, Pediatric Anesthesia