



Outpatient • Office Based • Non-Operating Room

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2022 SAMBA Office Based Anesthesia (OBA) Virtual Symposium

01:04:40 Grace Lee Dorsch: Benchmarking is an area OBA practitioners really need to think about. Since “score” closed, there is no easy way to capture that data. Thinking of smaller independent OBA practices.

01:14:03 Richard Urman: Thanks!

01:18:11 bob rogoft: hipa violation?

01:20:26 Laura Matsunaga: Great information Dr. Yen. Billing code slide unclear. Is there a way to get the billing codes commonly used? Thank you!

01:21:56 Leo Rodriguez MD MBA: Every geographical area has different economics, how do you manage your schedule, one office per day...?

01:23:35 izabelabarnes: What your personal opinion on pros and cons of using invoice to the office versus Square

01:25:05 Leo Rodriguez MD MBA: Do you have a preoperative evaluation system to prevent cancellations and advanced notice of billing for services, npo guidelines, medications to take?

01:25:15 izabelabarnes: thx

01:25:20 Grace Lee Dorsch: CPT (for medical insurance)

00170 Anesthesia for intraoral procedures

CDT(for dental insurance)
D9222 first 15 min., D9223 subsequent 15 mins.

01:29:38 izabelabarnes: What's the app called?

01:30:18 stephensmith: MEGHAN: it seems the 3 bodies accrediting OBA practices don't really offer a pathway for the solo OBA anesthesiologist practice. Do you have a feel for which one would be best for a solo practitioner?

01:33:08 Grace Lee Dorsch: AAAASF is what most have used that I have spoken to.

01:36:31 Grace Lee Dorsch: Also, Dr. Leo Rodriguez is in attendance, SAMBA past president!

01:48:06 Grace Lee Dorsch: ASDA Quality Reporting....assessable as a member or associate member in ASDA. Submits info to NACOR.

01:53:58 Grace Lee Dorsch: If you are generous with fluids, you mentioned you use a foley. Any issues with that from patients? Most of my plastics patients don't want a foley. I usually limit fluids to avoid this? Others thought?

01:54:40 Fred Shapiro: Yes, similar question from me to Dr Bishai

01:59:48 Kelly Lebak, MD: Dr. Rogoff-do you generally redose the ketamine after induction?

02:00:05 Leo Rodriguez MD MBA: IV acetaminophen just became generic, however when not in contract is costly ~\$30/vial. I think the pharmacology of PO Acetaminophen

02:00:39 Grace Lee Dorsch: Is anyone using pre-op combo : po Tylenol, Celebrex and gabapentin?

02:01:07 Leo Rodriguez MD MBA: For breast plastic surgery, are you doing any blocks? Pec blocks?

02:01:40 Lenny Naftalin: Are you using quantitative neuromuscular blockade monitoring? How do you decide whether to reverse Roc?

02:01:48 boris anyama: Do you prophylactically treat ponv before the procedure for high risk patients or only if symptomatic?

02:02:20 Grace Lee Dorsch: My surgeon does pectoralis block pre incision

02:02:32 stephensmith: I have had plastic surgeons object to acetaminophen administration pre-op or intra-op since this limits their ability to treat with acetaminophen containing analgesics (Tylenol-3) in immediate post-op period. What do your surgeons prescribe to avoid this?

02:05:06 izabelabarnes: Painful Back lipo followed by BBL on the last portion of the case after fat has been harvested in prone can be challenging. DO you keep them very deep ? How do plan your emergence please?

02:05:20 cwang: For P.O. Tylenol, you give to the patient 5-10 before the induction when the patient just walk in and the OR is ready.

02:05:42 cwang: 5-10 minutes

02:06:52 Janyne Santos MD: Perfect !! I also use Lydocaine in the beginning and in the end.

02:11:09 BobbieJean Sweitzer: Should discourage surgeons from using Tyl #3! More PONV, some patients are rapid metabolizers, many won't have sustained effects. VERY problematic drug.

02:11:12 Leo Rodriguez MD MBA: Brazilian Butt Lifts have been associated with deaths, any special precautions you can discuss?

02:12:17 BobbieJean Sweitzer: Why avoid a benign, cheap drug like plain acetaminophen to allow giving a drug like Tyl #3 which frankly needs to be removed from the mkt?? LOVE the idea of the low dose methadone (an opioid and NMDA blocker)

02:12:20 boris anyama: Do you prophylactically treat ponv before the procedure for high risk patients or only if symptomatic?

02:12:55 BobbieJean Sweitzer: Why lidocaine "at beginning and end" rather than bupivacaine?

02:14:08 izabelabarnes: Anyone using 100% TIVA in Plastics or always inhaled anesthesia for maintenance ?

02:14:36 Grace Lee Dorsch: My plastic surgeons don't use T#3 post op. They use Vicodin which is also Tylenol.

02:14:51 boris anyama: Zofran?

02:15:26 BobbieJean Sweitzer: Kudos Dr. Shapiro on pushing SCIENCE not MYTHS!! We need to educate all care providers for better care of patients.

02:15:51 Grace Lee Dorsch: I don't find it usually a problem since by the time they are home, the time for next dose of Tylenol is about due.

02:16:09 BobbieJean Sweitzer: Oral hydromorphone (Dilaudid) is acetaminophen free and an alternative to methadone

02:17:05 izabelabarnes: Anyone using 100% TIVA or always inhaled?

02:17:23 Fred Shapiro: 100% TIVA these days

02:17:52 BobbieJean Sweitzer: Rectal acetaminophen at end of case (if more than 6 hrs since the oral acetaminophen) is also a great option to expensive IV Tylenol

02:18:06 Grace Lee Dorsch: TIVA for blephs and face lifts

02:18:15 Meghan Valach: Our group does 100% TIVA even for 6 hours plastics cases but we do use a BIS

02:19:00 Fred Shapiro: TIVA reduces the carbon footprint in terms of environment ... its GREEN

02:19:09 BobbieJean Sweitzer: I encourage everyone to eliminate N2O from your practice due to the environmental impact!

02:19:39 izabelabarnes: Yes I do 100% of my plastic cases (body and facial) with TIVA

02:20:18 Meghan Valach: Also do a lot of open airway general for these cases so you don't have to anesthetize just for the ET tube

02:20:45 boris anyama: TIVA is controversial with the environment due to the amount of plastic used

02:22:04 izabelabarnes: Absolutely!! Another awesome aspect of OBA practice!

02:22:45 Laura Matsunaga: Why is there not a way to recycle the plastic packaging that never touches a patient?

02:23:35 SAMBA Office: Register here: <https://sambahq.org/samba-2022/>

02:44:48 izabelabarnes: Could you please share the name of the device you use to ventilate (valve and bag apparatus)?

02:45:22 Philip Yen: <https://sedationresource.com/kab-co2-absorber/>

02:57:32 violadevany: how to you scavenge SEVO

02:57:44 Grace Lee Dorsch: I agree, it is a very good marketing tool.

02:58:31 Grace Lee Dorsch: I use a charcoal scavenger attached to my Anesthesia machine (OBA-1).

02:59:05 Philip Yen: <https://www.harvardapparatus.com/f-air-filter-cannisters.html>

03:00:21 Adel Bishai: it seems like it would require quite a bit of time trying to educate the parents. Do you feel that the ben fits outweigh the time involved

03:01:50 Grace Lee Dorsch: I do spend time talking to parents on my prep phone call.

03:02:23 izabelabarnes: Do you call these parents Preop to do the Preop evaluation?

03:02:41 boris anyama: At what age do you just place an IV prior to induction

03:02:42 izabelabarnes: DR Yen, how do you Preop your patients please?

03:02:48 Adel Bishai: Any role of PO midazolam in addition to or in place of parental participation

03:06:53 violadevany: Dr Smith, do you personally do 100-150 cases per month

03:07:24 Leo Rodriguez MD MBA: Do you have dantrolene?

03:07:49 Adel Bishai: great topic and great discussions all three of the presenters

03:07:56 Jonathan Bacon: Does Dr. Yen/Smith/Naftalin/Dorsch have any hard cut offs for lowest age or weight for office based dental cases? Any BMI cut offs? Thank you.

03:08:12 violadevany: how many cases do you a day

03:08:14 Grace Lee Dorsch: I carry Ryanodex

03:08:52 izabelabarnes: Does everyone here have nurses doing the pre-Anesthesia assessment? obtaining clearance and if needed, Medical records

03:10:39 Grace Lee Dorsch: I don't typically do under 2 years in the office.

03:11:24 Alan Sato: Typical time from end of procedure to discharge? Discharge criteria. Differences TIVA v inhal. Recovery in room, dedicated recovery area.

03:12:15 Jonathan Bacon: Great question. Any minimum holding time prior to discharge?

03:13:52 Grace Lee Dorsch: Great ideas!

03:14:28 BobbieJean Sweitzer: I encourage everyone to make it easier to join the "woke crowd" by using the analogy of "superheroes" for BOTH boys and girls and those "gender-fluid" patients of ours.

03:15:09 izabelabarnes: Dr Smith seems to have a high volume Practice- please elaborate further on pacu phase and discharge

03:15:18 Basem Abdelmalak, MD, FASA: I love the very clinical/ practical questions as well as the expert answers Thank you all, presenters and audiences

03:18:16 izabelabarnes: What is the shot?

03:19:27 boris anyama: I am currently a CA-1 resident interested in OBA. Did any of you do a pediatric fellowship? If so, did you find it helpful for marketing/skillset for dental anesthesia?

03:23:05 BobbieJean Sweitzer: Thanks for addressing that. We may be able to ask patients which pronouns they identify with. Or if they are dressed as a princess then ok to use that princess verbiage! Personalized medicine.

03:33:33 Basem Abdelmalak, MD, FASA: Did you check for tryptase levels? why is the second dose of ondansetron?

03:35:07 Adel Bishai: do you routinely give Glycopyrolate preop?

03:35:20 Basem Abdelmalak, MD, FASA: any results from the allergy testing that you know of?

03:35:33 Adel Bishai: is the consensus that it is or isn't an innocent drug

03:35:48 Steve Yun, M.D.: the lack of a tryptase level is really disappointing. what was the hospital thinking 🤔?

03:36:33 BobbieJean Sweitzer: Dr. Valach, thanks for an excellent discussion. I was not aware of the recommendation for IM epi vs IV epi. Will you please restate to emphasize that! Will you also consider writing up this case, esp with the recommendation of best practices for Rx for the SAMBA newsletter?

03:36:50 Steve Yun, M.D.: strongly agree with IM epinephrine even with IV access. seen too many cases where wrong dose was given IV

03:37:35 BobbieJean Sweitzer: I have started speaking directly with the ED team (preferably the docs) and ASK them to do a try-tase level. It is shocking how few ED docs know about tryptase

03:37:55 Basem Abdelmalak, MD, FASA: I use small doses of epi IV, like 20 microgram increments, have n patience for IM

03:39:00 BobbieJean Sweitzer: IM epi pretty fast. Especial concern of IV epi in elderly patients.

03:39:44 Basem Abdelmalak, MD, FASA: Thank you Dr. Vlach, yes , I second Dr. Sweitzer's proposal, writing this case up would be very beneficial to many

03:39:52 Steve Yun, M.D.: another rationale with IM epinephrine is that plasma levels persist for a longer period and may help prevent recrudescence

03:40:29 BobbieJean Sweitzer: Some of these pts will have C1 esterase deficiency esp with hx of "multiple allergies"

03:41:13 Basem Abdelmalak, MD, FASA: I meant have no patience for Im epi

03:42:09 SAMBA Office:

<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Anaphylaxis-2020-grade-document.pdf>

03:43:21 Beatriz Esberard: Thank you for the link!

03:43:40 Penelope Miggins' iPhone: I've had 2 Cleocin positive anaphylaxis in the office setting. More common now with adolescents using topical Cleocin for acne. Agreed with little patience for IM in OR. Thanks for update.

03:46:53 aliaelmowafy: Do you go with the patient to the ER to do an official handover to the ER Physicians?

03:47:12 Grace Lee Dorsch: DO any of you have an unusual occurrence form/sheet?

03:54:03 stephensmith: Mallampati Score?

03:54:07 Beatriz Esberard: Is a glidescope or videolaryngoscope available in the facility?

03:55:11 izabelabarnes: How recessed is his chin??

03:55:52 Grace Lee Dorsch: I bring a KingVision videoscope with me.

04:11:25 stephensmith: PERSONAL OPINION FOLLOWS: I am definitely an outlier here as I am not a fan of the LMA. LMA is an abbreviation for Let Me Aspirate in recognition of its ability to prevent aspiration. It also does not secure the airway, leaving the patient at risk of laryngospasm. In this case with difficult intubation under ideal conditions (supine positioning and no sterile field limiting our access) we must ask ourselves if intubation will be any easier in prone or lateral position with an open surgical incision and sterile field. MY approach would be to intubate and secure the airway or wake up and reschedule the procedure in hospital with advanced airway equipment.

04:12:40 violadevany: I also agree we should have video laryngoscope, DRE now AVANT also has one

04:13:25 Lenny Naftalin iPhone 13: The McGrath Mac video scope has a lower profile for patients with limited opening and pediatric patients

04:14:07 Philip Yen: <https://www.medtronic.com/covidien/en-us/products/intubation/mcgrath-mac-video-laryngoscope.html>

04:14:42 Philip Yen: <https://orsupply.com/product/236179>

04:16:10 Fred Shapiro: There are multiple products re: Supraglottic airways and portable fiberoptic equipment

04:16:46 Fred Shapiro: Everyone has their 'preferences' according to their comfort level

04:30:28 violadevany: thank you for your humility in sharing a difficult situation

04:30:30 Laura Matsunaga: Consider securing the IV first on a BMI

04:30:43 Laura Matsunaga: Over 30

04:30:49 violadevany: we have all been there

04:31:31 Lenny Naftalin iPhone 13: Allow clear liquid intake up to 2 hours prior
Was this patient hypovolemic

04:33:47 Lenny Naftalin iPhone 13: Remi also allows for fast recovery and smoother extubation

04:34:34 izabelabarnes: How late is too late for your routine Peds dental office cases?

04:35:40 Grace Lee Dorsch: I don't have many parents willing to take appointments for kids after 1pm

04:37:37 aliaelmowafy: I also mix prop and remi in a syringe and I find slow administration is key to prevent chest wall rigidity and bradycardia.

04:39:41 Steve Yun, M.D.: tough case and I applaud your care. however I too would consider NOT bolusing with remifentanyl for intubation because of bradycardia and possible rigidity. I personally love remi but only intubate with propofol and perhaps a small dose of fentanyl or alfentanil. I choose fentanyl or alfentanil because if I have any delay in securing the airway I still have opioid on board whereas the remi wears off too fast during prolonged intubation attempt.

04:40:39 Steve Yun, M.D.: also perhaps intranasal precedex for premed?

04:41:07 Beatriz Esberard: Do you have someone to call patients upfront?

04:42:09 Grace Lee Dorsch: From Dr. Naftalin:

04:42:14 Grace Lee Dorsch: I will treat kids as late as 4 pm. They can have breakfast skip lunch and clear liquids until 2 pm

04:43:01 izabelabarnes: I also would like to know about the Preop anesthesia assessment most do.... Not everyone has a nurse... online? In the office than have them send to you? Records and medical clearance/optimization?

04:44:29 violadevany: clonidine pre op then adding nubain really decrease the dose of ketamine to about 1 mg/kg I also add midazolam

04:51:37 stephensmith: Please mute if you are not speaking, we are getting interference

04:53:01 Steve Yun, M.D.: just my personal opinion but I hate the Criticare monitors.....their capnography and water traps are wonky. even if the dental office has a Criticare monitor I will use my own.

04:53:09 Kelly Lebak, MD: Love the rolling monitor bag, genius.

05:09:09 Basem Abdelmalak, MD, FASA: This is very cool Lee!, I have been waiting forever to see your truck, cart, and set up, would you be willing to post these pics on our website please? Thanks again

05:11:07 stephensmith: Lee: how do you get the cart in and out of your Suburban, do you use a ramp or take it out in pieces and reassemble?

05:14:03 Steve Yun, M.D.: what are the fees and costs for IntakeQ? it sounds great!

05:16:19 BobbieJean Sweitzer: Dr. Dorsch, good thing you didn't just stay in your jammie bottoms for zoom. But, I do you at least kicked your shoes off!

05:16:48 Fred Shapiro: She just getting comfortable

05:19:46 Basem Abdelmalak, MD, FASA: How do you scavenge gases Lee? Thanks

05:20:34 Philip Yen: <https://www.harvardapparatus.com/f-air-filter-cannisters.html>

05:20:59 Philip Yen: <https://www.hullanesthesia.com/p/861/f-air-canister>

05:22:26 izabelabarnes: OBA 1 vs VSO2 anyone has comments please?

05:23:18 Adel Bishai: Appreciate the OBA Pearls section and speakers tremendously.

05:23:28 Lenny Naftalin: Oba 1 weighs less but vs02 can use multiple vaporizers

05:24:19 Lenny Naftalin: Also you can get a vent for vs02

05:24:44 Basem Abdelmalak, MD, FASA: We do not endorse any of these products, however if these products are helpful to some of our members as I'm gathering here, can you please provide us with the contact info? so as we can invite them to exhibit at our coming conference, and support our society, and also for our members to learn more about these products

05:25:21 Basem Abdelmalak, MD, FASA: please send info to info@sambahq.org, or to me directly at abdelmb@ccf.org

05:26:35 Steve Yun, M.D.: thank you all

05:26:44 Steve Yun, M.D.: great discussions

05:27:40 Penelope Duke: Fantastic conference! Thanks for everything!

05:28:04 Grace Lee Dorsch: I also use IntakeQ it has really streamlined pre-op info

05:28:08 Leo Rodriguez MD MBA: As a SAMBA Past-President, I'm proud that we did a strategic planning session and brought back these focused meetings for ASCs and OBA. No other organization is offering high-level meetings as SAMBA is doing. I hope that all meeting attendants mention these meetings to their colleagues, and encourage them to be SAMBA members, we will improve care in ASCs and Offices.

05:28:25 Basem Abdelmalak, MD, FASA: Indeed, thank you to the organizers, moderators, speakers, and our SAMBA Office staff

05:29:48 Basem Abdelmalak, MD, FASA: Yes, thank you Leo for spearheading this effort, and yes nothing more powerful than the word of mouth.

05:30:07 Penelope Duke: We are lone rangers in need of community. This forum is fabulous and I will definitely share the resource.

05:30:08 Kelly Lebak, MD: thank you all for sharing your expertise!

05:30:42 Mark Saxen: Thanks for a great meeting!

05:31:20 SAMBA Office: Register for the annual meeting here:
<https://sambahq.org/samba-2022/>

05:31:25 Eduardo Giroud: Great meeting, thanks

05:31:31 stephensmith: Great meeting! Let's do this again

05:31:40 Adel Bishai: Thanks so much Lee and Fred for a great Symposium . Well done on all fronts!

05:32:15 aliaelmowafy: Great meeting! Thank you

05:32:26 janynesantos: Wonderful , nice to meet u all . Congratulations !

05:32:30 BobbieJean Sweitzer: Congratulations to Drs. Dorsch and Shapiro, the OBA committee, all the speakers AND the attendees. This has been amazing!!!

05:32:44 Mrunali Luke: Thank you all for sharing your experience and views! Thanks to all the organizers of this meeting! Charles Luke

05:33:49 boris anyama: thank you everyone

05:33:56 izabelabarnes: Please do it again!! Thank you great job!!

05:34:20 Adel Bishai: thanks to the SAMBA OFFICE