CONTROVERSIES IN OBSTETRIC ANAESTHESIA
11th March 1988

9.30 am  Ideally all emergency caesarean sections should be performed in the delivery room
Proposer: Dr Barbara Moragn
Opposer: Dr Trevor Thomas
Moderator: Mr John Malvern

11.00 am  Primiparae can be reassured that epidural analgesia does not increase the incidence of forceps delivery
Proposer: Dr John Storrs
Opposer: Mr R P Husemeyer
Moderator: Dr Frank Loeffler

12.00 noon  Epidural anaesthesia is contra-indicated in mothers on low dose heparin
Proposer: Dr J Thorburn
Opposer: Dr Elizabeth Letsky
Moderator: Dr Michael de Swiet

2.00 pm  It is essential that antacid prophylaxis is given to all women in labour
Proposer: Dr G B Gillet
Opposer: Dr Felicity Reynolds
Moderator: Dr D D Moir

3.00 pm  Spinal is better than epidural anaesthesia for elective caesarian section
Proposer: Dr Ian Russell
Opposer: Dr J Selwyn-Crawford
Moderator: Dr Tony Rubin

4.30 pm  Units in which less than four caesarian sections a week are done should not be recognised for the general professional training of anaesthetists
Proposer: Dr Rosemary MacDonald
Opposer: Dr Bruce Scott
Moderator: Dr R Atkinson
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
13th March 1989

9.30 am  There is no place for the use of Mist.Mag.Trisilicate for the woman in labour
    Proposer:  Dr Geraldine O’Sullivan
    Opposer:  Dr Margot Lewis
    Moderator:  Dr Mal Morgan

10.30 am  Anaesthetists exaggerate their role by demanding the closure of smaller obstetric units
    Proposer:  Dr Mrs Wendy Savage
    Opposer:  Dr Barbara Morgan
    Moderator:  Dr Donald Moir

12.00 noon  Witholding top ups in the second stage is barbaric
    Proposer:  Dr Franco Carli
    Opposer:  Mr Ian Ferguson
    Moderator:  Professor Richard Beard

2.00 pm  Disadvantages of pethidine make its use in labour no longer tenable
    Proposer:  Dr Diana Brighouse
    Opposer:  Mr Charles Wright
    Moderator:  Mr John Spencer

3.00 pm  Midwife top ups must be abandoned
    Proposer:  Dr Miriam Frank
    Opposer:  Dr Len Carrie
    Moderator:  Dr Inger Findley

4.30 pm  Management of fulminating pre-eclampsia belongs in the hands of the anaesthetist
    Proposer:  Dr Rosemary MacDonald
    Opposer:  Mr Frank Loeffler
    Moderator:  Dr Michael de Swiet
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
9th March 1990

9.30 am  Spinals for Caesarian section must only be performed in the presence of a consultant anaesthetist
Proposer:  Dr Diana Brighouse
Opposer:  Dr James Clark
Moderator:  Dr Barbara Morgan

10.30 am  Accidental dural taps must be treated by immediate bloodpatching
Proposer:  Dr Inger Findley
Opposer:  Dr Tony Jarvis
Moderator:  Dr Rosemary MacDonald

12.00 noon  Preloading prior to regional block is an old wives’ tale
Proposer:  Dr Bruce Scott
Opposer:  Dr Tom Bryson
Moderator:  Mr Harry Gordon

2.00 pm  Gaining experience of general anaesthesia for Caesarian section is a justification for maintaining the rate above 20%
Proposer:  Professor Alastair Spence
Opposer:  Dr Felicity Reynolds
Moderator:  Dr Donald Moir

3.00 pm  Epidural opiates should be abandoned in obstetric patients
Proposer:  Dr Sheelagh Woods
Opposer:  Dr Ken Macleod
Moderator:  Dr Len Carrie

4.30 pm  No-one needs more than 30% oxygen for G.A. Caesarian section
Proposer:  Dr Trevor Thomas
Opposer:  Dr David Bogood
Moderator:  Professor Anthony Adams
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
March 1991

9.30 am Epidural analgesia in multiparae in established normal labour is a waste of time
Proposer: Mr Dave Evans
Opposer: Dr Brian Wilkey
Moderator: Dr Donald Moir

10.30 am There is no place for regional anaesthesia in emergency section for fetal distress
Proposer: Dr Tom Taylor
Opposer: Dr Theodore Cheek
Moderator: Professor Phil Steer

12.00 noon The Laryngeal mask should never be used in failed intubation unless the anaesthetist has special expertise
Proposer: Dr Archie Brain
Opposer: Professor James Moore
Moderator: Dr Felicity Reynolds

1.45 pm Spinal block is the anaesthetic of choice for manual removal of placenta
Proposer: Dr Rosemary Macdonald
Opposer: Dr Giok Lim
Moderator: Dr Mike Tunstall

2.30 pm No-one needs a block to T4 for Caesarean Section
Proposer: Dr John Thorburn
Opposer: Dr Ian Russell
Moderator: Dr Bruce Scott

4.00 pm There is no justification for not teaching conduction anaesthesia on most elective sections
Proposer: Dr David Dutton
Opposer: Dr John Moffet
Moderator: Professor Mike Rosen

4.45 pm Of course we can provide epidurals on demand with a duty anaesthetist shared between obstetric and other patients
Proposer: Dr Barbara Morgan
Opposer: Dr Neville Robinson
Moderator: Professor Bryan Hibbard
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
16th March 1992

10.00 am  **Epidural test doses are a waste of time**
Proposer:  Dr Ernie Grundy
Opposer:   Dr John Thorburn
Moderator: Dr Bryan Gillett

10.45 am  **Modification of the supine position with lateral pelvic tilt for elective G.A. Caesarian section is unnecessary**
Proposer:  Mr Harry Gordon
Opposer:   Dr Mike Kinsella
Moderator: Mr Jim Pearson

11.30 am  **Only maternal, not fetal, survival should persuade the anaesthetist to proceed with G.A. Caesarean section after failed intubation**
Proposer:  Dr Michael Harmer
Opposer:   Dr Toby Rubin
Moderator: Professor Richard Beard

1.30 pm   **Healthy women in early labour must be allowed to eat and drink at will**
Proposer:  Professor Paul Vinall
Opposer:   Dr Peter Mullins
Moderator: Mr Paul Lewis

2.15 pm   **Danger of convulsions excludes the use of regional block for Caesarian section in fulminating pre-eclampsia**
Proposer:  Dr Trevor Thomas
Opposer:   Mr Steve Robson
Moderator: Dr Anita Holdcroft

3.00 pm   **Women in normal labour should be discouraged from having epidural analgesia**
Proposer:  Ms Beverley Beech
Opposer:   Dr Nancy Redfern
Moderator: Ms Wendy Savage

4.30 pm   **Modern premedication renders rapid sequence induction obsolete in elective G.A. Caesarean section**
Proposer:  Dr Mike Jordan
Opposer:   Dr Diana Brighouse
Moderator: Professor Michael Rosen
10.00 am  Establishment of regional centres for the treatment of severe pre-eclampsia is the way to reduce maternal mortality  
Proposer: Dr Chris Redman  
Opposer: Mr Jim Pearson  
Moderator: Dr Tony Rubin

11.30 am  There is no place for adrenaline in the epidural or subarachnoid space  
Proposer: Dr Julian Moore  
Opposer: Dr Sam Hughes  
Moderator: Dr Bruce Scott

12.15 pm  Randomised controlled trials of epidural versus systematic analgesia in labour are essential  
Proposer: Dr Henry McQuay  
Opposer: Dr Robin Russell  
Moderator: Professor Mark Walport

2.00 pm  Dural puncture rate of 1% is unacceptable in epidural practice  
Proposer: Dr Rosemary Macdonald  
Opposer: Dr Anita Holdcroft  
Moderator: Dr Andrew Doughty

2.45 pm  Epidural analgesia increases operative delivery rates in primiparae  
Proposer: Mr Nigel Saunders  
Opposer: Dr Peter Boylan  
Moderator: Mr John Malvern

4.00 pm  A single slow epidural bolus is a safe technique for Caesarean section  
Proposer: Dr Richard Laishley  
Opposer: Dr John Thorburn  
Moderator: Dr Ernie Grundy

4.45 pm  General anaesthesia is contra-indicated for Caesarean section where regional block is possible  
Proposer: Dr Ian Russell  
Opposer: Dr Bernadette Loughnan  
Moderator: Professor Felicity Reynolds
10.00 am  **Insufficient time for preloading contra-indicates spinal for emergency caesarean section**  
Proposer: Dr Michael Harmer  
Opposer: Dr Chris Rout  
Moderator: Dr Ian Russell

11.15 am  **High dependency care is unnecessary after intrathecal or epidural opioids in obstetrics**  
Proposer: Professor Brett Gutsche  
Opposer: Professor Alan Aitkenhead  
Moderator: Dr Mal Morgan

12.15 pm  **With epidurals, second stage must not be limited by time**  
Proposer: Mr Yehudi Gordon  
Opposer: Mr John Malvern  
Moderator: Dr Wynne Davies

2.00 pm  **The long term effects of epidural analgesia precludes its use in uncomplicated labour**  
Proposer: Dr Margo Lewis  
Opposer: Dr David Bogod  
Moderator: Dr Henry McQuay

2.45 pm  **Women who request an epidural analgesia precludes its use in uncomplicated labour**  
Proposer: Dr Geraldine O’Sullivan  
Opposer: Dr James Thornton  
Moderator: Dr Barbara Morgan

3.30 pm  **Cricoid pressure is unnecessary in obstetric general anaesthesia**  
Proposer: Dr Dan Benhamou  
Opposer: Dr Richard Vanner  
Moderator: Dr Tom Bryson

4.45 pm  **Epidural is an outmoded form of regional anaesthesia for elective caesareans**  
Proposer: Dr Gordon Lyons  
Opposer: Dr Anne May  
Moderator: Dr Len Carrie
CONTROVERSIES IN OBSTETRIC ANAESTHESIA

9.00 am  REGISTRATION and coffee

9.50 am  Introduction: Dr Barbara Morgan

Chairman: Dr Trevor Thomas

10.00 am  Motion: General anaesthesia is essential for caesarean section for fetal distress
    Proposer: Dr Angela Wainwright
    Opposer: Dr Elizabeth Whitehead
    Moderator: Mr Donald Gibb

10.45 am  COFFEE

11.15 am  Motion: Epidural infusions in labour should be abandoned in favour of PCEA
    Proposer: Dr David Gambling
    Opposer: Dr David Bogod
    Moderator: Dr Paul Howell

12.15 pm  Motion: Epidural analgesia in labour is not compatible with midwife-led care
    Proposer: Dr Diana Brighouse
    Opposer: Professor Philip Steer
    Moderator: Miss Trudy Stevens

1.00 pm  LUNCH

Chairman: Dr Anthony Rubin

2.00 pm  Motion: Epidural opioids in labour introduce more problems than they solve
    Proposer: Professor Felicity Reynolds
    Opposer: Professor Jan Vertommen
    Moderator: Dr John Thorburn

3.00 pm  Motion: There is no role for the anaesthetist in neonatal resuscitation
    Proposer: Dr Cliff Robertson
    Opposer: Dr James Gardiner
    Moderator: Dr Richard Birks

4.00 pm  TEA

4.30 pm  Motion: Mother's demand for general anaesthesia for caesarean section indicates anaesthetic inadequacy
    Proposer: Dr Barbara Morgan
    Opposer: Dr Griselda Cooper
    Moderator: Dr Geraldine O'Sullivan

5.30 pm  DRINKS

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SPEAKERS AND CHAIRMEN

Dr Richard Birks  
Consultant Anaesthetist  
The Jessop Hospital for Women  
Leavygreave Road  
Sheffield S3 7RE

Mr Donald Gibb  
Senior Lecturer & Honorary Consultant  
Department of Obstetrics & Gynaecology  
King's College Hospital  
Denmark Hill  
London SE5 8RX

Professor Philip Steer  
Professor & Head of Department  
Academic Department of Obstetrics & Gynaecology  
Chelsea & Westminster Hospital  
369 Fulham Road  
London SW10 9NH

Dr David Bogod  
Consultant Anaesthetist  
City Hospital  
Hucknall Road  
Nottingham NG5 1PB

Dr Paul Howell  
Consultant Anaesthetist  
Department of Anaesthetics  
St Bartholomew's Hospital  
West Smithfield  
London EC1A 7BE

Miss Trudy Stevens  
Research Fellow/Midwife  
Centre for Midwifery Practice  
Queen Charlotte's & Chelsea Hospital  
Goldhawk Road  
London W6 0XG

Dr Diana Brighouse  
Consultant Obstetric Anaesthetist  
Shackleton Department of Anaesthetics  
Southampton General Hospital  
Tremena Road  
Southampton SO9 4XY

Dr Trevor Thomas  
Senior Consultant/  
Clinical Director Obstetric Anaesthesia  
St Michael's Hospital  
Southwell Street  
Bristol BS2 8EG

Dr Barbara Morgan  
Consultant Anaesthetist  
Queen Charlotte's & Chelsea Hospital  
Goldhawk Road  
London W6 0XG

Dr John Thoburn  
Consultant Anaesthetist  
Department of Anaesthesia  
The Queen Mother's Hospital  
Yorkhill  
Glasgow G3 8SH

Dr Geraldine O'Sullivan  
Consultant Anaesthetist  
Department of Anaesthesia  
St Thomas' Hospital  
London SE1 7EH

Professor Jan Vertommen  
Associate Professor  
Department of Anesthesiology  
Universitaire Ziekenhuizen  
Katholiek  
Herestraat 49  
B - 3000 Leuven  
Belgium

Dr Barbara Morgan  
Consultant Anaesthetist  
Queen Charlotte's & Chelsea Hospital  
Goldhawk Road  
London W6 0XG

Professor Felicity Reynolds  
Professor of Obstetric Anaesthesia  
Department of Anaesthesia  
St Thomas' Hospital  
London SE1 7EH

Dr Dr Cliff Robertson  
Emeritus Consultant Paediatrician  
Sea Cottage  
Lower Harrapool  
Broadford  
Isle of Skye IV49 9AQ

Dr Angela Wainwright  
Consultant Anaesthetist  
Department of Anaesthesia  
Royal London Hospital  
Whitechapel  
London E1 1BB

Dr David Gambling  
Assistant Professor/Director Obstetric Anaesthesia Research Department  
Pain Management  
University of Texas  
Southern Medical Center  
5232 Harry Hines Boulevard  
Dallas  
Texas TX 75235-9068  
U.S.A.

Dr James Gardiner  
Director of Anaesthesia  
Rotunda Lying-in Hospital  
Parnell Street  
Dublin 1

Dr Anthony Rubin  
Consultant Anaesthetist  
Department of Anaesthesics  
Charing Cross Hospital  
Fulham Palace Road  
London W6 8RF

Dr Elizabeth Whitehead  
Consultant Anaesthetist  
Ealing Hospital NHS Trust  
Uxbridge Road  
Southall  
Middx UB1 3HW
CONTROVERSIES IN OBSTETRIC ANAESTHESIA

13 March 1996

9.00 am REGISTRATION and coffee

9.50 am Introduction Dr Diana Brighouse

10.00 am Motion: Thankfully the era of ranitidine for every woman in labour has passed
  Proposer: Dr Geraldine O'Sullivan
  Opposer: Dr Anne May
  Moderator: Dr Diana Brighouse

11.00 am Motion: Women with congenital heart disease must never have epidurals for caesarean section
  Proposer: Professor Celia Oakley
  Opposer: Dr McCallum Hoyt
  Moderator: Dr Michael de Swiet

12.00 noon Motion: We are dishonest to women about the obstetric complications of epidurals for labour
  Proposer: Dr Steve Walkinshaw
  Opposer: Dr Valerie Arkoosh
  Moderator: Dr Trevor Thomas

1.00 pm LUNCH

2.00 pm Motion: Those who know how to assess a regional block do not have to convert to G.A. during caesarean section
  Proposer: Dr Rachel Collis
  Opposer: Dr John Sprigge
  Moderator: Dr Ian Russell

3.00 pm TEA

3.30 pm Motion: Women must be made to accept randomised clinical trials rather than birthplans
  Proposer: Mr Richard Johanson
  Opposer: Mrs Wendy Savage
  Moderator: Professor Raanan Gillon

4.30 pm Motion: Awareness during general anaesthesia for caesarean section is negligent
  Proposer: Professor Christopher Hull
  Opposer: Dr John Thorburn
  Moderator: Professor Gareth Jones

5.30 pm Valedictory speech for Barbara Morgan, Felicity Reynolds, Tom Bryson and Len Carrie
  Presenter: Dr Trevor Thomas, President Elect

5.35 pm CHAMPAGNE RECEPTION (ground floor)

6.30 pm Close
SPEAKERS AND CHAIRMEN

Dr Valerie Arkoosh
Assistant Professor of Anesthesiology, Thomas Jefferson University Hospital, Philadelphia, USA

Dr Diana Brighouse
Consultant Anaesthetist, Southampton University Hospitals

Dr Rachel Collis
Senior Registrar in Anaesthesia, Royal London Hospital

Dr Michael de Swiet
Consultant Physician, Queen Charlotte’s & Chelsea Hospital, London

Professor Raanan Gillon
Director, Imperial College Health Centre, London

Dr McCallum Hoyt
Associate Professor of Anesthesiology, University Hospitals of Cleveland, Ohio, USA

Professor Christopher Hull
Professor of Anaesthesia, Royal Victoria Infirmary, Newcastle

Dr Richard Johansson
Consultant Obstetrician & Gynaecologist, North Staffordshire Hospital, Stoke-on-Trent

Professor Gareth Jones
Professor of Anaesthesia, Addenbrooke's Hospital, Cambridge

Dr Anne May
Consultant Anaesthetist, Leicester Royal Infirmary

Dr Geraldine O’Sullivan
Consultant Anaesthetist, St Thomas's Hospital, London

Professor Celia Oakley
Professor of Clinical Cardiology, Royal Postgraduate Medical School, Hammersmith Hospital, London

Dr Ian Russell
Consultant Anaesthetist, Hull Royal Infirmary

Mrs Wendy Savage
Senior Lecturer in Obstetrics & Gynaecology, Royal London Hospital

Dr John Sprigge
Consultant Anaesthetist, Arrowe Park Hospital, Merseyside

Dr Trevor Thomas
Senior Consultant, Clinical Director Obstetric Anaesthesia, St Michael's Hospital, Bristol

Dr John Thorburn
Consultant Anaesthetist, The Queen Mother’s Hospital, Glasgow

Dr Steve Walkinshaw
Consultant in Maternal Fetal Medicine, Liverpool Maternity Hospital
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
5th March 1997

9.25 am  Introduction  Dr Diana Brighouse

9.30 am   The dura is too vulnerable to be breached routinely in labour
Proposer:  Dr Robin Russell
Opposer:   Dr Felicity Plaat
Moderator: Dr Richard Laishley

11.00 am  Fluid restriction policies in preeclampsia are obsolete
Proposer:  Professor Steve Robson
Opposer:   Mr James Pearson
Moderator: Dr Tamara Madej

12.00 noon Women must not receive spinal opiates for post-Caesarean section analgesia unless HDU nursing care is available
Proposer:  Professor Alan Aitkenhead
Opposer:   Dr Ian Russell
Moderator: Dr David Bogod

2.00 pm  Women who have received epidural analgesia for labour should not be given spinal anaesthesia if emergency Caesarean section becomes necessary
Proposer:  Dr Clive Glazebrook
Opposer:   Dr John Urquhart
Moderator: Dr Anne May

3.00 pm  It is unnecessary to wear a face mask when performing regional anaesthesia
Proposer:  Dr Steve Yentis
Opposer:   Professor John Wildsmith
Moderator: Dr Michael Harmer

4.30 pm  It is every woman’s right to choose to be delivered by elective Caesarean section
Proposer:  Miss Katrina Erskine
Opposer:   Dr Elizabeth McGrady
Moderator: Dr Trevor Thomas
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
4 March 1998

9.00 am REGISTRATION and coffee

9.25 am Introduction Dr Diána Brighouse

9.30 am Motion: Anaesthetic trainees should not be allowed to perform labour epidurals until they have gained experience on non-obstetric patients
Proposer: Dr Mansukh Popat
Opposer: Dr Wendy Scott
Moderator: Dr Michael Kinsella

10.30 am COFFEE

11.00 am Motion: Women who prefer general anaesthesia for elective Caesarean section should not be persuaded to have regional blocks
Proposer: Dr Jake Alderson
Opposer: Dr Rachel Collis
Moderator: Dr Richard Birks

12.00 noon Motion: Magnesium sulphate should not be used prophylactically in pre-eclamptics
Proposer: Dr Anne May
Opposer: Professor Dan Benhamou
Moderator: Dr Gordon Lyons

1.00 pm LUNCH

2.00 pm Motion: The balance of risks and benefits of epidural analgesia in labour is such that it will be obsolete within a decade
Proposer: Dr Simon Bricker
Opposer: Dr James Gardiner
Moderator: Dr Steve Yentsis

3.00 pm Motion: Epidural rather than spinal anaesthesia should be used for Caesarean section in severe pre-eclampsia
Proposer: Dr Michael Mitchell
Opposer: Dr Stephen Morris
Moderator: Dr Paul Howell

4.00 pm TEA

4.30 pm Motion: Obstetric anaesthetic “minimum standards” are unattainable for the majority of obstetric units and are therefore unhelpful
Proposer: Dr William Sellers
Opposer: Dr Trevor Thomas
Moderator: Dr David Bogod

5.30 pm DRINKS (Close 6.20 pm)
<table>
<thead>
<tr>
<th>Contributor</th>
<th>Position and Institution</th>
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<tbody>
<tr>
<td>Dr Jake Alderson</td>
<td>Consultant Anaesthetist, Northern General Hospital, Sheffield</td>
</tr>
<tr>
<td>Professor Dan Benhamou</td>
<td>Professor of Anaesthesia and Intensive Care, Hôpital Antoine-Beclère, Clamart, France</td>
</tr>
<tr>
<td>Dr Richard Birks</td>
<td>Consultant Anaesthetist, Jessop Hospital, Sheffield</td>
</tr>
<tr>
<td>Dr David Bogod</td>
<td>Consultant Anaesthetist, City Hospital, Nottingham</td>
</tr>
<tr>
<td>Dr Simon Bricker</td>
<td>Consultant Anaesthetist, Countess of Chester Hospital, Chester</td>
</tr>
<tr>
<td>Dr Diana Brighouse</td>
<td>Consultant Anaesthetist, Southampton University Hospitals</td>
</tr>
<tr>
<td>Dr Rachel Collis</td>
<td>Consultant Anaesthetist University Hospital of Wales, Cardiff</td>
</tr>
<tr>
<td>Dr James Gardiner</td>
<td>Consultant Anaesthetist, Rotunda Hospital, Dublin</td>
</tr>
<tr>
<td>Dr Paul Howell</td>
<td>Consultant Anaesthetist, St Bartholomew's Hospital, London</td>
</tr>
<tr>
<td>Dr Michael Kinsella</td>
<td>Consultant Anaesthetist, St Michael's Hospital, Bristol</td>
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<tr>
<td>Dr Gordon Lyons</td>
<td>Consultant Anaesthetist, St James's University Hospital, Leeds</td>
</tr>
<tr>
<td>Dr Anne May</td>
<td>Consultant Anaesthetist, Leicester Royal Infirmary</td>
</tr>
<tr>
<td>Dr Michael Mitchell</td>
<td>Consultant Anaesthetist, Royal Cornwall Hospital, Truro</td>
</tr>
<tr>
<td>Dr Stephen Morris</td>
<td>Consultant Anaesthetist, University Hospital of Wales, Cardiff</td>
</tr>
<tr>
<td>Dr Mansukh Popat</td>
<td>Consultant Anaesthetist, John Radcliffe Hospital, Oxford</td>
</tr>
<tr>
<td>Dr Wendy Scott</td>
<td>Consultant Anaesthetist, Milton Keynes General Hospital</td>
</tr>
<tr>
<td>Dr William Sellers</td>
<td>Consultant Anaesthetist, Kettering General Hospital</td>
</tr>
<tr>
<td>Dr Trevor Thomas</td>
<td>Senior Consultant, Clinical Director Obstetric Anaesthesia, St Michael's Hospital, Bristol</td>
</tr>
<tr>
<td>Dr Steve Yentis</td>
<td>Consultant Anaesthetist, Chelsea &amp; Westminster Hospital, London</td>
</tr>
</tbody>
</table>
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
3rd March 1999

9.25 am Introduction Dr Diana Brighouse

9.30 am Ambulation after low-dose regional analgesia for labour should be discouraged
Proposer: Dr Donal Buggy
Opposer: Dr Roshan Fernando
Moderator: Dr Felicity Plaat

11.00 am Non-depolarising neuromuscular blockers can be used routinely instead of suxamethonium at induction of general anaesthesia for Caesarean section
Proposer: Dr David Levy
Opposer: Dr Griselda Cooper
Moderator: Dr Martin Dresner

12.00 noon Heavy bupivacaine has no advantage over plain bupivacaine in spinal anaesthesia for Caesarean section
Proposer: Dr Wynne Aveling
Opposer: Dr Paul Howell
Moderator: Dr Ian Russell

2.00 pm ‘Changing Childbirth’ has not delivered what it promised
Proposer: Mr John Spencer
Opposer: Ms Christina MacKenzie
Moderator: Dr Geraldine O’Sullivan

3.30 pm Expert witnesses acting in cases involving obstetric anaesthesia should always be practising obstetric anaesthetists
Proposer: Professor Mike Harmer
Opposer: Professor Chris Hull
Moderator: Dr David Bogod

4.30 pm Systemic narcotics still have a significant and useful role in the management of labour pain
Proposer: Mr Denis Walsh
Opposer: Dr Jackie Porter
Moderator: Dr Robin Russell
CONTRIBUTORS - 1999

Dr Wynne Aveling  
Chairman and Consultant Anaesthetist, University College London Hospitals

Dr David Bogod  
Consultant Anaesthetist, City Hospital, Nottingham

Dr Diana Brighouse  
Consultant Anaesthetist, Southampton University Hospitals

Dr Donal Buggy  
Senior Lecturer in Anaesthesia, Leicester General Hospital

Dr Griselda Cooper  
Senior Lecturer in Anaesthesia, Birmingham Women's Hospital

Dr Martin Dresner  
Consultant Anaesthetist, Leeds General Infirmary

Dr Roshan Fernando  
Consultant Anaesthetist, Royal Free Hospital, London

Professor Michael Harmer  
Professor of Anaesthesia, University of Wales College of Medicine

Dr Paul Howell  
Consultant Anaesthetist, St Bartholomew's Hospital, London

Professor Christopher Hull  
Emeritus Professor of Anaesthetics, Newcastle-upon-Tyne

Dr David Levy  
Consultant Anaesthetist, University Hospital, Nottingham

Ms Christina MacKenzie  
Director of Midwifery, St Thomas' Hospital, London

Dr Geraldine O'Sullivan  
Consultant Anaesthetist, St Thomas' Hospital, London

Dr Felicity Plaat  
Consultant Anaesthetist, Queen Charlotte's & Chelsea Hospital, London

Dr Jackie Porter  
Consultant Anaesthetist, St Thomas' Hospital, London

Dr Ian Russell  
Consultant Anaesthetist, Hull Royal Infirmary

Dr Robin Russell  
Consultant Anaesthetist, John Radcliffe Hospital, Oxford

Mr John Spencer  
Consultant Obstetrician & Gynaecologist, Northwick Park Hospital

Mr Denis Walsh  
Research and Development Midwife, Leicester Royal Infirmary
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
8th March 2000

09.25 Introduction Dr Paul Howell

09.30 The use of Entonox for labour pain should be abandoned
Proposer: Dr Steve Yentis
Opposer: Dr Paul Clyburn
Moderator: Dr Michael Wee

11.00 The use of CSE for elective Caesarean section is a waste of time and money
Proposer: Dr Keith Thomson
Opposer: Dr Mike Paech
Moderator: Dr Felicity Plaat

12.00 Midwives should be trained to perform epidural analgesia for labour
Proposer: Dr David Bogod
Opposer: Dr Vicki Clark
Moderator: Dr Diana Brighouse

14.00 Intermittent top-ups are better than continuous infusions for epidural analgesia in labour
Proposer: Dr Marc Van de Velde
Opposer: Professor Dan Benhamou
Moderator: Dr Mike Paech

15.00 Ropivacaine has not lived up to expectation in obstetric analgesia and anaesthesia
Proposer: Dr David Hill
Opposer: Dr Mark Scrutton
Moderator: Professor Felicity Reynolds

16.30 Obstetric anaesthetists cause more problems than they solve
Proposer: Mr Andrew Shennan
Opposer: Dr Martin Dresner
Moderator: Dr Catherine Nelson-Piercy
CONTRIBUTORS - 2000

Professor Dan Benhamou  
Professor of Anaesthesia and Intensive Care  
Hôpital Antoine-Beclere, Clamart, France

Dr David Bogod  
Consultant Anaesthetist, City Hospital, Nottingham

Dr Diana Brighouse  
Consultant Anaesthetist, Southampton University Hospitals

Dr Vicki Clark  
Consultant Anaesthetist, Edinburgh Royal Infirmary

Dr Paul Clyburn  
Consultant Anaesthetist, The University Hospital of Wales, Cardiff

Dr Martin Dresner  
Consultant Anaesthetist, Leeds General Infirmary

Dr David Hill  
Consultant Anaesthetist, Ulster Hospital, Belfast

Dr Paul Howell  
Consultant Anaesthetist, St Bartholomew and Homerton Hospitals, London

Dr Catherine Nelson-Piercy  
Consultant Obstetric Physician, Guy's & St Thomas' Hospitals, London

Dr Mike Paech  
Anaesthetist, King Edward Memorial Hospital for Women, Subiaco, Perth, Australia

Dr Felicity Plaat  
Consultant Anaesthetist, Queen Charlotte's & Chelsea Hospital, London

Professor Felicity Reynolds  
Consulting Editor, International Journal of Obstetric Anesthesia

Dr Mark Scrutton  
Consultant Anaesthetist, St Michael's Hospital, Bristol

Mr Andrew Shennan  
Consultant Obstetrician & Gynaecologist  
St Thomas' Hospital, London

Dr Keith Thomson  
Consultant Anaesthetist, North Hampshire Hospital, Basingstoke

Dr Marc Van de Velde  
Consultant Anaesthetist, Director of Obstetric Anaesthesia  
University Hospitals Gasthuisberg, Leuven, Belgium

Dr Michael Wee  
Consultant Anaesthetist, Poole Hospital NHS Trust

Dr Steve Yentis  
Consultant Anaesthetist, Chelsea & Westminster Hospital, London
09.25 Introduction Dr Paul Howell

09.30 Routine fluid loading is unnecessary before “low-dose” regional analgesia in labour

Proposer: Dr Felicity Plaat
Opposer: Dr Phil Popham
Moderator: Dr Vicki Clark

11.00 Research on women in labour is ethically unsound

Proposer: Dr Lesley Horsman
Opposer: Dr Anita Holdcroft
Moderator: Dr Wendy Scott

12.00 Loss of resistance to saline is better than air for obstetric epidurals

Proposer: Dr Robin Russell
Opposer: Dr Joanne Douglas
Moderator: Dr David Bogod

14.00 Trainee anaesthetists should not cover obstetrics unless under direct (level 1 or 2) supervision

Proposer: Dr Val Bythell
Opposer: Dr Matt Wilson
Moderator: Dr John McClure

15.00 In the event of accidental dural puncture by an epidural needle in labour, the catheter should be passed into the sub-arachnoid space

Proposer: Dr Ian Russell
Opposer: Dr Richard Laishley
Moderator: Dr Joanne Douglas

16.30 This house believes that natural childbirth is inappropriate in a modern world

Proposer: Dr Bernard Norman
Opposer: Mrs Sheila Kitzinger
Moderator: Dr Trevor Thomas
CONTRIBUTORS - 2001

Dr David Bogod  Consultant Anaesthetist, City Hospital, Nottingham

Dr Val Bythell  Consultant Anaesthetist, Royal Victoria Infirmary, Newcastle-upon-Tyne

Dr Vicki Clark  Consultant Anaesthetist, Edinburgh Royal Infirmary

Dr Joanne Douglas  Clinical Professor and Head, Division of Obstetric Anaesthesia, Faculty of Medicine, University British Columbia, Canada

Dr Anita Holdcroft  Reader in Anaesthesia, Chelsea & Westminster Hospital, London

Dr Lesley Horsman  Consultant Anaesthetist, Manchester Royal Infirmary

Dr Paul Howell  Consultant Anaesthetist, St Bartholomew’s and Homerton Hospitals, London

Mrs Sheila Kitzinger  Social Anthropologist, Oxford

Dr Richard Laishley  Consultant Anaesthetist, Ealing Hospitals NHS Trust, London

Dr John McClure  Consultant Anaesthetist, Edinburgh Royal Infirmary

Dr Bernard Norman  Consultant Anaesthetist, Chelsea & Westminster Hospital, London

Dr Felicity Plaat  Consultant Anaesthetist, Queen Charlotte’s & Chelsea Hospital, London

Dr Philip Popham  Consultant Anaesthetist, Addenbrooke's Hospital, Cambridge

Dr Ian Russell  Consultant Anaesthetist, Hull Royal Infirmary

Dr Robin Russell  Consultant Anaesthetist, John Radcliffe Hospital, Oxford

Dr Wendy Scott  Consultant Anaesthetist, Derby City Hospital

Dr Trevor Thomas  Senior Consultant, St Michael's Hospital, Bristol

Dr Matt Wilson  Specialist Registrar Anaesthetist, Birmingham Women's Hospital
Ephedrine is the vasopressor of choice for obstetric regional anaesthesia

Proposer: Dr William Harrop-Griffiths
Opposer: Dr Dave Thomas
Moderator: Dr Gordon Lyons

Women having Caesarean section under regional anaesthesia should routinely receive supplementary oxygen

Proposer: Dr Mike Jordan
Opposer: Dr David Hill
Moderator: Professor Kate Costeloe

The drive for regional anaesthesia for elective Caesarean section has gone too far

Proposer: Dr Griselda Cooper
Opposer: Professor Felicity Reynolds
Moderator: Dr Ed Riley

Accidental dural tap should be treated with a prophylactic epidural blood patch

Proposer: Dr Ed Riley
Opposer: Dr Geraldine O’Sullivan
Moderator: Dr Anne May

Consultant Anaesthetists who do not practice elective obstetric anaesthesia should not cover obstetrics on-call at night

Proposer: Dr Doug Justins
Opposer: Dr David Bogod
Moderator: Dr Di Brighouse

Women who state antenatally that they do not want an epidural under any circumstances should not be given one even if they ask for one in labour

Proposer: Dr Willie Frame
Opposer: Miss Debby Gould
Moderator: Miss Zoe Penn
09.25 Opening remarks Dr Paul Howell

09.30 Propofol should be the induction agent of choice for Caesarean section under general anaesthesia

Proposer: Dr Kush Duggal
Opposer: Dr Robin Russell
Moderator: Dr Anne May

11.00 A communication barrier between patient and anaesthetist precludes the use of regional techniques

Proposer: Professor Tony Wildsmith
Opposer: Dr Anup Biswas
Moderator: Dr Paul Howell

12.00 The rise in maternal temperature associated with regional analgesia in labour is harmful and should be treated

Proposer: Professor Phil Steer
Opposer: Professor Lars Irestedt
Moderator: Dr John Crowhurst

14.00 Cord prolapse demands general anaesthesia

Proposer: Dr Val Bythell
Opposer: Dr Mark Scrutton
Moderator: Professor Lars Irestedt

15.00 All women with pre-eclampsia should receive MgSO4

Proposer: Professor Steve Robson
Opposer: Dr Chris Elton
Moderator: Dr Griselda Cooper

16.00 TEA

16.30 Participation of the father at the birth is dangerous

Proposer: Dr Michel Odent
Opposer: Dr James Gardiner
Moderator: Dr Geraldine O’Sullivan
CONTRIBUTORS - 2003

Dr Anup Biswas  
*Consultant Anaesthetist*, Nottingham City Hospital

Dr Val Bythell  
*Consultant Anaesthetist*, Royal Victoria Infirmary, Newcastle-upon-Tyne

Dr Griselda Cooper  
*Consultant Anaesthetist*, Birmingham Women's Hospital

Dr John Crowhurst  
*Reader in Obstetric Anaesthesia*, Queen Charlotte's & Chelsea Hospital, London

Dr Kush Duggal  
*Consultant Anaesthetist*, Salisbury District Hospital

Dr Chris Elton  
*Consultant Anaesthetist*, Leicester Royal Infirmary

Dr James Gardiner  
*Consultant Anaesthetist*, Rotunda Hospital, Dublin

Dr Paul Howell  
*Consultant Anaesthetist*, St Bartholomew's & Homerton Hospitals, London

Dr Lars Irestedt  
*Associate Professor & Chair, Dept Anesthesiology & Intensive Care*, Karolinska Hospital, Stockholm, Sweden

Dr Anne May  
*Consultant Anaesthetist*, Leicester Royal Infirmary

Dr Geraldine O'Sullivan  
*Consultant Anaesthetist*, St Thomas' & Guy's Hospitals, London

Dr Michel Odent  
*Director*, Primal Health Research Centre, London

Professor Steve Robson  
*Professor of Fetal Medicine*, Royal Victoria Infirmary, Newcastle-upon-Tyne

Dr Robin Russell  
*Consultant Anaesthetist*, John Radcliffe Hospital, Oxford

Dr Mark Scrutton  
*Consultant Anaesthetist*, St Michael's Hospital, Bristol

Professor Philip Steer  
*Professor of Obstetrics & Gynaecology*, Chelsea & Westminster Hospital, London

Professor Tony Wildsmith  
*Head, Department of Anaesthesia*, Ninewells Hospital, University of Dundee
09.20  Opening remarks    Dr Paul Howell

09.30  **Partners should be allowed to stay in theatre during under general anaesthesia**

Proposer: Dr Neville Robinson  
Opposer: Prof Richard Smiley  
Moderator: Dr Susan Bewley

11.00  **Epidural top-ups for Category I/II emergency Caesarean section should only be given in the operating theatre**

Proposer: Dr Phil Moore  
Opposer: Dr Ian Russell  
Moderator: Dr Steve Yentis

12.00  **External cephalic version is best performed with regional anaesthesia or analgesia**

Proposer: Prof Lawrence Tsen  
Opposer: Prof James Walker  
Moderator: Dr David Bogod

14.00  **The introduction of direct entry midwifery is a disaster for obstetric patients**

Proposer: Dr Steve Morris  
Opposer: Prof Rona McCandlish  
Moderator: Dr Geraldine O’Sullivan

15.00  **Facilities for blood salvage (cell saver technique) must be available for every obstetric theatre**

Proposer: Dr Dafydd Thomas  
Opposer: Dr Vicki Clark  
Moderator: Dr Sarah Green

16.30  **When doing a spinal for Caesarean section after the epidural has failed, the normal dose of spinal anaesthetic should be used**

Proposer: Dr Matt Wilson  
Opposer: Dr Gary Stocks  
Moderator: Prof Lawrence Tsen
CONTRIBUTORS - 2004

Dr Susan Bewley  Consultant Obstetrician & Gynaecologist, St Thomas' Hospital, London

Dr David Bogod  Consultant Anaesthetist, City Hospital, Nottingham

Dr Vicki Clark  Consultant Anaesthetist, Royal Infirmary of Edinburgh

Dr Sarah Green  Consultant Haematologist, Great Western Hospital, Swindon

Dr Paul Howell  Consultant Anaesthetist, St Bartholomew’s & Homerton Hospitals, London

Professor Rona McCandlish  Professor of Midwifery, University of Southampton

Dr Phil Moore  Consultant Anaesthetist, Queen Elizabeth Hospital, Birmingham

Dr Steve Morris  Consultant Anaesthetist, Llandough Hospital, Penarth

Dr Geraldine O'Sullivan  Consultant Anaesthetist, St Thomas' & Guy's Hospitals, London

Dr Neville Robinson  Consultant Anaesthetist, Northwick Park Hospital

Dr Ian Russell  Consultant Anaesthetist, Hull Royal Infirmary

Professor Richard Smiley  Associate Professor of Anesthesiology, Columbia University, New York, USA

Dr Gary Stocks  Consultant Anaesthetist, Queen Charlotte's & Chelsea Hospital, London

Dr Dafydd Thomas  Consultant Intensivist, Morriston Hospital, Swansea

Professor Lawrence Tsen  Assistant Professor of Anesthesia, Brigham & Women's Hospital, Boston, USA

Professor James Walker  Professor of Obstetrics & Gynaecology, St James’s University Hospital, Leeds

Professor Matt Wilson  Assistant Professor of Anesthesiology, University of Washington Medical Center, Seattle, USA

Dr Steve Yentis  Consultant Anaesthetist, Chelsea & Westminster Hospital, London
CONTROVERSIES IN OBSTETRIC ANAESTHESIA
2 March 2005

09.20  Opening remarks  Dr Vicki Clark

09.30  Thromboelastography should be available in every labour ward

Proposer: Beverley Hunt
Opposer: Henry Watson
Moderator: Geraldine O’Sullivan

11.00  PCEA is the technique of choice for epidural analgesia in labour

Proposer: Wiebke Gogarten
Opposer: Wynne Aveling
Moderator: Ratna Sashidharan

12.00  Awake fibre-optic intubation is a desirable skill for obstetric anaesthetists

Proposer: Mansukh Popat
Opposer: Kieran Fitzpatrick
Moderator: Paul Howell

14.00  There is no place in modern obstetrics for racemic bupivacaine

Proposer: Marc Van de Velde
Opposer: Martin Dresner
Moderator: Wiebke Gogarten

15.00  Simulators in obstetric anaesthesia are a waste of time

Proposer: Jimmy Gardiner
Opposer: Fiona Donald
Moderator: Bill Camann

16.30  It is the right of every anaesthetist to refuse to participate in a maternal request Caesarean Section

Proposer: Cleave Gass
Opposer: Bill Camann
Moderator: David Hill
# CONTRIBUTORS - 2005

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr Wynne Aveling</td>
<td>Consultant Anaesthetist, University College Hospital, London</td>
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<tr>
<td>Dr William Camann</td>
<td>Associate Professor of Anesthesiology, Harvard Medical School, Boston, USA</td>
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<td>Consultant Anaesthetist, Royal Infirmary, Edinburgh</td>
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<td>Consultant Anaesthetist, Southmead Hospital, Bristol</td>
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<td>Dr Martin Dresner</td>
<td>Consultant Anaesthetist, Leeds General Infirmary, Leeds</td>
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<td>Dr Kieran Fitzpatrick</td>
<td>Consultant Anaesthetist, Royal Jubilee Maternity Hospital, Belfast</td>
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<td>Consultant Anaesthetist, University Hospital of Muenster, Germany</td>
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<td>Dr Paul Howell</td>
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<tr>
<td>Dr Beverley Hunt</td>
<td>Consultant Haematologist and Co-Director of Pathology, St Thomas’ &amp; Guy’s Hospitals, London</td>
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<td>Dr Geraldine O’Sullivan</td>
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<tr>
<td>Dr Henry Watson</td>
<td>Consultant Haematologist, Aberdeen Royal Infirmary, Aberdeen</td>
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<tr>
<td>09.20</td>
<td>REGISTRATION AND COFFEE</td>
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<tr>
<td>09.55</td>
<td>Opening remarks</td>
</tr>
<tr>
<td>10.00</td>
<td>The use of pethidine for labour pain should be abandoned</td>
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<tr>
<td>11.00</td>
<td>COFFEE</td>
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<tr>
<td>11.30</td>
<td>Women need to be told ALL the risks before regional techniques are performed</td>
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<tr>
<td>12.30</td>
<td>At Caesarean section under regional anaesthesia, it is essential to test the sensory block with light touch before allowing surgery to start</td>
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<tr>
<td>13.30</td>
<td>LUNCH</td>
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<tr>
<td>14.30</td>
<td>Traditional rapid sequence induction is an outmoded technique for Caesarean section and should be modified</td>
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<tr>
<td>15.30</td>
<td>The time has now come for Consultant Anaesthetists covering obstetrics to be resident on-call</td>
</tr>
<tr>
<td>16.30</td>
<td>TEA</td>
</tr>
</tbody>
</table>
06.91 CONTRIBUTORS

Dr David Bogod  
*Consultant Anaesthetist,* City Hospital, Nottingham

Dr Vicki Clark  
*Consultant Anaesthetist,* Royal Infirmary of Edinburgh

Dr Gunnar Dahlgren  
*Consultant Anaesthetist,* Karolinska Hospital, Stockholm

Professor Michael Harmer  
*Professor of Anaesthesia,* University of Wales College of Medicine, Cardiff

Dr Paul Howell  
*Consultant Anaesthetist,* St Bartholomew's & Homerton Hospitals, London

Dr Ruth Landau  
*Consultant Obstetric Anaesthetist,* Hospitaux Universitaires de Geneve, Switzerland

Dr Kate Langford  
*Consultant Obstetrician,* St Thomas' Hospital, London

Dr David Levy  
*Consultant Anaesthetist,* Queen's Medical Centre, Nottingham

Dr Tim Meek  
*Consultant Anaesthetist,* James Cook University Hospital, Middlesbrough

Dr Steve Morris  
*Consultant Anaesthetist,* Llandough Hospital, Penarth

Dr Geraldine O'Sullivan  
*Consultant Anaesthetist,* St Thomas’ & Guy's Hospitals, London

Dr Ian Russell  
*Consultant Anaesthetist,* Hull Royal Infirmary

Dr Wendy Scott  
*Consultant Anaesthetist,* Derby City General Hospital

Dr Michael Wee  
*Consultant Anaesthetist,* Poole General Hospital

Dr Steve Yentis  
*Consultant Anaesthetist,* Chelsea & Westminster Hospital, London
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<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker(s)</th>
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<tr>
<td>09.00</td>
<td>REGISTRATION &amp; COFFEE</td>
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<tr>
<td>09.50</td>
<td>Opening remarks:</td>
<td>Dr Chris Elton</td>
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<tr>
<td>10.00</td>
<td>Debate: At Caesarean section for fetal compromise, failure to intubate means waking the patient up</td>
<td>Dr David Bogod, Dr David Levy, Dr Mary Mushambi</td>
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<tr>
<td>11.00</td>
<td>COFFEE</td>
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<td>11.30</td>
<td>Clinical Cases 1:</td>
<td>Dr Paul Howell</td>
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<tr>
<td></td>
<td>A patient with a short neck:</td>
<td>Dr Rory Bell</td>
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<td>A patient with an unstable neck:</td>
<td>Dr Mary Mushambi</td>
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<tr>
<td>12.00</td>
<td>&quot;I don't want any blood Doctor&quot;:</td>
<td>Dr Chris Elton</td>
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<tr>
<td>12.15</td>
<td>Discussion</td>
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<td>12.30</td>
<td>LUNCH</td>
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<tr>
<td>13.30</td>
<td>Debate: Recombinant factor VIIa should be used in massive obstetric haemorrhage</td>
<td>Dr Felicity Plaat, Dr Marc Van de Velde, Dr Rachel Collis</td>
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<tr>
<td>14.30</td>
<td>Clinical Cases 2:</td>
<td>Dr Chris Elton</td>
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<td></td>
<td>A dodgy epidural:</td>
<td>Professor Felicity Reynolds</td>
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<td>&quot;Another high block&quot;:</td>
<td>Dr Paul Howell</td>
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<td>15.05</td>
<td>Paralysis following an epidural:</td>
<td>Dr Ian Russell</td>
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<tr>
<td>15.20</td>
<td>Discussion</td>
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<td>15.35</td>
<td>TEA</td>
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<tr>
<td>16.00</td>
<td>Debate: Every patient for Caesarean section due to fetal distress should receive a tocolytic</td>
<td>Professor Andy Shennan, Mr Jason Waugh, Mr Kim Hinshaw</td>
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<tr>
<td>17.00</td>
<td>Closing remarks followed by DRINKS</td>
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</tbody>
</table>
CONTRIBUTORS

Dr Rory Bell  Consultant Anaesthetist, Middlesex Hospital, London
Dr David Bogod  Consultant Anaesthetist, City Hospital, Nottingham
Dr Rachel Collis  Consultant Anaesthetist, University Hospital of Wales, Cardiff
Dr Chris Elton  Consultant Anaesthetist, Leicester Royal Infirmary
Mr Kim Hinshaw  Consultant Obstetrician & Gynaecologist, Sunderland Royal Hospital
Dr Paul Howell  Consultant Anaesthetist, St Bartholomew's & Homerton Hospitals, London
Dr David Levy  Consultant Anaesthetist, Queen's Medical Centre, Nottingham
Dr Mary Mushambi  Consultant Anaesthetist, Leicester Royal Infirmary
Dr Felicity Plaat  Consultant Anaesthetist, Queen Charlotte's & Hammersmith Hospitals, London
Professor Felicity Reynolds  Emeritus Professor of Obstetric Anaesthesia, Consulting Editor, IJOA
Dr Ian Russell  Consultant Anaesthetist, Hull Royal Infirmary
Professor Andrew Shennan  Consultant Obstetrician & Gynaecologist, Guy's & St Thomas' Hospitals, London
Dr Marc Van de Velde  Associate Professor of Anesthesiology, University Hospitals Gasthuisberg, Leuven, Belgium
Mr Jason Waugh  Consultant Obstetrician & Gynaecologist, Royal Victoria Infirmary, Newcastle-upon-Tyne
<table>
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<tr>
<th>Time</th>
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<th>Chairmen</th>
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<tr>
<td>09.00</td>
<td>REGISTRATION &amp; COFFEE</td>
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<tr>
<td>09.50</td>
<td>Opening remarks</td>
<td>Dr Chris Elton</td>
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<tr>
<td>10.00</td>
<td>Sickle cell anaemia</td>
<td>Dr Prea Ramasamy</td>
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<tr>
<td>10.15</td>
<td>A cautionary tale</td>
<td>Dr Suna Monaghan</td>
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<tr>
<td>10.30</td>
<td>Discussion</td>
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<td>10.40</td>
<td>COFFEE</td>
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<tr>
<td>11.10</td>
<td>Debate: Routine use of the sitting position for spinal anaesthesia should be abandoned</td>
<td>Dr Ian Russell; Dr Martin Dresner; Dr Paul Howell</td>
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<tr>
<td>12.10</td>
<td>Clinical Cases 2</td>
<td>Dr Roshan Fernando</td>
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<tr>
<td>12.25</td>
<td>A high block</td>
<td>Dr Upma Misra</td>
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<td>12.40</td>
<td>Wandering catheters</td>
<td>Dr Martin Dresner</td>
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<td>12.50</td>
<td>LUNCH</td>
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<td>13.45</td>
<td>Debate: Genetic variability has no practical implications for the obstetric anaesthetist</td>
<td>Dr Alexandre Mignon; Dr Ruth Landau; Dr Gordon Lyons</td>
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<tr>
<td>14.45</td>
<td>Clinical Cases 3</td>
<td>Dr Chris Elton</td>
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<tr>
<td>15.00</td>
<td>Twins 1</td>
<td>Dr Upma Misra</td>
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<td>15.20</td>
<td>Discussion</td>
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<td>15.30</td>
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<tr>
<td>16.00</td>
<td>Debate: Remifentanil PCA should be routinely available for use in labour</td>
<td>Dr David Hill; Dr Marc Van de Velde; Dr Roshan Fernando</td>
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<tr>
<td>17.00</td>
<td>Closing remarks followed by DRINKS</td>
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</table>
CONTRIBUTORS – 08.91

Dr Martin Dresner \hspace{1cm} Consultant Anaesthetist, Leeds General Infirmary

Dr Chris Elton \hspace{1cm} Consultant Anaesthetist, Leicester Royal Infirmary

Dr Roshan Fernando \hspace{1cm} Consultant Anaesthetist, Royal Free Hospital, London

Dr David Hill \hspace{1cm} Consultant Anaesthetist, Ulster Hospital, Belfast

Dr Paul Howell \hspace{1cm} Consultant Anaesthetist, St Bartholomew's & Homerton Hospitals, London

Dr Ruth Landau \hspace{1cm} Consultant Obstetric Anaesthetist, Geneva University Hospital, Switzerland

Dr Gordon Lyons \hspace{1cm} Consultant Anaesthetist, St James' University Hospital, Leeds

Dr Alexandre Mignon \hspace{1cm} Consultant Anaesthetist, Hôpital Cochin, Paris

Dr Upma Misra \hspace{1cm} Consultant Anaesthetist, Sunderland Royal Hospital

Dr Suna Monaghan \hspace{1cm} Consultant Anaesthetist, Manchester Royal Infirmary

Dr Prea Ramasamy \hspace{1cm} Consultant Anaesthetist, Leicester Royal Infirmary

Dr Ian Russell \hspace{1cm} Consultant Anaesthetist, Hull Royal Infirmary

Prof Marc Van de Velde \hspace{1cm} Professor of Anesthesiology, University Hospitals Gasthuisberg, Leuven, Belgium
09.00 REGISTRATION & COFFEE

09.50 Opening Remarks
Dr Chris Elton

Clinical Cases 1
Chairman: Dr David Bogod
10.00 Neonatal resuscitation
Dr Felicity Plaat
10.15 Adhesive arachnoiditis
Dr Gordon Lyons
10.30 Discussion

10.40 COFFEE

11.10 Debate: Morbidly obese patients should not be anaesthetised by trainees without supervision
Proposer: Dr Anne McCrae
Opposer: Dr Martin Dresner
Moderator: Dr Chris Elton

Clinical Cases 2
Chairman: Dr Paul Howell
12.10 Sepsis
Dr Neville Robinson
12.25 Pre-eclampsia
Dr Vegard Dahl
12.40 Discussion

12.50 LUNCH

13.45 Debate: Women should be free to choose elective caesarean section
Proposer: Miss Sara Paterson-Brown
Opposer: Professor Jim Thornton
Moderator: Dr Paul Howell

Clinical Cases 3
Chairman: Dr Chris Elton
14.45 Grade I CS with no IV access
Dr Bernard Norman
15.00 Tissued drip at induction
Dr Steve Yentis
15.20 Discussion

15.30 TEA

16.00 Debate: Off-label use of drugs is bad medicine flying the flag of clinical freedom
Proposer: Professor J Robert Sneyd
Opposer: Dr David Bogod
Moderator: Dr Roshan Fernando

17.00 Closing remarks followed by DRINKS
## CONTRIBUTORS – C&C 2009 (09.91)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Dr David Bogod</td>
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<td>Nottingham University Hospitals</td>
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<td>Consultant Anaesthetist</td>
<td>Baerum Hospital, Norway</td>
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<td>Leeds General Infirmary</td>
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<tr>
<td>Dr Gordon Lyons</td>
<td>Consultant Anaesthetist</td>
<td>St James' University Hospital, Leeds</td>
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<tr>
<td>Dr Anne McCrae</td>
<td>Consultant Anaesthetist</td>
<td>Edinburgh Royal Infirmary</td>
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<tr>
<td>Dr Bernard Norman</td>
<td>Consultant Anaesthetist</td>
<td>Chelsea &amp; Westminster Hospital, London</td>
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<tr>
<td>Miss Sara Paterson-Brown</td>
<td>Consultant Obstetrician &amp; Gynaecologist</td>
<td>Queen Charlotte's &amp; Chelsea Hospital, London</td>
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<tr>
<td>Dr Felicity Plaat</td>
<td>Consultant Anaesthetist</td>
<td>Queen Charlotte's &amp; Hammersmith Hospitals, London</td>
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<tr>
<td>Dr Neville Robinson</td>
<td>Consultant Anaesthetist</td>
<td>Northwick Park Hospital, Harrow</td>
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<tr>
<td>Professor J Robert Sneyd</td>
<td>Professor of Anaesthesia</td>
<td>Derriford Hospital, Plymouth</td>
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<tr>
<td>Professor Jim Thornton</td>
<td>Professor of Obstetrics &amp; Gynaecology</td>
<td>City Hospital, Nottingham</td>
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<tr>
<td>Dr Steve Yentis</td>
<td>Consultant Anaesthetist</td>
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