



THE ANAESTHETIST
by your side when it matters



Introduction

Anaesthetists are doctors specialising in keeping you safe and pain free at the most critical times.

Numbering over 22,000 across the United Kingdom, anaesthetists, critical care and pain medicine doctors represent the single largest medical specialty and provide 24/7 care for two-thirds of all patients entering hospital.

This booklet is designed to let you, our patients know where, when and how you may come into contact with an anaesthetist. We asked 22 anaesthetists from across the specialty to tell us their stories.

Their profiles offer a fascinating insight into their training, unwavering dedication and focus in delivering the right care, at the right time for their patients.

I hope that what you read here helps you understand that anaesthetists are much more than just the doctors who administer anaesthetics during an operation.

We are there by your side when you need us most. It is what we do. It is who we are.

A handwritten signature in black ink, appearing to read 'Ravi Mahajan'.

Professor Ravi Mahajan
President, Royal College of Anaesthetists



Anaesthetists play an essential role in the delivery of care, with a focus on patient safety.

Anaesthetists are the constant throughout the surgical process: they put patients at ease before an operation, monitor them closely throughout surgery, and ensure patients are pain free following the procedure.

It is for this reason that this information booklet is so important. It gives an insight into the people behind the hospital masks, and sheds light on their many years of specialist training and total commitment to patient care.

The Patients Association is proud to support *The Anaesthetist – by your side when it matters* booklet, we are pleased to bring information about the doctors representing this unique specialty to the public's attention.

A handwritten signature in black ink, appearing to read 'Rachel Power'.

Rachel Power
Chief Executive, Patients Association

What is Anaesthesia?

The word anaesthesia means 'loss of sensation'. It can involve a simple local anaesthetic injection which numbs a small part of the body, such as a finger or around a tooth. It can also involve using powerful drugs which cause unconsciousness. These drugs also affect the function of the heart, the lungs and circulation. As a result, general anaesthesia is only given under the close supervision of an anaesthetist, who is trained to consider the best way to give you an effective anaesthetic but also to keep you safe and well.

The drugs used in anaesthesia work by blocking the signals that pass along your nerves to your brain. When the drugs wear off, you start to feel normal sensation again.

Anaesthetists

Anaesthetists are doctors with specialist training who are responsible for providing your anaesthetic and looking after you before, during and after surgery.

Anaesthetists also:

- discuss the type of anaesthetic that is suitable for your operation and assess your fitness for surgery
- discuss the risks of anaesthesia with you and help you prepare for the operation
- agree a plan with you for your anaesthetic and pain control
- look after you immediately after the operation in the recovery room or in an intensive care unit

Most importantly, anaesthetists work with you to help make your experience as calm and pain-free as possible.



Contents

Clinical Director Dr Julian Barker	4	Neuroanaesthesia Dr Hiu Lam	26
Remote and rural Dr Catriona Barr	6	Regional Adviser Anaesthesia Dr Darrell Lowry	28
Perioperative medicine Dr Anne-Marie Bougeard	8	Military anaesthesia Professor Peter Mahoney CBE	30
Developing country Dr Nick Boyd	10	Neuroradiology Dr Mary Newton	32
Intensive care medicine Dr Daniele Bryden	12	Air Ambulance Dr Helen Oliver	34
Ophthalmic anaesthesia Dr Joanna Budd	14	Trauma Dr Sabeena Qureshi	36
Preoperative assessment Professor Gerry Danjoux	16	Pain medicine Dr Neeraj Saxena	38
Obstetric anaesthesia Dr Amelia Banks	18	Cardiothoracic anaesthesia Professor Stefan Schraag	40
Examiner Dr Irwin Foo	20	Sleep medicine Dr Peter Venn	42
Head and neck reconstructive surgery Dr Helen Goddard	22	Paediatric anaesthesia Dr Neal Willis	44
Medical Director Dr Ian Johnson	24	Specialty and associate specialist (SAS) Dr Jay Dasgupta	46



Dr Julian Barker

Clinical Director of Cardiothoracic Anaesthesia,
Cardiothoracic Critical Care and ECMO, Manchester

I haven't strayed very far from Manchester since graduating from the city's medical school in 1993. I love Manchester – it's a great city. As a trainee, I worked in the majority of hospitals around the north-west before taking a consultant post at the University Hospital of South Manchester.

I've been really fortunate in this job in that I have been able to play my part in setting up the new cardiothoracic critical care unit and leading the development of the ECMO* service at University Hospital of South Manchester. I've provided clinical leadership for the cardiothoracic department for the past decade and have worked with some incredibly talented and inspiring people, whom I continue to learn from every day.

Having a strong team is crucial to success in healthcare. When talented individuals are in an environment that inspires trust and cooperation, it results in great teamwork, success, innovation, and high levels of patient safety. This is what I love about our critical care team, and the ECMO team in particular. Clinical leadership is the most vital ingredient, especially when working at the limits of

technology in modern healthcare. Having a busy clinical job is highly rewarding on a one-on-one level, but it's being part of such a great team that brings enormous job satisfaction. My clinical responsibilities bring variety to the job. It can be anything from anaesthetising a patient for routine heart surgery, to retrieving a critically ill patient by helicopter, on ECMO, from another hospital in the middle of the night. It's not possible to provide good clinical leadership if you're not enjoying face-to-face contact with patients. I love being able to do that.

* extracorporeal membrane oxygenation unit – a machine which takes over patients' heart and lung functions



Dr Catriona Barr

Consultant Anaesthetist, Shetland

I have been a consultant anaesthetist in Shetland since 2004 with responsibility for anaesthetics and critical care across all age groups. I have a particular interest in emergency paediatrics. I began pre-clinical studies at St Andrew's University in 1981 and was awarded a Bachelor of Medical Science degree in 1984. After some time spent in the USA, I returned to the UK where I graduated from Manchester University with honours in 1988. I am a fellow of the Royal College of Anaesthetists and a member of the Royal College of Physicians. I have worked in Manchester, Nottingham, Sheffield and Leeds and became an anaesthetic consultant in York in 2001.

I work in Shetland where there are approximately 23,000 people and a lot of sheep. Bergen, Norway is closer than Aberdeen, Scotland. Working in busy general settings provides an anaesthetist, with an excellent grounding in general medicine. I gained this experience in Nottingham and then worked in adult and paediatric anaesthesia and critical care in Sheffield, Leeds and York. In Shetland, having these general skills locally, means that patients for routine surgery can avoid an arduous journey. Emergency patients can be stabilised effectively and their care

provided in a seamless way in conjunction with the local team and colleagues on the mainland. In the absence of paediatricians I have developed my skills in managing sick and injured children. Dealing with a sick child and worried parents is challenging but rewarding for all of us here, as they are not only our patients, but our neighbours and friends. As a general anaesthetist I am relied upon to manage all patient conditions, at least initially – in a remote setting I have to be ready for anything.



Dr Anne-Marie Bougeard

Anaesthetist in Training, Torbay and South Devon
Royal College of Anaesthetists Perioperative Medicine Fellow

I have been a doctor for 13 years, having trained at the University of Oxford and University College London Medical Schools. I gained my experience in the UK and Australia where I realised I was interested in, and suited to, the acute specialties*. I trained in acute medicine and emergency medicine before starting anaesthesia which I loved. I was an overnight convert! I'm nearing the end of my training in the south-west of the UK and am also working with the Royal College of Anaesthetists developing an exciting project in perioperative medicine.†

Anaesthesia is varied and hugely rewarding. I consider myself incredibly lucky to have the opportunity to look after someone having an operation, help them deliver a baby, alleviate their pain or intervene to help someone who is critically ill.

Working in perioperative medicine involves preparing patients for surgery from the moment it is considered, through to their operation and recovery, and then home. I work closely with patients to ensure they are as fit for their operation as possible, psychologically, physically and practically. I thoroughly enjoy my conversations with patients, exploring and understanding what is important to

them and how they think the operation may improve their lives. It is a privilege to help my patients make positive changes in their lives so they can truly benefit from surgery. Speaking with patients to understand how they feel after surgery as part of a research project has also been an incredibly positive experience and one which will help anaesthetists across the UK improve the care we provide our patients.

* *The assessment, diagnosis and treatment of adult patients with urgent medical needs*

† *The care of patients before, during and after surgery*



Dr Nick Boyd

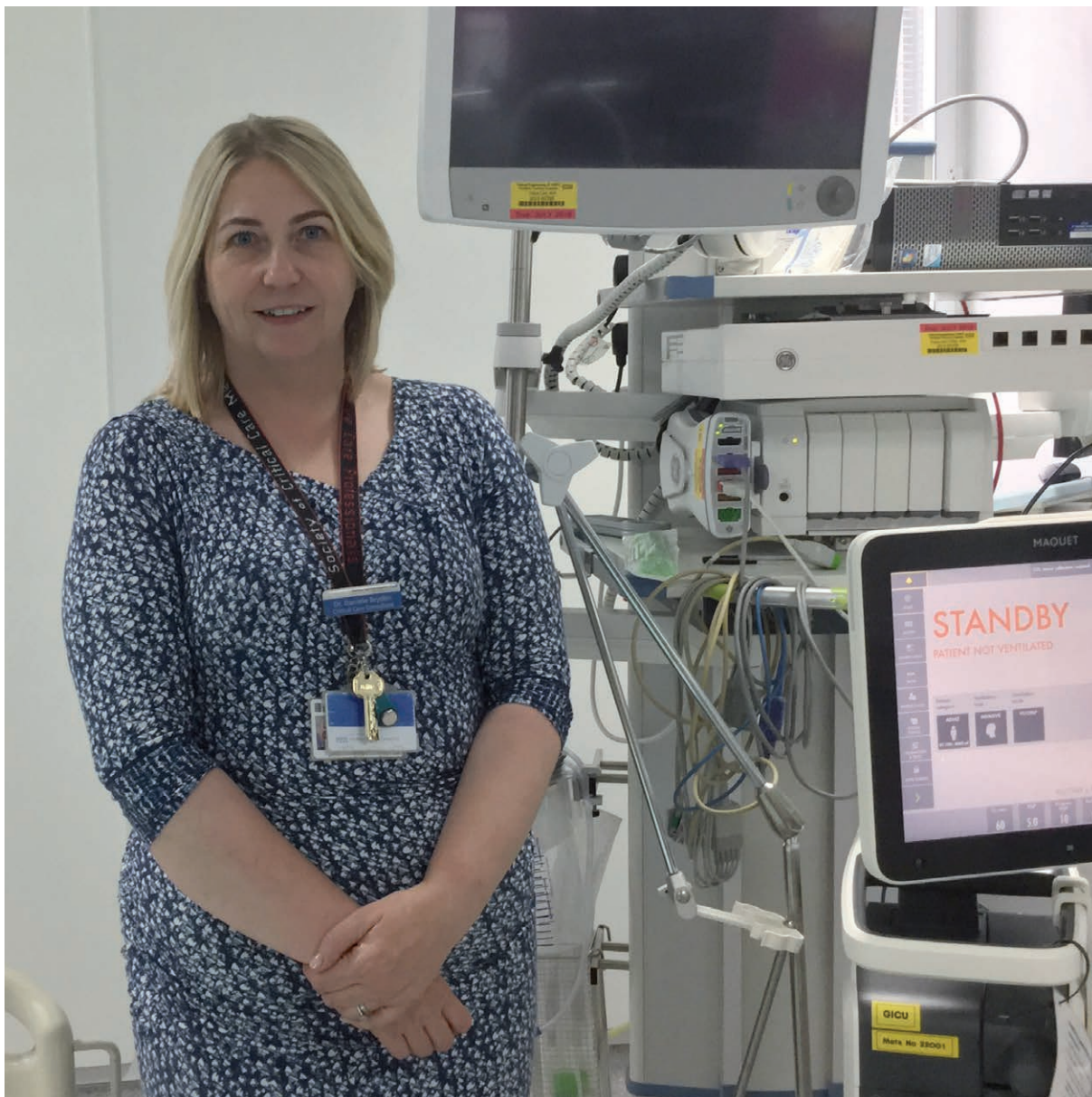
Locum Consultant in Paediatric Anaesthesia
Lifebox Research Fellow, Bristol

I graduated from Bristol Medical School and, after three years experience in general and emergency medicine, I decided to follow a career in anaesthesia. After finishing my training in the Peninsula Deanery, I completed a fellowship in paediatric anaesthesia and simulation at Great Ormond Street Hospital, followed by work at Bristol Royal Hospital for Children. During my training I developed a strong interest in global health and worked in a rural Ugandan hospital for six months as a senior registrar. I am now completing a Masters in Global Health at King's College London.

Working in a low-resource setting played a pivotal role in shaping not only my training in anaesthesia but also my career as a consultant. As well as the challenging clinical work, I gained experience in quality improvement, teaching and project management. It has given me opportunities to be involved in a number of valuable projects, including Lifebox and the SAFE anaesthesia courses, and in research for organisations such as the Gates Foundation and the Kings-Sierra Leone Partnership. I believe that partnership work of this type can have a

meaningful impact on patient care and it has undoubtedly been of significant benefit to me as an UK anaesthetist.

This is an exciting and important time for global anaesthesia. There is growing recognition that access to surgery in many parts of the world needs to increase substantially. Safe anaesthetic and perioperative care must be central to this work and, in addition to the important role we can offer, I believe there are huge benefits for UK anaesthetists in training and consultants alike.



Dr Daniele Bryden

Consultant in Intensive Care Medicine and Anaesthesia, Sheffield

I started as a Consultant Anaesthetist in Sheffield in 2001, working in adult critical care at the Northern General and Royal Hallamshire Hospitals. After medical school in Manchester, I trained in general medicine and anaesthesia in the UK as well as in the United States. In my current role I provide anaesthesia for patients undergoing complex spinal surgery. Having two law degrees, I'm also very interested in professional ethics: how as doctors we fulfil our responsibility to uphold the trust placed in us and how we help patients and their families to make treatment decisions at times of stress. I'm interested in helping to ensure that the next generation of anaesthetists are supported to become the doctors that patients need.

Working on the critical care unit involves reviewing patients, speaking with relatives and doctors from other specialties, teaching trainees and ensuring treatment plans for patients are effective and appropriate. I lead a large team of doctors, nurses and allied health professionals but my greatest pleasure always comes from the chance to interact with patients. Intensive care medicine is complex

with a focus on saving the lives of the sickest patients in the hospital and recognising where they may be at the end of their life. At the heart of intensive care medicine is a vulnerable person and their loved ones who need support and information. It's the part of my job that reminds me constantly why I became a doctor.



Dr Joanna Budd

Consultant in Ophthalmic Anaesthesia, Hereford

Upon qualifying from Kings College Hospital Medical School in 1984, my initial plan was to become a general practitioner (GP), but after completing a GP training scheme in Kent, I changed my mind about my career and instead commenced anaesthetic training in Newport. From that point I never looked back. I continued training in Bath and Birmingham before working first as a consultant anaesthetist in Worcester and then in Hereford. My role is a mixture of anaesthesia and intensive care medicine but I have a particular interest in ophthalmic anaesthesia.*

Anaesthesia for eye surgery has changed a lot over the past 30 years. It is now the norm to have surgery under local anaesthesia, meaning patients are able to eat and drink normally and go home within hours of complex and lengthy operations. As an ophthalmic anaesthetist, I ensure that patients' eyes are numb so that surgery is painless. I do this by injecting local anaesthetic around their eye. You need to have the trust of the patient and a steady hand to do this safely, so I spend time talking to patients making sure that they are as comfortable and relaxed as they can be.

I was inspired to take up this specialty having been trained by anaesthetists who helped pioneer modern methods of ophthalmic anaesthesia. It is incredibly rewarding to help to improve the sight of my patients, but it's also very challenging as I need to be mindful of the delicate nature of the eye.

* Anaesthesia for eye surgery

Professor Gerry Danjoux

Consultant in Anaesthesia, Preoperative Assessment
and Sleep Medicine, South Tees

After qualifying in medicine from Newcastle University in 1989, I embarked on my anaesthetic training in the North of England. During this time I completed overseas fellowships in Newcastle, Australia and Vancouver, Canada. I have been a consultant at South Tees since completing my training in 2002.

My current main clinical interests include; the preparation and perioperative care of patients for vascular surgery, cardiopulmonary exercise testing and risk evaluation. I have been the academic lead for the South Tees anaesthetic department since 2008, and have honorary academic affiliations with Teesside and Newcastle Universities. Since 2013 I have been a council member and research lead for the Preoperative Association and am also a member of the Royal College of Anaesthetists Perioperative Medicine Leadership Committee. I am a faculty member of the National Perioperative Cardiopulmonary Exercise Testing course.

During my overseas training, I was able to experience the importance of preoperative patient preparation for surgery, which has fuelled my passion as a consultant anaesthetist. In my clinical practice I now lead a vascular

preoperative evaluation and preparation service that involves working closely with patients to agree and deliver the best type of care they need.

The importance of patient fitness prior to surgery is evolving, and is an area in which I have been fortunate enough to lead pioneering research and innovation. Over the past three years, I have worked with patients, doctors and public health specialists to champion new solutions to improve patient health before surgery. This exciting and important work has focused on educating patients and clinical staff (from differing healthcare backgrounds), to improve patient health before surgery in order to speed up and improve recovery. My team and I are excited to continue our work in this area and have plans to pilot a community-based health and well-being service for patients prior to surgery.





Dr Amelia Banks

Consultant Obstetric Anaesthetist, Nottingham

I have been a consultant in Nottingham since 2008 and I am the lead for obstetric anaesthesia. When I started my training in anaesthetics, I saw it primarily as a stepping stone to a career in intensive care medicine, but rather unexpectedly I fell in love with it. To be precise I fell in love with obstetric anaesthesia. My job as a consultant is very varied and includes major gynaecological cancer surgery and orthopaedics. However, most of my time is spent as part of the maternity team. In addition to my clinical work I help anaesthetists in training achieve a better work-life balance through my role as local lead for less than full time training.

Obstetric anaesthetists work closely with obstetricians and midwives to deliver safe, high quality care to pregnant women. Much of the work of an obstetric anaesthetist is on labour suites and in maternity theatres, providing pain relief for labour or anaesthetics for caesarean births. However, this is only part of my job. Away from the labour suite I have a special interest in pregnant women with needle-phobia, women with overwhelming anxiety about birth and those who are taking strong painkillers during their pregnancy. Taking

time to listen and work through a woman's concerns can transform their pregnancy and birth experience.

I am very privileged to be part of such a special moment in families' lives. With that comes the responsibility to make sure that women, and their families, have a positive experience no matter how complex or difficult a birth may be. The ability to help a woman who is in pain, or who is terrified of having a caesarean birth, is both a challenge and a joy, and it is why I find obstetric anaesthesia so fulfilling.



Dr Irwin Foo

Royal College of Anaesthetists Examiner
Consultant Anaesthetist, Edinburgh

Upon qualifying from Cambridge University, I trained in general medicine in London before embarking on anaesthetic training in Edinburgh. I was appointed consultant anaesthetist in 1998 and developed interests in teaching, perioperative care of the older patient and pain management. As departmental lead for elderly anaesthesia, I collaborated with my Medicine of the Elderly colleagues to establish a frailty pre-assessment clinic and develop clinical processes to help provide high quality care for all elderly patients undergoing surgery. I am also an examiner for the Royal College of Anaesthetists.

As a generalist, I am involved with urology, colorectal and breast patients undergoing surgery. What I have noticed over the years is that my patients are getting older, sicker and frailer as more surgical options are offered to them. Operating on frail but stable patients carries the highest risk of postoperative complications. To address this problem, I work with my geriatric colleagues to ensure our older patients are prepared as best as possible before surgery, and effectively plan their anaesthetic management and discharge requirements. Teaching trainees to manage this challenging group of patients by understanding their altered physiology, pharmacology and additional needs is rewarding as they will encounter these patients more frequently in their careers. It is very satisfying for me to know that our frailty pre-assessment

clinic has played a part in reducing postoperative complications such as confusion in elderly patients.

At the heart of patient safety and quality care is the maintenance of standards in anaesthesia, critical care and pain knowledge. This is achieved by the Royal College of Anaesthetists through rigorous assessment of trainees via examination. Being an examiner for the College is a privilege as it allows me to ensure that standards are maintained as well as enhancing my own knowledge of new developments. It has often been described as the best continuous professional development 'club' and in my opinion, nothing beats the satisfaction of congratulating a candidate who has become a fellow of the Royal College of Anaesthetists.



Dr Helen Goddard

Consultant Anaesthetist, Norwich
Head and Neck Reconstructive Surgery

I have been a consultant anaesthetist at Norfolk and Norwich University Hospital since 2008 with a specialist clinical interest in head and neck reconstructive surgery. After qualifying from the University of Liverpool I completed my anaesthetic training in the East of England region which included a fellowship in burns and plastics in the St Andrews Centre of Burns and Plastics at Broomfield Hospital, Chelmsford. I have been airway lead and I am currently the clinical lead for the head and neck enhanced recovery programme.

Anaesthesia for head and neck reconstructive surgery incorporates my interest in difficult airways, plastic surgery and perioperative medicine*. Patients undergoing this type of surgery often have multiple co-morbidities* and are having a procedure that can change the way they look facially. This makes them very vulnerable and I find the time that I spend with a patient in the preoperative assessment clinic allows me to gain their trust, address their worries and give them a clear explanation of what

to expect around the time of surgery. Communication with the healthcare team is important, so discussing the disease process and any patient problems helps me to make the best treatment plan for each of my patients.

* The care of patients before, during and after surgery
* Multiple chronic diseases and medical conditions in the same patient



Dr Ian Johnson

Consultant Anaesthetist, Wales
Deputy Medical Director

I qualified from medical school at the University of Aberdeen in 1989, and began working in various non-consultant roles across Scotland and the West Midlands. I also spent time in New Zealand and Liverpool prior to my appointment as a consultant anaesthetist in Bangor in 2000. My role here is a mix of district general hospital anaesthetic work as well as working in adult critical care. I worked for several years as the clinical director in anaesthetics and recently became deputy medical director.

Working in surgical theatres and intensive therapy units is what I enjoy most about my role as every day is different, and challenging in different ways. What may be a routine case in theatre for me is still a big day for my patient and it is a privilege to help them through this sometimes difficult period. I also enjoy working with the different groups of staff and of course the huge variety of patients and relatives we get to meet.

My deputy medical director role is also important. A significant proportion of this responsibility remains

working with people and trying to balance their needs and wants with the service the hospital can provide. I find this work equally as rewarding as my clinical responsibilities, but in a different way. Doctors need to undertake this role to ensure non-medical managers are supported and guided in designing and delivering patient focused services. The skills of anaesthetists are well suited to these management roles as we are central in providing perioperative care to our patients before, during and after surgery.



Dr Hiu Lam

Consultant in Neuroanaesthesia, Plymouth

In December 2004 I was appointed as consultant in neuroanaesthesia* at Plymouth Hospitals NHS Trust. I graduated from Nottingham University Medical School in 1989 before undergoing training in Nottingham and Oxford where I also held the position of research fellow at University of Oxford. In 1999 I worked for a year in the USA at the University of Michigan Medical Centre after which I returned to the Birmingham Children's Hospital as a consultant specialising in paediatric neuroanaesthesia.

As a consultant in neuroanaesthesia, I provide elective and emergency perioperative care for patients. This includes treating patients in the neuroradiological+ suite, operating theatre and preoperative assessment clinic. The majority of my patients suffer from stroke, trauma, intracranial tumours, bleeds and spinal abnormalities. Looking after these patients is demanding as they present particular challenges in neurological assessments, analysis of risk and decision making. I regard it as an enormous privilege that my patients and their families entrust me to provide this care for them.

The work itself is interesting and varied. From a personal perspective, the opportunity to contribute as a member of a multidisciplinary team is enjoyable and extremely rewarding. At the end of a day it feels good to have made a difference to patients and their families during an incredibly challenging and difficult time.

* Providing anaesthesia to patients undergoing brain or spinal cord surgery

+ Where patients undergo x-rays to diagnose and treat nervous system disorders



Dr Darrell Lowry

Head of Northern Ireland School of Anaesthesia
Consultant Anaesthetist, Southern Health & Social Care Trust

I've been a consultant anaesthetist based in the Craigavon Area Hospital, Northern Ireland since 1999. After graduating in medicine in 1990, I entered the Northern Ireland postgraduate anaesthetic training programme. One year of my training was spent as a research fellow, investigating the pharmacology* of new anaesthetic drugs. My clinical interests include paediatric, obstetric and total intravenous anaesthesia.

As a consultant anaesthetist in a busy district general hospital, my role involves providing anaesthesia for a wide range of surgical specialties. There is significant variety to my role, with no two days being the same. Part of my responsibilities involves on-call cover for paediatric anaesthesia, delivery suite and covering the hyperbaric chamber for diving emergencies. All of these areas require different types of clinical skills which keep me on my toes.

As my career has progressed, I have also become heavily involved in medical training and education. My educational roles have included being a college tutor,

deputy regional adviser, regional adviser anaesthesia (RAA) for Northern Ireland and deputy head of the Northern Ireland School of Anaesthesia. I was lead RAA for the Royal College of Anaesthetists from 2014 to 2016.

I firmly believe that trainees are the future of anaesthesia, and it is hugely rewarding watching them progress through their training to become consultant colleagues. As regional adviser anaesthesia in Northern Ireland, I oversee the training of more than 120 trainees and provide guidance and support. I also have the role of approving all consultant anaesthetic posts in the region.

* How drugs effect the body

Professor Peter Mahoney CBE

Military Consultant Anaesthetist, Queen Elizabeth Hospital Birmingham
Emeritus Defence Professor, Royal Centre for Defence Medicine

After graduating from Medical School in Newcastle upon Tyne in 1985, I worked in the North East as an anaesthetist in training and in related specialties until 1995. There was a short interlude in 1991 when I served in the First Gulf War. I then became a helicopter emergency medical service registrar in London for seven months prior to being appointed as a senior registrar in Nottingham. Upon receiving my certificate of completion of specialist training in anaesthesia, I was appointed as an honorary senior lecturer in conflict medicine at University College London and undertook deployments with both aid agencies and the military.

I moved from the Army Reserves to the regular Army in 2002 and deployed multiple times to field hospitals in Iraq and Afghanistan, working as an anaesthetist, an intensivist and deployed medical director. In Afghanistan I worked with the medical emergency response team carrying out battlefield casualty recovery.

I'm interested in trauma, particularly managing trauma from conflict related events such as gunshot wounds and blast injury. Sadly this is increasingly relevant in today's NHS. In Afghanistan we were able to get anaesthesia and emergency medicine specialists close to the casualties

near the point of injury and therefore made a real difference to soldiers' outcomes. I've had the privilege of caring for personnel in the back of helicopters in Afghanistan, and then being part of their care team in the field hospital and again at Selly Oak and the Queen Elizabeth Hospital in Birmingham. A key component of this has been the effective management of the patient's pain throughout the journey. My research focuses on two main areas; the use of new technologies such as virtual reality to train clinicians for hostile environments, and looking in detail at ballistic head injury with a view to improving ballistic protection.





Dr Mary Newton

Consultant Neuroanaesthetist, London

I was appointed as a consultant anaesthetist at St Bartholomew's Hospital, London, in 1990, before moving to my present consultant post in 1997. I am the anaesthetic lead for interventional neuroradiology,* and acute pain management. My other special interests include anaesthesia in radiology, sedation+ and increasing access to medicine as a career for disadvantaged students. After qualifying from St George's Hospital Medical School, London, in 1979, I undertook anaesthetic training at the Royal Free Hospital, St George's Hospital, Great Ormond Street Hospital for Children, and University College Hospital in London.

The highlight of my day is meeting patients in my care. I provide sedation+ to patients receiving pain-relieving injections or biopsies. These are relatively minor procedures but I recognise the implications that these have for my patients; living in pain and the impact this has on their quality of life, or the biopsy result which may bring bad news. We know operations can be a time of anxiety. There's so much that you can do to make the procedure easier for the patient you are sedating. It begins with a smile when you introduce yourself and continues when you describe in detail what will happen

during their procedure. Patients are always reassured when you explain that you will stay with them during every second of their procedure, carefully monitoring them. I'm passionate about improving sedation standards in the UK and have worked with the Royal College of Anaesthetists to develop the National Safe Sedation Course, predominately for non-anaesthetists.

** x-rays to diagnose and treat nervous system disorders*

+ Drugs to reduce anxiety and make patients feel calm and comfortable



Dr Helen Oliver

Emeritus Consultant in Pre-Hospital Medicine,
Essex and Herts Air Ambulance Trust
Locum Consultant Anaesthetist, London

After graduating from the University of Newcastle upon Tyne in 2001, I spent five years training in emergency medicine in Australia and the UK. I then changed specialties to anaesthesia and completed my specialist training in London in 2015.

I am particularly interested in acute trauma* management and pre-hospital medicine and have therefore been extremely fortunate to have worked for world renowned air ambulance services in Sydney, Essex & Herts and London.

Being a member of the trauma anaesthesia group at The Royal London Hospital, I am part of a team that provides consultant level anaesthetic care to all major trauma patients arriving at our emergency department.

Acute trauma management is a very high pressure specialty, but one where your interventions see immediate results and can make the difference between life and death. When serious injury occurs, getting to our patients quickly to deliver life-saving treatment is critical. As an advanced helicopter trauma team, we essentially take the emergency department out to the patient. I fly out to perform crucial interventions such as giving a general anaesthetic to stabilise the patient and secure their

breathing. All of this and more takes place at the scene of the accident before we transfer the patient to the most appropriate hospital.

To leave the comfort zone of the hospital to treat patients at the chaotic scene of an accident is a challenge. When I meet my patients they are usually having the worst day of their lives. They are in pain, afraid and at their most vulnerable. To help alleviate this pain and worry is exactly why I chose this specialty. Managing the care of a trauma patient from the roadside, to the hospital and eventually when they are sent home, requires a huge multi-disciplinary team effort – something I am incredibly proud to be a part of.

* Acute trauma describes serious and sudden injuries that are life changing and could result in death or serious disability, such as head injuries, severe wounds and multiple fractures



Dr Sabeena Qureshi

Consultant in Anaesthesia and Paediatric Intensive Care
Anaesthetic and Education Lead for Major Trauma, London

Having trained at St Mary's Hospital Medical School in London, I qualified as a doctor in 1995, before becoming a consultant in anaesthesia and paediatric intensive care in November 2006.

One of my special interests is major trauma. In 2004, I began caring for trauma patients before they arrived in hospital and was proud to have worked with London's Air Ambulance service. After my secondment, I continued as an Emeritus Doctor* for a number of years and was involved in treating patients at Edgware Road during the 7/7 bombings. I have since continued my passion for treating trauma injuries by becoming a trauma team leader and trauma resuscitation anaesthetist at my institution.

In 2013, I was appointed the anaesthetic lead for major trauma at St Mary's Hospital, the busiest major trauma centre in London. My anaesthetic department attends nearly 3,000 trauma calls each year, bringing us into contact with patients who have life-threatening injuries requiring time-critical interventions.

There is no doubt that this is the most important and rewarding part of my job. There is no substitute for being with patients when they need us most. I am extremely proud to lead a team of highly specialised and experienced professionals to deliver the best possible care to every single patient. Working as a leader in my field of trauma anaesthesia is an absolute privilege and could never be replaced by any other aspect of my work.

** A unique group of doctors who have completed a secondment with London's Air Ambulance, but continue to volunteer with the service to deliver clinical care to patients*



Dr Neeraj Saxena

Consultant in Pain Medicine and Anaesthesia, Cardiff

As a clinical academic, I work as a consultant in anaesthesia, specialising in pain medicine at Cwm Taf University Health Board and senior clinical lecturer, in neurosciences at Cardiff University.

Once I graduated in 1997, I undertook a three year training postgraduate degree in anaesthesia, from Delhi University in India, before moving to the UK. My anaesthetic training in Cheshire, Leicester and south Wales included advanced training in pain medicine. After completing my training I worked as a clinical lecturer at Cardiff University, for two years, before taking up my current consultant post.

My role involves managing outpatient pain clinics, performing pain-relieving procedures, anaesthetising for complex surgeries and researching the human brain's pain perception.

One of the key roles of an anaesthetist is to ensure surgery is painless for our patients, and therefore we are best placed to understand the significance of pain relief.

As our understanding of how our moods, beliefs, fears and lifestyles shape our experience of pain expands, pain specialists are in a unique position to bring this knowledge together, with the physical dimensions of pain management. The spectrum of powerful pain-relieving tools for people having surgery to those with long-standing problematic pain are slow, so small gains are celebrated. This is what makes this specialty particularly challenging, but worthwhile. While I am passionate about all aspects of my work, I find my role in helping people with longstanding complex pain the most rewarding. A large part of my role involves acknowledging our limitations as doctors, while promoting our willingness to support patients in their understanding and management of their conditions to improve their quality of life.

Professor Stefan Schraag

Professor of Anaesthesia

Consultant Cardiothoracic Anaesthetist and Intensivist, Scotland

After studying medicine in Germany and in London, I graduated in 1989. My training then turned to anaesthesia, after which I worked as a consultant cardiothoracic anaesthetist and intensivist in Scotland. My main research interest is in anaesthetic pharmacology, automated drug delivery and brain function monitoring.

As a senior consultant anaesthetist I am responsible for the safe perioperative care of a variety of sick cardiothoracic patients with multiple medical conditions. To prepare patients and their families for this journey, the work I undertake within preoperative assessment is vitally important. Obtaining relevant information, providing good communication and making the best therapeutic choices in the context of disease and expectations is vital for a successful surgical outcome.

Effective communication helps to reduce my patient's anxiety and I am always keen to remove as much uncertainty as I can. During surgery, I am always by my patient's side, delivering the most effective and compassionate care that I can, before following up with appropriate recovery and pain management techniques. Scientifically based but compassionately delivered ongoing care is often needed when patients and their loved ones experience difficult times in critical care.





Dr Peter Venn

Consultant in Sleep Medicine and Anaesthesia, West Sussex

After qualifying from the Middlesex Hospital Medical School in 1979, I trained in London, and the Nuffield Department of Anaesthetics in Oxford. My career in the specialty of sleep medicine began in 1984 as a registrar in anaesthesia at The National Hospital, Queen Square in London, where I first saw patients with obstructive sleep apnoea (OSA). At that time, very few physicians and almost no GPs had heard of OSA, but I developed an interest that has shaped my career since.

I am now a full time NHS sleep physician at the Queen Victoria Hospital NHS Foundation Trust in East Grinstead. I founded the unit I work in and, from one patient referral in 1993, our department now employs five consultants and 30 staff, with over 2,500 new referrals a year. My patients come to me with various types of sleep

disorders, including OSA, insomnia, central hypersomnia, movement and circadian disorders and parasomnias.

Almost 70 per cent of my patients suffer from sleep disordered breathing which can severely disrupt their sleep pattern.



Dr Neal Willis

Consultant Paediatric Anaesthetist, Glasgow

After graduating from the University of Aberdeen Medical School and completing the majority of my anaesthetic training in Dundee, I was drawn to sub-specialise in paediatric anaesthesia. After working as a locum paediatric consultant for one year, I secured a position which enabled me to advance my special interest into paediatric airway management.

As a departmental airway lead, I provide anaesthesia for planned and emergency surgery for all ages of children as well as young adults. I am lucky to be called upon to anaesthetise and care for a range of patients from newborn babies to teenagers. I therefore need to be skilled at adapting my preoperative visits to match the emotional needs of each of my patients, as well as their relatives. It is both challenging and rewarding when I can find common ground with such different patients

– whether it's talking about Peppa Pig and her golden wellies or discussing what concert my teenage patient went to at the weekend. Establishing this connection with my patients makes it easier for them, and their parents or carers, to trust me and my team of professionals looking after them. There is a wonderfully unique honesty inherent in young people that will keep you on your toes every day of your working life. And it's easily the most enjoyable part of my job.



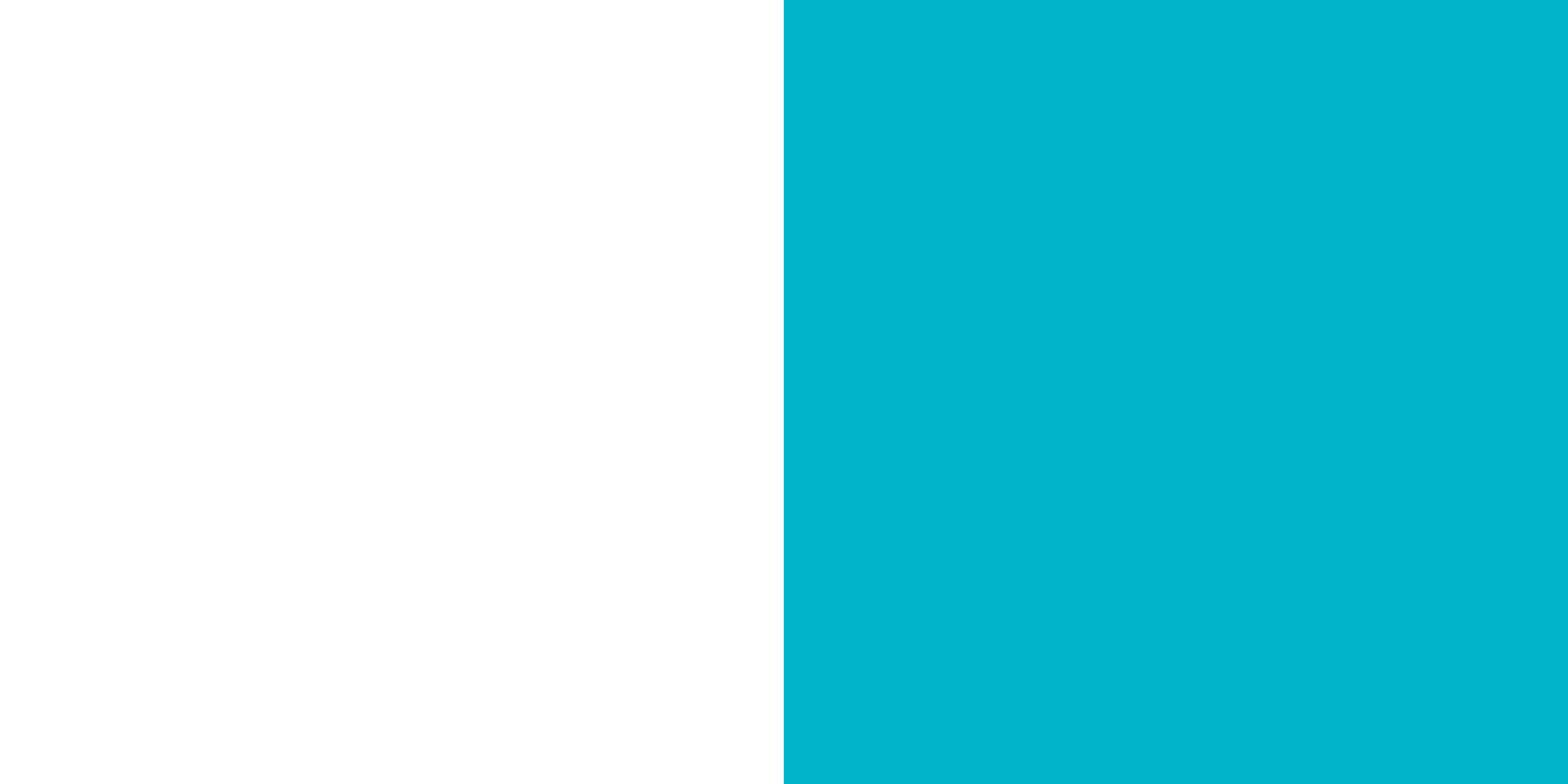
Dr Jay Dasgupta

Associate Specialist in Obstetric Anaesthesia, Warrington

After studying medicine in Kolkata, India, I came to the UK to train as an anaesthetist. Once I obtained my Fellowship from Dublin and completed registrar rotation in the Mersey region, I returned to India. Ten years later, I returned to Warrington and Halton Hospitals NHS Trust in Cheshire where I am now an associate specialist. I perform both general and obstetric anaesthesia with regular sessions in the intensive care. For seven years, I have been the Trust's education lead for our specialty and associate specialist (SAS) doctors.

As an SAS anaesthetist, I enjoy the ability to bring my years of experience to the front line of acute patient care, in and out of hours. Years of work by the NHS, Medical Royal Colleges and other associations have been spent setting up standards to make child birth in UK the safest

in the world. As an anaesthetist, I am incredibly proud to be part of the team that makes safe childbirth a reality. Having worked in different parts of the world, I feel that the high standard of care, with patient safety at its heart, makes working in the NHS so special.



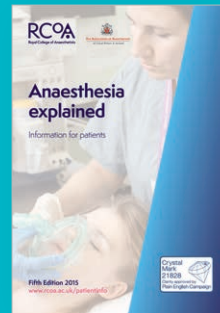
Patient information

The Royal College of Anaesthetists has developed a range of patient and carer information leaflets about anaesthesia. These can be downloaded from our website (www.rcoa.ac.uk/patientinfo).



The Royal College of Anaesthetists has also created a series of informative leaflets and a handy animation to help you, the patient get ready for surgery. Endorsed by the Royal College of General Practitioners and the Royal College of Surgeons of England, these useful materials entitled **Fitter Better Sooner** are aimed at helping you to get fit in order to feel better sooner after your operation.

www.rcoa.ac.uk/fitterbettersooner



Royal College of Anaesthetists

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