

Chapter 1 : Anesthesia Services | UCI Health | Orange County, CA

UC Irvine Anesthesiology. We are a patient-centered anesthesia team providing exceptional perioperative care while advancing the science of anesthesiology and developing the next generation of leaders in our field.

Please check this page frequently to get department news updates, event announcements and have an opportunity to connect with friends, colleagues and alumni. We are glad you have joined us! Many of our residents and faculty are presenting this year, check out their presentations: Thank you to all of our guest speakers for sharing their perspectives of anesthesia care! See you in San Francisco in a few days! Thank you to all who attended and to all those who dedicated their time to the next generation of leaders of the anesthesiology field! Every OB In-Situ simulation is dedicated to improve the safety, effectiveness and efficiency of healthcare delivery! HcSimWeek ucianesthesia Learn more: The symposium is sold out! We look forward to meeting everyone who will be joining us this Saturday. As part of PainAwarenessMonth, see how you can take steps in your pain management strategy to coping with pain stigma. A doctor who treats you as a whole and a mental health provider are crucial aspects of your pain management strategy. Looking forward to seeing you there! See our Department presentations for this year: Cameron Ricks, Michael Ma, Dr. Govind Rajan and Dr. Migraines can often be chronic and a debilitating condition that affects about 5 million children in the U. Come meet and ask current anesthesiology residents and program directors questions you may have about anesthesiology residency. Register now to lock in your early registration price. Labor Day is the creation of the labor movement and is dedicated to the social and economic achievements of American workers. It constitutes a yearly national tribute to the contributions workers have made to the strength, prosperity and well-being of our country. September is Pain Awareness month! Davinder Ramsingh, associate professor and director of clinical research and perioperative ultrasound, from Loma Linda University School of Medicine to our grand rounds. In addition to this lecture block, the students will also get a 2-hour hands-on orientation to the center and equipment they will use the next 4 years. The submission deadline is August 31, The program hosts tracts for An evaluation of preoperative anxiety in Spanish-speaking and Latino children in the United States. Best of luck on your future endeavors! Congratulations to all the graduates and best of luck on your post-residency plans! Join us for a day full of speakers, panels and workshops on the topic of anesthesiology. A Retrospective Longitudinal Analysis. The goal of this study was to examine pain responses in pediatric patients with cancer. Virginia Apgar, physician anesthesiologist, pioneer in neonatology, and inventor of the Apgar score. Find out more about her life and legacy here: Zeev Kain and Dr. Our Fellows are almost complete with their post graduate medical training. Sayed shared insights to our Pain Medicine group on practice management, providing care that patients want and shared implantation techniques. Sayed, for the wonderful opportunity to mentor our trainees!

Chapter 2 : UC Irvine Health Anesthesiology & Perioperative Care, Orange, CA

** UC Irvine access only Anesthesiology & Perioperative Care Subject Guide: Anesthesiology e-Journals A collection of excellent resources available to UCI anesthesiologists and students.*

Vitiligo is a chronic, autoimmune disease that involves three components that are not completely understood. When these cells become damaged, they set off an autoimmune reaction that removes more pigment cells. Pigment cells in the skin can be restored when stem cells migrate from the hair to the skin to repigment the skin. The good news is there is hope to repigment the skin if surrounding hairs still have pigment indicates that the pigment stem cells are there. How does Vitiligo affect me? The effect of vitiligo goes much deeper than the skin. Patients with vitiligo often have itching, can present with hearing loss, and can have a poor quality of life. Patients can experience difficulty with relationships, have a higher risk of suicide, a higher risk of suicide, and high anxiety. Often patients feel misunderstood and alone. It is important that patients maintain hope during treatment and minimize their levels of stress. To address this important need, we have partnered with our patients to establish a Vitiligo Support Group , a forum where patients can learn more about the latest treatments and offer support for each other. The powerful and enlightening video has both full length and short-form versions to meet the needs and interests of a variety of audiences. We treat vitiligo using an integrative approach that seeks to block the process that cause the disease to progress pigment cell damage and autoimmune destruction while stimulating processes that make the disease go away repigmentation. Specifically, we seek to use the following general strategies: Reduce pigment cell damage- To reduce the amount of pigment cell damage, we give the pigment cells vitamins to make them stronger. In addition to the vitamins, light therapy also protects the pigment cells from damage by stimulating them to produce more melanin, which can protect them. Reduce autoimmune destruction- To reduce the amount of autoimmune destruction, we need to inhibit the brisk immune response that is observed in vitiligo. We reduce the amount of autoimmune destruction in one of several ways: Light therapy, topical and systemic immunomodulators. Speed repigmentation- A central goal of vitiligo therapy is to stimulate cells to migrate from the hair to the skin. While there are several drugs in development to stimulate this process, the only known method to speed regimentation is light therapy and excimer laser. How do I know my Vitiligo will respond to therapy? The majority of patients that undergo therapy for vitiligo have some improvement. This improvement can be quite dramatic, but it is important to remember that vitiligo is a chronic disease like other chronic diseases psoriasis, high blood pressure. While it can improve significantly, often periodic or continuous treatment may be required to keep the disease in remission. When this is the case, surgical approaches can be used to treat stable, treatment resistant areas. What are some surgical therapies for Vitiligo? Surgical vitiligo treatments can be subdivided into tissue grafting methods and cellular grafting methods. This is contrasted with cellular grafting, in which epidermal cells are extracted from an unaffected skin sample and transplanted as a suspension. We perform both the punch grafting procedure and the melanocyte keratinocyte transplant procedure in our practice. Patients with stable vitiligo minimal active inflammation are good candidates for this procedure. We have examples of responses to therapy before and after photos that can be discussed with the patient during the initial consultation. For patients traveling from out of town, they will need to stay in town for one week for dressing changes and initial follow-up visits. The recipient areas are identified, surface areas measured, and a donor area on the lateral aspect of the thigh or gluteal region, approximately one tenth the size of the recipient area, will be selected. After local anesthesia, a superficial layer of skin will be removed, using a special surgical blade or a suction blister technique. The resulting wound will be covered with special dressing. The resulting skin sample will be immersed in a special enzyme and heated to 37 degrees centigrade. Using forceps, the epidermis will be broken down into multiple, smaller pieces, washed with the medium, and then transferred to centrifuge tube. After centrifuging the cell pellet containing melanocytes and keratinocytes will be separated from the rest of the epidermal pieces. The latter will then be discarded, and the resulting melanocyte-keratinocyte cell pellet will be resuspended in the medium. A syringe will then be used to deliver the cell suspension to the recipient sites. In preparation for the

melanocyte-keratinocyte transplantation, the recipient site will be cleaned and treated by a special resurfacing laser Er: YAG that removes the top layer of the skin. The cell suspension will be applied evenly to the denuded area and the area will be covered by special dressings. The patients are allowed to go home immediately after the dressing is applied; they will be cautioned against any activities that could displace the dressing or cause the dressing to get wet. Dressings will be removed 7 days post-procedure depending on the treatment location. Huggins MD, Marsha D. Henderson MD, Sanjeev V. Mulekar MD, David M. Ozog MD, Holly A. Lim MD, Iltefat H. Hamzavi MD Alexander B. Ganesan is one of the few vitiligo experts worldwide that is also a melanocyte biologist. UC Irvine is pioneering vitiligo care by: Ganesan has assembled a multidisciplinary team composed of medical students, graduate students, residents, fellows, and researchers from disciplines as diverse as bioengineering, bioinformatics, and material sciences to develop new approaches to treat vitiligo. Often, patients will be offered the opportunity to participate in one of the ongoing clinical trials. What usually happens at the first appointment? We usually assess the level of immune involvement and select the best immunomodulatory approach. We can offer either in office phototherapy or home phototherapy as an option depending on the extent of disease. Photos are usually taken at the first visit as well. When appropriate, surgical therapies are discussed. In addition, we often discuss the psychosocial aspects of the disease, and offer patients support either through online resources or provide them resources about the vitiligo support group. How do I make an appointment or get more information? You can make an appointment by calling this number: In addition, you can get more information about vitiligo by e-mailing the following e-mail address:

Chapter 3 : University of California, Irvine : Department of Anesthesiology & Perioperative Care

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Before surgery, each patient is individually assessed by a UCI Health anesthesiologist. There are four main types of anesthesia: Local anesthesia A small amount of anesthetic is applied or injected to block pain in a localized area, such as biopsies and minor surgery. Regional anesthesia Regional anesthesia blocks pain in larger areas of the body, such as the back, without causing unconsciousness. This is accomplished by injecting a small amount of anesthetic near a cluster of nerves that can numb the region of the body undergoing surgery. This form of anesthesia includes spinal blocks and epidurals. Conscious or intravenous sedation A combination of medications are used to relax you and block pain. You stay awake but may not remember the procedure afterward. This type of anesthesia may be used for minor surgical and diagnostic procedures, such as repair of a fractured bone, minor skin surgery and plastic or reconstructive surgery. General anesthesia General anesthesia affects the whole body, putting you to sleep, blocking pain and relaxing your muscles. General anesthetic drugs may include gases or vapors inhaled through a mask or tube. Others are administered through a vein. We use the Bispectral Index BIS , a device that checks the consciousness level of patients on a second-by-second basis. Considered one of the most important breakthroughs in anesthesiology in the last decade, BIS makes it possible to administer 30 percent less anesthetic than before, while ensuring that the patient remains in a state of deep sleep. As a result, physicians are able to "fast track" patients. The less anesthesia patients have, the faster they can recover. BIS patients are discharged sooner than in the past, often as much as 19 percent sooner. This equipment also guards against what doctors call "patient awareness" during surgery by continuously monitoring the depth of anesthesia. To qualify for their important role in the surgical suite, anesthesiologists must have an excellent understanding of cardiology, critical care medicine, internal medicine, pharmacology and surgery. At UCI Health, many of our board-certified anesthesiologists have taken an additional one to two years of training in another subspecialty, such as neurology, pediatrics, neonatal medicine, cardiology and regional anesthesiology. This added level of expertise and experience reflects our status as a nationally recognized university hospital.

Chapter 4 : MOCA | Medical Simulation Center | School of Medicine | University of California, Irvine

Dr. Corey Nelson's education arenas include the perioperative environments of UC Irvine Medical Center, Simulation for the Department of Anesthesiology trainees, multidisciplinary in-situ Simulation at UC Irvine Medical Center, and Simulation for Board Certified Anesthesiologists at the UC Irvine MOCA® course.

Harvard University, , pp. Legal Issues in Conscious Sedation. The Ethics of Fatigue. Syllabus on Ethics, Kelly RJ, Nisynboim C. Fatigue and the Care of Patients. Ethical Issues in Anesthesiology and Surgery, Ruark JE et al. Initiating and Withdrawing Life Support: Principles and Practices in Adult Medicine. New England Journal of Medicine Greely H et al. Council for International Organizations of Medical Sciences. International Guidelines for the Regulation of Human Experimentation. The Regulation of Research on Human Subjects: A Decade of Progress. International Guidelines, Geneva, Switzerland. Litt L, Kelly RJ. Informed Consent for the Anesthesiologist. The Changing Practice of Anesthesia. ASA Newsletter, March ASA Newsletter, June Anesthesiology News, September Drug Shortages in the U. Setting a New Course. The Journal of Legal Medicine, Vol. Fleck A, Kelly RJ. A Balanced Perspective on Drug Shortages. Nisynboim C, Kelly RJ. Is There a Need for Regulation. Abstract presented to Pathways to Cures: Confronting the Legacy of Obamacare.

Chapter 5 : UC Irvine - Faculty Profile System

UC Irvine Health is providing visitors a safe, convenient and responsible way to dispose of unused or expired drugs. Location: Douglas Hospital at UC Irvine Medical Center.

Chapter 6 : UCI Medical Center suit settled for \$ million - latimes

UC Irvine's Department of Anesthesiology & Perioperative Care is a leader in the field, with doctors pioneering the innovative model of The Perioperative Surgical Home.

Chapter 7 : UC Irvine Health | Department of Anesthesiology & Perioperative Care | Goal-Directed Therapy

Training Modules. The modules in this section will discuss the concept of goal directed fluid therapy and the technologies used to help the practitioner determine where their patients are on their Frank Starling curve so that may optimize the cardiac output and subsequently optimize end organ oxygenation.

Chapter 8 : Skin Conditions | Department of Dermatology | School of Medicine | University of California, Irvine

We are one of the premier anesthesiology departments in the U.S., with an excellent residency program for training future doctors, located at the UC Irvine Medical Center in the heart of Southern California.