

The Radiology suite has become an increasingly common site for Anaesthetists. Complex work, from cardiology and neurology to general surgical work has flourished in these or the increasingly common hybrid suites. Often straightforward procedures or patients may be done with non- anaesthetic sedation techniques. However, the needs of the patient (significant co-morbidities, paediatric, confused etc.) or the procedure (prolonged duration, critical to have a still patient, etc.) drives the need for anaesthetist involvement.

Data from the recent Nap 5 survey suggests that about 100,000 anaesthetics are provided by Anaesthetists in these areas see (fig 1) and these patients are often in higher ASA groups compared to the general theatre group.

In a 2013 survey of Interventional Radiologists, 88% felt that the procedure was safer with an anaesthetist and 80% that the procedure was technically easier. However about 65% felt the list was less efficient, and a similar number felt that anaesthetists were difficult to access. A similar proportion felt that the need for trained assistance and the anaesthetists made the financial costs too high.

The Society of Anaesthetists in Radiology (SAR) was formed in 2011 with the recognition of this increasing activity and aims to promote safety and optimize the quality of anaesthesia provided to adults and children undergoing procedures involving radiological imaging. Its role is in sharing the experience of disparate specialties within anaesthesia, which provide these services, often in silos. Additional roles include engagement with radiologists and industry in recognising the increasing role of anaesthesia within their areas especially in forward planning and design of new facilities. Further we would like to increase the profile of this remote site with its specific risks to trainees, who are often thrown into this area to manage emergencies well outside their comfort of the operating suite.

The Society is run by a Committee of 8 and has organised 4 Scientific meetings, which is now held on an annual basis. We have also organised training days for Deaneries. The next Annual meeting will be in the Museum of London on 16<sup>th</sup> March 2017

[https://uk.aesculap-academy.com/go/?action=AkadEventData&event\\_id=117845&evdate=117854](https://uk.aesculap-academy.com/go/?action=AkadEventData&event_id=117845&evdate=117854)

Further information on the Society is available on our website

[www.societyofanaesthetistsinradiology.org](http://www.societyofanaesthetistsinradiology.org)

We look forward to trainees at the Annual meeting. If you would like us to help your Deanery organise a day in your region, we can be contacted at the address below

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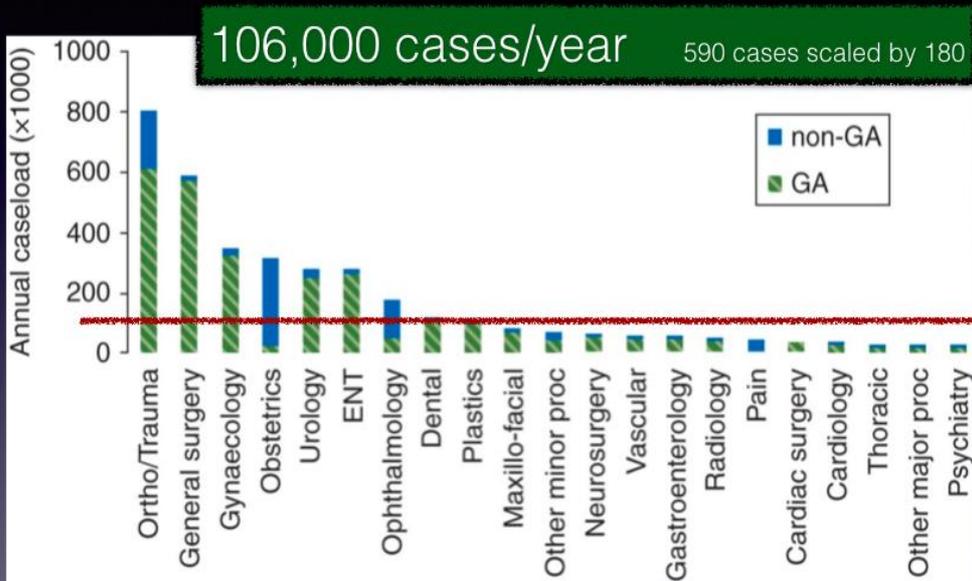
**Fig 1**

"Problems are political and financial"  
"too costly and add to the often unacceptable de.  
already suffer on a daily basis"  
"difficult to get a business case through to  
cover the costs"  
"you are too expensive, too few  
and need an ODP"  
"The cost of anaesthetic support for every list wou  
be prohibitive, and not justifiable"

"I find it very useful my life is easier I have better  
patient outcomes and patients do better"  
"Would love to have regular anaesthetic  
support on tap"  
"Would very much welcome  
and encourage greater  
involvement of anaesthetics in  
interventional radiology"  
"anaesthetic support  
makes everything so  
much nicer for everyone"  
"I would be hugely supportive of  
more anaesthetic input"

British Society of Interventional Radiology survey - 2013 Courtesy Dr James Noblet

# Comparison with specialist anaesthesia



## Anaesthetist managed cases in a Radiology suite

Data courtesy of NAP 5 team (2013)- Mike Sury, Tim Cook, James Palmer, Jaideep Pandit

106,000 cases/year      590 cases scaled by 180

