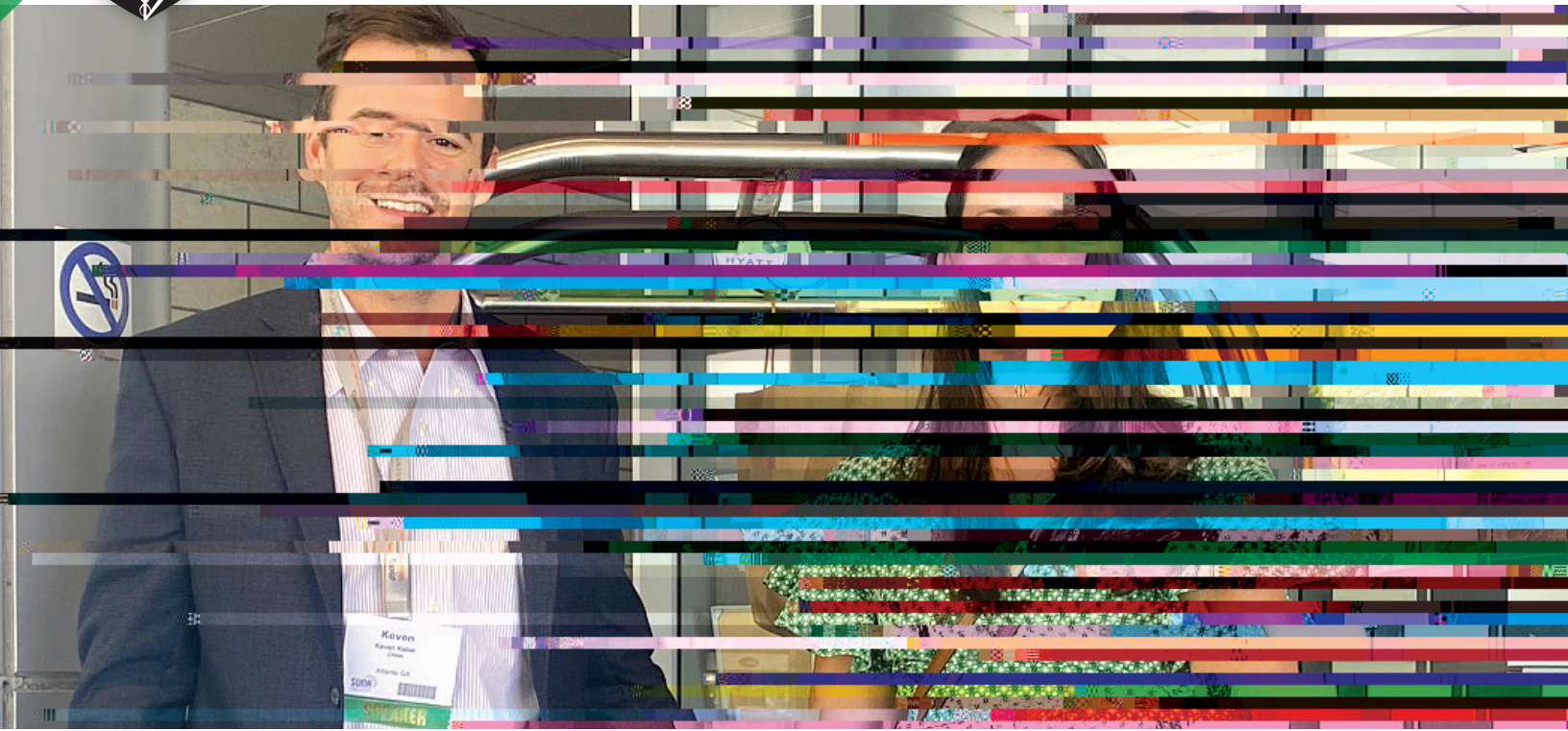




# AIRWAYS



## Using Opioid Free Anesthesia with Robotic-Assisted Prostatectomy

This issue features a synopsis of research by the husband-and-wife team of Keven Keller, CRNA, and Katie Keller, CRNA, both MTSA graduates. Their research was submitted for publishing in the *Journal of Perioperative Medicine* and continues the trend of MTSA graduates helping to advance opioid-sparing interventions and promoting evidence-based practice.

**Abstract:** Short-Term Patient Outcomes after Implementation of Robotic-Assisted Radical Prostatectomy under Opioid Free Anesthesia at an Ambulatory Surgery Center

**Abstract:**

*“The experience Katie and I had at MTSA put us head-and-shoulders above others we worked with because the clinical situations truly prepared us to be independent CRNAs.”*

– KEVEN KELLER, CRNA, CLASS OF 2013



# SERVICE

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A group from MTSA, including staff and a current student, volunteered to pack medical supplies for Project Cure. The organization's mission includes delivering medical supplies and equipment to developing countries.



The Fellowship is divided into three semesters over 12 months. Each semester includes a didactic and concomitant clinical course that builds upon the previous one. Program highlights include:

- An international, multidisciplinary faculty





Players enjoyed an unforgettable day at the 19th Annual MTSA Golf Classic. The tournament featured multiple flights of four-person teams, culminating in a championship playoff on the 18th hole.

The event supported MTSA's Mission Initiative in Guyana, where the school provides equipment and simulation training for nursing students studying to be CRNAs. Funding for medical supplies and education curricula for this program makes a lasting impact by improving patient care in this under-developed country.

## ANESTHESIA EDUCATION IN GUYANA

MTSA doctoral student Lani Hensel, CRNA with Michigan-based Anesthesia Associates of Battle Creek, uncovered specific educational needs in the Guyana program that MTSA is helping to address.

Hensel's research comprised a literature review on nurse anesthesia simulation in low-resource areas such as Guyana. She incorporated a simulation educational needs survey of nurse anesthetists, which revealed knowledge gaps and highlighted scenarios in which supplemental training and equipment would be beneficial.

"One of the most important skills in anesthesia is crisis-emergency care, and the best way to review and practice those situations is simulation because it's the safest way," Hensel said. "Our goal is to raise funds to be able to take more advanced simulation equipment to the program in Guyana and help the anesthetists and students with scenarios where their confidence level can be improved."





2023, A . ASPMF application cycle and deadlines are as follows:  
 A 1, 2023  
 1, 2023  
 .5, 2023

MTSA offers in the Doctor of Nurse Anesthesia Practice (DNAP) Completion program along with the Fellowship or the Nurse Educator Certificate Program, allowing students to complete two academic tracks at once!

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and procedural cadavers to provide a comprehensive overview of the regional anesthesia procedures commonly used in the management of perioperative pain. The workshops are clinically focused, and techniques learned are easily translated into a provider's daily practice.

Prior to the workshop, participants complete online modules detailing the important aspects of the blocks to be covered. This allows attendees to focus on improving scanning and needling techniques during the workshop. A low student-to-faculty ratio (approximately 4:1) ensures participants receive individualized attention and maximum scanning times (up to six hours).

2023 / 26 Basic Regional Cadaveric Workshop

Ultrasound-guided regional anesthesia cadaveric workshops at MTSA incorporate anatomic dissection, live model scanning,





A retrospective descriptive design was utilized to examine the perioperative care and short-term outcomes of patients undergoing RARP under OFA at an ASC.

The records of all sequential patients undergoing RARP over an 18-month period were reviewed. Data collected included patient comorbidities, surgical procedures, pre-, intra-, and post- medications administered, verbal numeric rating scale (VNRS) for pain scores, times to oral intake, ambulation, and discharge, patient disposition, and unplanned return to the ER or hospital within 30 days.

Data were extracted from 54 sequential records. Median VNRS scores were zero throughout PACU stay. Fifty-three patients (98.1%) were successfully discharged home, with an average postoperative stay of 250.8 (SD 35.0) minutes. There were no complaints of post-discharge nausea and vomiting or intractable pain at 72 hours after surgery. One patient was transferred to hospital and two patients returned to the emergency room within 30 days.

**Discussion:** Although generalizability is limited, these results suggest that carefully selected patients can be discharged home after RARP under a balanced OFA technique. Innovative practices are needed to address the current backlog of patients needing non-emergent surgery. Discharge home avoids the increase in resource consumption and infection risk associated with hospital admission.

**Authors:**

Keven and Katie Keller are the founders and co-CEOs of Keller Anesthesia LLC in Atlanta. Formed in 2016, their group provides services at nine surgery centers in metro Atlanta, all focused on urology and gynecology. With 24 CRNAs on staff, their most common cases include kidney stone treatments, prostate biopsies, bladder tumors, vaginal repairs and hysterectomies.



Keven and Katie met while working as ICU nurses at Atlanta Medical Center. Both applied and were accepted to MTSA at same time, graduating from the Master' the same year. They now have two daughters, Brinley, age 5, and

"We managed to make it through anesthesia school together, so we figured this marriage is going to be rock solid," Keven said. "When it comes to balancing our personal and professional life together, we like to say, 'teamwork makes the dream work.'"

"We've always done everything together. It'  
"We bounce ideas off each other, and we both have areas of strength that are different but complementary."

The Kellers' research began as an attempt to minimize or eliminate opioid usage and enable quicker recovery by surgical patients. They were initially hesitant but, after extensive training, they were able to design an opioid-free ERAS urology protocol. It includes not only pre-op

