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What makes anaesthesia successful and safe?

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During the past 40 years, there has been continual speculation and discussion on the safety and success of Anaesthesia. Over the last 40 years we have also seen many improvements in Anaesthesia, i.e. 1) Computerised monitoring of patients. 2) Improved modes of TIVA Anaesthesia. 3) Changes in gas flow rates for Anaesthesia. 4) Development and implementation of brainwave monitoring for anaesthetized patients. 5) Development of new and improved Anaesthesia medications. 6) Improved training of Anaesthesiologists and their Assistants. 7) More research into difficult airway management and other clinical crisis. With these advances and so-called improvements, what can we say, without a doubt, makes Anaesthesia Successful and Safe? I propose to discuss in detail these advances and hopefully demonstrate the real reason as to What Makes Anaesthesia Successful and Safe. For a patient to die on the operating table is rare — but for patients with serious problems in their medical history, post-traumatic stress after a long operation can under some circumstances lead to death. Complications relating to anaesthesia are rare, and can usually be brought under control very quickly

Biography

Ray Murtagh has worked in the field of Anaesthesia for the last 35 years and is currently employed in Australia as an Anaesthesia Allied Health Practitioner. He has specialized in paediatric Anaesthesia and is currently the specialist Anaesthesia assistant for all paediatric anaesthesia at his facility. He completed his dip AOTT at the Royal Prince Alfred Hospital Sydney in 1982 and has since worked in several hospitals throughout the Eastern Seaboard of Australia. Ray has been the President of ASAPO (Australian Society of Anaesthesia Paramedical Officers), now AAAHP (Australian Anaesthesia Allied Health Practitioners) of whom he is now registrar. Ray has witnessed many first-hand crisis in Anaesthesia and considers this topic of vital interest to those who work in the field.

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