

From the Editor's Desk

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*Say, what **does** go on behind the curtain?*

Much of the work of anesthesiologists occurs out of sight. After all, anesthesiologists spend the majority of their time in the inner sanctum of the operating room where most of their patients are fast asleep and unaware of the medical practice that anesthesiologists find so fascinating. With an estimated 20 million surgeries occurring each year in the United States alone, many people find themselves curious about what happens behind the curtain.¹

In this issue of *The Ochsner Journal*, more than 30 anesthesiologists and their associates present research into and analysis of a wide variety of topics related to the practice of anesthesiology. These topics include patient safety, translational science, disaster response, practice management, physician education, clinical studies, pharmacology and physiology, and the perioperative management of patients who have complex medical problems and are in need of surgery under anesthesia. The reader will gain insight into the workings of the anesthetic environment: how anesthesiologists select medications and techniques, contribute to patient safety, provide anesthesia in adverse conditions, translate basic science into clinical application, and train future physicians. Physicians who refer patients for surgery, future patients, anesthesia students, and physician educators who are mindful of the rapidity of change in the world of medicine will find interesting reading in this issue of *The Ochsner Journal*.

One of the most notable anesthesiologists from Louisiana was Dr John Adriani. He was highly charismatic, so much so, that a new generation of anesthesiologists still tells stories about him. It is not

surprising that Dr Adriani's influence is acknowledged in not two but three of the articles in this issue.

Hurricanes Katrina and Rita left an indelible impression on the psyche of residents of the Gulf South. One of the damaging effects of these disasters was the diminution of the medical workforce. In this issue, Dr Hutson and colleagues confirm that state membership surveys may serve as accurate barometers of the available workforce in the wake of major environmental upheavals affecting regional anesthesiology workforce conditions.

Still recovering from a natural disaster themselves, Louisianans were quick to respond to the needs of their close neighbors in Haiti after the devastating earthquake there. It is no surprise to me that Dr Osteen, a resident member of Team A when Katrina hit, volunteered to share her considerable skills in regional anesthesia on a medical mission to Haiti. She relates how effective anesthesia can be provided when electrical power is not available.

Finally, the review of fire safety in the operating room will resonate with a broad audience of health-care providers and stands to serve as a useful refresher course for the subject.

I am grateful to the many contributors who have chosen to showcase their interests and observations in this themed issue. This is one time when we anesthesiologists do not intend to put you to sleep!

REFERENCES

1. Sebel PS, Bowdle TA, Ghoneim MM, et al. The incidence of awareness during anesthesia: a multicenter United States study. *Anesth Analg*. 2004;99(3):833-839.