

# Anaesthesia & Perioperative Medicine (APM) Section Meeting

Zoom – Friday, 10 April 2026

Participants: Alexander Vlaar, Jon Charnin, Laura Borgstedt, Katharina Floss, Irene Romera Sánchez, Lorenzo Schiavoni

## Summary:

### *APM Website and Committee Updates*

The meeting reviewed the Anaesthesia Perioperative Medicine (APM) section's scope and a proposed update to the section description for consolidation and submission to the communication department of ESICM.

### Definition

*The Anaesthesia and Peri-operative Medicine (APM) section works on*

- *preoperative assessment risk*
- *intraoperative management of high-risk and critically ill patients,*
- *prevention and management of intraoperative complications*
- *prevention and management of postoperative complications*
- *perioperative pain management*
- *monitoring high-risk patients until full recovery*

### Mission

*The section aims to bridge the gap between critical care and anaesthesiology, to improve pre-, intra- and postoperative management and reduce perioperative complications. The section focuses on improving patient-centred care, guiding clinical practice and fostering research on tailored anaesthesia to clinical settings and its interaction with cardiovascular, respiratory, neurological and renal function.*

The meeting focused on updates and plans for the Anaesthesia Perioperative Medicine (APM) section. Alexander discussed the need for clearer boundaries in perioperative medicine and proposed updates to the website. He outlined ongoing initiatives, including digital meetings, an education programme, and opportunities to develop guidelines and review papers. Topics of interest were shared, including regional anaesthesia blocks, trauma care, infection prevention, and coagulation management. Katharina expressed interest in coagulation and bleeding, while Jon shared his focus on infection prevention as his primary interest.

### *ESICM Research Topics Discussion*

The group discussed potential research topics for ESICM working parties. Jon expressed his topics of interest are more in prevention of peri-operative infections. Alexander explained that the process involves significant time and effort for literature review and guideline development. Irene suggested reviewing GLP-1 drug management due to complications observed at her hospital, though interesting Alexander recommended first an observational study or registry rather than a specific guideline. Laura proposed hygiene standards as a relevant topic for anaesthesiologists, given their role in connecting different hospital wards.

### *Infection Control in Anaesthesia Practices*

The group discussed infection control practices in anaesthesia and intensive care medicine. Jon shared insights from his work with the Anaesthesia Patient Safety Foundation, noting that while hand hygiene is important, changing behaviour requires significant effort and robust data. Alexander emphasised the need to balance infection prevention measures with sustainability considerations, including the cost of disposables versus the cost of infections. Lorenzo highlighted the need to carefully evaluate the environmental impact of infection prevention measures in anaesthesia.

### *Research and Course Updates Meeting*

Alexander discussed upcoming research initiatives, including surveys and a prospective observational study focusing on transfusion, haemodynamics, and ventilation, with potential participation from Jon. Lorenzo provided an update on the completion of ACE course updates and proposed two new courses on anaesthesia depth monitoring and prehabilitation for high-risk patients for which he is currently looking for authors. Lorenzo also mentioned attending an EPA meeting on April 29 & 30 and awaiting further information about the programme.

### *Anaesthesiologist Engagement Strategy Meeting*

The meeting focused on strategies to increase awareness and engagement of anaesthesiologists with ESICM, particularly highlighting the role of anaesthesiologists in perioperative medicine. Laura emphasised the need to attract more anaesthesiologists, given the varying paths to becoming an intensivist across different countries. Alexander outlined plans to compile meeting notes and create a list of priority topics for future work, including potential consensus definitions, guidelines, and reviews, with an invitation for members to contribute. Lorenzo suggested developing a new pathway focused on perioperative medicine, and Alexander discussed the need for funding to support such initiatives, mentioning ongoing efforts to secure support. The group also discussed the potential for workshops on regional anaesthesia,

Alexander requested feedback on the website description and encouraged members to share any comments via email.

### **Next steps**

- Alexander and steering committee: Update the website description based on member feedback from both meetings
- Laura: Continue providing updates to the APM WhatsApp group with ongoing information
- Alexander: Follow up on potential topics for guidelines/consensus papers and create a top-list of proposals based on member inputs
- Alexander: Invite members to participate in guideline/consensus work based on their areas of interest and availability
- Alexander: Communicate about the prospective observational study (point preference study) to members regarding participation opportunities
- Alexander: Schedule a meeting with ESICM office to discuss funding for APM pathway courses
- Lorenzo: Reach out to potential sponsors (particularly in the local anaesthesia field) about supporting APM pathway courses or workshops
- Alexander and team: Propose idea to organise workshops on regional anaesthesia/local anaesthesia during the LIVES conference

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## **Zoom – Tuesday, 7 April 2026**

Participants: Alexander Vlaar, Katharina Floss, Johannes Gratz, Andrew Bates (Rebecca Cusack), Atul Garg, Denise Veelo, Lorenzo Schiavoni, Ahmed Zaher, Laura Borgstedt, Landoni Giovanni

### **Summary:**

The meeting reviewed the Anaesthesia Perioperative Medicine (APM) section's scope and a proposed update to the section description for consolidation and submission to the communication department of ESICM.

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Participants agreed to read and provide feedback on the posted text so the Section Board can finalise and forward the revision to leadership.

### *Proposed guideline and review topics*

The group discussed potential section-led guidelines and reviews, including regional anaesthesia indications and infrastructure, perioperative mechanical ventilation, obstetric ICU management, rare but severe perioperative complications, and perioperative abdominal complication management.

Perioperative coagulation management and patient blood management were flagged as high-priority, cross-sectional topics that connect perioperative and critical care practice, with needs ranging from reversal strategies to trauma-induced coagulopathy and ECMO anticoagulation. The group agreed that these subjects will require collaboration with the trauma and sepsis sections and further coordination to define guideline ownership.

Alexander reminded the group that suggested projects require a formally submitted proposal and positive feedback before work can proceed. Speakers emphasised that deciding topics must start within the section and that producing guidelines is substantial work, based on experience authoring three guidelines.

Ahmed urged a realistic scope, recommending one or two high-quality guidelines within a year rather than a larger, unachievable list. He also proposed broadening activity through educational outputs, reviving the master class, running webinars, and producing a podcast, to meet the section's education and research objectives across platforms.

### *Topic selection, pain management and chest trauma consensus planning*

Alexander confirmed recent webinars and encouraged section members to propose topics and volunteer, stressing that active involvement is essential for project success. The group discussed focusing on pain management, notably chest trauma analgesia, and recommended a targeted approach using a literature review and Delphi consensus; conducting a survey of current practice was proposed as a first step.

### *Research projects status*

The PeriOPERative OUTcome Platform Study (POP-OUT) study is currently low in activity and on hold due to the lead's other commitments. INPUT 2 (building on INPUT 1) was presented as an intraoperative transfusion and haemodynamic/ventilation study with a planned pilot, prior success at the coordinating site, and potential for broad international enrolment.

### *Communication*

The chair requested that website edits be emailed to him to track changes. Katharina asked about developing perioperative care standards; Alexander noted regional differences limit universal standards but suggested consensus statements are possible. The group agreed that the meeting notes and the section WhatsApp group can be used for open discussion and document collaboration.

Laura asked about members' inclusion in a WhatsApp group to streamline internal communications and reminders. She clarified the group's intended use for quick notices and meeting reminders. She also introduced a social media initiative aimed at engaging anaesthesiologists and highlighting what Staff ESICM offers to that audience. The proposal will be discussed within the steering committee and then presented to members for further input.

### *Education updates*

Lorenzo reported the completion of the APM ACE course reviews. He proposed two new ACE course topics for the ESICM Academy—prehabilitation for high-risk patients and anaesthesia depth monitoring—and requested volunteer authors. Ahmed proposed exploring organ donation, palliation, and ethical decision-making as a section topic or educational product. Atul suggested a webinar on how to set up a perioperative medicine service and build a business case for it, targeting practical implementation for smaller hospitals.

The section briefly checked for additional education updates, with no further items reported on that topic.

### *Research update*

Denise reported a grant deadline extension and expressed concerns that the eligibility criteria (young specialists and international research) are too restrictive, contributing to low applicant numbers. She proposed creating a directory of members' specialities and research interests to enable targeted recruitment for guideline and consensus work, and suggested looking outside the section when needed.

Ahmed offered to draft a proposal for a consensus or survey on regional anaesthesia for chest trauma and invited Denise to collaborate on it. Denise agreed to assist and to identify specialists to approach, with the intent to produce a deliverable consensus document.

The participants discussed the need for clear ownership of guideline drafts and momentum from volunteers to carry projects forward. Alexander encouraged members, including Johannes, to lead specific topics (for example, anticoagulation) and noted fellows or eager contributors could support these projects and gain career benefits.

Alexander will coordinate cross-section outreach and involve trauma colleagues and others for guideline projects.

### *LIVES 2026 Programme*

The group reviewed proposed topics for the LIVES Lisbon programme, with a focus on anaesthesia and perioperative medicine to strengthen the section's identity.

The meeting concluded with Alexander proposing increasing the number of online meetings to two per year (to serve different global time zones) in addition to the live meeting, aiming for better section engagement. Lorenzo emphasised scheduling work with deadlines to maintain focus, and Alexander committed to producing an action plan after the upcoming Friday meeting that specifies topics, owners, and timelines across education and guideline activities.

## Action Items:

- Meeting participants will review the proposed APM section description posted in chat and send feedback by email. Alexander will consolidate member feedback and forward the revised section text to the office staff.
- Meeting participants will indicate interest in co-leading or joining specific guideline or review topics identified by the section.
- Johannes will review perioperative coagulation and patient blood management overlaps and reach out with recommendations for the ideal forum or partner sections.
- Meeting participants will contact Alexander if they are interested in collaborating on INPUT 2 or joining its working group.
- Lorenzo will propose the two new APM ACE courses (prehabilitation for high-risk patients and anaesthesia depth monitoring) to the ESICM Academy.
- Ahmed will send a draft proposal for a consensus or survey on regional anaesthesia and chest trauma to Denise, who will help identify specialists to approach
- Alexander will reach out to trauma colleagues and others to combine expertise for the proposed guideline work
- We agreed on the following topics to be proposed to the ESICM EC with a call for APM section members willing to work on these topics (educational activities, webinars, guidelines, and consensus work):
  1. Regional anesthesia and chest trauma – in collaboration with trauma section
  2. Guideline on anticoagulation on ECMO
  3. Green OR
  4. Work Area Infection Control Measures
  5. The obstetric patient in the ICU