ENDORSED BY
WFSA
WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

LEBANESE SOCIETY OF ANESTHESIOLOGISTS

33rd ANNUAL MEETING 2026

Ready for Today · Prepared for Tomorrow

Program

NOVEMBER 28-29, 2026

LE ROYAL HOTEL, DBAYEH

CME Credits



WELCOME LETTER

Dear Colleagues and Friends,

It is with great pleasure that I welcome you to the **Annual Meeting of the Lebanese Society of Anesthesiologists**, held this year under the theme **“Ready for Today, Prepared for Tomorrow."**

Inspired by the World Federation of Societies of Anaesthesiologists' theme, “Anesthesiology Along the Patient Pathway," our scientific program highlights the essential role of anesthesiologists throughout the continuum of patient care, from preoperative assessment to surgery, critical care, pain management, and recovery.

Anesthesiology is a unique specialty that extends far beyond technical expertise. It demands scientific knowledge, sound judgment, vigilance, adaptability, leadership, teamwork, and compassion. These qualities are particularly vital in high-stakes situations and times of crisis, when anesthesiologists stand at the forefront, making critical decisions, coordinating care, and safeguarding lives.

In Lebanon, where adversity has repeatedly tested our healthcare system, our profession has demonstrated remarkable dedication.

This meeting is more than a scientific event; it is a testimony to our solidarity, our commitment to the highest standards of patient care, and our determination to pursue continuous education and excellence despite the challenges we face.

By coming together, sharing knowledge, and strengthening professional bonds, we reaffirm our collective responsibility to advance our specialty and prepare the next generation for the challenges of tomorrow.

I extend my sincere gratitude to our speakers, organizers, and all those who have contributed to this meeting.

I warmly welcome you all and wish you an inspiring and rewarding congress.

Marie Aouad, MD
President, Lebanese Society of Anesthesiologists

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SPEAKERS



Admir Hadzic, MD
Founder of NYSORA (USA), world reference in regional anesthesia
Author of over 200 peer-reviewed articles and best-selling medical textbooks.



Adrien Bouglé, MD
Professor of Anesthesiology and Critical Care at Sorbonne University and Head of Department at the Institute of Cardiology, Pitié-Salpêtrière Hospital, Paris, France.



Anjan Saha, MD, PhD
Physician-scientist and anesthesiologist at Columbia University Irving Medical Center, New York, USA.
Founder and chair of FLIGHT, a global health non-profit.



Aurore Rodrigues, MD
Anesthesiologist and intensivist with over 10 years of experience at Bicêtre Hospital, France, specializing in severe trauma and acute neurological injuries.



Carolina Haylock-Loor, MD
President of the World Federation of Societies of Anaesthesiologists (WFSA).
Anesthesiologist, intensivist and pain specialist in San Pedro Sula, Honduras.



Dan Benhamou, MD
Professor of Anesthesia and Intensive Care, Paris-Saclay University, France.
Past President of SFAR and author of 530 peer-reviewed publications.



Dieter Mesotten, MD, PhD
Head of Anesthesiology and Chair of the Clinical Trial Unit at ZOL Genk, Belgium, and Associate Professor at UHasselt.
Author of over 150 peer-reviewed papers.

SPEAKERS



Elie Zogheib, MD, PhD

Anesthesiologist at Ambroise Paré Clinic, Neuilly-sur-Seine, France, and former deputy department head at AP-HP.
Expert in cardiothoracic anesthesia, ECMO and ARDS.



Emilia Guasch, MD

Obstetric anesthesiologist in Madrid, Spain, and Honorary Professor at Universidad Autónoma de Madrid.
Chair of the WFSA Obstetric Anesthesia Committee.



Hélène Nougué, MD, PhD

Associate Professor of Anesthesiology and Critical Care at Georges Pompidou Hospital, Paris, France.
Her research focuses on cardiovascular failure and microcirculation.



Jin Min Han, MD

Assistant Professor of Anesthesiology at Columbia University Irving Medical Center, New York, USA.
Cardiothoracic anesthesiologist focused on EMR and AI for decision support.



Meghan Lane-Fall, MD, MSHP, FCCM

Chair of Anesthesiology at Columbia University and Anesthesiologist-in-Chief
at NewYork-Presbyterian, USA, with expertise in implementation science.



Michael Mathis, MD

Cardiac anesthesiologist and Associate Professor at the University of Michigan, USA.
Research Director of the Multicenter Perioperative Outcomes Group (MPOG).



Morgan Le Guen, MD

Head of the Department of Anesthesiology and Pain Medicine at Foch Hospital, France, since 2021.
Focuses on thoracic surgery and lung transplantation, mechanical ventilation research (INSERM) and preoperative optimization.

SPEAKERS



Pascal Alfonsi, MD
Head of Anesthesia and Perioperative Medicine at Saint-Joseph Hospital, Paris, France.
He co-directed France's first ERAS program and led the national ERAS working group.



Paul Jonathan, MD
Associate Professor of Anesthesiology at Columbia University, USA, and Associate
Medical Director of the Surgical ICU, with a focus on point-of-care ultrasound.



Robert Sladen, MBChB, FRCPC, FCCM
Allen Hyman Professor Emeritus of Critical Care Anesthesiology at Columbia University, New York, USA.
He trained over 100 critical care fellows and chaired the IARS Board.



Salah Boussen, MD, PhD
Professor of Anesthesiology and Critical Care at La Timone Hospital, Marseille, France, and PhD in Quantum Physics.
His research applies AI to anesthesia and critical care.



Serge Molliex, MD
Professor and Head of Anesthesia and Intensive Care at Saint-Étienne University Hospital, France.
Coordinator of the AGEARISK registry on elderly surgical patients.



Sigismond Lasocki, MD
Professor and Head of Anesthesiology and Critical Care at Angers University Hospital, France. Chair of NATA and expert in anemia and iron metabolism, with over 330 publications.

SATURDAY 28 NOVEMBER, 2026

08:00 - 08:30	**Registration and Welcome Coffee**	
SESSION I	**The New Era of Prehabilitation and ERAS** Moderators: Georges Bachawati, MD - Joe Rassi, MD	
08:30 - 08:50	ERAS and Disability-Free Survival / Perioperative Rehabilitation	Pascal Alfonsi, MD
08:50 - 09:10	Perioperative Nutritional Optimization and NPO Requirements	Dieter Mesotten, MD
09:10 - 09:30	Iron Deficiency and Patient Blood Management	Sigismond Lasocki, MD
09:30 - 09:45	Q&A	
09:45 - 10:15	**OPENING CEREMONY**	
	National Anthem	
	Master of Ceremony	Caroline Roumoulian, MD
	Address of the President of the Lebanese Society of Anesthesiologists	Marie Aouad, MD
	Address of the President of the Lebanese Order of Physicians – Beirut	Elias Chelala, MD
10:15 - 10:45	**KEYNOTE LECTURE** Lessons from Crisis: Building Resilient Perioperative and Critical Care Systems	**Carolina Haylock-Loor, MD**

SATURDAY 28 NOVEMBER, 2026

10:45 - 11:05	Symposium Sponsored by GE **Perioperative Hemodynamic Monitoring: What Is New?**	Dory Sophia, DBA
11:05 - 11:35	*Coffee Break and Exhibition Visit*	

SESSION II

Contemporary Perioperative and Critical Care Medicine
Moderators: Violette Karam, MD - Viviane Chalhoub, MD

11:35 - 11:55	Achieving Patient Comfort in ICU	Robert Sladen, MD
11:55 - 12:15	The Physiologically Difficult Airway: How to Intubate ICU Patients	Aurore Rodrigues, MD
12:15 - 12:35	SGLT2, GLP-1 RA: Friend or Foe?	Hélène Nougué, MD
12:35 - 12:50	Q&A	
12:50 - 13:10	Symposium Sponsored by Hikma **Rethinking Pain Management: The Power of Dual-Mechanism Analgesia**	Roland Kaddoum, MD
13:10 - 14:10	*Lunch Break*	

SATURDAY 28 NOVEMBER, 2026

SESSION III

Operating Room Crisis, Safety and Human Factors
Moderators: Bahaa Bou Dargham, MD - Jamil Chaaban, MD

14:10 - 14:30	Anesthesia in Resource-Limited Environments	Anjan Saha, MD
14:30 - 14:50	Management of Massive Bleeding	Emilia Guasch, MD
14:50 - 15:10	Human Factors in Anesthesia: Reducing Harm in Complex Environments	Meghan Lane-Fall, MD
15:10 - 15:25	Q&A	

15:25 - 15:40 — *Coffee Break*

15:40 - 16:00 — Symposium Sponsored by Holmed-Baxter
The Future of Anesthesia: Desflurane Between Clinical Excellence and Environmental Sustainability — Amar Salti, MD

SESSION IV

Optimizing the High-Risk Surgical Patient
Moderators: Anthony Ghosn, MD - Hazem Kafrouni, MD

16:00 - 16:20	Frailty Assessment and Optimization	Serge Molliex, MD
16:20 - 16:40	POCUS for Patient Optimization	Paul Jonathan, MD
16:40 - 17:00	Criteria for Planned ICU Admission	Robert Sladen, MD
17:00 - 17:15	Q&A	

SATURDAY 28 NOVEMBER, 2026

WORKSHOPS

11:00 - 13:00	Point-of-Care Ultrasound (POCUS) **Amro Khalili, MD - Antoine Abi Lutfallah, MD - Joanna Tohme, MD - Ralph Bou Chebel, MD**	**Room B**
11:00 - 13:00	Difficult Airway Management **Nancy Abi Abdallah, MD - Nancy Abou Nafeh, MD - Naji Abou Jalad, MD - Rony Al Nawwar, MD - Sandra Elias, MD**	**Room C**
14:00 - 16:30	Regional Anesthesia **Hicham Jabbour, MD - Joe Hawa, MD - Mohamed Al Jazzar, MD - Neemtallah Aghnatios, MD - Omar Itani, MD** **Samar Mkhayel, MD - Shafica El Masri, MD**	**Room B**

SUNDAY 29 NOVEMBER, 2026

08:00 - 08:30	**Registration**	

SESSION V

Artificial Intelligence and the Future of Anesthesiology
Moderators: Corinne Doumit, MD - Micheline Bou Khalil, MD

08:30 - 08:50	AI Applications in Anesthesiology Medical Education	**Jin Min Han, MD**
08:50 - 09:10	AI Predictive Models (Hypotension, Sepsis, Mortality)	**Michael Mathis, MD**
09:10 - 09:30	AI and Ethical Considerations	**Salah Boussen, MD**
09:30 - 09:40	Q&A	

SESSION VI

Cardiothoracic Anesthesia
Moderators: Caroline Chahine, MD - Cynthia Karam, MD

09:40 - 10:00	The Expanding Role of the Cardiac Anesthesiologist in the Cath Lab	**Elie Zogheib, MD**
10:00 - 10:20	Protective Ventilation During Thoracic Surgery	**Morgan Le Guen, MD**
10:20 - 10:40	Regional Anesthesia for Cardiac and Thoracic Surgery	**Adrien Bouglé, MD**
10:40 - 10:50	Q&A	

10:50 - 11:05	*Coffee Break*

SUNDAY 29 NOVEMBER, 2026

11:05 - 11:35	Symposium Sponsored by Dima Health Care **Interactive Case Discussions**	Samar Mkhayel, MD
SESSION VII	**Regional Anesthesia and Acute Pain Medicine** Moderators: Hicham Jabbour, MD - Shafica El Masri, MD	
11:35 - 11:55	Beyond the Hype: NYSORA's Real-World Experience with AI	Admir Hadzic, MD
11:55 - 12:15	Local Anesthetic Mixtures and Adjuvants: What Works and What Does Not	Admir Hadzic, MD
12:15 - 12:35	Long-Term Side Effects of Post-Dural Puncture Headache	Dan Benhamou, MD
12:35 - 12:50	Q&A	
12:50 - 13:35	**Best Lebanese Research Session - Oral Presentations by Residents**	Hassan Moukalled, MD | AUB Nizar Bsherrawi, MD | USEK Nouran AlSerw, MD | BAU Rabih Fawaz, MD | LAU Rhéa Nacouzi, MD | USJ Simon Nehme, MD | LU

SUNDAY 29 NOVEMBER, 2026

WORKSHOPS

Room B

09:00 - 11:00	Crisis Simulation Workshop **Hanane Barakat, MD - Jessy Abou Nader, MD - Rabih Fawaz, MD**
11:00 - 13:00	Hands-On AI for Anesthesiologists **Jordan Srour, PhD - Rachel El Asmar, MD**

E-ABSTRACT BOOK

Speakers’ Biographies and Lecture Abstracts

LEBANESE SOCIETY OF ANESTHESIOLOGISTS · ANNUAL MEETING 2026

November 28–29, 2026 · Le Royal Hotel, Dbayeh



SATURDAY 28 NOVEMBER, 2026

Pascal Alfonsi, MD

ERAS and Disability-Free Survival / Perioperative Rehabilitation

BIOGRAPHY

Dr. Pascal Alfonsi is the head of the Department of Anesthesia and Perioperative Medicine at Saint-Joseph Hospital in Paris. He has been involved in ERAS initiatives since 2004. He co-directed the first Enhanced Recovery After Surgery (ERAS) program in colorectal surgery in France. He led the working group tasked with defining France's strategic guidelines for the implementation of ERAS programs. He has played an active role in developing recommendations for various surgical procedures. He is also recognized as an expert by several French health agencies in the field of surgical care pathways (outpatient surgery, ERAS programs, and prehabilitation).

Since 2014, he has directed a university degree program in perioperative medicine, ERAS pathways, and outpatient surgery.

ABSTRACT

The development of ERAS and prehabilitation programs has represented a major shift in surgical and anesthesiology practices since the beginning of the 21st century. It is well established that their implementation has led to a significant reduction in complications in the immediate postoperative period. A growing body of scientific evidence shows that these benefits persist over several months and years. The objective of this presentation is to present recent data from the literature on long-term disability-free survival following surgery.



SATURDAY 28 NOVEMBER, 2026

Dieter Mesotten, MD, PhD

Perioperative Nutritional Optimization and NPO Requirements

BIOGRAPHY

Dr. Mesotten is the head of the anaesthesiology department, director of the anaesthesia training programme and chairman of the Clinical Trial Unit at ZOL-Genk in Belgium. As associate professor at UHasselt he lectures on clinical trial design and Good Clinical Practice. He worked from 2008 to 2015 as a senior staff member in the Department of Intensive Care Medicine of the University Hospitals Leuven, while doing research as assistant professor at KU Leuven and senior clinical investigator of the Research Foundation-Flanders. He obtained his PhD under the supervision of Prof. Greet Van den Berghe at KU Leuven in 2003. After obtaining his medical degree at KU Leuven in 1999, he was a doctoral researcher at the Kolling Institute of Medical Research of the Royal North Shore Hospital in Sydney, Australia, from 1999 to 2002. He has authored or co-authored over 150 peer-reviewed papers, about 10 of them in the highest-ranking medical journals.

ABSTRACT

- Prevent excessive fasting while assessing aspiration risk individually.
- Give patients clear instructions and measure what they actually do.
- Screen early for malnutrition, sarcopenia, frailty, and related disease.
- Manage GLP-1 drugs and SGLT2 inhibitors through an agreed perioperative pathway.
- Correct identified deficits; avoid promising benefits unsupported by clinical outcomes.
- Continue nutritional care after surgery through early intake and reassessment.

E-ABSTRACT BOOK



SATURDAY 28 NOVEMBER, 2026

Sigismond Lasocki, MD

Iron Deficiency and Patient Blood Management

BIOGRAPHY

Sigismond LASOCKI is a French professor of Anesthesiology and Critical Care Medicine. He is the head of Angers' university hospital Anesthesiology & Critical Care Department. He is the chair of NATA and the Past-President of the French college of professors of anesthesiology and critical care. He is the elected ESAIC council member for France, and the assistant secretary of the SFAR. His areas of expertise are anemia and iron metabolism in critically ill and perioperative patients. He has more than 330 publications on pubmed.

ABSTRACT

Patient blood management aims to improve patient outcomes by preserving the patient's own blood. Iron is central to this purpose.
We will return to iron metabolism, shedding light on the iron deficiency induced by blood loss. We will show that IV iron is superior to oral iron and discuss the timing of injections.
Finally, we will cover the potential side effects of iron.



SATURDAY 28 NOVEMBER, 2026 · KEYNOTE LECTURE

Carolina Haylock-Loor, MD

Lessons from Crisis: Building Resilient Perioperative and Critical Care Systems

BIOGRAPHY

Dr. Carolina Haylock-Loor is a Honduran physician and anaesthesiologist trained in Spain. Former President of the Honduran Anesthesia Society (SHARD), she helped close the national pulse oximetry gap in 2012 in collaboration with the University of Florida and the WHO Surgical Safety Checklist initiative. She also collaborated with the Utstein2 Metrics project.

She practices as an anaesthesiologist, intensivist, and interventional pain specialist in San Pedro Sula, Honduras.

A long-standing leader within the WFSA, she has served as Council Member since 2012, former Chair of the DEI Committee, Director of Programs (2020), President-Elect (2024), and is currently President of the WFSA (2026, WCA Marrakech).

Deeply committed to education, she is Adjunct Professor for Pain Medicine at UNAH for the Anesthesiology, Neurology, and Internal Medicine Residency Programs. She promotes WFSA short courses globally, including EPM, SAFE (Safer Anaesthesia from Education) Obstetric, SAFE Paediatric, Safe OR, PTC, VAST (Vital Anaesthesia Simulation Training) and the Wellbeing module. She is a member of the steering group for the Perioperative Patient Blood Management (p-PBM) course and the Global Leadership in Anaesthesiology (GLiA) course of the WFSA. She is an international speaker and published author in anaesthesia.



SATURDAY 28 NOVEMBER, 2026

Robert Sladen, MBChB, FRCPC, FCCM

Achieving Patient Comfort in ICU

BIOGRAPHY

Dr. Sladen graduated from the University of Cape Town Medical School in 1970, receiving the University Gold Medal for best graduate. He trained in internal medicine in South Africa and England, anesthesiology at the University of British Columbia in Vancouver, Canada, and critical care medicine at Stanford University. Dr. Sladen is boarded in anesthesiology and critical care medicine and is a Fellow of the American College of Critical Care Medicine (FCCM).

Dr. Sladen practiced cardiac anesthesiology and critical care medicine at Stanford and Duke Universities before joining Columbia University Irving Medical Center (CUIMC) in 1997. He served as Executive Vice-Chair of Anesthesiology, Chief of the Division of Critical Care Medicine, Medical Director of the Cardiothoracic and Surgical Intensive Care Units and Medical Director of Respiratory Therapy.

As Program Director of the Anesthesiology Critical Care Medicine (ACCM) Fellowship, Dr. Sladen trained more than 100 ACCM Fellows and served as President of the Association of Anesthesiology Subspecialty Program Directors.

During his career Dr. Sladen received numerous teaching awards, culminating in the Society of Critical Care Medicine Shubin-Weil Master Clinician Excellence in Bedside Teaching Award in 2013.

He served as Chair of the Board of Trustees of the International Anesthesia Research Society (IARS) and is the recipient of a Lifetime Achievement Award from the Society of Critical Care Anesthesiologists (SOCCA) and the Distinguished Service Award from the Society of Cardiovascular Anesthesiologists

Robert Sladen, MBChB, FRCPC, FCCM (continued)

(SCA).

In 2015 Dr. Sladen was elected Physician of the Year at CUIMC and became the first incumbent of the Allen Hyman Professorship of Critical Care Anesthesiology. In 2019 Dr. Sladen was elected an Emeritus Member of the Columbia University College of Physicians & Surgeons Academy of Clinical Excellence.

Dr. Sladen retired from clinical practice at the end of 2015 but continues to be active in voluntary teaching, clinical research and consulting. From 2020 to 2023 Dr. Sladen served on the IARS COVID Scientific Advisory Board, which curated thousands of papers to produce an informative email newsletter during the pandemic. He currently serves as Chair of the SCA History Council.

ABSTRACT

Extensive guidelines for the prevention and management of pain, agitation, delirium, immobility and sleep disruption in the adult ICU were published by the Society of Critical Care Medicine (SCCM) in 2018 and updated in 2025. However, the quality of evidence is almost uniformly graded as low, very low or non-existent. Clinical practice must perforce be guided by physiology, pharmacology, experience and common sense. This presentation will be based on the eCASH concept: early implementation of therapy to achieve a comfortable, cooperative and calm patient, analgesia first, minimized and targeted sedation, and humane, patient-centered interventions to promote mobilization, sleep, environmental harmony and family engagement.



SATURDAY 28 NOVEMBER, 2026

Aurore Rodrigues, MD

The Physiologically Difficult Airway: How to Intubate ICU Patients

BIOGRAPHY

Anesthesiologist and intensivist with over 10 years of experience at Bicêtre Hospital in France. Specialized in the management of severe trauma and acute neurological injuries.

ABSTRACT

Regardless of anatomical difficulty, the physiologically difficult airway is defined by the presence of physiologic derangements, such as hypoxemia, hypotension, severe metabolic acidosis, or right ventricular failure, that increase the risk of cardiorespiratory complications during tracheal intubation and positive-pressure ventilation. Indeed, this physiological vulnerability is present in ICU patients. Therefore, these factors must be thoroughly assessed prior to airway management.



SATURDAY 28 NOVEMBER, 2026

Hélène Nougué, MD, PhD

SGLT2, GLP-1 RA: Friend or Foe?

BIOGRAPHY

Hélène Nougué, MD, PhD, is Associate Professor of Anesthesiology and Critical Care Medicine at the European Georges Pompidou Hospital (AP-HP) and Université Paris Cité. She works in a tertiary cardiovascular center specializing in advanced heart failure, including heart transplantation and mechanical circulatory support such as VA-ECMO and LVAD. Her research focuses on cardiovascular failure in perioperative and critical care medicine, particularly the mechanisms underlying loss of hemodynamic coherence between the macrocirculation and microcirculation. Her work combines advanced hemodynamic assessment with the study of tissue perfusion and microcirculatory alterations in critically ill cardiovascular patients.

Hélène Nougué, MD, PhD (continued)

ABSTRACT

SGLT2 inhibitors and GLP-1 receptor agonists are increasingly encountered in patients undergoing surgery, with rapidly expanding indications in diabetes, obesity, heart failure, and cardiovascular risk reduction. Their perioperative management cannot therefore be considered independently of the indication for which they were prescribed, particularly whether the patient has diabetes, heart failure, or both. SGLT2 inhibitors provide major cardiorenal benefits but may expose patients to volume depletion and euglycemic ketoacidosis, with a risk profile that differs substantially between diabetic and non-diabetic heart failure patients. GLP-1 receptor agonists provide important metabolic and cardiovascular benefits but may delay gastric emptying and increase the risk of residual gastric contents and pulmonary aspiration. Perioperative management therefore requires an individualized balance between the risks associated with continuing treatment and those related to withdrawal, taking into account the underlying disease and the surgical context. This lecture will review the mechanisms underlying these effects, current perioperative recommendations, and practical strategies to determine when these drugs should be considered a “friend” and when they may become a “foe.”



SATURDAY 28 NOVEMBER, 2026

Anjan Saha, MD, PhD

Anesthesia in Resource-Limited Environments

BIOGRAPHY

Dr. Anjan Saha is a physician-scientist and academic anesthesiologist at Columbia University Irving Medical Center. He graduated with distinction from the University of Michigan with a dual Bachelor of Science in Cell and Molecular Biology and Interdisciplinary Physics. He subsequently graduated with the Dean's Award for Research Excellence from the University of Michigan Medical Scientist Training Program (MSTP). Dr. Saha moved to New York in 2021 to complete residency through the prestigious Apgar Scholars Program in the Department of Anesthesiology at Columbia University Irving Medical Center, where he was recognized as a Resident Scholar through the Foundation for Anesthesia Education and Research (FAER).

Dr. Saha's academic focus involves promoting the sustainability of patient safety across sociotechnical contexts. He founded a 501(c) tax-exempt non-profit called the Foundation for the Localization and Innovation of Global Health Technologies (FLIGHT) in 2022 to address supply chains and human resource constraints that handcuff health systems abroad; he now chairs the board of the organization. His work through FLIGHT received the Kybele International Outreach Award through the Society for Obstetric Anesthesia and Perinatology (SOAP). In parallel, Dr. Saha is working to reduce overconsumption of perioperative resources in local and national contexts; he was recently awarded a Mentored Research Training Grant (MRTG), jointly funded by the Anesthesia Patient Safety Foundation (APSF) and the Foundation for Anesthesia Education and Research (FAER), to investigate barriers to implementing safer and resource-conscious technologies in the perioperative arena.

Anjan Saha, MD, PhD (continued)

Dr. Saha is an active member of the American Society of Anesthesiologists, Society for Obstetric Anesthesia and Perinatology, International Anesthesia Research Society, American Medical Association, New York State Society of Anesthesiologists, and the American Physician Scientist Association. He is an Editorial Board Fellow for the International Journal of Obstetric Anesthesia. Dr. Saha maintains engagement with departmental quality improvement efforts, resident education proceedings, and wider university mentorship arrangements through the Vagelos College of Physicians and Surgeons, the Mailman School of Public Health, and the Data Science Institute. He has published across basic science, clinical anesthesiology, and global health, and presented at local, national, and international meetings.

ABSTRACT

Providing safe anesthesia in resource-limited settings presents unique challenges, requiring practitioners to adapt their techniques and utilize available equipment efficiently. This lecture will explore the core principles of delivering high-quality anesthetic care despite constraints in supplies, infrastructure, and personnel. Key topics will include the utilization of robust, low-maintenance equipment, strategies for managing volatile agent conservation, and the implementation of essential safety monitoring with minimal technology. Additionally, the session will address the importance of preoperative optimization and the role of regional anesthesia as a safe, cost-effective alternative to general anesthesia. Attendees will gain practical insights into overcoming environmental limitations to ensure patient safety and positive outcomes in challenging clinical landscapes.

E-ABSTRACT BOOK



SATURDAY 28 NOVEMBER, 2026

Emilia Guasch, MD

Management of Massive Bleeding

BIOGRAPHY

Emilia Guasch is an obstetric anaesthesiologist, and she currently works at Quirón-Hospital Universitario Fundación Jiménez Díaz, Madrid. She is also Honorary Professor of Anaesthesia and Intensive Care Medicine at Universidad Aut noma de Madrid, Spain.

Dr. Guasch is the current Chair of the WFSA Obstetric Anaesthesia Committee, a member of the Obstetric Anaesthesia Committee of the European Society of Anaesthesiology and Intensive Care (ESAIC), and Vice-President of the European Board of Anaesthesiology (UEMS). She has held responsibilities in her National Society, ESAIC and the WFSA Council and Board.

Dr. Guasch's main research interests include postpartum haemorrhage, labour analgesia and anaesthesia, and obstetric patient safety. She is an author of the European minimum standards for obstetric anaesthesia and analgesia departments, among other papers.

ABSTRACT

Postpartum haemorrhage (PPH) is the main cause of maternal mortality worldwide, mainly in low- and middle-income countries (LMIC). In this lecture, we will address the main causes of PPH, the characteristics of acute obstetric coagulopathy, and the main therapeutic measures from the medical, obstetric, anaesthetic and coagulopathy-management perspectives. We will include the most recent advances, as well as basic measures that may help to decrease maternal mortality and morbidity.



SATURDAY 28 NOVEMBER, 2026

Meghan Lane-Fall, MD, MSHP, FCCM

Human Factors in Anesthesia: Reducing Harm in Complex Environments

BIOGRAPHY

Meghan Lane-Fall, MD, MSHP, FCCM, serves as E. M. Papper Professor and Chair of Anesthesiology at the Columbia University Vagelos College of Physicians and Surgeons and is the Anesthesiologist-in-Chief at NewYork-Presbyterian/Columbia University Medical Center. An accomplished anesthesiologist and intensive care physician, Dr. Lane-Fall completed advanced training in health services research and implementation science and brings a multidisciplinary approach to her work. Her research lab is at the forefront of applying implementation science and systems engineering to enhance patient safety and communication in perioperative and critical care environments. Dr. Lane-Fall co-leads an NIH-funded national implementation science hub dedicated to improving maternal health outcomes and she collaborates internationally on a range of implementation research initiatives. A passionate mentor, Dr. Lane-Fall has guided more than 90 mentees across all levels of training, from undergraduate students to faculty, fostering the next generation of clinicians and scientists. Her commitment to advancing the field extends to her service on the Boards of Directors for both the Anesthesia Patient Safety Foundation and the Foundation for Anesthesia Education and Research. Dr. Lane-Fall's leadership, research, and mentorship have made her a prominent figure in academic medicine, dedicated to driving innovation, improving patient care, and supporting the professional growth of her colleagues and trainees.

Meghan Lane-Fall, MD, MSHP, FCCM (continued)

ABSTRACT

Human Factors in Anesthesia: Reducing Harm in Complex Environments will explore how systems thinking, human factors engineering, and implementation science can improve safety in perioperative care. Using anesthesia as a model of high-stakes, team-based work, the talk will examine how clinicians interact with technology, workflows, environments, and organizational pressures. Special attention will be given to transitions of care, communication, cognitive load, and the design of reliable processes in complex clinical settings.

The session will highlight how implementation science can help move safety interventions from promising ideas to sustained practice. Drawing on real-world perioperative and critical care examples, the talk will emphasize practical strategies for reducing preventable harm while supporting clinicians' ability to do excellent work.



SATURDAY 28 NOVEMBER, 2026

Serge Molliex, MD

Frailty Assessment and Optimization

BIOGRAPHY

Professor Serge Molliex is Head of the Anaesthesia and Intensive Care Department at Saint-Étienne University Hospital. He conducts clinical research and analysis on perioperative optimisation for elderly patients. He is Coordinator of the AGEARISK national registry, managed by the French Society of Anaesthesia and Intensive Care, concerning the management of elderly patients undergoing major surgery.

ABSTRACT

Frailty is a multidimensional syndrome characterized by reduced physiological reserve and increased vulnerability to surgical stress. Its assessment provides prognostic information beyond chronological age and comorbidities and should be integrated into the perioperative evaluation of older patients. Frailty assessment should not be used to exclude patients from surgery, but to support shared decision-making and individualized perioperative care. Optimization should target potentially modifiable factors, including nutrition, physical function, anemia, medication burden, and cognition. Ultimately, frailty assessment should move perioperative care from risk prediction toward targeted interventions aimed at improving resilience and postoperative recovery.

E-ABSTRACT BOOK



SATURDAY 28 NOVEMBER, 2026

Paul Jonathan, MD

POCUS for Patient Optimization

BIOGRAPHY

- Associate Professor of Anesthesiology at Columbia University Medical Center.
- Administrative roles: Associate Medical Director of the Surgical ICU and Director of Quality Improvement for the Department of Anesthesiology.
- Clinical and scholarly interest in Point-of-Care Ultrasound, with publications related to its application during cardiac arrest, for organ transplantation, and in the intensive care unit.

ABSTRACT

This focused, case-based presentation will provide exposure to common uses of Point-of-Care Ultrasound (POCUS) for preoperative evaluation and management before anesthesia care.

At the conclusion of the discussion, audience members will have an understanding of image acquisition, structure identification, and qualitative/quantitative methods for the following applications and others:

- Aspiration risk assessment (gastric ultrasound)
- Cardiac dimension estimation for monitoring and hemodynamic/fluid management (cardiac ultrasound)
- Doppler estimation of aortic stenosis severity and cardiac output (cardiac ultrasound)



SUNDAY 29 NOVEMBER, 2026

Jin Min Han, MD

AI Applications in Anesthesiology Medical Education

BIOGRAPHY

Dr. Jin Min Han is an assistant professor of anesthesiology at Columbia University Irving Medical Center (CUIMC). She graduated from Georgetown University School of Medicine in Washington, D.C. and went on to complete her anesthesiology residency and adult cardiothoracic anesthesiology fellowship at CUIMC. She stayed on as faculty and is part of the Adult Cardiothoracic Anesthesiology Division as well as the Liver Transplant Division. She is passionate about optimizing the EMR for anesthesiology workflow, the use of EMR and AI for decision support, and educating the next generation of anesthesiology trainees.

ABSTRACT

This talk will provide examples of applications of artificial intelligence (AI) in anesthesiology and perioperative medicine. The presentation will explore how AI technologies are being integrated into clinical workflows and educational initiatives to improve efficiency, patient care, trainee education, and faculty development.



SUNDAY 29 NOVEMBER, 2026

Michael Mathis, MD

AI Predictive Models (Hypotension, Sepsis, Mortality)

BIOGRAPHY

Dr. Michael Mathis is a practicing cardiac anesthesiologist and an Associate Professor of Anesthesiology at the University of Michigan. He has research interests in informing perioperative care for patients with advanced cardiovascular disease, particularly for patients with heart failure. He serves as the Research Director for the Multicenter Perioperative Outcomes Group, leveraging perioperative clinical data from over 70 hospitals in the US and internationally, for research and quality improvement. He is an externally funded Principal Investigator on multiple federally sponsored NIH R01 grants and industry-sponsored research projects. Through these projects, he seeks to apply data science methods to perioperative data, as a means to understand anesthesia practice variation, and estimate causal effects of such anesthesia practices on postoperative outcomes.

ABSTRACT

Upon completion of this learning activity, the participant will be able to:

- Describe the relevance of practice variation across different clinicians and health systems for advancing observational health research
- Describe uses of observational health data for AI-enabled causal inference
- Describe how perioperative interventions with varying treatment effects may be better understood
- Describe how AI may be used to understand how medical treatments can mitigate competing risks of different perioperative complications
- Describe potential use-cases for AI-guided clinical quality improvement visualizations

E-ABSTRACT BOOK



SUNDAY 29 NOVEMBER, 2026

Salah Boussen, MD, PhD

AI and Ethical Considerations

BIOGRAPHY

Professor of Anesthesiology and Critical Care Medicine at Hôpital de la Timone, he combines clinical practice with interdisciplinary research at the interface of medicine, physics, and computation. He holds a PhD in Quantum Physics and has a particular interest in translating advanced quantitative methods into clinically useful applications.

His research focuses on artificial intelligence applied to anesthesiology, perioperative medicine, and critical care, including clinical decision support, physiological data analysis, and the development of AI-enabled tools for critically ill patients. He is also engaged in neuroscience research, with an interest in using computational approaches to better understand brain function and improve patient care. His work aims to connect technological innovation with real-world clinical needs.

ABSTRACT

Artificial intelligence is increasingly entering anesthesiology, perioperative medicine, and critical care through prediction tools, decision support, monitoring systems, closed-loop technologies, and generative AI. While these tools may improve anticipation, workflow, and personalization of care, they also raise important ethical questions. This presentation will examine bias and equity, transparency, automation bias, preservation of clinical expertise, accountability, informed consent, data governance, cybersecurity, and the need for robust external validation. Using practical clinical scenarios, it will propose a pragmatic framework for responsible AI deployment that keeps clinicians accountable and patient safety at the center.



SUNDAY 29 NOVEMBER, 2026

Elie Zogheib, MD, PhD

The Expanding Role of the Cardiac Anesthesiologist in the Cath Lab

BIOGRAPHY

- Expertise in anesthesiology and intensive care medicine of patients hospitalized for cardiac, thoracic or vascular surgery.
- Extensive research on extracorporeal circulation, ECMO and ARDS.
- Former head of the mechanical circulatory and respiratory support unit.
- Former deputy head of the Anesthesiology and Intensive Care Department, Assistance Publique – Hôpitaux de Paris (AP-HP), France.
- Physician in the Anesthesiology and Intensive Care Department of Ambroise Paré Clinic, Neuilly-sur-Seine, France.

ABSTRACT

In recent years, interventional cardiology has experienced exponential growth, driven by technical advancements, smaller devices, and enhanced biocompatibility. Diagnostic evaluations and interventions for coronary artery diseases have become increasingly sophisticated, addressing progressively complex patient profiles. Similarly, electrophysiology procedures are expanding rapidly, supported by clinical guidelines increasingly favoring interventional approaches.

Furthermore, percutaneous structural procedures such as patent foramen ovale and atrial septal defect closure, left atrial appendage occlusion, and many valve replacements have become routine practices across the majority of cath lab units.

This evolution requires significantly greater involvement of cardiac-trained anesthesiologists. Their role goes beyond providing routine sedation, general, or regional anesthesia; they are essential for anticipating and quickly managing sudden, life-threatening complications where any delay could be fatal.



SUNDAY 29 NOVEMBER, 2026

Morgan Le Guen, MD

Protective Ventilation During Thoracic Surgery

BIOGRAPHY

Since 2021, Dr. Morgan Le Guen has served as Head of the Department of Anesthesiology and Pain Medicine at Foch Hospital (France). Having begun his career in a trauma center, he went on to work in a multidisciplinary operating room, where thoracic surgery and lung transplantation are key areas of focus, his institution being the leading French center in this field. Mechanical ventilation in these specific contexts, now including negative-pressure ventilation, is the subject of ongoing research within an INSERM unit. Furthermore, preoperative optimization represents another essential component; this encompasses prehabilitation prior to major surgery, as well as the anesthesia consultation, which involves the systematic identification of parameters that can be improved during the short period leading up to an operation.

ABSTRACT

Protective ventilation during one-lung ventilation (OLV) poses a challenge for anesthesiologists, as the literature on this subject is relatively limited. Yet, OLV is not restricted to thoracic surgery; it is also employed during esophagectomies or anterior spinal surgeries, making it a topic of potential interest to a wide range of practitioners.
Ultimately, the recommendations for OLV are very similar to those for protective ventilation during two-lung ventilation:
Reduced tidal volume: 5–6 mL/kg of ideal body weight; A minimum PEEP of 5 cmH_2O; Maintenance of a mean airway pressure below 30 cmH2O; An FiO_2 adjusted to achieve an SpO_2 of 92–94%;the option to perform alveolar recruitment maneuvers, depending on the state of the ventilated lung (caution is advised in cases of emphysema, etc.).
Certain recent concepts, such as driving pressure or mechanical power, have not yet demonstrated any clear advantages in the context of OLV.



SUNDAY 29 NOVEMBER, 2026

Adrien Bouglé, MD

Regional Anesthesia for Cardiac and Thoracic Surgery

BIOGRAPHY

Adrien Bouglé is an anesthesiologist and intensive care physician, full Professor of Anesthesiology and Critical Care Medicine at Sorbonne University, and Head of the Department of Anesthesiology and Critical Care Medicine at the Institute of Cardiology, Pitié-Salpêtrière Hospital, Paris.

ABSTRACT

Post-sternotomy pain remains common and severe (acute severe pain in up to 50% of patients, persistent pain in 35% at one year), with adverse effects on respiratory function, hemodynamics, and recovery. Within the ERAS/ERACS framework and the drive toward opioid reduction, regional anesthesia is increasingly established as a component of multimodal analgesia. The rise of ultrasound-guided chest wall blocks (erector spinae plane, superficial and deep parasternal/pecto-intercostal, serratus anterior, PECS, rectus sheath) offers a safer alternative to neuraxial techniques in the anticoagulated patient. The 2026 ASA practice guideline now strongly recommends fascial plane blocks after open cardiothoracic surgery, in both adults and children. This presentation will review the available techniques, their indications according to surgical approach, the current level of evidence, and its limitations (heterogeneity, single-center studies, safety and efficiency concerns).



SUNDAY 29 NOVEMBER, 2026

Admir Hadzic, MD

1. **Beyond the Hype: NYSORA's Real-World Experience with AI**
2. **Local Anesthetic Mixtures and Adjuvants: What Works and What Does Not**

BIOGRAPHY

Prof. Admir Hadžić has been a leading figure in academic anesthesiology, practicing and teaching in the USA and Europe. He has received prestigious awards for his contributions to research and education, delivered lectures at top universities, and published over 200 peer-reviewed articles and several best-selling medical textbooks.

As the founder of NYSORA.com, Prof. Hadžić has built an educational platform with over ten million readers annually and one million global followers. He also oversees NYSORA Press, a publishing company, and is considered an influencer with over 225,000 subscribers on his professional YouTube channel.

Beyond medicine, Prof. Hadžić is an entrepreneur who has founded and led multiple IP companies to successful acquisitions. He is also a blues-rock musician, brewer, vintage sports car enthusiast, athlete, and leadership mentor. Married and a father of five, he advocates for a balanced, healthy lifestyle.



SUNDAY 29 NOVEMBER, 2026

Dan Benhamou, MD

Long-Term Side Effects of Post-Dural Puncture Headache

BIOGRAPHY

Professor Emeritus of Anaesthesia and Intensive Care Medicine.

- Professor of Anaesthesia and Intensive Care Medicine since 1993, exceptional class
- Head of the Department of Anesthesia and Intensive Care, Paris-Saclay Hospitals (1999–2017)
- Director of the Anesthesia and Intensive Care services, Paris-Saclay Hospitals (2007–2023)
- Director, LabForSIMS Simulation Center, CIAMS Research Unit EA4532, ED 566, Paris-Saclay University (2012–2025)
- Director, Laboratory of Anesthesia and Acute Pain, Paris-Saclay Medical School & INSERM U1195 (mixed unit) (1999–2025)
- 530 peer-reviewed publications and 100 international invited lectures
- Director of 8 university diplomas and teacher in 6 additional university diplomas
- President of the French Society of Anaesthesia and Intensive Care (SFAR) (2012–2014)
- President of the French Society of Simulation in Healthcare (SoFraSimS) (2017–2025)
- President, Institute for Quality and Safety in Healthcare (IQS) (2017–2023)
- Member of the Editorial Board of 5 international journals; Deputy Editor, Anaesthesia Critical Care and Pain Medicine (ACCPM); reviewer for 70 journals

Dan Benhamou, MD (continued)

- Numerous grants obtained since 2013 in the field of healthcare simulation (> €1 million) and pain research (notably from the National Institute for Medical Research in 2022: a €400,000 grant for the NanopainKill project)
- Expert for several national and international research agencies

ABSTRACT

Epidural analgesia is the most effective form of analgesia for labor and delivery and is used at a variable rate among countries, but in some of them (USA and France notably), more than 80% of women receive an epidural at some time during labor. Unfortunately, a dural tap can occur unexpectedly even in experienced hands. It is estimated overall that this occurs in around 1% of cases. It has also long been known that a post-dural puncture headache (PDPH) occurs as an early complication in more than 50% of cases after a dural tap and that an epidural blood patch (EBP) should often be used, as it is recognized as the most effective treatment of PDPH.

In traditional teaching, it is often stated that PDPH most often resolves spontaneously within days or weeks and that the EBP effectively and completely resolves symptoms in up to 90% of cases. Most physicians therefore do not arrange for long-term follow-up after dural puncture, viewing it as an early, short-lived issue.

Unfortunately, these assumptions are entirely incorrect.

Not only is EBP effectiveness much lower than 90% (it is closer to 60%, with a varying degree of headache cessation), but recent studies have also shown that chronic symptoms occur frequently. The most common of these long-term symptoms is headache, with an incidence which may be up to 30% of patients in whom a dural tap had occurred previously. Having received an EBP in the early period does not protect against these long-term symptoms. Several other symptoms may be present, such as auditory symptoms or backache.

Dan Benhamou, MD (continued)

These symptoms may be debilitating and last several years. The trajectory, the clinical characteristics and the risk factors are not known, as they have not yet been studied.

These data primarily concern obstetric patients who received epidural analgesia. There are virtually no data regarding patients who underwent spinal anesthesia, whether in an obstetric or non-obstetric setting, nor regarding patients who received epidural analgesia for non-obstetric procedures.

Much remains to be done to analyze this recently reported “condition.”

In a country like France, where more than 80% of women receive an epidural during childbirth, it is reasonable to assume that our medical practices are the cause of chronic symptoms, affecting hundreds, if not thousands, of young, healthy women, which can hinder their daily lives for an extended period. As this is an iatrogenic complication linked to the administration of anesthesia, our specialty has a duty to develop a program aimed at better understanding, preventing, and treating these symptoms, while also ensuring that the affected patients receive appropriate support.

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2. Lacombe A, Downey K, Ye XY, Carvalho JCA. Long-term complications of unintentional dural puncture during labor epidural analgesia: a case-control study. *Reg Anesth Pain Med.* 2022 Jun;47(6):364-369. doi: 10.1136/rapm-2021-103266.
3. Niraj G, Critchley P. Management and outcomes of persistent headache after accidental dural puncture in the obstetric population: A 9-year prospective audit. *Headache.* 2023 Jan;63(1):71-78. doi: 10.1111/head.14447.

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