

A warm welcome to the 10th Anniversary of the Annual Critical Care Symposium (ACCS)

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Dear Fellow Delegates, Faculty and Sponsors,

Welcome to the 10th Anniversary of the Annual Critical Care Symposium (ACCS) in Manchester. Our mission statement is listed on our website (www.critcaresymposium.co.uk): “To bring together world renowned speakers, the best in their field for a conference outside London. To provide a conducive environment allowing informal discussion during and after the seminar. Most importantly to provide good quality education covering various topics in Intensive Care at an affordable price.”

The aim of the meeting is twofold. Since all the good meetings in Intensive Care were happening in London, I wanted to bring this to Manchester. Second is the price. I am trying to make this meeting as affordable to all and aim to bring the best faculty in their field to Manchester from local, national and international experts. This will promote good networking for the delegates.

It started as “Advances in ITU” in 2004. This was a one-day meeting. The main message of this meeting was that flow (and thus cardiac output) is important in sepsis rather than pressure. Prof Mervyn Singer did this very eloquently. The other message was that even the district general hospitals (DGH) could do High Frequency Oscillatory Ventilation (HFOV) successfully. Dr Rafat Saad gave a talk on this topic and convinced the audience that they need to think to use HFOV in district general hospitals.

The second year meeting took place in the Mere Golf Club in Cheshire in 2005 and the main message was to recognize abdominal compartment syndrome and how to manage it. Dr Manu Malbrain came and spell-bound the audience with 176 slides in 40 minutes, every-one was convinced of the importance of intra-abdominal pressure, weren't they...? The other message was that the DGH should use echocardiography as a routine to assess the haemodynamic status. That year we changed the title of our meeting to “Annual Critical Care symposium” and the credit goes to my friend and colleague at the time Mr Mike Barnes.

The Third year meeting in 2006 was held at the Atlantic Suite at Manchester Airport. This time we started to extend the ACCS for two days. This program extension additionally allowed four workshops to be held on each day of the symposium, with each workshop

Table 1. 10th ACCS event highlights.

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- Nearly 70 faculty from the UK and overseas (5 continents)
 - State of the art lectures
 - Endorsed by both the Intensive Care Society of UK and the ESICM - for the first time
 - 12 CME points
 - For the first time abstracts are welcomed for poster sessions and the accepted ones will be published in the International Journal „Fluids” (www.fluids.eu)
 - Many tutorials and workshops
 - Thematic sessions
 - Great networking opportunity
 - Up-to-date topics
 - Early bird registration options
 - Discount for ICS and ESICM members
 - Larger Venue - The Palace Hotel, Manchester
 - Discounted car parking nearby
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being held four times. This allowed delegates to attend all four workshops during the event. Again we emphasized that cooling is the way forward after cardiac arrests, we discussed ethics in intensive care, non-invasive ventilation, the place for the advanced nurse practitioner in the ICU and the genetic influence in intensive care medicine. As Mike Darwin stated in his personal review on the website: “This conference was a pleasure from start to end. The character and knowledge of the speakers was incredibly diverse and the topics covered could be explored in whatever tangent the attendees were interested in... This is the first conference I've attended where I was able to talk at whatever length I desired with all of the presenters and, not just about medicine, but also about everything. This was remarkable because the presenters were vastly experienced clinicians and researchers. All of the presenters were no-nonsense people with a profound respect for Evidence Based Medicine.”

For the fourth year in 2007 we moved to the current Venue (The Palace Hotel in Manchester City Centre) and the meeting has further grown. As can be read in a personal review on the website: “There were around 200 attendees this year, and my biggest concern is that the meeting will “catch on” and get too big. The faculty which Dr Veerappan Chithambaran manages to assemble for these meetings is astonishing, and a wide range of clinical and basic science topics are always discussed. Unarguably, at least to me, the most valuable aspect of this meeting is that it really doesn't matter if the specific topic or development you are in-

interested in is on the program or not, because it is nearly certain that among the faculty or attendees there will be someone there who knows what you want to know – and, just as importantly, will have both the time and the inclination to talk to you at length about it. With likes of Bleck, Fink, and Singer to chat with, anything I wanted to know about current developments in the pathophysiology and experimental treatment of sepsis, ischemia and shock is only a question or two away from being answered.” The highlights of this meeting were topics on the use of continuous renal replacement therapies, Stewart’s hypothesis on acid base, definition of death and management of sepsis.

The next five meetings from 2008 to 2012 happened at the Mercure Manchester Piccadilly (Previously called Jarvis, Ramada) in the city centre.

The 2010 meeting was very interesting. Half of the invited faculty could not come because of the Icelandic volcano and its ashes in the atmosphere. We circumvented this by doing a live SKYPE conference by inviting the Australia and New Zealand speakers in the morning and the USA speakers in the afternoon. It was a great success and due to unprecedented high demands for places, the number of delegates had been restricted to the capacity of the hall.

Every year we bring the best practices in intensive care and the best speakers in these fields to come and talk about this in Manchester.

Since this year is the 10th anniversary year, I asked all of my friends to come and have a big party! I consider all of these faculties as my extended family.

The highlight of this year will be the dedication of the ACCS meeting to Prof Dan Traber who is my friend who passed away in September 2012. He contributed a lot to Sepsis and trained a lot of doctors from all over the world.

This time we are having parallel sessions in two rooms and a lot of tutorials and workshops. Other highlights (see also Table 1) will be the key note address by Dr Streat on “21st Century Thinking”, pro-con debates on pulmonary artery catheters in the 21st Century, red blood cell transfusion: should we restrict in order to reduce mortality? Uncontrolled organ donation following pre-hospital cardiac arrest is ethically suspect. This year’s meeting special themes and thematic sessions include: results of the ICON audit, how to translate the new Surviving Sepsis Campaign Guidelines at the bedside, the basics and management of sepsis, ICU issues, Infections, neurocritical care, ventilation, less invasive haemodynamic monitoring, de-resuscitation, research, future biomarkers... The workshops will cover interesting topics on end of life care and fluid management, a controversial and hot topic.

The tutorials will be on cervical pharyngostomy as an alternative to nasal/gastrostomy feeding tubes, diagnosis and management of subarachnoid haemorrhage, research in ICU, haemodynamic monitoring, how to get your paper published in the BJA, lung ultrasound, ICM resources in Europe, all you need to know about CRRT, acid base – Stewart approach, oesophageal doppler, pK/pD in drug dosing, volume or pressure limited haemodynamic management, ethics in ICU – including research ethics, arrhythmias in ICU, and fungal infections in ICU.

My thanks go to David Crippen and the CCM-I, Dr Manu Malbrain, Mrs Cath McKler, Mrs Sandhya Anand, the outreach team, Mr Gary Smith, all the nurses from ITU and HDU and the practice educators.

Last but not the least please tell us what you think about the ACCS and help us to improve the meeting further in the future.