

ELEVATE: AN EDUCATIONAL WEBINAR SERIES

Applying Alveolar Recruitment Maneuvers in the Operating Room: Physiological Concepts and Practical Recommendations

February 23, 2022 | 7:00 am PST | 9:00 am CST | 10:00 am EST | 4:00 pm CET Presented by **Dr. Christopher C. Young, MD, FCCM**

Join GE Healthcare for a review of Alveolar Recruitment Maneuvers (ARMs), an important component in applying lung protective ventilation (LPV) during mechanical ventilation in patients undergoing surgery and anesthesia. Dr. Young will outline the physiologic concepts underlying LPV and explore current evidence supporting the use of ARMs in the operating room. Expert-panel recommendations for lung protection in the operating room will be presented. A live Q&A session will follow this webinar presentation.

WHAT WILL BE COVERED

- Review the concepts of atelectasis formation during anesthesia and its reversal using ARMs and PEEP
- Highlight the differences between anesthesia-induced atelectasis and ARDS
- Discuss the recommendations of an expert panel on operative protective lung ventilation
- Explore how to use of ARMs to reduce driving pressure during mechanical ventilation

WHO SHOULD ATTEND

Anesthesiologists, Intensivists, Anesthesia Residents and Fellows in training, Certified Registered Nurse Anesthetists, Anesthesiologist Assistants, and Clinicians caring for the perioperative patient

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SPEAKER BIOGRAPHY



Dr. Christopher C. Young, MD, FCCM *Duke University School of Medicine*

Dr. Young is Professor of Anesthesiology in the Division of Critical Care Medicine at Duke University Medical Center. He received his undergraduate degree from The College of the Holy Cross and his medical degree from New York Medical College. He has served in the Department of Anesthesiology at Duke as Division Chief and Fellowship Director in Critical Care Medicine. As a practicing anesthesiologist and intensivist, the provision of lung protective ventilation (LPV) is among his clinical/research interests. He will discuss the current evidence supporting the use of alveolar recruitment as a crucial component of LPV in the surgical patient.

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