

Curriculum Vitae

Dr. Aubrey Stretton Edward Bristow

Current Post

Consultant Anaesthetist.
St. Bartholomew's Hospital, West Smithfield, London. EC1A 7BE
1st June 1985 - present
Chairman, June 2002 - present

Education

Kings School, Gloucester
Dauntsey's School, Wiltshire 1968 – 1973
Guy's Hospital Medical School 1973 - 1978

Qualifications

MBBS (London) 1978
LRCP, MRCS, 1978
FRCA 1982
Certificate of Accreditation 1986

Previous employment

1978 - 1979

House surgeon and subsequently house physician Lewisham Hospital, London.

1979 - 1980

Senior House Officer, Accident and Emergency. Kings College Hospital, London.

1980 - 1981

Senior House Officer, Anaesthetics, East Birmingham Hospital.

1981 - 1983

Registrar Department of Anaesthetics, Kings College Hospital. London.

1983 - 1987

Senior Registrar, Department of Anaesthetics, St. Bartholomew's Hospital, London.

1984 - 1985

Visiting assistant professor Department of Anaesthesiology, Parkland Memorial Hospital, Dallas, Texas. USA

Learned Societies

Association of Anaesthetists of Great Britain and Ireland.
British Trauma Society.
British Association of Neuro Anaesthetists.
British Medical Pilots Association.
Guild of Air Pilots and Air Navigators
British Association of Immediate Care Schemes
Full registration with General Medical Council.
Member of the Medical Protection Society

Committees and appointments

Member of Hospital Junior Staff Committee, BMA 1979 - 1983
Member of Centre Committee for Hospital Medical Services, BMA 1981 - 1982
Member of Council, BMA 1981 - 1982
Chairman of negotiators, HJSC 1981 - 1982
Medical Advisor to Dallas Fire Department 1984 - 1985
Member of theatre planning team, St. Bartholomew's Hospital 1986 - 1988
Member of the Executive, British Trauma Society 1991 - 1993
Member of working party into the transfer of head injured patients, British Association of Neuroanaesthetists and Association of Anaesthetists of Great Britain and Ireland 1996
Chairman of British Helicopter Medical Group 1994 - present
Member Specialist Societies, Association of Anaesthetists of Great Britain and Ireland 1995 - present
Member, Trauma Committee of the Royal College of Surgeons 1995 - present
Member Clinical Governance Committee The London Clinic 1998 - present
Chairman, ITU Users Committee The London Clinic 1997 - 2000
Member Medical Advisory Committee, Harley Street Clinic, 1997 - present
Sometime advisor to Civil Aviation Authority
Sometime advisor to the British Helicopter Advisory Board
Director, Careflight 1987 - present
Director, Careflight MT 2002 - present
Director, Gas & Air 1996 - present
Director, Helicopter Club of Great Britain 1997 - present
Lead Clinician, Buckinghamshire BASICS, Two Shires NHS Ambulance Trust
Member BASICS, Beds & Herts NHS Ambulance Trust.
Undergraduate entry selector, Queen Mary's School of Medicine & Dentistry
Member of Trust IT committee

Key interests

- 1 Anaesthesia for ENT, head and neck and maxillofacial surgery
- 2 Burns and reconstructive anaesthesia
- 3 Vascular access for chemotherapy
- 4 Intensive care
- 5 Paediatric anaesthesia
- 6 Aviation and transport medicine

I cover all areas of anaesthesia except cardiac and obstetric anaesthesia.

I have considerable managerial experience as Chairman of Anaesthesia including admission planning, operating suite logistics, and risk management.

I regularly teach and train. Special skills include ultrasound guided vascular access, the difficult airway and jet ventilation.

Papers and Publications

- Bristow A. - Medical Responsibility of Airlines, BMJ, 1981, 7, 565 (Correspondence.).
- Bristow A. - Evaluation of a Hospital Based Immediate Care Scheme, Proc VI the European Congress of Anaesthesiology, 1982, Academic Press, London. 41
- Green D.W., Bristow A, Fisher M. - Glycopyrolate and Atropine in the prevention of Bradycardia and Dysrhythmias Following Repeated Doses of Suxamethonium in Children, Br. J. Anaesth. 1983, 55, 1163P
- Green D.W., Bristow A, Fisher M. - Glycopyrolate and Atropine in the prevention of Bradycardia and Dysrhythmias Following Repeated Doses of Suxamethonium in Children, British Journal of Anaesthesia. 1984, 56, 981
- Bristow A. - Assessment of a General Practitioner Accident Service, BMJ 1984, 288, 934 (Correspondence.).
- Bristow A., Giesecke A.H. - Fluid Therapy in Trauma. Seminars in Anaesthesia, Ed. Katz RL, Grune and Stratton, New York, June 1985. 124 - 134
- Bristow., Batjer H, Chow V, Rosenstein J. - Air Embolism via a Pulmonary Artery Catheter Introducer, Anaesthesiology, 1985, 63, 340 - 341 (case report).
- Bristow A. - Practical Aspects of Vecuronium Bromide, Anaesthesiology Review, May 1986, 17 - 25
- Bristow., Giesecke A.H, Thal E., Atkins J.M. - Environmental Concentrations of Nitrous Oxide in Modular Ambulances During the use of Mitronox, Critical Care Medicine, 1986, 14, 815 - 816
- Bristow A. - Armoured Endotracheal Tubes in Neuroanaesthesia, Anaesthesia, 1986, 41, 776 (Correspondence).
- Bristow A., Shalev D, Rice B, Giesecke A.H. Lipton M. - Low Dose Infusions of Narcotics in Craniotomies, Anaesthesia and Analgesia, 1987, 66, 413 - 416
- Bristow A., Hardwick M, Hopkinson R.B. Ambulatory Electrocardiology in Anaesthesiologists. Anaesthesiology Review, 1986, 11, 37 - 39.
- Bristow A., Foster J.M.F. Lumbar Sympathectomy in the management of rectal tenesmoid pain. Annals of the Royal College of Surgeons, 1988, 70, 38 - 39
- Bristow A. Postoperative Analgesia. Update, 1 August 1988, 218 - 227
- Bristow A. The need for a helicopter based patient transfer system in the United Kingdom. Aviation Medicine Quarterly, 1988, 2, 57 - 63
- Bristow A. and Orlikowski C. Subcutaneous ketamine analgesia: postoperative analgesia using subcutaneous infusions of ketamine and morphine. Annals of the Royal College of Surgeons, 1989, 71, 64 - 67.
- Wilkinson D. J., Bristow A. Do patients like day case surgery?. 9th World Congress of Anaesthesiologists, Washington, 1988 1, 1
- Bristow A, Wilkinson D. J. Can ambulatory surgery beds be safely used twice per day by means of anaesthesia incorporating propofol?. 9th World Congress of Anaesthesiologists, Washington, 1988 1, A0019
- Kee S, Ramage C, Bristow A. The movement of the critically ill patient between hospitals. Care of the Critically ill, 1989, 5, 200 - 204
- Bristow A, Dallos V, Hanson G. Resuscitation and Training. Farrand Press, 1989.

Ramage C, Kee S, Bristow A. Interhospital transfer of the critically ill patient by helicopter. *British Journal of Hospital Medicine*, 1990, 43, 147 - 148

Bone M, Bristow A. Total intravenous anaesthesia in stereotactic surgery. *European Journal of Anaesthesia*. 1990.
Bristow A., Evans I. A dedicated helicopter based ITU has all the advantages. *British Journal of Hospital Medicine* 1990, 44, 91

Kee S. S., Sedgewick J, Bristow A. Interhospital transfer of a patient undergoing extracorporeal carbon dioxide removal.
British Journal of Anaesthesia, 1991, 66, 141 - 144

Bristow A et al. Recommended minimum standards for patient management of medical helicopter systems.
Journal Royal Society of Medicine, 1991 84, 242 - 244

Ramage C.M.H., Kee S and Bristow A. A new portable oxygen system using liquid oxygen.
Anaesthesia, 1991, 46, 395 - 397

Kee S. S., Sharpe M, Collier B, Bristow A. A world-wide paediatric repatriation service - the first 20 patients. *Proc 4th Annual Trauma Anaesthesia and Critical Care Symposium*, Baltimore, 1991.

Bristow A. Transfer of patients by helicopter (corres). *British Journal of Anaesthesia* 1991, 67, 127

Jefferies N.J, Ramage C, Bristow A. International repatriation following overseas disasters. *Arch Emergency Medicine*, 1991, 8, 92 - 96

Vyvyan H.A.L. Kee S, Bristow A. A survey of secondary transfers of head injured patients in the South of England.
Anaesthesia, 1991, 46, 728 - 73

Jefferies N.J, Bristow A. Long distance Interhospital transfers. *Br J In Care*, 1991, 1, 197 - 204

Kee S. S., Ramage C.M.H. Mendel P, Bristow ASE. Interhospital transfers by helicopter: The first 50 patients of the Careflight project. *Journal Royal Society of Medicine*, 1992, 85, 29 - 31

Kee S. S., Bristow A.S.E. Transporting paediatric patients by air. A national transfer system. *Today's anaesthetist*, 1992, 7, 52 - 56

Wilkinson D., Bristow A, Higgins D. Morbidity following day surgery. *J. One Day Surgery*, 1992, 1, 5 - 6

Bristow A et al. A report - recommended standards for UK fixed wing medical air transport systems and for patient management during transfers by fixed wing aircraft. *Journal Royal Society of Medicine* 1992, 85, 767 - 771

Mendel P and Bristow A. New methods of dealing with the complications of panendoscopy. *J. Laryngology and Otology* 1992, 106, 903 - 904

Mendel P and Bristow A. Anaesthesia for procedures on the larynx and pharynx. The use of the Bullard laryngoscope in conjunction with high frequency jet ventilation. *Anaesthesia*, 1993, 48, 263 - 265

Bristow A, King P and Vyvyan L. A survey of the initial management of head injured patients in neurosurgical centres in the UK. *Injury*, 1993, 24, 276

Evans K.L., Keene M.H, Bristow A.S.E. High frequency jet ventilation - a review of its role in Laryngology. *J. Laryngology and Otology*, 1994, 108, 23 - 25

Bristow A, Oakley P, Trauma Services. Chapter in *Guidance for Purchasers*, The Royal College of anaesthetists, London, 1994.

Bristow A. et al. Standards for Trauma care. *Injury*, 1994, 25, 599 - 604

Recommendations for the Transfer of Patients with Acute Head Injuries to Neurosurgical Units. *The Neuroanaesthesia*

Society of Great Britain and Ireland and The Association of Anaesthetists of Great Britain and Ireland. 1996.

Lucas H, Attard-Montalto S.P, Saha V, Bristow A, Kingston J.E, Eden O.B. Central venous catheter tip position and malfunction in a paediatric oncology unit. *Paediatric Surgery Int.* 1996, 11, 159 - 163.

Bristow A. Special problems of transport modes. Chapter in *Stabilisation and transport of the critically ill*, ed. Morton, Pollack and Wallace. Churchill Livingstone, 1997.

Bristow A. et al. Standards for Trauma care. *Injury*, 1997.

Bristow A. Interhospital Transfers by Helicopter. In *Trauma Care*, Ed Earlam R. Saldatore Ltd. 1997.

Bristow A. Interhospital Transfer of neonates by air. In *manual of Neonatal Transport*. Ed Mir NA. 1997

Smith J.G. et al. BSCH Guidelines on the insertion and management of central venous lines.
Br. J Haem, 1997, 98, 1041 - 1047

Bristow A., Shapiro M.J. Personnel Required for transport.
Chapter in *Oxford Textbook of Critical Care*, Ed Webb A et al, Oxford University Press 1998.

Fogg K., Bristow, Langford R.M. The Navion Bio-Navigation system: an alternative to fluoroscopy for semi-permanent line placement in adults.
British Journal of Anaesthesia 1999: 82, S1, 23

Better Care for the severely injured. A joint report from the Royal College of Surgeons of England and the British Orthopaedic Association. July 2000

Narrative

Both my house appointments were at Lewisham Hospital which was a busy district general hospital in south east London. I routinely undertook appendicectomies and drainage of abscesses and by the end of my appointment I was also undertaking hernia repairs under supervision. My medical appointment gave me initial exposure to intensive care but my lasting impression is of the large number of admissions especially when on-take and the considerable experience that I gained during this year.

I then obtained a senior house officer appointment in accident and emergency at King's College Hospital. As there was no other intermediate training grade we were expected to be totally responsible for the considerable number of emergency admissions including major trauma and paediatric resuscitation. This post required close co-operation between the different specialities and the A & E SHOs to ensure that patients that were referred were rapidly seen and cleared from the busy unit.

During this time I was impressed at the involvement of the anaesthetic registrars and decided to pursue a career in anaesthesia. I was successful at my first job interview at East Birmingham Hospital. I arrived as a modular training programme was being implemented and benefitted from a formal induction period followed by progressive exposure to the various specialities. I attended a daily ITU teaching round which was an enormous advantage. East Birmingham Hospital was a major thoracic surgical unit which gave me considerable experience in this unusual field. The close bond I formed with the anaesthetic consultants remains to this day.

I spent several years responsible for all negotiations with the Departments of Health and medico-political matters including a considerable amount of work with the national media.

Having obtained my primary FRCA at the first attempt I returned to King's College Hospital as a registrar. This very busy job entailed covering intensive care and obstetrics when on-call and we also provided anaesthetic services to Dulwich Hospital. I was exposed to the full gamut of anaesthetic subspecialties including cardiac surgery. I also spent time at St. Giles Hospital which was a stand alone paediatric hospital and my paediatric experience was furthered by involvement in the paediatric liver unit under Professor Howard at King's College Hospital.

Having obtained my final FRCA at the first attempt I was successful in my first senior registrar application at St. Bartholomew's Hospital. Before my appointment, I had been recommended by my consultants at King's College for a visiting assistant professorial post at the University of Texas in Dallas and St. Bartholomew's Hospital were kind enough to allow me to proceed with this. I spent over a year in Dallas as a visiting assistant professor with full attending rights. My main responsibilities were managing the ENT and neurosurgical anaesthesia services but Dallas was possibly the busiest trauma centre outside South Africa and I naturally was exposed to this service in its entirety. During my time I was asked to join a cardiologist and general surgeon in providing medical input to the Dallas Fire Department Paramedic Service.

I was also asked to organise the medical services for the Dallas Grand Prix. Building on my experience from working at Brands Hatch race circuit in the UK I had to draw a considerable number of people together and get them to work as a team for the Grand Prix.

I spent considerable time in Dallas lecturing both to residents and other health care workers in the hospital as well as travelling around the country lecturing on vecuronium bromide. As can be seen from my publications, this was also a fruitful research period although I have been involved in research throughout my training years and during the early part of my consultant career.

On returning to St. Bartholomew's Hospital as a senior registrar I spent a period as chief assistant where I was responsible for organising all of the rotas and co-ordinating between consultants and trainees. Following this I spend a period of time rotating to Whipps Cross Hospital. I formed a close relationship not only with other anaesthetists but also with Gillian Hanson who was the consultant in charge of intensive care together with Vera Dallos who was the director of accident and emergency and this friendship resulted in the publication of a text book on resuscitation.

I was then asked by the consultant body to run the intensive care unit at the newly opened Homerton Hospital for 6 months until David Watson, who was appointed to this post substantially, could take up his post. This required me to commission the new intensive care unit and pull together the nursing staff, doctors and other health care workers as a team in a brand new hospital.

During this time I undertook consultant locums in both Saudi Arabia and Holland. It was interesting to see the different method of health service provision in these countries and to learn both their good and bad points in order that I could modify and improve my personal practice.

I was appointed as a consultant anaesthetist at St. Bartholomew's in 1985. This was a full time clinical appointment with my main areas of interest being neurosurgery and ENT anaesthesia also undertook paediatric radiotherapy but my paediatric experience continued to be spread widely including a considerable number of ENT cases and paediatric cases on-call.

During my early years my main project was 'Careflight'. I raised the funding and set up a national inter-hospital ITU helicopter service which was unique in the world in providing a method of transporting critical ill intensive care adults and children by dedicated helicopter between hospitals. We demonstrated that this actually saves lives and our work resulted in my being chairman of working parties which set down minimum standards of care for both adults and children in both helicopters and fixed wing aircraft. These remain the UK standards to the present day and the Royal College of Anaesthetists asked me to be involved in drawing up guides to purchasers which incorporated these standards. 'Careflight' has grown considerably over the years and although funding remains limited in the NHS for inter-hospital helicopter transport we now operate a worldwide inter-hospital aviation service. In my spare time I have become a commercial pilot because I believe it is important that I have an insight into the jobs undertaken by all the people who work under me so that I can understand their difficulties and limitations. 'Careflight' currently moves not only adults but also children and we believe that we move a majority of the neonates who are transported by air in the UK. 'Careflight' has grown into new areas including industrial medicine where we provide health care screening and public service vehicle examinations. I have employed a paramedic trainer who has set up under my supervision a training division at 'Careflight'. Currently we are training a considerable number of air crew and cabin crew in first aid as well as training paramedics and ambulance attendants in both medical and driving skills. My training director sits on the Departments of Health Committee which is developing a national paramedic curriculum and we are working towards British Standard Certification to train paramedic trainers. We also run an enlarging patient transport service and we have been pleased that the NHS Trusts that originally contracted with us have not only returned to renew their contracts but have also recommended us to other NHS Trusts. 'Careflight' employs an increasing number of people and I have taken a considerable interest in working with my employees, providing good lines of communication, high standards of training and ensuring that retention is high.

My NHS post at St. Bartholomew's has changed over the years. My next major project was the development of vascular access which involves the placement of semi-permanent access systems including lines and ports in patients who most commonly need chemotherapy for oncology but also includes long term feeding and antibiotics for cardiac patients. I set up a dedicated service with our own operating list and our own staff which was at the time unique in the UK. I built on this by introducing a paediatric vascular access service. By having my own dedicated nurses, ODPs and orderlies I have been able to provide a high class service with a close knit working team. I enjoy a very close working relationship with my paediatric and oncology colleagues and it is heartening that they now refer all vascular access matters to me and leave decisions with respect to vascular access to my service. My service was last audited in 2001 and it was heartening to note that our results are as good and in many cases better than other published units. I believe that this demonstrates the good working relationship that we have.

My consultant colleagues asked me to be Chairman of the Department of Anaesthesia at St. Bartholomew's Hospital from June 2002. I do this on top of my clinical commitment. I am responsible for all anaesthetic matters including trainees, rotas and service provision at St. Bartholomew's Hospital.

I have introduced my vascular access service into the private sector with success both for paediatric and adult patients. I have developed private intensive care and have been fortunate to form a good relationship particular with overseas governments who have chosen to refer intensive care patients to me from abroad and ask me on occasions to visit their own hospitals. I was also involved with the high dose oncology studies into poor outcome carcinoma of the breast which resulted in a significant amount of intensive care work at the London Clinic for septicaemia and neutropenia. The London Clinic asked me to become Chairman of the ITU users group on the retirement of Professor Jack Tinker and I did this for two years during which I believe we built up a good nursing team and treated a wide variety of medical and surgical patients successfully

My current private practice involves a large number of hospitals. I have admitting rights at London private hospitals. I have sat on the Medical Advisory Committee of the Harley Street Clinic for a number of years which involves me in a considerable amount of administrative work in areas including dealing with clinical complaints against anaesthetic colleagues and we have recently completely replaced all of the equipment in theatres and recovery. I developed anaesthesia for MRI examinations on children and following from this I also advised on the complete re-equipping of the anaesthetic equipment in MRI including altering the lay-out of the suite and the anaesthetic room. I advised on the re-equipping of theatres at the Cromwell Hospital.

My current private practice is comprehensive and varied involving both adults and paediatric patients together with intensive care. I cover all areas except for cardiac and obstetric anaesthesia. In order to provide a high standard of care to my patients I have my own rooms in a house with two paediatricians so that I can assess patients pre-operatively. I have introduced jet ventilation on which I have both written and lectured in the NHS to private practice. More recently I have introduced a paediatric radiotherapy service at the Harley Street Clinic which I believe is unique in the private sector in the UK. This is expanding rapidly as a result of an excellent team that I have put together including

paediatric nurses, paediatricians and radiotherapy staff. I am now in the process of setting protocols for a burns centre for the private sector and to this end I am pulling together colleagues from paediatrics, nephrology, plastic surgery and intensive care to work in a team. We have been fortunate to secure the services of Chrissie Bousfield RGN who trained the nursing staff and working closely with us on a multi-speciality protocol.

I have also, unusually for an anaesthetist, developed a medicolegal practice. My particular interest is the pre hospital care to the injured professional boxer.