

Never think that war,
no matter how necessary,
nor how justified,
is not a crime.

.....

Ernest Hemingway

Dear friends,

Just as we taught that the New 2022. will finally bring us some rest from horror of Covid pandemics, a new wave of terrifying events hit the world: war in Ukraine, international crisis with inflation, gas and oil prices skyrocketing, threatening with nuclear weapons, millions of refugees, cancellation of so many cultural, scientific and sport events...

Without any attempt of placing ourselves in position of judges and moral preachers, we, the physicians and health educators must insist on the everlasting ideals of the Hippocratic Oath: unconditional support and fight for human life, health and benefit. Having such initial viewpoint in our hearts and in our minds we must unite in hope for peace and termination of all hostilities not only in Ukraine, but all over around the globe. Good health, peaceful dreams, a smile of a child and prosperity of an ordinary honest working man must be the goals of every politician, every intellectual, every decent human being. Without that, placing in front of our activities some "higher interests" and "ideals" we sink in the mud of dehumanization and regress into distant history of wars and atrocities.

"Istoria est magister vitae", says the old Latin proverb. And the ones who don't learn it in time are condemned to live in repeated history. We were obviously not so good disciples. It is time to learn again...

I hope our next Newsletter will not have such a serious intro like this one. Meanwhile, I thank you all for continuing support of our work, for development of POCUS concept and for your professional attitude as healthcare providers. We welcome our new members, and we hope to see growing number of physicians, sonographers and POCUS educators from all over the world joining IPO.

Editor: Ivica Zdravković, MD/PhD
GP/FM and POCUS specialist and instructor, Serbia

New POCUS workshops in Bosnia & Herzegovina

The IPO instructors from Serbia and from Bosnia & Herzegovina organized two new workshops in medical centers in Doboj and Prijedor. These workshops were attended by numerous physicians, mostly specialists of family medicine. Medical centers (main municipal public facilities) in the cities of Doboj and Prijedor were excellent hosts and organizers of the events. There were patients who were examined during the workshops, in particular patients with the post-Covid syndrome and COPD. Lung ultrasound (LUS) was the main topic of our instruction, but we also focused on eFAST protocol and some additional tips for FATE and abdominal POCUS exams.

Aside from implementation of POCUS diagnostics in daily practice of our Bosnian colleagues, we also achieved another thing: our IPO got some excellent new members, who are already active POCUS practitioners and even authors of scientific papers on the topic of POCUS in family medicine. Events were covered by local media, TV, Internet portals and newspapers.

We give our thanks to following hosts and instructors of these events: Dr. Dijana Đeric, Prim. dr. Danijel Atijas, Prim. dr. Željka Popović, Dr. Sava Vojnović, Prim. Dr. Daliborka Rajlić Vukota, Dr. Zagorka Blagojević Pavlović etc.

Medical Center Doboj, Bosnia & Herzegovina, January 23rd 2022.







Medical Center Prijedor, Bosnia & Herzegovina, February 19th 2022.







NEW MEMBERS

We have several new members from Haiti, Serbia, Colombia, Bosnia & Herzegovina, USA



Dr. David Gerald Paultre and Dr. Fendy Alphonse Damas, POCUS specialists, Haiti



Dr. Juan Camilo Gaviria, POCUS specialist and instructor, Colombia



New graduates of IPO School in Serbia: Dr Marina Dušanić from Bosnia & Herzegovina and Dr. Nenad Djordjević, specialist of urgent medicine from Serbia



Dr. Andrea Tomić



Dr. Zagorka Blagojević Pavlović



Dr. Gorica Đukanović Sakota



Dr. Dijana Đerić



Prim. dr. Daliborka Rajlić-Vukota



Dr. Gordana Radanović



Prim. dr. Danijel Atijas, POCUS specialist and instructor, Bosnia & Herzegovina



Dr. Jon Wilton, Doctor of Nurse Anesthesia Practice, USA
<https://canainc.org/about/cana-spotlight/ion-wilton/>

Welcome all!

NEWS FROM CANADA

Contributed by:
M.Ed. Leonardo Faundez,
POCUS specialist & instructor, IPO Board member, Canada

Hello all.

The 2022 SonoWebinars are on their way. We have already had 3 live SonoWebinars which have been greatly received.

The remaining 7 SonoWebinars are scheduled between April and the Fall. Topics:

- Comprehensive review of guidelines on deep venous thrombosis
- Push and squeeze: the lower extremity vein challenge
- The broader importance of the 11-14 week scan
- Ultrasound Assessment of the Diseased Liver – How new techniques are helping us image the difficult patient
- Breast ultrasound
- MSK peripheral nerve
- Neonatal hips
- Three Dimensional Applications in General Sonography
- Adventures of an On-Call/ER Sonographer: Case Studies
- Ergonomics
- Reconnecting to Wellbeing

For more information and to register, please visit <https://aprendecanada.com/sonowebsinars>



Cathy Ridsdale CRGS, CRVS, RMDS, RVT, BSc.

The Broader Importance of the 11-14 week scan



Median Nerve SAX: Prox Carpal Tunnel

- Bone landmarks: scaphoid & pisiform
- Identify TCL (1-1.5mm thick)
- Toggle transducer to eliminate anisotropy of flexor tendons



TRAILER



Intuitive Living Path

Welcome to:
“Reconnecting to wellbeing”
 webinar



Life is Bigger!

Genevva Vazquez
 Self-love and Wealth Coach
www.intuitivelivingpath.com



Attendees from around the world
 have joined our SonoWebinars!!
 Thank you!!



www.presentationmagazine.com

What is POCUS?

From the web page of "POCUS REVOLUTION"

<https://pocus.nz/>



Point-of-care ultrasound (POCUS) refers to the use of ultrasound at the bedside by the clinician for:

- diagnosis/prognosis
- assessing response to treatment
- imaging guidance for invasive procedures

Other names include clinician-performed ultrasound (CPU) and bedside ultrasound. Emergency ultrasound (EUS) refers to the use of POCUS in ED, which was one of the first clinical settings where clinicians began to use ultrasound at the bedside. Since then POCUS has expanded to most other specialties and even to primary care. POCUS differs from traditional uses of ultrasound in important ways:

POCUS	Traditional ultrasound
Performed by you, at the bedside.	Requested by you, performed by sonographer in radiology department, then reported by radiologist.
Do scan, act immediately. Repeat scan, adjust treatment (seconds-minutes)	Request scan, wait for it to be done, then act on report (hours-days)
Answers a focused clinical question (e.g. does the patient have a AAA?)	More exhaustive imaging of the requested area (e.g. abdomen)
Controversial: an extension of the physical exam? A semi-diagnostic study?	A formal diagnostic imaging study.
You interpret images, in clinical context of patient. It may not be possible to store images.	Radiologist interprets images based on the clinical information provided in the request (typically 2 sentences). Report and images stored forever.

POCUS is absolutely not intended to replace traditional ultrasound. Rather, it allows clinicians to take better care of patients by making faster, more accurate decisions. A POCUS examination may be followed up with a more exhaustive, sonographer-performed ultrasound exam, or more advanced imaging; in some cases, it may be the only imaging required for the patient's workup.

Common uses of POCUS

The earliest use of POCUS in the emergency department was the FAST exam – assessing for abdominal organ injury in trauma. Since then, there has been an explosion in the use of POCUS, supported by clinical research into its efficacy and limitations. The adaptability of ultrasound as a technique means that new applications are constantly being explored.

POCUS can be used in the workup of:

- Shock or hypotension
- Trauma
- Abdominal pain
- Chest pain or respiratory symptoms
- Syncope and cardiac arrest
- Fever/sepsis of unknown cause
- Fracture assessment and reduction
- Joint pain
- Threatened miscarriage
- Sudden vision loss
- Swollen leg
- Cellulitis/abscess

POCUS can also be used for real-time guidance to make invasive procedures safer: common examples include venous or arterial cannulation, peripheral nerve blocks, and drainage of fluid (e.g. thoracentesis, joint aspiration).

Why should I care about this?

POCUS allows you to go beyond the guesswork of "inspection, palpation, percussion and auscultation" to *actually see what is going on inside the patient's body, in real time*. Not surprisingly, this improves diagnostic accuracy and patient outcomes

Technology has been improving quickly. Scanners have become so small and cheap, it will soon be feasible for individual doctors to carry their own ultrasound machine in their pocket (or around the neck!). We may be entering a revolution in patient care.



POCUS MOSCOW NEWS

Contributed by Vsevolod Lykhin, MD/PhD, IPO Board member

Our team continues to work towards training Point of Care Ultrasound. In March, the first expert level Ultrasound guided regional anesthesia cadaver course was held. 12 lucky physicians were able to train the technique of regional blockades first-hand from leading experts. As part of the course, doctors performed regional blockades of the plexuses and nerves of the lower and upper extremities, thoracic interfascial blocks and blocks of the anterior abdominal wall.



One of the stations for practicing paraspinal blocks and ultrasound guided neuraxial anesthesia.



In total, the course consisted of 4 stations. One of the stations was aimed at honing the skills of ultrasonic needle navigation in various conditions.



This is the first event in this format, as cadaver training is one of the top areas in medical education. In the future, we plan to continue such courses and expand the range of specialties.



The second important news is the launch of 2 new POCUS courses. The first of them is POCUS in extracorporeal blood purification, and the second is our new development of POCUS in chronic heart failure. The POCUS in heart failure course covers all systems and organs and allows for a short time to assess the state of the cardiac structures and lungs. This course is primarily aimed at training cardiologists and therapists, allowing us to involve this category of doctors in a new direction.



The evolution of POCUS courses allows us to increase the coverage of various specialists, attract them to a new direction and take a fresh look at diagnostics in the 21st century.

New IPO members from Russia:

Regional Anesthesia POCUS Practitioner:

- | | |
|-------------------------|-----------------------|
| Dr. Ekaterina Fedorova | Dr. Vasilisa Batakina |
| Dr. Irina Vega | Dr. Alina Kirgizova |
| Dr. Andrey Khabarov | Dr. Oleg Khomenko |
| Dr. Olga Zubkova | Dr. Pavel Talyzin |
| Dr. Alexander Pavlenko | Dr. Yana Berzhnaya |
| Dr. Ekaterina Dergunova | Dr. Nikolay Ilin |

POCUS specialist & instructor:

- Dr. Danara Bulgakova
Dr. Roman Mikhei

POCUS forever!



“ Sometime in the past I realized that **POCUS and ultrasound in general solve my problems**, it solves a lot of problems especially for General Practitioners.”

POCUS for Family Doctors in Serbia

Dr. Ivica Zdravković, GP Specialist Primarius
25 Years in Medicine, 17 Years in Ultrasound, Author

FOCUS ON POCUS™
Point of Care Ultrasound
Certification Academy

Dear friends,

It is exactly three years since we founded IPO. Our organization had some excellent international events and our international cooperation is already well established. We have near 100 members on 4 continents from 8 countries: Haiti, Russia, Bosnia & Herzegovina, Canada, USA, Serbia, Nigeria, Colombia. Our web site is well visited and soon we shall have our Instagram page, maybe even a YouTube channel. We are in process of establishing co-operation with major international partners, including CIOMS (Council for International Organizations Of Medical Sciences), through which we shall operate under UNESCO and the WHO. I hope we shall continue to grow and promote POCUS concept in our countries and throughout the world. Until our next Newsletter in July 2022, I wish you all peace, good health and prosperity.

Editor