I had completed a couple of Olympic distance triathlons in the previous year, but this was cycling eight miles each way to work and swim once a week, so how hard could it be to complete an IM race? That was it. I clicked ENTER on the website and would be competing in Nice, with the race starting at 7.30am. Noted for being the toughest IM cycle, and in 30 degrees heat at the height of summer.

I do not have a naturally athletic physique and other passions in my life include eating and sleeping so this was going to be tough! How does a mere mortal juggle a 30 week training programme encompassing up to 16 hours training a week at peak intensity, around full time work including night shifts and socialising? My approach was to use an expert, but with hindsight and training advice gleaned from Fink, the key to success is consistency, thorough preparation and most importantly, planning. Absolutely everything, from training to weekends, must be planned in advance to daily food intake and socialising. Sounds dull, but with our haphazard working pattern organisation is imperative.

Fortunately for me, I had my anaesthetic role for the first six months of the plan ahead and entered training races to fit around weekend on call commitments. These included half distance races, cycling sportives (organised cycle events of between 30 to 120 miles) and one half distance race. On Sunday evening, I would work out how I could incorporate the weekly training schedule around work shifts, for example, cycling commuting by bike training followed by a run straight off the bike, swimming at 6am before starting work at 7.30am if it was a long day on call and going for a long cycle or run on off days and weekends. The overall strategy was for Nice to seal off other competes as other priorities. In their article, McDonnell and colleagues have built on their experiences in developing the transversus abdominis plane (TAP) block. They found that their landmark TAP technique resulted in postoperative analgesia, and following imaging studies, hypothesised that this was due to spread of local anaesthetic to the paravertebral fascial space.

To further investigate the effect of sympathetic blockade on acute pain, they present four patients with features of sympathetic overactivity (tachycardia, diaphoresis and severe rest pain). They gave each patient a successful stellate ganglion block prior to surgery and noted strikingly low pain scores and morphine requirement post-operatively. Further work will be required to establish the true efficacy of the intervention, but this case report suggests a fascinating possible link between acute pain and the sympathetic nervous system that can be therapeutically modified by a regional anaesthetic block.

In conclusion, Burt and Trapp’s excellent accompanying editorial further explores the possible physiological basis for the involvement of the autonomic nervous system in acute pain and provides an excellent summary of the physiology and evidence in this area. They conclude by looking forward to further properly controlled studies to determine the true role of the autonomic nervous system in acute pain processing and the possibility for analgesic interventions.

I found this month’s Anaesthesia Digest very interesting and it did prompt me to think about the autonomic nervous system in acute pain and how we should respond to early evidence regarding efficacy of a novel treatment. The three articles in this month’s Anaesthesia focus on the role of the sympathetic nervous system in acute pain. I think we should be considering far more than just non-opioid analgesia in this area.

I would like to thank the editorial team of Anaesthesia Digest for their continued excellent work. I encourage all of you to read this excellent read regularly.

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Training in anaesthesia is changing dramatically due to European Working Time Regulations. The 2003 Directive and its implications are discussed by Andrew Lawrie’s White Paper. The GAT Handbook 2011-2012 is an invaluable aid for trainees to twenty years gone. For its tenth edition, it has been extremely revised to reflect these changes, provide a wealth of well researched information and advice by those who have been there and done it before. Whether you want advice on how to choose your GAT club or how to make your way in the world of academic anaesthesia, or how to work in the UK, the tenth edition of the GAT Handbook is for you.

All GAT members will receive a copy in the post in July. Look out for it and please read it for your own benefit.