



Meet a Physician Anesthesiologist

Alopi Patel, M.D.

Dr. Alopi Patel is a double board-certified anesthesiologist and interventional pain physician. She attended Rutgers-New Jersey Medical School and completed her anesthesiology residency at Mount Sinai West (MSW) and Morningside (MSM) in New York City. She specialized in interventional pain medicine at Mount Sinai Hospital, after which she returned to MSW and MSM as an anesthesiologist and pain physician. During her journey as an attending, she chose to further expand her knowledge by becoming certified in lifestyle medicine. She encourages the implementation of lifestyle modifications in the treatment of chronic pain conditions. In addition to treating back pain, joint pain, headaches and more, Dr. Patel focuses on women's health conditions, including interventional techniques for management of chronic pelvic pain.

When patients need anesthesia, what are some questions they should ask?

Patients should know that the person in charge of the anesthesia is a competent and capable physician. This would mean they are board certified in the field of anesthesiology with possible further certifications in other subspecialties. Patients should also know that all equipment and personnel are available in the event of an emergency. Patients should be empowered to ask questions regarding their intraoperative and postoperative course in regards to pain control, the care team, types of anesthetics administered, and contingency planning.

What are the most significant barriers you face when providing anesthesia care?

In an ever-changing healthcare landscape, one of the major hurdles we face is the constant production pressure in the setting of decreasing reimbursement rates. When reimbursement decreases, physicians need to see more patients for a system to be sustainable. This takes a toll on patients and healthcare professionals alike, with patients feeling frustration and physicians experiencing burnout.

Why did you choose to become an anesthesiologist?

I became an anesthesiologist because I appreciated how much medical knowledge they had to have regarding the whole body rather than focusing on a specific organ system. This knowledge was empowering because it translated to confidence in managing acute, life-threatening medical situations. Furthermore, anesthesiologists possess procedural skills. As a medical student, time and again I witnessed that anesthesiologists were perioperative physicians who were champions for patient safety from start to finish.

Have you had a case that illustrates the importance of physician-led anesthesia care?

Despite years of medical education and training, clinical competence is directly associated with repeated exposure to complex clinical situations ... and humility. In residency, anesthesiologists are trained to be prepared for the worst but also to know when to call for help. This is true even as fully trained, board-certified physicians: We know when to obtain appropriate consults, to call for backup and to work collaboratively with other physicians. Collaboration and communication are key to improving patient care. And humility is also important: Overconfidence can lead to catastrophic medical errors.

What else would be helpful for people to know about the practice of anesthesiology?

Anesthesiology is a unique field of medicine that historically had the highest rates of medical malpractice and was even considered a dangerous specialty. Thanks to medical innovation as well as patient advocacy, anesthesiologists have been able to advance the field into one of the safest areas of medicine. Anesthesiologists have been pioneers of quality and patient safety around the world.





Meet a Physician Anesthesiologist

Kara M. Barnett, M.D., FASA

Dr. Kara Barnett is a graduate of Washington University School of Medicine in St. Louis. She performed her internship at Albert Einstein Medical Center in Philadelphia followed by an anesthesia residency at the Hospital of the University of Pennsylvania. She is an attending anesthesiologist at Memorial Sloan Kettering Cancer Center in New York City.

When patients need anesthesia, what are some questions they should ask?

“How can I optimize myself before surgery?” This could include behaviors such as weight loss, smoking cessation, and even strength training. “What is my risk of adverse events?” It is important to understand both the surgical risk (e.g., risk of bleeding, infection, etc.) as well as the anesthetic risk (e.g., risk to the heart, lungs, brain, etc.).

What are the most significant barriers you face when providing anesthesia care?

A portion of my time is spent ensuring appropriate patient selection, especially for the sick patients that come to my freestanding ambulatory surgery center. Gathering patient information, such as recent heart or lung testing, from physicians who are unaffiliated with my hospital can be a tedious process. Even though many hospitals now share information through their electronic medical records, many independent physician practices do not participate.

Why did you choose to become an anesthesiologist?

I can't imagine doing anything but anesthesia. During my surgery rotation in medical school, I found myself wanting to pay more attention to the anesthesiologist saving the patient's life than the surgeon who was trying to stop the bleeding. I enjoy the combination of using my mind to create an anesthetic plan while using my hands to do other procedures like insertion of IVs and airways. I also have a warm personality, which tends to put my patients at ease when I speak to them in the preoperative area.

Have you had a case that illustrates the importance of physician-led anesthesia care?

During a bladder removal and reconstruction surgery, I noticed that the patient's blood pressure was drifting down. His blood pressure did not respond to our typical medications. Worried about anaphylaxis, I looked at what medications he received and his allergy list, which only mentioned latex. I started treating him with epinephrine and asked the surgeon if there were any latex-containing items on the field. A latex item that was inadvertently placed on the surgical field was quickly removed. Because of our quick response, the patient recovered and was able to undergo his surgery successfully.

What else would be helpful for people to know about the practice of anesthesiology?

Patients lack the understanding that anesthesia is not a one-size-fits-all but, rather, entails a large variety of procedures, medications, and techniques.

An increasing number of specialties, especially in the non-operating room setting (e.g., gastroenterology, interventional radiology), utilize either an anesthesiologist or the anesthesia team care model. Some specialists think that they can deliver anesthesia just as well as anesthesiologists, but they can't. For example, there have been countless deaths in dental offices. I cannot stress enough how our training and drive to improve our care delivery keeps our patients alive when disaster strikes.





Meet a Physician Anesthesiologist

Stacey A. Watt, M.D., MBA, FASA, MHPE

Dr. Stacey Watt earned her medical degree from SUNY, Upstate Medical Center. She completed an anesthesiology residency and a pediatric anesthesiology fellowship at SUNY at Buffalo, Jacobs School of Medicine. She later received an MBA from The Heller School of Brandeis University and a Master of Health Professions Education from the University of Illinois College of Medicine. She serves as the program director and interim chair of the Department of Anesthesiology, UB, Jacobs School of Medicine and Biomedical Sciences (Jacobs School) and as the chief of service, Department of Anesthesiology, Kaleida Health in Buffalo.

When patients need anesthesia, what are some questions they should ask?

Patients and their families need to have some understanding and appreciation of anesthesiologists' significant safety culture and how hard our specialty has worked to ensure they will wake up safely after surgery. We have teamed up with anesthesiology researchers to establish best practices and find safer/more effective drugs, tools and techniques to make anesthesia safer than driving!

I look forward to being asked, "How long have you been doing this and how good are you?" I respond with pride and confidence that I am a board-certified anesthesiologist with subspecialty training and board certification in the field of pediatric anesthesiology. As a parent, I understand the anxiety one feels when one's child is wheeled away for surgery. Parents need to have confidence that their children will receive the best possible care by an individual trained to address the unique challenges children face in the operating room. Parents should ask, "Who will be responsible for providing my child's anesthesia and monitoring his/her response? What type of anesthesia is being used and why is it the best fit for my child?"

What are the most significant barriers you face when providing anesthesia care?

The most significant barrier we face as providers is the scarcity of resources: ensuring our teams have the necessary time to adequately work up patients prior to surgery and to formulate plans that match the specific needs of each patient; the personnel required to train enough skilled anesthesiologists; and the necessary equipment, medications and support to perform at our best.

Why did you choose to become an anesthesiologist?

An anesthesiologist is more than a physician. We are administrators, partners, problem solvers, innovators, and counselors. We fit into almost every patient care equation throughout the hospital system. Without anesthesiologists, the hospital would not be able to function. Their importance to the healthcare system is expansive.

I believe the role of anesthesiologists within crisis situations is underestimated. I can find no other specialty that is needed during triage, emergent management, stabilization, transport and continued care of patients. As demonstrated during mass shootings and natural disasters, anesthesiologists are the first to answer the call and the last to step away.

Have you had a case that illustrates the importance of physician-led anesthesia care?

An example would be in the areas of pediatrics and other subspecialty fields. In cases where a specialist is needed, patients, their families and our surgical partners count on the expert knowledge of highly trained specialists to direct care.

What else would be helpful for people to know about the practice of anesthesiology?

There is no other specialty where you can make a tremendous impact across the hospital system. You can be the catalyst that drives almost every other service provided within a hospital. Without you, healthcare just cannot run efficiently or effectively.

