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## OBITUARY

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### AUB MOURNS PROFESSOR EMERITUS ANIS BARAKA



*Baraka was awarded the Merit Award Decoration and the Lebanese Citizenship by the President of the Republic of Lebanon in 2000 (in picture Baraka with former Lebanese health minister Karam Karam)*

The American University of Beirut mourns the passing away of one of the main founders and pioneers in Anesthesiology in Lebanon and the region, and a longtime colleague and friend of the University, Dr. Anis Baraka.

Professor Emeritus Anis Baraka is an internationally renowned anesthesiologist. He was Professor and Chairman of the Department of Anesthesiology at AUB for more than 30 years (1976-2007), before he was appointed as Professor Emeritus. Dr. Baraka was also Emeritus Editor-In-Chief of the Middle East Journal of Anesthesiology (MEJA). With several international awards and over five hundred publications in areas covering muscle relaxants, obstetric and cardiac anesthesia, as well as anesthesia for children, Dr. Baraka has received wide international recognition.

He was the Vice-President of the World Federation of Societies of Anesthesiologists and was their representative at the Regional Commission of the United Nations. He was the President of the Arab Board of Anesthesia and Intensive Care as well as the Honorary President of the 8th Pan Arab Congress. He chaired the Committee on Education and Scientific Affairs of the World Federation of Societies of Anesthesiologists and the Examination Committee of the Arab Board of Anesthesia and Intensive Care. He also worked with Arab countries to help establish The Arab Board of Anesthesia and Intensive Care of which he became the Chairman of its Examination Committee.

Born in Fayoum in Egypt in 1930, Dr. Baraka received an MBBCh (Bachelor of Medicine, Bachelor of Surgery) degree in (1953) and completed his residency in 1957 in Anesthesiology at Cairo University. He then did a research fellowship in 1963 at the University of Liverpool and followed it with a residency in 1964 at the National Health Hospital, London.

His long association with AUB started when he joined the University as an Instructor in 1965 and was promoted to an Assistant Professor in 1966, an Associate Professor in 1971, and a full time Professor in 1976. He served as Chairperson of the Department of Anesthesiology for the period of 1976-2007. He was appointed as Professor Emeritus in 2008.

Dr. Baraka served AUB for more than 42 years. The period where he took over the Department of Anesthesiology at AUBMC in 1974 is referred to by his colleagues and department as the "Period of Growth and Development" and "unprecedented excellence". In a recount of the "HISTORY OF ANESTHESIA IN LEBANON and AT AUB", authors Fouad Salim Haddad, MD, FACA, DABA Clinical Associate, Department of Anesthesiology, and Musa Khalil Muallem, MD, DA Professor of Anesthesiology, describe Dr. Anis Baraka's unique contributions. "His warm leadership, pedagogical capabilities, extraordinary ability of clinical research, voluminous publications, fortitude stamina, tenacity and devotion exhibited during the Lebanese civil war, and his worldwide travels, and the various honorary awards he received, doubtless placed the Department of Anesthesiology, the American University of Beirut and Lebanon on the "Anesthesia Map of the World," they wrote. "Dr. Baraka promoted the prestige of

the specialty, increased its market demand, and gained world-wide recognition of the training at his Department." Dr. Baraka is credited to having shouldered uninterrupted and committed clinical service at operation rooms during the civil war.

A mentor of hundreds of anesthesiologists who lead positions in Lebanon, the region, and abroad today, Dr. Baraka has received recognition for his invaluable and long-standing services and contributions. He was awarded the Merit Award Decoration and the Lebanese Citizenship by the President of the Republic of Lebanon in 2000. He was also awarded the First Rank Education Award from the Ministry of Education in Lebanon in 1990; the First Prize Award of Clinical Medical Sciences at AUB (1987-1988 and 1991-1992); the Shield of the Lebanese Order of Physicians in 1998; the AUB Alumni Association Distinguished Alumni Award in 2006; the Honorary Fellowship of the Royal College of Anesthetists; and the International Commission of the Ralph Waters Prize in 1990.

"Dr. Baraka was a close friend and trusted colleague of my own father, the late Raja Khuri, who always spoke with respect and admiration of the great Anis Baraka's devotion to his patients, his students, and his field of anesthesia," said Dr. Fadlo Khuri. "He was a genuine leader in the medical field, not only in Lebanon but in the Arab world and beyond, a gentle man always willing to help others and able to manage the most complicated of cases with grace, with humility, and with great skill... The great Dr. Baraka will be mourned by all who knew him at AUB."

Dr. Baraka is survived by his wife Aziza, one daughter Huda, and three sons Hesham, Tarek, and Khalel.



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- BRIDION rapidly reversed patients from reappearance of T<sub>2</sub><sup>†</sup> in 1.4 minutes<sup>2</sup>
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**BRIDION is indicated for the reversal of neuromuscular blockade induced by rocuronium or vecuronium. In children and adolescents (aged 2-17 years), BRIDION is only recommended for routine reversal of moderate rocuronium-induced neuromuscular blockade<sup>1</sup>**

#### Important safety information

BRIDION is not recommended in patients with severe renal impairment. Studies in patients with hepatic impairment have not been conducted and, therefore, patients with severe hepatic impairment should be treated with great caution. Caution should be exercised when administering BRIDION to pregnant women as no clinical data on exposed pregnancies are available.

BRIDION has not been investigated in patients receiving rocuronium or vecuronium in the Intensive Care Unit (ICU) setting.

If neuromuscular blockade is required within 24 hours of BRIDION administration, a nonsteroidal neuromuscular blocking agent should be used instead of rocuronium or vecuronium. The most commonly reported adverse reactions were dysgeusia (metal or bitter taste) and anesthetic complications (movement, coughing, grimacing, or suckling on the endotracheal tube). In patients treated with BRIDION, a few cases of awareness were reported. The relation to BRIDION was uncertain. In a few individuals, allergic-like reactions (i.e., flushing, erythematous rash) following BRIDION were reported. Clinicians should be prepared for the possibility of allergic reactions and take the necessary precautions. In a trial of patients with a history of pulmonary complications, bronchospasm was reported in 2 patients and a causal relationship could not be fully excluded. Volunteer studies have demonstrated a slight (17%-22%) and transient (<30 minutes) prolongation of the prothrombin time/activated partial thromboplastin time (PT/aPTT) with BRIDION; however, clinical studies have demonstrated no clinically relevant effect on peri- or postoperative bleeding complications with BRIDION alone or in combination with anticoagulants. As BRIDION has demonstrated an in vitro pharmacodynamic interaction with anticoagulants, caution should be exercised in patients on anticoagulation for a pre-existing or comorbid condition. This pharmacodynamic interaction is not clinically relevant for patients receiving routine postoperative prophylactic anticoagulation. Although formal interaction studies have not been conducted, no drug interactions were observed in clinical trials. Preclinical data suggest that clinically significant drug interactions are unlikely with the possible exceptions of toremifene, fusidic acid, and hormonal contraceptives.

<sup>\*</sup> Train-of-four  
<sup>†</sup> Post tetanic counts  
<sup>‡</sup> Second twitch

REFERENCES: 1. BRIDION Summary of Product Characteristics (SPC). 2. Blobner M, Eriksson LI, Scholz J, Motsch J, Della Rocca G, Prins ME. Reversal of rocuronium-induced neuromuscular blockade with sugammadex compared with neostigmine during sevoflurane anaesthesia: results of a randomised, controlled trial. [published online ahead of print July 30, 2010]. *Eur J Anaesthesiol*. doi:10.1097/EJA.0b013e32833d5eb7.

3. Jones RK, Caldwell JE, Brill SJ, Soto RG. Reversal of profound rocuronium-induced blockade with sugammadex: a randomized comparison with neostigmine. *Anesthesiology*. 2008;109(5):816-824.

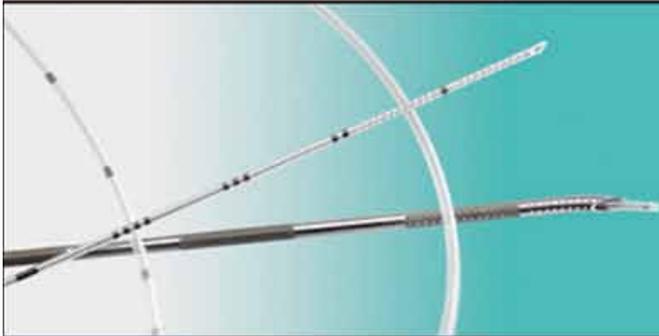
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Atomization spray

The spray atomizes drugs into a fine mist of particles 30-100 microns in size.<sup>1</sup>

Soft conical plug

The plug forms a seal with the nostril preventing expulsion of fluid.

Malleable stylet

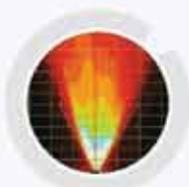
The malleable stylet allows 180° positioning of the nasal plug.

Accurate dosing

The syringe enables the accurate measurement of drugs to be delivered

Pressure

High applied pressure ensures that drugs are atomized into a fine mist of particles through the tip of the plug.



Spray geometry

Spray cone with a wide 62.75° average spray angle and a 36.9mm average plume width.<sup>2</sup>



References:

1. Talon M. et al., J Burn Care Research 2009; 30: 599-605.
2. MAD (Mucosal Atomization Device) Medical Atomizer In Vitro Spray Characterization, 2011



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