Interview with Prof. Moises Auron: perioperative medicine in the third decade of the 21st century

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Editor's note

As an emerging journal, *Journal of Xiangya Medicine* (*JXYM*) has published a number of special series in recent years, receiving overwhelming responses from academic readers around the world. Our success could not have been achieved without the contribution of our distinguished guest editors. Taking this opportunity, this year *JXYM* launched a new series, "Interviews with Outstanding Guest Editors", to highlight our active contributors. We hope to express our heartfelt gratitude for their tremendous effort and further uncover the stories behind the special series.

The special series "Update in Perioperative Medicine" (1) led by Prof. Moises Auron (*Figure 1*) from Cleveland Clinic Lerner College of Medicine has attracted numerous readers since its release. The aim of this series was to provide an update of relevant aspects pertaining to the medical care of patients in the perioperative period. At this moment, we are honored to have an interview with Prof. Auron to share his scientific career experience and insights on this special series.

Figure 1 Prof. Moises Auron.

Expert introduction

Dr. Moises Auron is a Professor of Medicine and Pediatrics at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University in Cleveland, Ohio. He is an academic dual Internal Medicine and Pediatrics Hospitalist at the Cleveland Clinic main campus. He is the medical director for Blood Management for Cleveland Clinic. He is the Quality Improvement and Patient Safety Officer for the Department of Medicine main campus. He is a member of the Cleveland Clinic Board of Governors. He sits at the American Board of Pediatrics Subboard of Pediatric Hospital Medicine. Dr. Auron is the Governor-elect of the American College of Physicians Ohio Chapter. Dr. Auron is very passionate about perioperative medicine and is an active member of Society for Perioperative Assessment and Quality Improvement (SPAQI). He has focused his efforts around perioperative medication management and transfusional medicine. He is also very passionate about high value care and is involved with the High Value Practice Academic Alliance (HVPAA) and translates these efforts within the Perioperative realm to enhance appropriate medical optimization and avoid unnecessary imaging, stress testing and procedures.

Interview

JXYM*: *As a reputable expert in perioperative medicine, what originally led you to the study of perioperative medicine?

Prof. Auron: Hospitalists in the United States also take care of patients undergoing surgery; this requires understanding of the guidelines and rationale for medical optimization in the preoperative period; however, we are also consulted in the postoperative period, when we didn't have any involvement preoperatively—this gap made me reflect on the importance of seeing the perioperative period as a continuum of care that may start many months before a surgery actually happens. I became passionate about optimizing anemia prior to surgery to minimize transfusions intraoperatively and postoperatively. I also realized the importance and complexity of proper medication management in the perioperative setting in order to maximize a safe perioperative transition for our patients.

JXYM*: *Many years have passed since the "Update in Perioperative Medicine" special series published, could you briefly introduce the evolution of perioperative medicine in recent years?

Prof. Auron: Perioperative medicine has evolved in many ways; we have newer anticoagulants, and know better how to safely use them in the perioperative period. We understand that for atrial fibrillation, you may not necessarily need to bridge anticoagulation. We also have awareness of newer ways for risk stratification using biomarkers (e.g., NT-pro-BNP), as well as have growing understanding of the meaning of myocardial injury in non-cardiac surgery (MINS) and how to manage it. Orthopedic surgery has evolved and regional anesthesia with nerve blocks are taking over the analgesia approach, which improves patient recovery, expedites discharge from the hospital and minimize the use of opiates. We also have newer medications for cancer and autoimmune disease, and we have to be aware of their effects (e.g., checkpoint inhibitors have a lot of systemic complications, and we have to recognize these even prior to surgery).

JXYM*: *What do you think are the biggest challenges to clinicians in current perioperative clinical practice?

Prof. Auron: Patients are getting older; we have an increased population of elderly patients going into surgery and we must not only optimize them for surgery and aim to prevent delirium, but also to take advantage of the perioperative period to implement de-prescription of unnecessary medications, optimize nutrition, do neurocognitive assessments, etc. We must take advantage of the perioperative period to optimize Geriatric care.

Also, challenges are the equivocal and controversial approaches to preoperative optimization between different societies in the world. Whilst some advocate for biomarker screening, others do not. Nobody has the absolute truth. I believe in a comprehensive and thoughtful clinical assessment, and certainly, biomarkers are non-invasive and may enhance the quality of risk stratification. We truly need to come with common grounds for a more straightforward patient assessment and optimization.

JXYM*: *How do you see the future development of perioperative medicine in the coming years?

Prof. Auron: Certainly, incorporating the point of care ultrasound (POCUS) and doing cardiac imaging at the time of evaluation. It is better than just listening for heart sounds and potentially missing relevant valvular abnormalities. The integration of imaging is something that will enhance the overall quality of the clinical assessment. POCUS has come to stay, this is the 21st century!

Telemedicine is also taking over in many remote areas in the USA, and I can assume worldwide. The use of telemedicine where the combination of POCUS with distant expertise and clinical reasoning may enhance the quality of patient care in many remote areas.

There should also be a more streamlined collaboration between clinicians and anesthesiologists in order to facilitate a more robust dialogue and patient assessment within the continuum of care in the overall perioperative period.

JXYM*: *What kind of projects are you recently working on? How is the topic of this special series associated with some of them?

Prof. Auron: I am the medical director of blood management at Cleveland Clinic, and most of my efforts are surrounding decrease in unnecessary transfusions. I'm working on a project to minimize unnecessary plasma use, especially under-dosing of plasma. We are also continuing to disseminate education around optimization of iron

deficiency with parenteral iron.

JXYM*: *If there is a chance to update this special series, what would you like to moderate, add or emphasize more?

Prof. Auron: Certainly, there were several topics that can be added like pulmonary perioperative risk assessment and optimization, updates in rheumatologic medications, updates in anticoagulant management, present the new guidelines on cardiovascular perioperative assessment and optimization, etc.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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