

# PHYSICIANS PRACTICE



## GIVE PEACE A CHANCE

HOW TO CREATE  
HARMONY FROM  
OFFICE CHAOS

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# Medical Staff Snapshot: Dr. Neil Singla



*Dr. Neil Singla hails from Dayton, Ohio and received his Bachelor of Science degree from Akron University. He attended medical school at Northeastern Ohio Universities College of Medicine and completed his medical internship at Hamot Medical Center in Erie, Pennsylvania. Dr. Singla performed his residency program in anesthesia at Loma Linda University Medical Center, where he was Resident Teaching Scholar of the Year in 1999 and Chief Resident from 2000-2001.*

A specialist in post surgical pain and nausea management, Dr. Singla has published several articles in anesthesia journals and trade magazines. He is a compassionate patient advocate who works tirelessly toward the advancement of post surgical pain management strategies. He has lectured for physicians and at pharmaceutical symposiums and medical research institutes throughout the country.

Currently Dr. Singla is president and owner of Clinical Management Services, a biopharmaceutical research company that specializes in evaluating novel drugs and devices used in the operating room. His 12-member research team works primarily out of Huntington Hospital. Dr. Singla is also a co-owner of Coast IRB, a review board that evaluates the ethics of new research trials. In addition, he is director of Clinical Research in the anesthesia department at Huntington Hospital where he also holds the positions of vice chairman, Institutional Review Committee and chairman, Clinical Research Review Committee.

**Q: What influenced your choice to practice anesthesiology?**

A: I chose anesthesia because it is an excellent blend of physiology, anatomy and basic science. I enjoy interacting and comforting the patients and their family at a very stressful time in their hospitalization. It's also very fulfilling to ease a patient's pain after surgery using multiple cutting-edge techniques.

**Q: What are the most significant changes in your field over the past ten years?**

A: Over the past 10 years there has been a strong push to recognize and treat postoperative pain. The Joint Commission has added pain as a fifth vital sign and many practitioners have become aware of the importance of treating postoperative pain. It has now become accepted that improving the postoperative pain experience not only comforts the patient but also leads to better outcomes after surgery.

**Q: What is the most important information family practice/internal medicine (first line) physicians should know about your work?**

A: Preoperative education about the expected postoperative pain

experience makes a significant difference in patient outcomes. If patients know what to expect, they are less anxious before surgery and more satisfied after.

**Q: Please discuss the importance/impact of better pain control on patients' recovery process and future outcomes.**

A: Obviously, postoperative pain is uncomfortable for the patient. However, uncontrolled pain also leads to hypertension, splinting and poor ambulation. These complications can contribute to postoperative complications such as myocardial infarction, atelectasis, pneumonia, deep vein thrombosis and more. That being the case, pain control is crucial not only for patient comfort but also to improve patient outcomes.

**Q: Tell us about your latest project:**

A: I am currently working on several research trials aimed at finding ways to deliver local anesthetics in a controlled release fashion. Incisional pain is a significant component of the pain experience after many operations. Local anesthetics that are currently available do provide relief,

however in general their efficacy weans at approximately 6 to 12 hours post surgery. This problem spurred the development of local anesthetic pumps (ON-Q and other such devices). Although these pumps can be extremely useful, they are also cumbersome, expensive and prone to mechanical failure. There are several compounds currently being evaluated that have the potential to provide dense analgesia for up to three days after a single intraoperative infiltration. If these compounds can be shown to be safe and effective, there is a strong possibility that the use of perioperative narcotics can be reduced or eliminated and the patient's experience after surgery can be significantly improved.

Questions for Dr. Singla?  
Call (626) 397-3507