

# BERITA Anesthesiologi

- Malaysian Society of Anaesthesiologists
- College of Anaesthesiologists, Academy of Medicine of Malaysia



Malaysian Society  
of Anaesthesiologists



College of Anaesthesiologists,  
Academy of Medicine of Malaysia

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## Message from the President of the MSA

Dear Colleagues and Friends,

It is indeed an honour and privilege to serve as the new President of the Malaysian Society of Anaesthesiologists. I would like to thank my predecessor, Dr Raveenthiran Rasiah, for helming the Society for the last two years together with his Executive Committee members.

We concluded the Annual General Meeting of the Society at the end of April in Johor Bahru, Johor and it was a pleasure to have met so many of you. A new Executive Committee (2017-2018) is in place with some members from the previous Committee and some fresh faces. To the Committee members, I sincerely welcome you on board and hope to receive your full support. I look forward to your contributions, ideas and support. Having served the Society as an Exco member for several years and as the President-Elect two years ago, I must conclude that Dr Raveenthiran and his team have set the bar high for the incoming Committee, and we hope to be able to achieve as much as we can with the support of the members that we humbly represent.

For my first message as your President, I would like to share some of the achievements and events that have taken place over the last few months as well as some of the activities that are lined up for members over the next few months.

### Annual Scientific Congress 2017, Malaysian Society of Anaesthesiologists & College of Anaesthesiologists, Academy of Medicine of Malaysia

Berjaya Waterfront Hotel, Johor Bahru, 27<sup>th</sup> - 30<sup>th</sup> April 2017

Theme: Re-emergence

The Congress was a tremendous success. The pre-congress workshops were well received with excellent attendance. More than 800 delegates attended the Congress. The Opening Ceremony was officiated by HRH Raja Zarith Sofiah, the Permaisuri of Johor. This year the Society conferred Honorary Membership on Dato' Dr Sylvian Das and his citation was read by Dato' Dr A Damodaran.

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The scientific content of the Congress addressed the theme well and I am glad to report that our distinguished speakers from overseas acknowledged the high standard of the scientific programme. As usual, our hospitality and warmth were also well received by them.

The Gala Dinner was made even more special as we witnessed the signing of a Memorandum of Understanding between the Korean Society of Anaesthesiologists and our Society where mutual exchange of information and participation in both national congresses will be encouraged. Apart from that, the local organising team headed by the ever young and energetic Dr Raha Mohd Daud ensured that it was indeed a night filled with laughter and music.

Here again, I sincerely take this opportunity to thank the Organising Committee chaired Dr Raha Mohd Daud with Dato' Dr Subrahmanyam Balan as advisor as well as the scientific team of Dr Maria Lee and Dr Mafeitzeral Mamat with their respective committee members for a very successful Congress. Well done! Please browse through the report and some of the pictures of the Congress that appears in this edition of the newsletter.

The next Annual Scientific Congress will be held in Kuala Lumpur from 15<sup>th</sup> to 18<sup>th</sup> August 2018. Mark your calendar as this meeting will be combined with the World Congress of SIVA-TCI 2018. It promises to be a congress that will be nothing short of spectacular. We look forward to an exceptional scholastic, stimulating and influential congress with the participation of prominent

anaesthesiologists and clinical researchers from all around the world.

### Year Book 2016-2017 & Year Book 2017-2018

The editor for Year Book 2016-2017 is Dr Loh Pui San and she is assisted by Dr Chaw Sook Hui. We are looking forward to launch the book during the National Anaesthesia Day 2017. Dr Norliza Mohd Nor has kindly consented to be the author of Year Book 2017-2018.

### Ovid Journals

Our Ovid journal subscriptions are still ongoing and downloads range from 120-1200 per month. I encourage all members to use this valuable opportunity as not many Societies in the world offer online journals to their members as part of the benefits.

### Upcoming CPD Activities

1. National Anaesthesia Day Celebrations 16<sup>th</sup> October 2017 (A proposed National Level Celebrations will be hosted at the University Malaya Medical Centre and the date will be confirmed soon)
2. Advanced Airway Management Course 2017, 30<sup>th</sup> to 31<sup>st</sup> July 2017, Miri Hospital
3. Regional Anaesthesia Workshop, 4<sup>th</sup> September 2017, Hospital University Kebangsaan Malaysia
4. Simulation Workshop, 18<sup>th</sup> July 2017, Hospital Kuala Lumpur.



## Welcoming the New Anaesthesiologists MMed Anaesthesiology May 2017

### Universiti Kebangsaan Malaysia

Dr Chua Shiao Ying  
Dr Khadijah Binti Abdul Malick  
Dr Lailawati Bt Abdul Ghani  
Dr Lan Soo Ni  
Dr Betty Lee Leh Sieng  
Dr Norma Binti Mohamad  
Dr Sheshendrasurian a/l Visvalingam  
Dr Siti Salwani Binti Ideris  
Dr Tan Tse Siang  
Dr Zulhasrizal Bin Zulkifli

### University of Malaya

Dr Cheng Yee Shin  
Dr Cheong Chao Chia  
Dr Chew Sou Chen  
Dr Chin Yi Zhe  
Dr Khaw Teik Seng  
Dr Ng Tyng Yan  
Dr Norjamiza Bt Che Jamil  
Dr Nurul Huda Binti Desa  
Dr Tan Wei Keang  
Dr Yeo King Hong

### Universiti Sains Malaysia

Dr Amira Aishah Binti Che Ani  
Dr Deepa Lakshmi a/p Dorai Rajoo  
Dr T Kumaravadevel a/l Dharmalingam  
Dr Lee Kok Tong  
Dr Mohd Faeiz Bin Pauzi  
Dr Tan Hai Siang  
Dr Teoh Jui Chang  
Dr Ting Yung Chuen  
Dr Yeap Boon Tat  
Dr Yusni Hisham Bin Yusof



# ANNUAL SCIENTIFIC CONGRESS AND ANNUAL GENERAL MEETING OF THE MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS AND COLLEGE OF ANAESTHESIOLOGISTS

Reported by Dr Raha Mohd Daud & Dr Isma

The 27<sup>th</sup> of April to the 30<sup>th</sup> of April 2017 was a memorable date for us as it was the second time the Annual Scientific Congress and Annual General Meeting of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists was conducted in Johor Bahru. It was a successful collaboration between the Department of Anaesthesiology & Intensive Care, Hospital Sultanah Aminah Johor Bahru (HSAJB), Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists of the Academy of Medicine of Malaysia.

This year's theme, "Re-Emergence" appropriately looked at resurgence of previous practices and trends. About 800 delegates attended the event and there were 44 booths taken up by the biomedical industries.



*Cut ribbon*



*Delegates*



The pre-congress workshops were held in Berjaya Waterfront Hotel, Monash Medical School, and Gleneagles Medini Hospital a day prior to the symposium. The pre-congress workshops lifted the spirits of the Organising Committee with almost all the slots taken up and participants were generally happy with the content of workshops.



The Opening Ceremony of the Congress commenced with a warm welcoming speech by Dr Raveenthiran Rasiah, President of MSA and Dr Sushila Subramaniam, President of the College of Anaesthesiologists, Academy of Medicine of Malaysia. The event was officiated by Duli Yang Maha Mulia Raja Zarith Sofiah Binti Almarhum Sultan Idris Shah Al Mutawakkil Alallahi Shah.



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The scientific programme went on smoothly with concurrent lectures in three designated lecture halls. Active participation from the audience with relevant and pertinent questions encouraged dissemination of knowledge between the speakers and the delegates.

This scientific congress reached its peak at the glamorous Gala dinner with the theme of 'Simply Traditional'. Delegates attended in their colourful traditional costumes to suit the theme. As a recognition of their effort, 10 best delegates were chosen for "Best dressed awards". Other than cultural dances and live band performances, the Master of Ceremony made the night lively and enjoyable.

Overall the Congress was successful in bringing in joy and unity among delegates and speakers from all the states of Malaysia and worldwide. Feedback from the delegates was very positive. Participants greatly enjoyed the chance to gain knowledge alongside the opportunity to network and learn from one another.



*Reunion!*



*Conferment*



*Vent workshop  
Gala Dinner backdrop*



*Workshop CRRT*



*Signing MOU*



*Gala Dinner*





# 9<sup>th</sup> Biennial Conference on Cardiopulmonary Bypass 2016

Reported By Dr Aizatul Isla Abdul Latib  
Cardiac Anaesthesia & Perfusion Unit, Department of Anaesthesia, Hospital Serdang

The 9<sup>th</sup> Biennial Conference on Cardiopulmonary Bypass was held in the Royale Chulan Hotel, Kuala Lumpur from 21<sup>st</sup> until 24<sup>th</sup> July 2016. The event was proudly hosted by the Perfusion Society of Hospital Serdang, lead by Dr Hamidah Ismail. It was a joint collaboration with Cardiac Special Interest Group, College of Anaesthesiologists and Ministry of Health, Malaysia. A total of more than 350 delegates, both local and foreign, and a total of 26 exhibitors took part in this Conference.

The scientific programme were well organised to cater for the theme, "Expanding current practices, to meet future challenges", with an impressive list of nine foreign speakers from Italy, Australia, Germany, Japan, South Korea, USA and Saudi Arabia, and 22 of our best local speakers to deliver lectures of outstanding quality and content. The three-day event managed to deliver a comprehensive scientific programme with an exciting combination of plenary and symposia lectures.

There were three pre-conference workshops; two pre-conference workshops (Blood Management and Cardiac Surgical Emergency in CICU) were held in the Royale Chulan Hotel and one hands-on workshop on TIVA in Cardiac Surgery was done in the cardiac operation theatre, Hospital Serdang. These workshops were also well attended with great feedback from the participants.

On the Friday morning of 21<sup>st</sup> July, YBhg Datuk Dr Jeyaindran Tan Sri Sinnadurai, the Deputy Director-General of Ministry of Health, graciously attended the opening ceremony. The ceremony was a grand affair with the showcase performance of traditional dance by the professional dancers. In his opening speech, Datuk Dr Jeyaindran had emphasized on the contribution and development of cardiac anaesthesia in Malaysia. He hoped the fraternity will be able to train more cardiac anaesthetists to meet the future demand in the service.



*The opening ceremony VVIP*



*YBhg Datuk Dr Jeyaindran Tan Sri Sinnadurai, the Deputy Director-General of Ministry of Health, officiated the opening ceremony*

*Professor Tae-Yop Kim from South Korea sharing his expertise on TIVA in cardiac surgery during pre conference workshop*



*The poster presenters with the honorable judges, Datuk Dr Mohamed Hassan and Dr Paul Forrest, at the end of the poster presentation*

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Both oral and poster presentations were held in the afternoon on the same day. Three eminent clinicians consisted of Professor Dr Marzida Mansor, Datuk Dr Mohamed Hassan Arif and Dr Paul Forrest were kind enough to be the panel expert and walked through the posters. A total of three oral presentations and 16 posters were selected. Hospital Pulau Pinang clinched the best oral presentation award whereas Hospital Serdang and Konkuk University Medical Center, South Korea shared the best poster. Prize-giving ceremony was done during the Gala Dinner.

The most awaited Gala Dinner was held in Laman Mahsuri, the Royale Chulan Hotel with the theme, the Majestic Malacca Sultanate era. The well attended

dinner had become a flamboyant elegantly dressed event to fit the theme. The night was gracefully attended

by Y Bhg Datuk Dr Jeyaindran Tan Sri Sinnadurai and his wife. It was a night to remember as we honoured three retiring cardiac anaesthetists, Dr Mohd Ramdzan Bin Md Jamil, Dr Norzalina Esa and Dr Shuraya Said with a showcase of video montage dedicated to them. They were among the pioneers in cardiac anesthesia in Malaysia and had contributed vastly in the development and training in this field. It was a sentimental evening to remember by the fraternity

Everything has to come to an end. Overall, the conference was a major success and brought fruitful experiences to the participants with up-to-date information and the best practices pertaining to cardiovascular and thoracic surgeries. Kudos to the Organising Committee, as well as the Scientific Committee for pulling off a great job.



*When the anaesthesiologist dressed up as a sultan and his acquaintance*



*The gala dinner show*



*The joget, everyone had a good time!*



*The retiring heroes of cardiac anaesthesia fraternity, Dr Mohd Ramdzan Bin Md Jamil, Dr Norzalina Esa and Dr Shuraya Said with Dr Hamidah Ismail. We missed you so much boss!*



*The Organising Committee with the international and local speakers*





# TIVA / TCI WORKSHOP

Reported by Dr Jayanthi K, Hospital Pulau Pinang

The practice of TIVA-TCI is nothing new to all anaesthetists and medical officers in anaesthesia.

However, the practice of TIVA in paediatrics is a novel experience for those who are not familiar with it. In conjunction with the publication of the 1<sup>st</sup> edition of TIVA for paediatrics guidebook this year, Department of Anaesthesia and Intensive Care, Hospital Pulau Pinang had organised a TIVA-TCI workshop to familiarise more anaesthetic providers with the technique of TIVA in paediatric and at the same time improve their techniques of TIVA-TCI in adult surgeries.

The workshop was a half day event held on Saturday morning, 12<sup>th</sup> November 2016. Despite being a weekend, all 32 participants turned up on time. It was conducted in the Ambulatory Care Centre of Hospital Pulau Pinang.

The event kicked off with live demonstrations of TCI in adult and

paediatrics by anaesthetist experts in the field of TIVA-TCI. Dr Lim Wee Leong, Head of Department of Hospital Sungai Buloh conducted the TCI session in adults while Dr Teo Shu Ching, Head of Department of Hospital Umum Sarawak was given the helm in the paediatric OR. Both speakers were very helpful in demonstrating the techniques involved and gave tips and tricks to fine tune our TIVA techniques.

The participants were able to learn about the use of TCI on paediatric patients with supraglottic device on spontaneous ventilation for herniotomy and meatoplasty. The adult surgery

was a laparoscopic hernioplasty that involved TCI with intermittent positive pressure ventilation.

Following the live demonstrations, participants had an update on pharmacology of drugs used in TIVA that was conducted by our very own consultant anaesthetist, Dr Khoo Teik Hooi. The invited speakers then gave brief and informative lectures on TIVA-TCI practices in adult major surgery and paediatrics.

The workshop was called to an end after lunch. Based on the feedback of the participants, it was a compact workshop that covered most of the important aspects of TIVA-TCI. The live demos by respective experts provided a lot of insight into techniques for safe and comfortable TIVA for patients.

Many thanks to Fresenius Kabi and Schmidt Scientific for their invaluable support in facilitating the workshop.





# Bahasa Jiwa Bangsa

By Dr Hana Hadzrami, Hospital Kuala Lumpur

Kami berbesar hati kerana buat julung kalinya, segmen dalam Bahasa Malaysia diperkenalkan di Berita Anestesiologi.

Kenapa tiba-tiba memperkenalkan segmen Bahasa Malaysia? Apakah wujud fungsinya pada fraterniti yang rata-ratanya berkomunikasi dalam Bahasa Inggeris? Apakah kebaikan Bahasa Malaysia dalam bidang perubatan sedangkan silibusnya juga dicipta dalam Bahasa Inggeris?

Bagaikan kebetulan pula heboh diperkatakan di media massa baru-baru ini tentang syarat lulus Bahasa Malaysia telah dilucutkan buat doktor yang memohon bekerja dengan KKM secara kontrak. Bukan sahaja masyarakat yang menampelak, malah ramai dari golongan doktor juga kurang senang dengan keringanan syarat tersebut. Kata mereka bukan suruh lulus dengan kredit pun, hanya lulus sahaja yang diperlukan.

Sememangnya kita belajar dan berkomunikasi sesama ahli fraterniti dalam Bahasa Inggeris. Namun kita berkomunikasi sesama masyarakat dalam Bahasa Malaysia. Jika kita gagal berkomunikasi secara berkesan dengan pesakit dan orang awam, banyak akibat buruk yang akan timbul.


Antaranya ialah penyampaian maklumat kesihatan yang kurang berkesan, pesakit tak faham apa yang dibincangkan, dan akhirnya kurang keberkesanan program kesihatan negara. Lagipun antara punca terbesar litigasi perubatan ialah kegagalan untuk berkomunikasi secara berkesan.

Banyak negara lain menjunjung tinggi bahasa mereka. Bukan sahaja bahasa kebangsaan digunakan untuk urusan rasmi dalam negara dan masyarakat umumnya, malah digunakan dalam bidang perubatan juga. Mereka mengamalkan dwi bahasa dan mempunyai journal dalam bahasa kebangsaan mereka juga.

Namun menguasai bahasa hanyalah permulaan bagi komunikasi berkesan. Apa yang lebih penting ialah orang kedua faham apa yang ingin disampaikan. Guru yang bagus bukanlah yang menyampaikan teori-teori hebat dalam jargon yang mengagumkan. Tetapi guru hebat ialah dia yang berjaya meringkaskan sesuatu topik dengan cara yang paling mudah difahamkan. Begitulah juga doktor; doktor yang hebat bukan doktor yang berbicara dengan istilah perubatan yang berat. Tetapi doktor hebat ialah dia yang berjaya menyampaikan maklumat dengan cara yang mudah difahami oleh pesakitnya.

Belum terlambat untuk kita memartabatkan bahasa kebangsaan dalam bidang perubatan. Sambil kita mempelajari tema yang betul dalam Bahasa Malaysia, kita juga boleh memperbaiki komunikasi dengan pesakit.

Di sini juga kami mengharapkan sokongan dari anda dan mengalu-alukan sumbangan artikel dalam Bahasa Malaysia untuk Berita Anestesiologi bermula keluaran seterusnya.

Jika bukan kita yang menjunjung bahasa tanah tumpah negara; siapa lagi yang akan melakukannya? 

## “SIMPLE & DIFFICULT CASES ARE ALL POSSIBLE”


Reported by Dr Usha Nair, Consultant Anaesthesiologist, HRPB Ipoh

The Department of Anaesthesia & Intensive Care, Hospital Raja Perempuan Bainun (HRPB) Ipoh, Perak is pleased to have hosted a workshop on 5<sup>th</sup> December 2016 for airway techniques and trouble shooting in OT. This workshop mainly involved the use of the latest supraglottic airway, the Baska. The workshop saw the participation of doctors and specialists from the department and from various hospitals in the Perak



State i.e. Hospital Seri Manjung, Hospital Taiping and Anson Bay Medical Center. Prof Lucy Chan from University Malaya Medical Centre was the invited facilitator.

The morning started off with a short presentation by Ms Amilia-Ally, Medical Representative for ATN Medic Sdn Bhd (GEMEDIC Sdn Bhd) followed by some tips from Prof Lucy Chan.

Dr Khairul Izmar from HRPB Ipoh had selected some elective cases for the workshop and Prof Lucy Chan guided us through various aspects of insertion and trouble shooting. As always Prof Lucy Chan was an excellent teacher and made sure all of us were reinforced with the best and safe practices! The Baska device is a supraglottic airway device that can be used for various types of procedures under anaesthesia. The workshop ended with a lunch. It was an enjoyable and enlightening experience. The Department of Anaesthesia HRPB wishes to thank Prof Lucy Chan and ATN Medic Sdn Bhd for their support. 



# **WFSA World Anaesthesia Day 2017 Campaign** *in conjunction with* **National Anaesthesia Day 2017** **CountMeIn**

By Dr Gunalan Palari Arumugam

Hi everyone,

It's the beginning of the second half of the year and how the time has just flown by in 2017. As always, we will start preparations for the annual National Anaesthesia Day celebrations that will take place in the month of October. The good news is this time we will be working closely with the World Federation of Society of Anaesthesiologists (WFSA) in coming up with a common theme and various activities to promote the celebrations. In 2016, we focused on the "SAFE-T-Safe Anaesthesia For Everybody Today" campaign, focusing on safety.

In 2017, based on the release of the WFSA Global Anaesthesia Workforce Map and a growing focus on human resources for health (HRH) / Universal Health Coverage (UHC) within the global health agenda, the World Anaesthesia Day campaign will focus on "human resources for anaesthesia". The outcome of the campaign will focus on raising awareness about the need to increase worldwide anaesthesia workforce capacity to improve patient safety.

As such the theme of the National Anaesthesia Day will mirror the World Anaesthesia Day 2017 campaign which is "Count Me In!".

This year the WFSA launched the landmark WFSA Global Anaesthesia Workforce Map which tracks the number of anaesthesia providers globally, highlighting the areas where urgent investment in the anaesthesia workforce is needed. To celebrate the launch of the Workforce Map, the WFSA is asking anaesthesia providers around the world to #CountMeIn in support of urgent scale-up of the anaesthesia workforce. This is how WFSA suggest all hospitals can get involved:

1. Hospitals to write the number of trained anaesthesia providers working at their hospital/facility, as well as the population number in the area the hospital serves

(if known), on a Count Me In! Campaign print-out, take a photo with their team, and then share the photo on social media with the hashtags above.


2. Each hospital that participates in World Anaesthesia Day will fill-out a survey on "WFSA Anaesthesia Capacity Survey" which measures personnel, equipment, and medicine at facility level as part of the WFSA's SAFE-T Campaign data collection.
3. Some of the related hashtags that will be used in the campaign will be

#AnaesthesiaWorkforce

#IPracticeAnaesthesia

#UnitedForAnaesthesia

As always, we encourage all hospitals to come with their various activities and events to help publicise the campaign during the National Anaesthesia Day and where possible (with the appropriate permission obtained) to help publicise the campaign on various social media platforms. We will be in touch with more information as we get closer to the month of October.

In the meantime, we hope to hear from you about your plans and as always, we, the Executive Committee of the Malaysian Society of Anaesthesiologists will be happy to assist you. 





# World Anaesthesia Day Celebrations 2016

## Hospital Tuanku Jaafar Seremban

Reported by Dr Shereena

World Anaesthesia Day is held every year on the 16<sup>th</sup> October. The Department of Anaesthesia and Intensive Care, Hospital Tuanku Jaafar Seremban (HTJS) celebrated the World Anaesthesia day on 21<sup>st</sup> October 2016 in conjunction with our 'Hari Pelanggan Hospital'.

Like every year, the planning and preparation began as early as two months before the targeted date of celebrations with the theme of SAFE-T (Safe Anaesthesia For Everybody Today) with help from our dedicated staff comprising our anaesthesiologists, medical officers, medical assistants and nurses.

Our Anaesthesia Day celebration was held at the foyer of the Specialist Clinic building with the opening ceremony graced by the Hospital Director, Dr Ariffin who was accompanied by our Consultant Anaesthesiologist, Dr Rajeswary. Dr



Ariffin started the ball rolling by cutting off the ribbon for our Anaesthesia Day bunting. He was then subsequently ushered by our staff to see the exhibition booths set up by our department. Our exhibition available for this year include exhibitions of our anaesthesia equipment, ICU equipment, Organ Donation booth, Pain Services section (both acute pain and chronic pain services), posters with the theme of SAFE-T, posters displaying a range of services provided by the department of anaesthesia including information about general anaesthesia and regional anaesthesia.

Like previous years before, we also organised quiz with attractive prizes and held mock operation theatre (OT) demonstrating operation procedure with OT setting that often get great interest from everyone, including the public and hospital staff. There was also another highlight for the



day involving mannequin that provides an opportunity for anyone to try intubation and our Mallampati Mirror that allows anyone to assess their own airway which plays an important assessment for anaesthetist prior to intubation.

One exhibit that attracted quite a lot of attention was on regional anaesthesia where the public asked about the regional anaesthesia and its adverse effects. All questions were answered by our anaesthesiologist to correct any wrong information or misconception that they may have had. We hope this exhibition could give the right information from a qualified expert rather than from the media and the internet.

Our Organ Donation Section also received more participation than the previous year with as many as 53 people who pledged for organ donation.

We also showed an interesting multimedia presentation prepared by our talented medical officers that revolves around the work done by the anaesthetist and the service provided by our department of anaesthesia.

Our Anaesthesia Day celebration that began around 0800 hrs, ended with prize giving ceremony to the winners of the quiz and we wrapped our Anaesthesia Day at 1300 hrs.





# Penang Advanced Airway Workshop (PAW)

Reported by Dr Harriszal Amiruddin & Dr Su WM

Unexpected difficult airways will always occur in anesthesia as well as in any other hospital settings. The difficult airway represents a complex interaction between patient factors, the clinical setting and the skills of the practitioner.

Regular training sessions including both technical training in the use of equipment, and non-technical training to improve interpersonal communication during crises are important in the management of the airway disasters. Penang Advanced Airway Workshop, organised by Department of Anaesthesia and Intensive Care, Hospital Pulau Pinang, on 10<sup>th</sup> December 2016 was aimed at teaching emergency airway management to anaesthetic trainees, and allied health care practitioners. The main aim of this workshop is to provide practical experience of airway devices, update knowledge of recent advances, develop confidence in managing critical airway scenarios and increase awareness of human factors in such situations.

This full day workshop was held on a Saturday. Despite being a weekend, almost 60 participants from different states turned up on time. It was conducted in the Ambulatory Care Centre of Hospital Pulau Pinang.

The event kicked off with several lectures delivered by airways experts and experienced anaesthetists. Introduction of Difficult Airway Guidelines and Algorithm 2015 had provided the clear concepts of rapid and systematic approach for the management of the difficult and failed airway, followed by a brief yet informative lecture on flexible intubation and rapid sequence induction. Comprehensive lectures on one-lung ventilations and an interesting talk regarding the application of cricoid pressure during intubation provided insight of the benefits as well as the complications which may arise from it. The lecture session ended with an educational and instructional speech from our very own intensivist who gave her intensivist perspectives on difficult airway

management.

A hands-on workshop followed lunch break. The participants were divided into small groups for the six skills stations: awake fiberoptic intubation, supraglottic device, video laryngoscopy, Bonfil & Cmac, surgical cricothyroidotomy and difficult airway simulation. These skills will allow the participants to formulate a management plan during a crises, practise their chosen technique on airway simulators, and review the actual management of the case.

The workshop was called to an end after the skill stations. Based on the feedback of the participants, it was a compact workshop that covered most of the important aspects of airway emergencies. The live demos by respective experts provided a lot of insights into techniques for safe and comfortable airway management for patients.

Many thanks to our sponsors UMMI surgical, ATN Medic, COOK Medical, PALL and PMSB for their invaluable support in facilitating this workshop.



## Anaesthetic Crisis Simulation Workshop

Reported by Dr Usha Nair, Consultant Anaesthesiologist, Hospital Raja Permaisuri Bainun Ipoh

The Department of Anaesthesia and Intensive Care of Hospital Raja Permaisuri Bainun, Ipoh, Perak organised an anaesthetic crisis simulation workshop on 15<sup>th</sup> February 2017. The invited facilitators were consultant anaesthetists Dr Rajeswary Kanapathipillai (convenor SIG for simulation, Hospital Tuanku Jaafar, Seremban), Dr Noorulhana S Hadzarami (Hospital Kuala Lumpur) and Dr Noraini Sangit (Hospital Tengku Rahimah, Klang). Three observers from our department were Dr Chan See Yun, Dr Rohanizah Alias and myself. We had an overwhelming response but the workshop was limited to only 30 participants from hospitals in the Northern zone. The workshop was held in the ACC OT utilising two theatres and the recovery room. Fully equipped anaesthetic machines and high end

simulation mannequins were used.

It was a full day course with three crisis stations and the participants rotated through all the stations. Immediately after each scenario the participants were debriefed and the facilitators highlighted the good points and some errors made. It was very interactive and the participants could clarify doubts and reaffirm decisions made during the scenarios.

At the end of the workshop, participants were encouraged to give feedback and many felt that it was a good learning experience and wished it could be held more frequently.

The event required quite a bit of planning and staff who were part of the Organising Committee

worked hard to ensure it ran smoothly. At the end of the day it was satisfying as we guided and imparted knowledge to our junior doctors. We hope that we will be able to organise this yearly.

A big thank you to the invited facilitators and the staff who helped in organising this event.





# 1<sup>st</sup> National Regional Anaesthesia Symposium Malaysia in conjunction with Regional Anaesthesia Asia 2017

Prepared by Dr Muhamad Rasydan Abd Ghani & Prof Dato' Dr Ariff Osman (Anaesthesiology Department, IIUM)

The 1<sup>st</sup> National Regional Anaesthesia Symposium Malaysia was spectacularly held at the 4<sup>th</sup> floor, Ambulatory Care Centre, Penang General Hospital on 11<sup>th</sup> to 12<sup>th</sup> March 2017. The programme was jointly organised by College of Anaesthesiologists, Malaysian Society of Anaesthesiologists, and Post Graduate Medical Education Society Penang General Hospital. This stunning two-day programme involved both international and local faculty with 131 participants from Malaysia, Singapore, Indonesia, and Japan.

Day 1, Saturday 11<sup>th</sup> March, started early with a welcoming speech by our organizing chairman Dr Azrin Mohd Azidin and then officiated by Dato' Dr Jahizah Hassan, our respected Head of Anaesthesiology Services, Ministry of Health Malaysia.

On Day 1, five Symposia covering key topics in the field of Regional Anaesthesia were scheduled; Blocks for Major Joint Surgeries, Regional Blocks for Specific Surgeries, New Ideas, Pain blocks for the Regional Anaesthetists and lastly Continuous Regional Anaesthesia.

There was also four live block demonstration from the Operation Theatre, displaying Ultrasound Guided Spinal Anaesthesia, Fascia Iliaca Block, Pectoralis Block and Costoclavicular Block.

The participants were also excited to hear and see a heated debate between Dr Victor Chee (Con) and Dr Mafeitzeral (Pro) titled Fascia Iliaca compartment block, is the block of choice for hip surgery.

The first day was all about new trends and latest knowledge.

Day two, Sunday, 12<sup>th</sup> March was a day of hands-on practice. The participants were divided into 2 groups. A smaller group was involved in a cadaveric workshop at the Penang General Hospital Mortuary where the participants practised ultrasound guided needling techniques on the cadavers.

The remainder of the participants were rotated through 6 stations namely, Upper Limb (above clavicle), Upper Limb (below clavicle), Lower Limb (anterior), Lower Limb (posterior), Central Neuraxial and Paravertebral, lastly Abdominal and Chest Wall where the various regional anaesthesia techniques were demonstrated on models.

The symposium ended with a short and sweet closing ceremony where tokens of appreciation were given to all the Faculties.



These are some of the wonderful encouraging feedback from the participants.

- "Should have more often" -

- "Super helpful. Learnt a lot.

Thank you so much for the effort" -

- "Good time management, food, facilitators, delegates" -

The Organising Committee wishes to thank all the sponsoring industry for their support.



# 4<sup>th</sup> NEUROANAESTHESIA SYMPOSIUM 2017

## “BACK TO THE FUTURE: ADVANCES IN NEUROANAESTHESIA”

Reported by Dr Farah Razali & Dr Kevin Tan Teck Meng

It was an honour for Sarawak to welcome delegates from all over Malaysia and overseas to attend the 4<sup>th</sup> Neuroanaesthesia Symposium 2017. It was held from 31<sup>st</sup> March to 2<sup>nd</sup> April 2017 at the Riverside Majestic Hotel, Kuching, Sarawak.



Dr Teo Shu Ching, and in Riverside Majestic

a workshop regarding Bispectral Index (BIS) Titration Simulator, Target Controlled Infusion (TCI) and Neuromonitoring which was coordinated by Dr Peter Tan.

On 1<sup>st</sup> April, we began the Symposium with the first plenary. Dr Thomas Lew from Tan Tock Seng Hospital, Singapore, presented the application of improvement science in neuroanaesthesia and neurocritical care. His talk emphasised that continued focus on improvement, safe delivery of care, and implementation of research findings can yield great benefits in the efforts to improve patient-outcomes.

The opening ceremony saw the Welcome Speech given by the Head of Department of Anaesthesiology and Intensive Care, Sarawak General Hospital, Dr Teo Shu Ching as well as opening remarks from the State Anaesthesiologist, Dr Hasmizy bin Muhammad, on behalf of the State Health Director. They were then accompanied for the cake cutting ceremony by Dr Vanitha Sivanaser and Dr Lim Wee Leong.

Several topics from the rooted fundamentals to current advances and perspectives were explored in the mini symposium sessions. Dr Lim Wee Leong from Sungai Buloh Hospital, Selangor conveyed the importance of understanding the mechanism of cerebral autoregulation in anaesthesia and diseases in the first mini symposium. Dr Thomas Lew, in his presentation, noted new doubts with regards to the safety of anaesthetic agents. He weighed the relative risks between clinical harm arising from sub-optimal delivery of anaesthesia with harm from intrinsic toxicities of anaesthetics. Dr Vanitha Sivanaser explored the many complexities and considerations of spine surgery, and Dr Athena Tang presented on postoperative pain management in spine surgery.

*continued on page 14*



and assistant medical officers. We gathered speakers from the Special Interest Group in Neuroanaesthesia, College of Anaesthesiologists, Academy of Medicine of Malaysia and speakers from Hong Kong, India and Singapore. Our keynote speakers were Dr Matthew Chan Tak Vai (Hong Kong), Dr Girija Prasad Rath (New Delhi), Dr Thomas Lew Wing Kit (Singapore) and Dr Lim Wee Leong (Selangor). The symposium consisted of plenary sessions and four mini symposium sessions. The two-day Symposium focused on the practice and research in Neuroanaesthesia, Neurocritical care and Pain management.

The pre-symposium workshops were held on 31<sup>st</sup> March in the Operating Theatre, Sarawak General Hospital (SGH) and Riverside Majestic Hotel. There were a total of 55 participants involved in both workshops. In SGH, we conducted an Anaesthetic Crisis Simulation which was coordinated by



The next mini symposium session discussed Paediatric Neuroanaesthesia, anaesthesia concerns for specific Paediatric Neurosurgical procedures, epilepsy surgery (experience from a private hospital) and the awake craniotomy.

Merck Sharp and Dohme Sdn Bhd organised a lunch symposium that discussed fine tuning of neuromuscular blockade in Neuroanaesthesia, presented by Dr Loh Pui San. She talked about providing optimal intracranial conditions as well as maintaining appropriate cerebral perfusion pressure and oxygenation. Monitoring the neuromuscular blockade was deemed essential, to be more wary of surrogates and to overcome challenges with new methods.

The Faculty Dinner was held in Lepau Restaurant to feast on a dizzying array of local dishes. A Ngajat dance was performed accompanied by the music by the tribal musical instrument, "Sape" as a live entertainment during the dinner. We also took the opportunity to present gifts to the speakers as a token of appreciation.

Our second day started with a plenary by Professor Matthew Chan from The Chinese University of Hong Kong. His lecture was Research in Neuroanaesthesia. With much optimism, he hopes in collaborating to resolve some of the controversies in Neuroanaesthesia by leading a trial network that coordinates efforts in clinical investigations. The third mini symposium session covered the topic of scalp block, complications during neurosurgery, and specialised training in neuroanaesthesia.

Dr Lim Wee Leong presented on choice of anaesthesia and cancer recurrence during a lunch symposium supported by Fresenius Kabi Malaysia Sdn Bhd. He noted that regional anaesthesia and total intravenous anaesthesia reduces cancer spread during surgery. Key factors in promoting good outcome during cancer surgery were meticulous anaesthetic



techniques to control pain, reducing surgical stress and preserving the immune response.

The final mini symposium session elucidated on the topic of endoscopic skull base surgery, a comparison of different techniques of cervical immobilisation during airway management, and highlights of the 2016 guidelines for the management of adult traumatic brain injury.

There were 13 exhibitors from the Biomedical Industry that took part in our Symposium. The exhibits saw participants getting hands-on experience with airway management equipment, as well as enquiring regarding machines and drugs alike. A booth by Persatuan Bagi Kebajikan Kanak-kanak Terencat Akal Sarawak (PERKATA) that sold Sarawakian souvenirs attracted a significant crowd. The PERKATA booth sales would go to a charity fund to help children with mental disabilities.

We truly hope that delegates learned something new, be it information from the Symposium or skills during the pre-symposium workshops. Feedback via evaluation forms was generally positive, certainly with areas to improve on in future undertakings.

We are very pleased to thank the Sarawak Convention Bureau, the Sarawak State Government as well as the industries for their support, without which this symposium would not come into fruition. We found great value in this symposium as we witnessed experts from Malaysia and other countries shared their experience and knowledge in Neuroanaesthesia and Neurocritical care. This truly encapsulates our theme "Back to the Future: Advances in Neuroanaesthesia".





## ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

Table 1: Current definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity ( $30 < \text{BMI} < 40$ ), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity ( $\text{BMI} \geq 40$ ), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

\*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

### Appendix 1

References related to use of the ASA PS Classification System 3

- Guidelines for the use of Sedasys by non-anesthesia trained proceduralist and nurse. 4 <http://www.sedasys.com/> 5
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- Guidelines for local anesthesia cases in a major academic center. "Monitoring patients 8 receiving local anesthesia", MGH, Perioperative Nursing, OR L 16 9
- Office Based Procedure guidelines 10 <https://phppmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidelines/MQIC%202009%20Office-Based%20Surgery%20Guideline.pdf>
- Preoperative testing guidelines. <http://www.choosingwisely.org/doctor-patient-lists/american-13-society-of-anesthesiologists/> 14

### Appendix 2

Selected References Addressing Inter-Rater Reliability of the ASA PS Classification System 18

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# Stress, Anxiety & Depression

By Dr Gunalan Palari, Consultant Anaesthesiologist and Critical Care Physician, Hospital Pantai Ipoh

My sincere apologies if this article comes across as rather morbid. I would like to use a bit of my editorial license to pursue a subject that is often acknowledged among doctors but commonly brushed aside most often while we bury ourselves in our daily routine. The timing of this article coincides with a couple of things. Allow me a couple of paragraphs to pen down these words before I move to the subject proper.

"Chris Cornell, Audioslave and Soundgarden singer, has died age 52," appeared the title of a post on one of my friends Facebook page. I had just finished anaesthetising a patient after surgery and was trying to catch up on what's going in the outside world when that news hit me like a runaway train. At first I thought this was one of the infamous internet hoax, but a nagging worry in my mind caused me to check on other sources and what I dreaded the most was verified as true with an official statement from his management. It was a surreal feeling, one that I never thought will occur with someone that I grew up listening to on a regular basis. Obviously, Chris did not know me, but to me, he was that familiar voice whose words and songs were with you throughout some of the hardest parts of your life growing up. Being a doctor, dealing with death is second nature to me, but why I would feel the loss of someone who lived

half the world away? I guess the grief is almost like losing a close friend that I have spent a large part of my youth with, taking for granted that we will be growing old together as we ride into the twilight of our lives only for him to leave me midway of the journey unexpectedly. My heart goes out to his family and I wish them the strength and courage to face this huge loss.

After days of speculation on the cause of death, it was deemed that he committed suicide after struggling with depression. It's sad to know that despite the joy that artist like him gives to the world, often they are dealing with their personal demons and when it reaches a breaking point, they end up doing something that we least expect. He is not the first and similarly a few years ago, the famous comedian and actor Robin Williams did the same as well. Its via tragedies like this that the mental illness of depression hogs the limelight and we are made aware that it can kill if not handled properly.

Now coming back to anaesthesiologists, are we immune to stress and anxiety that can potentially lead to depression? Not at all. We are often dealing with highly stressful scenarios daily, be it dealing with a difficult patient, an ill case, an unexpected poor outcome when a case was supposed to be straightforward, dealing with horrendous family members, the arrogant surgeons who

despises anaesthesiologists, pressure from the hospital management and the list goes on and on. These things add up and on top of that, the stress of modern living, the bills to pay, the hours of commute between home and work, even listening to the politicians of the country just makes your blood boil. Incidence of stress among anaesthesiologists varies across the world, and in some studies, it's even quoted as high as 90%.

Dr Shereen Tang, one of our colleagues from Universiti Kebangsaan Malaysia Medical Centre had summarised the factors well in an article that appeared in the WFSA Anaesthesiology Tutorial of the Week section and I urge all members to read the superb article.

On our part, the College of Anaesthesiologists under the Academy of Medicine of Malaysia has a SIG for Professional Well Being. If you're a trainee and finding it difficult to cope with the exams and day to day work, speak to a mentor. In every hospital you work, there will be that one senior consultant or specialist whom you can speak to that will be able to advise you accordingly. Never ever feel that you're alone and that no one will understand. Trust me, every one of us who had survived the drill of working as an anaesthesiologist have gone through tough times before achieving what we have set out to do. Reach out to us if you have problems.

## P. S.

On completion of writing this article, the music world and fans in general were shocked to hear that the lead singer of Linkin Park, Chester Bennington committed suicide on the 20<sup>th</sup> of July 2017, on the same date of what would have been ironically his good friend Chris Cornell's 53<sup>rd</sup> birthday. RIP to both and thank you for the music.

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# Anaesthetic Management for Obese Patient with Non – Ischaemic Dilated Cardiomyopathy for Total Knee Replacement – An Anaesthetic Challenge: Case Report

Sivaraj Chandran, Abu Hurairah Abu Samah, Nor Khairiah bt Kenali

Department of Anaesthesiology & Intensive Care, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

## ABSTRACT

Dilated cardiomyopathy (DCMP) is characterised by decreased in the myocardial contractility resulting in decreased cardiac output, increased ventricular filling pressures and lethal arrhythmias. In addition, obesity also has its own anaesthetic implications that can be a great challenge to both anaesthesiologist and surgeons. Perioperative anaesthetic management is very challenging in this group of patients as they are associated with increased morbidity and mortality. Currently, there are only few articles that report regarding role of sequential combined spinal epidural (CSE) technique in this group of patients. We report a case of a 68 years old obese male with underlying Non Ischaemic Dilated Cardiomyopathy (DCMP) scheduled for Right Total Knee Replacement for Right Knee Osteoarthritis under sequential combined spinal epidural technique.

## ABBREVIATIONS

DCMP: Dilated Cardiomyopathy; CSE: Combined Spinal Epidural; BMI: Body Mass Index; ECG: Electrocardiograms; CVP: Central Venous Pressure; NYHA: New York Heart Association

## CASE REPORT

A 68 years old obese man (BMI: 32) with underlying hypertension, diabetes mellitus, benign prostatic hypertrophy, non ischemic dilated cardiomyopathy with right osteoarthritis scheduled for right total knee replacement. He is a non smoker and non alcoholic. He was diagnosed with non ischaemic dilated cardiomyopathy on September 2010. Clinically, he was NYHA class II, denies heart failure symptoms. He was on

T.carvedilol 6.25mg bd, T.spironolactone 12.5mg od, T.simvastatin 40mg ON, T. Tamsulosin 0.4mg on, T. Metformin 1g bd, T. Perindopril 2mg od.

On physical examination, his heart rate was 68 min and regular. The blood pressures were 130/80 mmHg respectively. The respiratory rate was 16/min. There were minimal bilateral pedal edema. Heart sounds were normal. Preoperative 12 lead ECG (Figure 1) showed Left bundle branch block, prolonged PR interval and ST depression at Lead 1 and aVL. Chest x-ray chest (Figure 2) revealed cardiomegaly. Fine creptitation noted on bilateral lung auscultation.



Figure 1: Chest xray – Cardiomegaly with basal atelectasis



Figure 2: Electrocardiogram with left bundle branch block and prolonged PR interval

Pre-operative echocardiogram revealed ejection fraction of 44%, mild aortic regurgitation, with regional wall motion abnormalities. All the biochemical and hematological investigations were within the normal limits. He was classified ASA III and high anaesthetic risk consent was obtained in view of poor cardiac

status. He was planned for sequential combined spinal epidural technique with invasive monitoring under local anaesthesia. Both procedures for the combined spinal epidural and invasive monitoring including arterial line and central venous catheterization under local anaesthesia explained to the patient.

In the operating room, patient was attached on standard monitoring including non-invasive blood pressure, five lead electrocardiograms (ECG), and pulse oxymetry. His baseline blood pressure - 130/80 mmHg, pulse rate - 68 bpm, SPO2 – 98% on 5 litres/minute oxygen via face mask. Arterial line (left radial artery) and central line (right internal jugular vein) were inserted under local anaesthesia with strict aseptic technique. Patient was given supplemental oxygen 5 litres/minute via face mask throughout the procedure.

After taking all aseptic precautions, an 18 G epidural Touhy needle was introduced at L4-L5 space in the sitting position. Intrathecally 2.5 mg (0.5ml) hyperbaric bupivacaine 0.5% with fentanyl 25 mcg (0.5mls) with total volume of 1 mls was administered. Thereafter, an epidural catheter threaded into the same space and fixed at 9 cm. The patient was repositioned to supine position with a slight head up position. A sensory block to T10 was achieved. Isotonic balanced crystalloid, stereofundin 250 mls was given to maintain CVP 6 to 8 cm H2O. Patient was on supplemental oxygen 5 litres/minute via face mask throughout the operation. The surgery lasted 90 minutes and there was a blood loss of 200 mls. He did not require any blood transfusion. Total fluid of 800mls of stereofundin was transfused to the patient.

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Patient remained haemodynamically stable throughout the surgery. A total of 6mls of ropivacaine 0.75% were top-up in the epidural catheter. After surgery, patient was transferred to the recovery and epidural infusion (Ropivacaine 0.1% with Fentanyl 2mcg/ml) at 6mls/hour were administered for postoperative analgesia.

Patient was then shifted to intensive care for close monitoring. Haemodynamic monitoring was continued and he remained stable. There were no complaint of chest pain, difficulty in breathing, palpitations and sweating. Pain score was 1/10. Postoperative blood investigations were within normal limits. There were no evolving changes in the serial electrocardiogram. He was put in nasal prong oxygen 3litres/minute and trained for intensive spirometry to prevent basal atelectasis. Patient was discharged well to the ward on day two post operation.

## DISCUSSION

Anaesthetic concerns in this patient are elderly, obese, poor cardiac reserve with dilated cardiomyopathy and going for knee replacement surgery. Patient with dilated cardiomyopathy going for operation under anaesthesia has increased risk of morbidity and mortality [1]. Dilated cardiomyopathy can further divided to ischemic or non ischemic. Ischemic cardiomyopathy usually related to ischemic heart disease, coronary artery disease [2]. The non ischemic type is usually due to infection, peripartum, alcoholic disease, and chemotherapy [2]. Both anaesthesia and surgery can increase the cardiac demand and this can precipitate heart failure and sudden death. The hallmark characteristic of dilated cardiomyopathy

is depressed myocardial contractility leading to decrease in cardiac output, increased ventricular filling pressure and potential of developing lethal cardiac arrhythmias [2]. Anaesthetic goals in this group of patients is to maintain good cardiac contractility, prevent increase in the afterload, avoid tachycardia, ensure adequate volume status and minimize the negative inotropic effects of anaesthetic drugs [3]. Knee replacement surgery also carries its own anaesthetic problems such as bone cement implantation syndrome, local and systemic problems with tourniquet, blood loss, positioning and hypothermia which can lead to hemodynamic instability and cardiac events.

There is no proper guidelines regarding the ideal mode of anaesthesia for this group of patients. More often, general anaesthesia is preferred as it enables relatively good control of haemodynamic and ventilation parameters. Problems in general anaesthesia is that it can cause dose dependant myocardial depression by the use of anaesthetics drugs, volatile agents, opioids and benzodiazepines. Elderly patients are also vulnerable to drug over dosage due to slow arm brain circulation time. In addition, stress response during laryngoscopy, intubation and extubation with decreased in preload during positive pressure ventilation can be detrimental to the patients. Therefore regional technique may be preferred over general anesthesia in selected group of patients.

Keeping all this into consideration, we have planned for a sequential combined spinal epidural (CSE) technique. This technique can provide rapid onset of anaesthesia with flexibility of further

extension of the block via the epidural catheter and provide good postoperative analgesia with reduced incidence of hypotension [4]. The combined low dose spinal (total volume 1 mls) aids in rapid onset providing good muscle relaxation and less haemodynamic problems. In this case, there were no episode of hypotension and afterload was maintained. Fluid was administered judiciously and titrated to maintain CVP of 6 – 8 cm H<sub>2</sub>O. Excessive fluid administration can lead to pulmonary edema and precipitate congestive cardiac failure. Invasive monitoring via arterial line and central venous pressure were used for early detection of any haemodynamic changes and to guide in fluid therapy.

To our best knowledge, only few reports were published regarding role of sequential combined spinal epidural (CSE) technique [5,6] and this is one of the first case reports of total knee replacement that has been successfully done under sequential CSE in a patient with dilated cardiomyopathy in Malaysia.

## CONCLUSION

Obese patients with dilated cardiomyopathy going for non cardiac surgery is an anaesthetic challenge as they are associated with high morbidity and mortality. Proper planning, good preoperative assessment and perioperative management with vigilant monitoring and high index of suspicion the key to reduce the mortality. Sequential CSE technique may provide a safe anaesthesia with good cardiovascular stability and as an alternative to general anaesthesia for high cardiac risk patients going for lower limb surgery.

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### Upcoming Meetings:

ASEAN Congress of Anaesthesiology (ACA) will be held at Siem Reap, Cambodia from 24<sup>th</sup> to 26<sup>th</sup> November 2017. Please check the website for details.

The Chinese Society of Anaesthesia Annual Meeting will be held at Zangzhou from the 7<sup>th</sup> to 10<sup>th</sup> September 2017.

The 5<sup>th</sup> World Congress of SIVA-TCI will be held in Timisora, Romania from 28<sup>th</sup> to 30<sup>th</sup> September 2017.

### National Anaesthesia Day

The National Anaesthesia Day celebrations will be hosted by the Department of Anaesthesia and Intensive Care, University of Malaya Medical Centre. The theme for this year is "Count Me In!". For a detailed account on this, please see Dr Gunalan's write up in this bulletin.

### Amended Medical Act

The Act was passed in 2012 and the regulations were gazetted on 28<sup>th</sup> June 2017 and came into effect on 1<sup>st</sup> July 2017.

I list below some of the more salient points in relation to the Act:

1. All specialists must be registered with the National Specialist Register (NSR). For the time being, the NSR is under the umbrella of the Academy of Medicine of Malaysia. All specialists are also required to state their full MMC registration number and their NSR registration number in all documentation.
2. The CPD point registry will be maintained by the Academy of Medicine of Malaysia for all specialists.
3. Professional Indemnity Cover and 20 CPD points are required for every APC application for 2019.

I urge all specialists who have still not registered with NSR, to do so without further delay, and for those of you who are not members of the Academy, to register with the College.

For those who have registered with the NSR before 1<sup>st</sup> July 2017, your registration will take effect from 1st July 2017 and is valid for 5 years. You will have to renew your certificate to reflect this change. I was given to understand that a small administrative fee may be imposed. Please wait for NSR to contact you directly.

Last but not least, I would like to congratulate all the candidates who have passed the Part 1 & Part 2 of the recent Masters examinations.

WELCOME TO

6<sup>th</sup> World Congress of  
**TIVA-TCI**  
15<sup>th</sup>-18<sup>th</sup> August 2018

(incorporating the Annual Scientific Congress of the  
Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists, AMM)

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## Message from the President of the College of Anaesthesiologists, AMM

### Raveenthiran Rasiah

Dear Colleagues and Friends,

I would like to take this opportunity to thank all of you for electing me as President of the College. It is a great honour and privilege to serve you.

I am sure all of you have settled back at work after the Annual General Meeting and Annual Scientific Congress in Johor Bahru, Johor.

#### ANNUAL SCIENTIFIC CONGRESS AND ANNUAL GENERAL MEETING 2017

The above meeting was held in Johor Bahru from 27<sup>th</sup> to 30<sup>th</sup> April 2017. About 800 delegates attended this year's ASC. The scientific programme covered various aspects of anaesthesiology and its practice and the panel of speakers were world renowned who shared their knowledge and experience with us.

I take this opportunity to thank Dato' Dr Subrahmanyam Balan, Dr Raha Mohd Daud, Dr Mafeitzeral Mamat and their respective teams for a job well done. Syabas!

#### 11<sup>TH</sup> INTERNATIONAL SYMPOSIUM ON PAEDIATRIC PAIN

The 11<sup>th</sup> International Symposium on Paediatric Pain was held from 6<sup>th</sup> to 9<sup>th</sup> July 2017 at the Shangri-La Hotel Kuala Lumpur. 450 delegates attended this fruitful symposium. I would like to make special mention here that we had the privilege of being the first Asian country to host this meeting.

#### ANZCA 2017

My first official duty as President of the College was to represent the College at the ANZCA Annual Scientific Meeting which was held in Brisbane. I attended round table discussions with the



Presidents of sister colleges from Ireland, England and Australia.

The ANZCA 2019 is planned to be held in April at the Kuala Lumpur Convention Centre. Do mark down the date in your diary.

#### College of Anaesthesiology and Intensive Care Sri Lanka

The College of Anaesthesiology and Intensive Care Sri Lanka had their Annual Scientific meeting in Colombo. This is the first time that the College and the Malaysian Society of Anaesthesiologists participated in the meeting. Prof Marzida Mansor, Assoc Prof Ina Ismiarti and myself represented the Society and the College. We also gave lectures at the meeting. This joint effort will continue on a yearly basis.

#### 6<sup>th</sup> World Congress of SIVA-TCI 2018

The preparations for the 6<sup>th</sup> World Congress of SIVA-TCI 2018 is ongoing. The Congress will be from the 15<sup>th</sup> to 18<sup>th</sup> August and it will be held at the Kuala Lumpur Convention Centre. Please block your calendar. This is combined with the Annual Scientific Congress of the MSA and theCoA.

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