VOLUME 23 ▶ ISSUE 1 ▶ JAN 2018

BERITA Anestesiologi

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

Malaysian Society of Anaesthesiologists

College of Anaesthesiologists, Academy of Medicine of Malaysia

Message from the President of the MSA

Dear Colleagues and Friends,

First, I would like to wish everyone a great 2018. We've just started our year and we already have a fair bit of work cut out for us already. My term as the President of the Malaysian Society of Anaesthesiologists started in April at the last Annual General Meeting of 2017 in Johor Bahru. I would like to share with you the activities and updates that took place since then. As we begin the New Year, I am overwhelmed by the continuous support and I thank you for your patience as I acclimatize into my position.

I now enthusiastically chronicle some of the past year's events.

NATIONAL ANAESTHESIA DAY 16TH OCTOBER 2017

THEME: COUNT ME IN

The Malaysian Society of Anaesthesiologists (MSA) with close cooperation from the World Federation of Society of Anaesthesiologists celebrated National Anaesthesia Day 2017 with the theme "Count Me In!". This theme was chosen as this year's World Anaesthesia Day theme to highlight the importance of awareness and support for scaling-up "human resources for anaesthesia" to ensure safe delivery of anaesthesia to everyone.

Many hospitals across the country conducted various activities in their own special way and I thank them for showing great enthusiasm for consistently ensuring that the National Anaesthesia Day celebrations is celebrated on a grand scale annually.

At the national level, the Department of Anaesthesiology and Intensive Care, University Malaya hosted the celebrations on the 15th of October 2017. The event was officiated by Datuk Dr Mary Yap, the Deputy Minister of Higher Education. The Year Book 2016-2017 was also launched at the function.

EDITORS

DR GUNALAN ARUMUGAM
DR VANITHA SIVANASER
DR HANA HADZRAMI
DR SHEREEN TANG
DR SIVARAJ CHANDRAN

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The launching was followed with performances from the staff of the department. It was also delightful to see videos of the "Mannequin Challenge" that was creatively and sportingly done by the many Departments of Anaesthesiology and Intensive Care that took part. I would like to take this opportunity to thank and congratulate Professor Dr Marzida Mansor, Dr Kevin and their entire department for all their effort and hard-work! Well done!

KOREAN SOCIETY OF ANAESTHESIOLOGIST MEETING

I had the honor to attend this meeting with Dr Raveenthiran Rasiah and Dato Dr Yong Chow Yen following an invitation from the President of the Korean Society of Anaesthesiologists. Close rapport and bilateral reciprocal invitation to and from the Korean Society of Anaesthesiologists will be expected. Collaboration between our societies began since the signing of the MOU with them in 2016 at the MSA ASM 2016 in Penang. We are looking forward to the close cooperation between both the societies, to enhance the exchange of knowledge with speakers at each other's meeting.

ASEAN CONGRESS OF ANAESTHESIOLOGISTS

The 20th ASEAN Congress of Anaesthesiologists (ACA) 2017 was held at the Sokha Siem Reap Resort & Convention Centre, Siem Reap, Cambodia from the 23rd to the 24th of November 2017. The congress was well attended by our local participants and I hope you will enjoy reading the report as submitted by Dr Azarinah Izaham & Dr Muhammad Maaya in this edition of the newsletter.

MEDICAL ACT AND CPD POINTS

As you will be aware by now, the Ministry of Health (MOH) has amended the Medical (Amendment) Act 2012 and Medical Regulations 2017 and it has come into effect from the 1st of July 2017. Under the new act, doctors must have indemnity insurance and attend continuing education courses to upgrade their skills, before they can renew their Annual Practising Certificates (APCs) as well as their National Specialist Registry certificate. These new requirements make it mandatory for doctors to accumulate at least 20 Continuing Professional Development (CPD) points, which can be obtained through attending courses, seminars and workshops, which would be organised throughout the year by the respective societies and colleges. There is still a fair bit of discussions going on between the Malaysian Medical Council, Academy of Medicine Malaysia and the Malaysian Medical Association with regards to the implementation and how to go about it so that the process is smoothened for all. For specialists, there is also ongoing discussions on what is defined as core and non-core activities for the points system. We will try our best to update members on the latest input from the College of Anaesthesiologists, Academy of Medicine of Malaysia.

MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS ANNUAL GENERAL MEETING

As per requirements from the Registrar of Societies, our annual meetings will need to be conducted before the 1st of July of every year. It is our usual practice to correspond this meeting with the Annual Scientific Congress but since the Congress is scheduled in August, we have proposed and confirmed, Saturday the 30th of June for the Annual General Meeting of both the Society and the College of Anaesthesiologists, Academy of Medicine of Malaysia. Preparations for a concurrent CME talk are underway and we shall keep you abreast with the information on the programme and venue.

6TH WORLD CONGRESS OF TIVA-TCI 2018 INCORPORATING THE ANNUAL SCIENTIFIC CONGRESS OF THE MSA AND COA, AMM

As we enter the final few months of preparation for the Congress, we are pleased to inform you that preparations are on track, with more than 50 eminent foreign speakers and 20 stellar local speakers confirming their participation in the upcoming event. We are delighted to be able to host his event at the prestigious Kuala Lumpur Convention Centre. There will be 5 pre-congress workshops and parallel workshops conducted during the main Congress. We trust that we will get the full support from our local delegates and are also looking forward to participation from our neighboring regional countries. Mark your dates: 15th to the 18th of August 2018. Do follow the updates on our Facebook page KL World Siva TCI 2018 as well as our website

http://www.worldsiva-tci2018.com

for accommodation and registration details.

Thank you.
Best regards,

Dato' Dr Hjh Jahizah Hj Hassan
President, Malaysian Society of Anaesthesiologists

20TH ASEAN CONGRESS OF ANAESTHESIOLOGISTS (ACA) 2017

SOKHA SIEM REAP RESORT & CONVENTION CENTRE SIEM REAP, CAMBODIA

Reported by ***Dr Azarinah Izaham & Dr Muhammad Maaya***

Malaysia was rather wet and gloomy back in November with a series of downpours and flashfloods. It was certainly a welcome change to attend a conference in Siem Reap and also enjoy some good weather.

The conference commenced on the morning of 23rd November 2017 with 4 half-day pre-congress workshops which included Airway Workshop, Ultrasound-Guided Regional Anaesthesia, Emergency Life Care Principles and Essential Pain Management, involving our very own Dr Mary Cardosa as one of the facilitators. At the same time, the College Presidents of each ASEAN country gathered together to collaborate, share ideas and plan future activities.

In the afternoon, following a very simple yet pleasantly adequate opening ceremony, the main program kicked off with the Professor Quintin J Gomez oration presented by Associate Professor David Pescod from Australia who talked on the topic "Towards Safer Global Anaesthesia" which was in keeping with the theme of the 20th ACA which was "Towards Safer Anaesthesia". Then, Professor Yew-Weng Chan from Singapore enlightened us on the history of the ACA and went on to highlight the shortage of the anaesthetic workforce in most of the ASEAN countries.

A total of 152 local and 177 international delegates attended the event which ran over two days and featured 4 tracks on various anaesthesia and critical care topics

which were a mixture of practice and techniques from various different countries. The speakers from the more developed nations imparted their knowledge on the recent advances in the field, such as "Difficult Airway Management- State of the Art Approach in 2017" by Associate Professor Dr Marcin Wasowicz from Canada. It is a wonderful thing to be able to bring and impart all these ideas and concepts to the local delegates. Malaysian doctors must count their blessings that we are able to attend such major international conferences more easily than our poorer counterparts.

During the two days, the Malaysian delegates, ably assisted by the team from AMBU and Primed Medical, managed to promote the upcoming World SIVA-ASC which will be held in Kuala Lumpur Convention Centre from the 15th to the 18th of August 2018. Our Bruneian colleagues were also distributing their announcements for the 21st ACA Conference which will be held in Bandar Seri Begawan in 2019.

The Conference ended with the traditional gala night held by the organisers where delegates from each country took turns presenting performances and exchanging gifts. Our Malaysian delegation presented the video from Universiti Kebangsaan Malaysia Medical Centre's winning entry in the recent National Anaesthesia Day Mannequin Challenge while other delegations offered cultural songs and dances as

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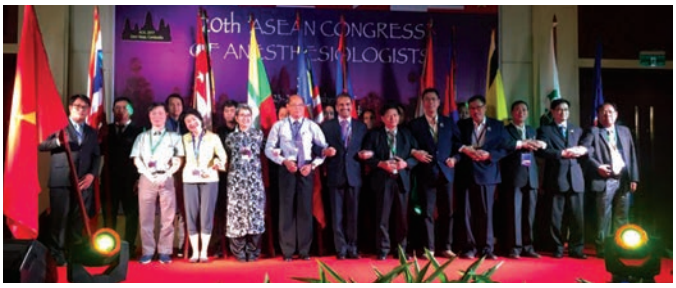
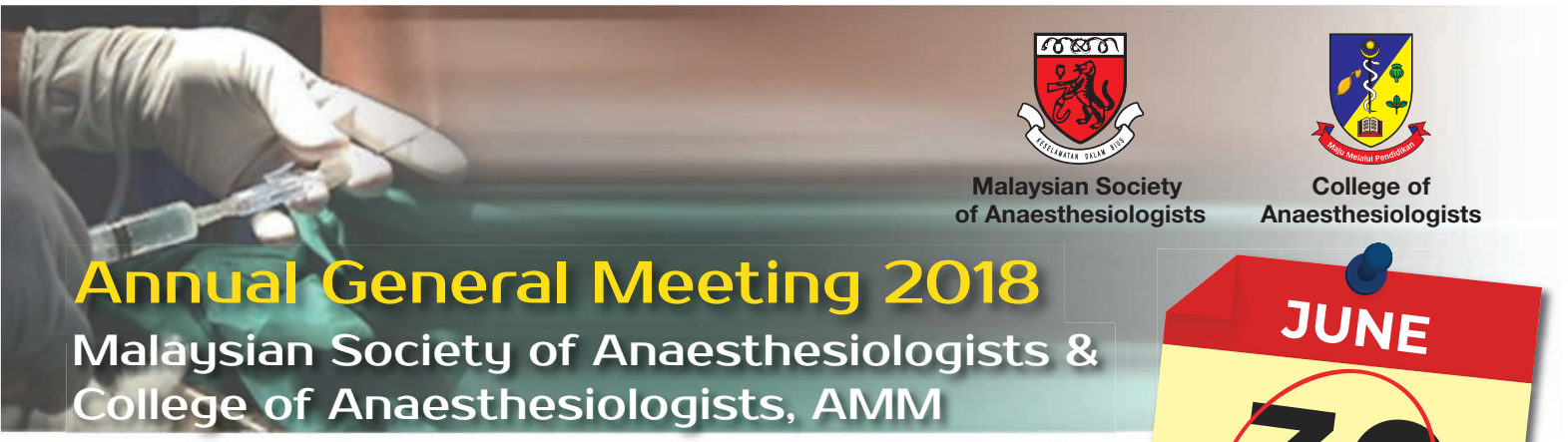
well or videos of their own. As always, this was a spectacular ice breaker and networking opportunity which we all took full advantage of.



Siem Reap is rich in well-preserved historical sites and some of us extended our stay in Cambodia in order to visit some of them, which include the famous Angkor Wat, Bayon and Ta Prohm. There were other less famous temples, each differing in their history, architecture and state of preservation. The sheer size of the city and the diversity of its structures need to be visited to be appreciated and left us in wonder of the ancient kingdom responsible for it. The conflicts with the neighbouring Siamese and Burmese kingdoms gave the name "Siem Reap", which means "the defeat of Siam" in Khmer, but it has also been known as "Nakhorn Siam" which means "City of Siam" in the past. Today, it is a popular tourist destination thanks to the preserved historical buildings.

In admiring the achievements of the ancient Khmer civilisation, we couldn't help but wonder if other massive cities lie hidden in the jungles of our own Malay Peninsula and North Borneo and whether any spectacular discoveries of not just cities but their lost histories lie in the future. We hope that these come to light in time for Malaysia's next hosting of the ACA Conference.

It was certainly a historic event as Société Cambodgien Anesthésie Réanimation et Médicin d'Urgence (SCARMU) played host to their first ever international meeting. Despite some minor logistics problems, the organising committee handled the conference well, with extreme grace and politeness. It was a conference enjoyed by all, especially the Malaysian delegates.



Malaysian Society of Anaesthesiologists

College of Anaesthesiologists

Annual General Meeting 2018

Malaysian Society of Anaesthesiologists & College of Anaesthesiologists, AMM

30th of June 2018

Le Meridien Hotel, KL Sentral

AGENDA

0900 – 0930	:	Registration
0930 – 1030	:	College of Anaesthesiologists AGM
1030 – 1045	:	Coffee Break
1045 – 1145	:	Malaysian Society of Anaesthesiologists AGM
1145 – 1200	:	Coffee Break
1200 – 1300	:	Talk by Invited External Speakers(TBC)
1300 – 1400	:	Lunch

EUROPEAN SOCIETY OF REGIONAL ANAESTHESIA CONGRESS 2017

*By **Dr Nur Hafiizhoh Binti Abd Hamid**, Hospital Sultanah Bahiyah, Alor Setar*

The 36th Annual European Society of Regional Anaesthesia(ESRA) Congress was convened in Lugano, Switzerland from the 13th to the 16th of September 2017. More than 1600 delegates and speakers had congregated at Palazzo dei Congressi to gain knowledge and share their interest in regional anaesthesia. The 4 days conference was jam-packed where topics were delicately selected, extensively discussed, promoting both central and peripheral nerve block in general and subspecialised area including acute and chronic pain management, major thoracoabdominal surgery, obstetric and paediatric anaesthesia. There were also multiple live demonstrations and hands-on workshops on real models as well as cadaver.

While central nerve block still has its charm, the regional experts have often encouraged peripheral approach whenever it is doable. The "Tequilla Block" also known as the Transmuscular Quadratus Lumborum Block by Jens Bolglum and Erector Spinae Plane Block by KJ Chin were among the hot topics during ESRA 2017, emphasising sonoanatomy of relevant structures for better understanding of the block.

I spent most of my days attending paediatric related sessions. There was a fantastic Pro-Con debate by Dr Per-Arne Lonnqvist and Prof Claude Ecoffey regarding 'Caudal block should routinely be performed using Ultrasound'. Both who are renowned for their work in paediatric anaesthesia also gave captivating lectures during the refresher courses - Caudal Block: An Update and Regional Anaesthesia in Children: Survey, Research and Safety. Though the topics sounded simple, it had helped to fine-tune my regional practices. The highlight of ESRA 2017 was a compelling discussion and argument of the first ever 'Guidelines of Paediatric Regional Anaesthesia' - a fine collaboration between ESRA and ASRA.

The congress was a good platform for young doctors and trainees to exhibit their passionate work and research in this rapidly developing field. Four hundred and fifty-six abstracts were submitted for E-poster and free paper presentation, including a few from Malaysia. I was very fortunate that mine was accepted for free paper oral presentation. It was both an eye opening and exciting experience for me to be presenting in front of an international crowd. Apart from that, this year's ESRA also saw the first ever education video competition.

The Networking Welcome Ceremony & Reception, Diplomate & Trainees Reception and Networking Dinner were held every evening during the conference. For Networking on The Run, over 200 participants got out of bed very early and joined a morning run along Lake Lugano at 6.30am on 14th September 2017. With the picturesque and breathtaking lake view, wide majestic mountains and blue skies as motivation with an occasional rain that did little to dampen everyone's spirit, we eventually reached the top of Monte Bre(925m) and Monte San Salvatore(912m). We could have made the journey by cable car as well from the Palazzo dei

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Congressi, but I would not have traded that as compared to the little adventure I had with my new-found friends during the run.

In addition to the annual meeting, ESRA had also coordinated examination for the European Diploma in Regional Anaesthesia and Pain Therapy (EDRA) colleagues. The examinations were held 2 days prior to the meeting which consisted of written exams for part I and clinical with ultrasound-based questions for part II. On the last conference day, a session was held to discuss the tricks, techniques and tips on how to excel in the examinations which was revamped to a new format. It was an honour to acknowledge that Dr Beh Zhi Yuen from Hospital Kuala Lumpur had successfully passed the recent oral examination and is now an EDRA Diplomate.

Finally, to conclude the ESRA 2017 Congress was a great success and a huge stepping-stone for juniors like me in developing extensive networks with the more experienced and inspiring seniors from all over the world. In this era of modern technique and defensive medicine there should be a paradigm shift from quantity to quality in our training of regional anaesthesia, aiming for flawlessness with the motto '**PRACTICE MAKES PERFECT**'.

Welcoming the New Anaesthesiologists MMed Anaesthesiology November 2017

UNIVERSITI KEBANGSAAN MALAYSIA

DR HARYATI BINTI AB HASHIM
DR WARDINA SHUMAIMAH BINTI DATO PADUKA BUNTAR
DR JENNY PHANG CHIN HEE
DR LYDIANA BINTI BUYAMIN
DR MOHAMAD HAFFIZ BIN CHE MORAD
DR NOOR HASIMAH BT MOHD SAHRONI
DR SITI SAINIRA BINTI SAIDIN
DR DEVAKI JAYAMANGALAM
DR AIDA MASTURA BINTI MOHD SHAH
DR FARHANA BINTI KATIMAN
DR WAN NABILAH NIK NABIL
DR AZLIN BINTI AHMAD FEKRY
DR KARTINA HANORA BINTI JAAPAR
DR LOW HSUEH JING
DR CHAN CHUNG MING
DR MUHAMMAD ASRAF BIN ABU BAKAR
DR HAJAR RUBIHAH BINTI DZARALY
DR COSMAS LEONG HOCK GUAN
DR HASLIN BIN ABDUL HAMID

UNIVERSITY OF MALAYA

DR NUR AIN BINTI ABDULLAH
DR FAUZIAH BINTI AHMAD
DR LEE WON JEE
DR ARFAH HANIM BINTI MOHAMAD
DR CHEN YI SHANG
DR THENG KENG PING
DR SHARINI PILLAI A/P VEGADHARAN PILLAI
DR KHAW SOON KEONG
DR LEE CHONG EN
DR SAKUNTALA DEWI A/P SHANMUGANATHAN
DR GAITHRIDEVI A/P V SINGAM
DR POH YEH HAN

UNIVERSITI SAINS MALAYSIA

DR AZELIA BINTI MANSOR
DR LEE ENG KIAN
DR YEW CHEE YEN
DR ZUBAIDAH BINTI ZULKIPELI
DR ANAFAIROS BINTI MD NAYAN
DR NURUL DIANA BINTI MOHD NORDIN
DR NUR ZURAIRAH BINTI SHAHIDAN

UNIVERSITI PUTRA MALAYSIA

DR AIZAD BIN AZAHAR

NATIONAL ANAESTHESIA DAY CELEBRATIONS 2017
#COUNTMEINHOSPITAL KUALA LUMPUR
PERDANASISWA COMPLEX, UNIVERSITY OF MALAYA

Reported by ***Dr Kevin Ng Wei Shan****, University Malaya Medical Centre*

In conjunction with World Anaesthesia Day 2017, the Department of Anaesthesiology, University of Malaya was proud to organize the National Anaesthesia Day celebrations on the 15th of October 2017 held at the Perdanasiswa Complex, University of Malaya.

For this year, the theme of the National Anaesthesia Day was taken from the theme for World Anaesthesia Day 2017 which is "Count Me In!". The theme was chosen by the World Federation of Societies of Anaesthesiologists to bring focus on increasing human resources for anaesthesia. The WFSA's recently launched the Global Anaesthesia Workforce Map, created by surveying anaesthesia providers around the world, and highlighted the crisis of anaesthesia workforce shortage. More than 70 countries had a total anaesthesia provider density of less than 5 per 100,000 population. Using current population data, more than 136,000 physician anaesthesia providers are needed today to achieve a minimum density of 5 per 100,000 population in all countries worldwide.

▲ *Anaesthesia Day Opening*

▲ *MSA EXCO and VIPs*

▲ *Organising Committee*

The preparations for this joyous celebration of the men and women at the head end of the drapes began just a short 3 months ago where suggestions were discussed on how to best to celebrate the heroes of anaesthesiology. After much thought, it was decided that a day of celebration will be held in the picturesque surroundings of University of Malaya, starting with a 5km Fun Run and followed by the launching the National Anaesthesia Day celebrations. In the run up to the day, an online mannequin challenge was set up to build comradeship and encourage the anaesthesia team to shine and be known to the world. The aim of organising this event was both in keeping with the worldwide theme of "Count Me In!" as well as raising the profile of anaesthesiologists and the anaesthesia team.

In order to succeed in these lofty aims, we first got together an awesome organising team comprising of the academic staff, nursing staff and critical care staff of the Department of Anaesthesiology, University of Malaya and led by Prof Marzida, Dr Fadhil and myself. To get the ball rolling, a few short courses on anaesthesia were organised, starting with the Pharmacokinetics and Pharmacodynamics Workshop held on the 21st and 22nd August 2017 which attracted 100 anaesthetic trainees from all over Malaysia. This was followed by the Regional Anaesthesia Workshop held on the 23rd September 2017 which had small groups learning from live demonstrations from the experts and a Hemodynamic Optimization Workshop held on the 26th September 2017 which showed the latest technologies in hemodynamic monitoring.

To achieve the second aim, the organising team took to social media and taking a leaf from current trends, set up an online Mannequin Challenge to stir up support for anaesthesia and to allow the hidden talents of the anaesthetic teams to shine. And shine they did. We received a great response from all over the country, from Hospital Seberang Jaya in the North to Sultanah Aminah Specialist Hospital Muar in the South. The teams showcased their great creativity, innovativeness with floating endotracheal tubes, Marvel superheroes and even a floating laryngoscope!

The competition was great fun, bringing about an increase presence of the normally quieter Anaesthetic community to the forefront of social media with over 2,000 shares of all the videos, 80,000 views and over 10,000 likes overall. The videos have been shared to the World Federation of Societies of Anaesthesiologists (WFSA) Facebook page and from there worldwide. The 3 best videos were from HUKMMC, HKL and UMMC respectively. Many thanks to the other hospitals that took part, namely Hospital

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Selayang, Hospital Ampang, DEMC, the GA nurse team from UMMC and last but not least the ICU team from UMMC.

To kick start the celebrations on the actual day, a 5km fun run was organised, aptly named the LifeLine Run. Anaesthesiologists deal with the saving of life on a daily basis and many a times we stand tall in providing the care that saves many a patient, as such the choice theme, LifeLine Run signifies how we as a team work together to keep the life line running for all our patients. The route chosen was the challenging Bukit Cinta route which was scenic but left many a runner huffing as they proceeded up hill. The run was not just a plain run but with a few checkpoints allowing for the runners to collect items which would lead them to be dressed as anaesthesiologists at the end of the run. A specially designed run T-Shirt, scrub cap, gloves and face mask were collected by all participants. The response was so good for this run but unfortunately, we had to cap the participation at 300 runners due to time constraints, but never fear, next year we will do better.

▲ *UM Staff and VIP - Rising Higher*

▲ *Rising Higher with the MOHE*

▲ *SIVA Launching*

The participants gathered in the early morning on the 15th of October 2017 in University of Malaya, all eager to start. A quick warm up was done lead by our MCs for the morning, Dr Hafiz and Dr Natasha of UMMC and the race was flagged off at 0745am by Prof Marzida Mansor, President Elect of the MSA and Prof Ramani Vijayan from UMMC. The runners were all geared up to go with some professional runners in our midst as well. Despite the uphill route, the fastest runners made it back in a mere 19 minutes. Prof Lucy Chan, Prof Marzida and team were at hand to present the medals to all the finishers at the finishing line. Congrats to all the runners for finishing the race!

The next highlight of the day was the photo booth session with prizes awaiting the best Selfie and Wefie posted on our Instagram account #LifeLineRun. The participants had great fun posting and showing off their creative poses for this event.

The launching of the National Anaesthesia Day celebrations was up next with YB Datuk Dr Mary Yap Kain Ching, Deputy Minister of Higher Education our special guest of honour. Also in attendance was Datuk Prof Dr Awang Bulgiba, Vice Chancellor of University of Malaya; Prof Tunku Kamarul Zaman Hospital Director of University of Malaya Medical Center; Dato' Prof Dr Christopher Boey, Deputy Dean of the Faculty of Medicine, University of Malaya; Dr Raveenthiran Rasiah, President of the College of Anaesthesiologists Malaysia as well as the EXCO of the Malaysian Society of Anaesthesiologists, Dr Gunalan, Dato Dr Kathi, Dr Muhammad Maaya, Dr Azizan and Associate Prof Dr Ina.

The launching was done by YB Datuk Dr Mary Yap, who gamely intubated the mannequin provided to launch the National Anaesthesia Day 2017 celebrations. In conjunction with the celebrations, 2 other launchings were also held. The first to be launched was the Anaesthesia Year Book, now in its 8th edition. The Anaesthesia Year Book is an annual publication by the Malaysian Society of Anaesthesiologists where budding and experienced clinical researchers contribute articles of interest to be included in the Year Book. This year the editors were Dr Loh Pui San and Dr Chaw Sook Hui, both of whom are senior lecturers of the Department of Anaesthesiology, University of Malaya.

The second launching was by the Malaysian Society of Anaesthesiologists, who had successfully won the bid to organise the World Congress of Society of Intravenous Anaesthesia-Target Control Infusion 2018, which will be held at the Kuala Lumpur Convention Centre from the 15th to the 18th of August 2018. The launch was done by YB Datuk Dr Mary Yap and a short promotional video for the event was shown. Members of the industry were also in attendance to witness the launch and we hope that many of the attendees for the National Anaesthesia Day celebration will also be attendees for the Congress next year.

Other activities carried out include a bake sale and with cookies and cakes galore for sale and sampling. There was also a food truck serving free Mango Juice to all participants. Not to be left out, there was also an education session with Education stations ranging from the Anaesthetic Journey, Anaesthetic services, Regional Anaesthesia – Is it for me?, Towards a Pain Free Hospital and a live CPR demonstration on display. Participants had great fun

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▲ *Best Wefie*

attending the education stations and practicing CPR on the mannequins there. The children were not left out as there was a colouring contest and mini movie theatre provided for the little ones who attended the Anaesthesia Day celebrations.

Many pictures were taken and much laughter shared. Catch the action by viewing the pictures on ActionPix Facebook page, visit LifeLine Run – Mannequin Challenge Facebook page to see the complete videos of the Mannequin Challenge and follow us on Instagram for more pictures from the day itself.

The celebrations continued on to the late morning with many participants enjoying some time off from the operating theatres and having fun with friends and colleagues. I would like to take this opportunity to thank the participants for making the event such a great success and to thank the organising committee for the effort in ensuring the smooth running of the celebrations. A final shout out to all Anaesthesiologists and Anaesthetic Teams out there, let's stand up and be counted together, sharing the cry of COUNT ME IN! towards a united front for Anaesthesia and the medical fraternity as a whole.

VIPs getting in on the Fun as well

At the Start ▲

Flag Off

Eager Runners

▼ *Photobooth Shennanigans*

Morning Workout

Happy Runners

Happy Runners ▲

Photobooth Fun

MSA Photobooth Fun

NATIONAL ANAESTHESIA DAY CELEBRATIONS
HOSPITAL KUALA LUMPUR

Reported by ***Dr Zul Zarihi Zainal,*** *Hospital Kuala Lumpur*

On the last Friday of every month, there will be a monthly assembly or what we call "Perhimpunan Bulanan" held in Hospital Kuala Lumpur. The assembly is usually organised by one of the Departments here. This year, the Department of Anaesthesia and Intensive Care was honored to be given a chance to organise it on the last Friday of November 2017. The ceremony was held successfully after 3 months of planning and hard work led by Dr Zarina Abu Kasim, the chairman of the committee.

Dr Ruzita Othman who is the Timbalan Pengarah III (Perubatan) on behalf of Dato' Pengarah was the guest of honour. The audience was first welcomed with a dance called "Rampaian Borneo" performed by four talented nurses from the General OT; Patricie Emy anak Runtah, Shirlyne Francis, Henya anak Baginda and Enry anak Jeffry. They were also the winners of the HKL "Nurses Got Talent" competition in commemoration of HKL Nurses Day celebration in 2017.

As the Masters of Ceremony, Dr Mohd Azizan Ghazali and Dr Khairunnadiah Kamaruzaman did a wonderful job with their spontaneous and hilarious welcoming speech. After the welcoming speech, Dr Muammar Ghaddafi Abd Ariff led the prayer recital. It was followed by pledge recitation which was led by MA Rino Basat Anak Abeng.

Our choir group, consisting of Medical Officers, House Officers, Medical Assistants and Staff Nurses, began with the singing of our national anthem, Negaraku, followed by two more songs Aku Negaraku and Setia Anak Malaysia. Encik Norazif Mohd Nasir from Unit Hasil, HKL was the choir conductor and did well in coaching the team in a relatively short period of time. Their hard work really paid off as they were loudly applauded by the audiences at the end of their performance. Members of the Anaesthesia & Intensive Care Department Choir group are as below:

Dr Ahmad Fahmi Ahsan Azam
Dr Shaleni a/p Prabakaran
Dr Chuah Ling Min
Dr Melissa Khor Gaik Leng
Dr Muhammad Edde
Dr Ahmad Faris
Dr Purani a/p Thanikaiviveganadan
Dr Dayanandan
Dr Rukhsana
Dr Nur Aina
SN Izyan Suraya Khalib@Khalid
MA Mohamad Noor Mohd Ithnin
MA Azfar Rifhan Norizan
MA Muhd Nurasharaf Ahamed
MA Syakir Asyraf Yaacob
SN Marcheal Teo
SN Siti Salmah Onn
SN Murni Ahmad
SN Hamidah Ali @ Romli
SN Nalinah a/p Subramaniam
SN Noraini Nor Han
SN Nurul Izzatie Muhammad Yusof

DDato' Dr Jahizah Hassan as the Head of Department, as well as the national head of anaesthesia services for MOH delivered a vibrant and vivacious speech. It was followed by a series of multimedia presentations which were prepared by Dr Mohamed Shazwan Zailani. The multimedia presentations started with the introduction and demonstration of anaesthetic services including anaesthesia in OTs (General OT, Trauma OT, Neuro OT, Urology OT, Obstetric OT, Paediatric Surgery OT and Daycare OTs), Remote Anaesthesia (ECT, Angiogram Suite, Scope Room, MRI and Dermatology clinic), Intensive Care Unit, Acute Pain Service (APS), Obstetric Analgesia Service (OAS), Anaesthesia Clinic and Pain Clinic. The presentations continued with the 2016-2017 highlights of the activities of the

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Department. The most heart-warming part of the presentation was that of the video with regards to 'Feed the Needy Project'. 'Feed the Needy Project' is the brainchild of Dato' Dr Jahizah and senior anaesthetists of HKL in providing lunch every Monday and Thursday at the main HKL blocks and selected public cafes in SCACC and Paediatric Institute. For those interested to contribute, you can bank in into Dr Rahman's account (CIMB 7026319389, phone number 0126235482), a senior registrar in our department. No contribution is too little.

Dr Ruzita Othman, representing Dato' Pengarah then delivered her speech and officiated the ceremony. The audience were then invited to join a 5 questions quiz involving some common questions. The lucky one who answered correctly was given a special gift for their participation. This is to encourage two-way communications during the ceremony.

The ceremony ended by an interesting medley of songs performed by our very own band called The Bougies. They performed the songs entitled: "Gemuruh" (Faizal Tahir) and "Standing In The Eyes Of The World' (Ella). The band consists of MA Muhd Nurashraf Ahamed, Dr Muhammad Arif Sudin, Dr Abdul Afiq Abdul Shukor, SN Nur Asmawi Md Nordin and Dr Ruhana Abdul Rahman.

The audience were then invited to visit the mini exhibition area in the main HKL lobby. The exhibits included Anaesthetic Services, CPR and Heimlich Maneuver demonstration and awards received by the Anaesthesia Department throughout the year.

As the director of this committee I would like to acknowledge Dato' Dr Jahizah, Dr Zarina, Dr Azizan, Dr Shazwan, Dr Khairunnadiah, MA Asnan, Matron Manmohan & Matron Yip Choi Lin, fellow sisters, nurses and other staffs who had been involved directly and indirectly in this committee. Their commitment to the cause is very much appreciated and without their help and support, this event would not have been successful.

NATIONAL ANAESTHESIA DAY 2017
HOSPITAL PULAU PINANG

Reported by ***Dr Nur Farhana Bt Abd Salam*** *and* ***Dr Alex Tang Chee Liat***

▲ *Penang GH Anaesthesia Family*

Each year, on the 16th of October, we celebrate World Anaesthesia Day to commemorate one of the most important events in the history of Medicine. On the 16th of October 1846; the first successful demonstration of Ether Anaesthesia was held at Massachusetts General Hospital, home of the Harvard School of Medicine.

The advancement in the field of Anaesthesia undoubtedly drove the progress in other fields of medicine especially the surgical field. Despite playing such an essential role, most often the work of an anesthetist is not seen and not very well known. This lack of awareness is an important factor why there is a lack of anaesthesia providers all over the world. With the theme "Count Me In!"; this year's World Anaesthesia Day highlights the importance of awareness and support for scaling-up "human resources for anaesthesia" to ensure safe delivery of anaesthesia to everyone.

This year, the Anaesthesia Department in Penang General Hospital celebrated National Anaesthesia Day on the 31st of October 2017. The event was made possible by everyone in the department, including the doctors, nurses, medical assistants and with support from our colleagues from other departments.

We started off our day on a high octane by doing Zumba. The Zumba dance was proudly lead by our own staff nurses. The songs played pulled the crowd to join in the celebration. We knew how to have fun!

The opening ceremony then followed; and we were grateful to our Deputy Hospital Director; Dr Nur Aslina Bahakodin because she took the time to grace the opening ceremony. In addition, our Head of Department who is also the President of Malaysian Society of Anaesthesiologists Dato' Dr Jahizah Hassan was in attendance to support the event.

There were a lot of exhibitions prepared on that day. One of it was a mock operation theater exhibition that showcased open heart surgery. We even brought down our heart lung machine for the public to experience the work behind the scene during a surgery. There were also video presentations showing live open-heart surgery.

Another interesting station was the CPR station. This year, to make it more interesting; we prepared a special software that provided live feedback regarding the quality of each CPR. To everyone's surprise, the best CPR of the day came from a 70 years old man where he got an almost perfect score!

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Other than that, there were also exhibitions from our notable pain unit which explained regarding services offered to public for acute and chronic pain. For acute post-op pain management, there were posters and exhibits regarding patient controlled analgesia (PCA), epidural and other pain management modalities available in our center. This effort is also in conjunction with our aim to maintain a "Pain Free Hospital" status. The public was especially excited when they found out that our pain unit also provided acupuncture as part of chronic pain management. Our pain unit is under the supervision of a very experienced pain consultant, Dr Usha Rajah.

In addition, a free health check-up was also made available to the public. The garage sale was also another booth worth mentioning. As a bonus, we also held a colouring contest for little kids to join in.

Needless to say, we had a blast and hopefully the event gathered attention and raised awareness especially to general public regarding the field of Anaesthesia. Lastly, in conjunction of this year theme, do **"COUNT US IN!"**

NATIONAL ANAESTHESIA DAY CELEBRATIONS 2017
HOSPITAL SULTANAH AMINAH JOHOR BAHRU

Reported by ***Dr Tan Tse Siang****, Department of Anaesthesiology & Intensive Care*
Hospital Sultanah Aminah, Johor Bahru

World Anaesthesia Day is celebrated on the 16th of October worldwide, on the anniversary of the first successful demonstration of ether anaesthesia in 1846. The Anaesthesia and Intensive Care Department of Hospital Sultanah Aminah, Johor Bahru (HSAJB) organized many events to commemorate this special day.

On the 25th of October 2017, the Intensive Care Unit of HSAJB held prayers to remember the lives lost during the fire which broke out in the ICU a year ago. Although it was a painful memory, concrete steps have been taken to ensure a repeat of the incident will not take place again.

The Anaesthesia and Intensive Care Department has provided exemplary service to patients, and this would not have been possible without the dedication and passion of our doctors, nurses and paramedics. In appreciation of their hard work, the department arranged a breakfast for them on the 31st of October after our weekly continuous medical education (CME) meeting. Food was prepared at various venues, including the operating theatre and pain clinic. They were also given a lanyard and badge to commemorate the day.

Posters and banners were placed around the hospital to inform the public on World Anaesthesia Day. To increase awareness among the public on the work of the Anaesthesia and Intensive Care Department, an exhibition was organized at the polyclinic foyer, which ran for a week, from the 2nd to the 9th of November. Booths were set up to educate the public on the various services provided by the Department. These included pain service, organ donation, cardiothoracic and general anaesthesia and intensive care. Posters and frequently used equipment were displayed, including airway devices, ventilators, pain assessment tools, and even a functioning cardiopulmonary bypass machine. We also had booths to measure the body mass index (BMI) and blood pressure, and provided counselling. The public were also taught on how to provide cardiopulmonary resuscitation (CPR) and perform the Heimlich manoeuvre with the aid of mannequins, by ALS-trained personnel. The exhibition was well received, as evidenced by the large number of visitors to its booths every day.

We held our main celebrations on the 2nd of November to coincide with the monthly hospital assembly. The hospital level celebrations were officiated by Dr Aman bin Rabu, our Hospital Director. During the assembly, we took the opportunity to honour the courage of several staff members who were instrumental during the fire which broke out in the ICU a year ago. They were presented with a certificate of appreciation each. After the assembly, Dr Aman paid a visit to the exhibition booth, accompanied by senior consultants of the department.

Overall, the small-scale celebrations were a success, and we hope the public have gained a better idea of our work, and the essential role we play in ensuring the wellbeing of our patients.

NATIONAL ANAESTHESIA DAY
JOURNEY TO BORNEO, MOUNT KINABALU CONQUEST

Reported by ***Dr Mohd Fauzi bin Ibrahim***

World Anaesthesia Day is celebrated internationally on the 16th of October every year. This day commemorates the first successful demonstration of ether anaesthesia in 1846 which marks one of the most important events in the history of medicine. The theme for this year is Count Me In! It is an initiative to unite anaesthesia providers on World Anaesthesia Day and focus on raising awareness and support for scaling-up "human resources for anaesthesia".

In conjunction with this day, the Department of Anaesthesia Hospital Tengku Ampuan Rahimah organized an expedition to conquer the majestic Mount Kinabalu in Sabah from 28th October 2017 till 29th October 2017. The expedition was called "Journey to Borneo, Mount Kinabalu Conquest" and the team of fourteen participants consisted of medical officers, assistant medical officers, healthcare assistants and medical technician and were ably led by our Head of Department himself, Dr Hj Mohd Rohisham bin Zainal Abidin.

▲ *The hiking team lead by Dr Hj. Mohd Rohisham b. Zainal Abidin*

This team was formed about a year before the proposed date of expedition. Within the time frame, the team managed to plan our trip and apply their climbing permits. The dedicated team members also did various preparation in order to equip themselves to climb the highest mountain in Malaysia; these included trips to climb Gunung Nuang in Janda Baik, Broga Hill in Semenyih, Bukit Gasing in Petaling Jaya and the Shah Alam Community Forest Hill.

▲ *At the starting point - Timpohon Gate*

On the 28th October, we started our journey from Timpohon Gate towards Laban Rata at about 8.30am. This journey was about 6km and we managed to complete the steep trail in about 5 hours; owing to the beautiful sunny weather which accompanied our adventure.

▲ *Sunny weather at Laban Rata eased the journey*

On the second day, we had our supper right after midnight and prepared to ascend the summit at 2.30am in the morning. The trek towards the summit was much more asserting; with the challenge of walking in the dark over moss, rocks and slippery terrain followed by shallow, pure granite route in which we were dependent on ropes to ascend. We managed to reach the summit by dawn and the view was spectacular! We spent a few hours on the summit taking shots for our keepsake and even made video calls to share the view with our loved ones. We were proud to open our expedition banner at the summit to honour our team's success in conquering the 4095m height of Mount Kinabalu.

This trip was indeed taxing; yet incredible in its own way. We came back home not only with the satisfaction of conquering the summit, but we also gained the value of friendship and teamwork as well. Those values are important and are basically the major values needed in our daily work in the Anaesthesia and Intensive Care Department in the hospital. Overall, it was a successful event and we had achieved the aim in promoting anaesthesia workforce. Most importantly, we managed to conquer the summit not because we are physically strong, but because we managed to conquer our mind too.

◀ *Our banner at the top of the highest mountain in Malaysia!*

▲ *Us at Low's peak!*

◀ *Arduous route to Low Peak, the highest peak at Mount Kinabalu*

NATIONAL ANAESTHESIA DAY 2017 CELEBRATIONS
SARAWAK GENERAL HOSPITAL

Reported by ***Dr Phang Lee Fern, Dr Maizatulhikma Md Miskan, Dr Yip Lee Yern***
Sarawak General Hospital

The Department of Anaesthesiology and Intensive Care Unit, Sarawak General Hospital (SGH) and Sarawak Heart Center successfully celebrated National Anaesthesia Day 2017 at the state level on the 14th October 2017. This year's worldwide theme was 'Count Me In!'. In keeping with that, we aimed to unite anaesthesia providers and focus at raising awareness and interest in this field hence recruitment of human resource into the fraternity across the world. Coincidentally, October is also Organ Donation Awareness Month, therefore, we collaborated with the Sarawak Hospital Transplant and Organ Procurement team in raising awareness about organ donation during the event.

This event was led by Dr Normi Suut. Prior to the event, media promotion was carried out via radio announcements on RTM Sarawak as well as advertisements via Sarawak General Hospital official website and InfoSains, not to forget banner and buntings displayed in various strategic places.

The celebration was held at main foyer on ground floor of the Sarawak Islamic Complex from 9.00am to 5.00pm. Committees gathered as early as 7am to set up for this long awaited Anaesthesia Day.

The venue for National Anaesthesia Day 2017 Sarawak state level


▲ *Dr Hasmizy giving his opening speech*

▲ *Dr Jamilah delivering her speech*


▲ *Dr Jamilah officiating the event*


▲ *Health screening*

The event began at 1030am with a short prayer recitation by Dr Fakhrul Radhi, followed by the welcoming speech by State Anaesthesiologist of Sarawak and Consultant Cardiothoracic Anaesthesiology and Perfusionist of Sarawak Heart Center, Dr. Hasmizy Bin Muhammad. We were fortunate to have our guest of honour Dr Jamilah Binti Hashim, the Health Director of Sarawak gracing our event and officiating it together with Dr Chin Zin Hing, the Director of Sarawak General Hospital, Dr. Mohd Asri Bin Riffin, the Director of Sarawak Heart Center, Dr Hasmizy Bin Muhammad and Dr Teo Shu Ching, Head of Department and Paediatric Anaesthesia Consultant SGH. A homemade multimedia presentation of anaesthetic services offered in SGH has wooed the crowd, after which Dr. Jamilah Binti Hashim and the other honorary guests were accompanied by our charming ushers to visit all the exhibits. A short press conference covered by RTM Sarawak and few other local medias was held thereafter.

Various information regarding General Anaesthesia, Regional Anaesthesia, Paediatric Anaesthesia, Cardiothoracic Anaesthesia, Neuroanaesthesia and Pain Services were displayed in educational booths. All the posters instantly caught the attention of the public to enquire about anaesthesia and scope of services provided by our Department. The public were entertained with enthusiasm by our committees at their respective booths.

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We also had an operating theatre simulation booth equipped with general anaesthesia machine, various intubation equipment and airway adjuncts, and even a cardiopulmonary heart and lung bypass machine on display to help demonstrate to the public what usually takes place in the operating theatre. Besides that, the Basic Life Support (BLS) booth received overwhelming participation from the public in which certified BLS tutor were present to educate the public on proper CPR techniques and Heimlich maneuver on the mannequins available. This booth aimed to raise public awareness that lifesaving basic life support can be performed effectively by non-medical personnel. With the promotion from the organ donation booth, many from the public also pledged to become donors.

Basic health screening counter with medical counselling were a hit as well with families queuing up for their turn. To make the day more interesting, we organized a colouring contest for children aged 12 and below. It had attracted approximately 50 over participants. Attractive prizes were given out to the young budding artists and all the participants also walked away with a consolation prize.

Overall, the National Anaesthesia Day 2017 organized by Sarawak General Hospital and Sarawak Heart Center was a success and turned out to be an enjoyable day. We would like to extend our token of appreciation to our organising committee and all the supporting staffs for their precious time in making this event a resounding success and memorable.

▲ *Media Coverage*

▲ *School Children*

▲ *College Students*

▲ *The organising committee of National Anaesthesia Day 2017, Sarawak State level*

▲ *Children Participating In Colouring Contest*

▲ *Dr Jamilah Visiting The Exhibition Booths*

▲ *The Heart Lung Bypass Machine Also Displayed To Public*

▲ *Dr Teo Shu Ching With The Colouring Contest Winners*

NATIONAL ANAESTHESIA DAY CELEBRATION 2017
KLUANG, JOHOR

*Reported by **Dr Mary Angeline**, Anaesthesiology and Intensive Care Department*
Hospital Enche' Besar Hajjah Khalsom, Kluang

The Anaesthesiology and Intensive Care Department of Hospital Enche' Besar Hajjah Khalsom celebrated the annual World Anaesthesia Day on the 21st of October 2017. The celebration was a huge success as it was held in Kluang Mall with various activities for the public to participate and also at the same time to create awareness regarding Anaesthesia. The opening ceremony was attended by the Hospital Director with a cake cutting session. We collaborated with the Diabetes Clinic and the Emergency Department of HEBHK.

Free Health Screening was provided, and a total number of 95 people registered for the screening. We had doctors and staff nurses counselling the public and we also responded to all their doubts and queries on maintaining a good and healthy life.

Another crowd puller was the colouring contest held and they were participated by the Kluang KEMAS kindergarten students. 30 children participated in the contest and all the kids had a consolation prize. The prize giving ceremony was graced by the Hospital Director and the Anaesthetist from HEBHK.

▲ *Banner for Anaesthesia Day 2017 held at Kluang Mall*

The Emergency Department conducted basic CPR training for adult and paediatric and there was overwhelming response from the public with a total of 150 people who participated and performed CPR on the mannequin.

Organ donation counters too were opened and we had a total of 70 organ donors who registered. They were given goody bags and souvenirs and also exhibition on organ donation awareness. Exhibition on the history of Anaesthesia and the types of anaesthesia were displayed including the gadgets and equipment used. The public were given briefing on the exhibited items and we conducted quiz and games and they went away with more prizes and goodies. All in all World Anaesthesia Day 2017 celebration in HEBHK was a success.

▲ *Coloring contest: A total of 30 participants comprising Kluang's KEMAS Kindergarten students*

▲ *Health Screen Counters: A total of 95 civilians have participated and made health screening.*

▲ *Prize presentation ceremony by Hospital Director to winner of the coloring competition*

▲ *First Aid (CPR): A total of 150 people joined and participated in first aid training (CPR).*

▲ *The opening ceremony and cake cutting session by the Director of Hospitals Enche 'Hajjah Khalsom*

▲ *Organ Donation Counters: A total of 70 civilians have registered as organ donors*

▲ *Prize presentation by Dr Ng Sow Mei (Anesthesiologist) to the coloring contest winner*

NATIONAL ANAESTHESIA DAY
HOSPITAL SEBERANG JAYA

Reported by ***Dr Suharson****, Medical Officer, Hospital Seberang Jaya*

A liquid that has sweet smell, colourless but extremely inflammable. Who would have imagined the rise of ether as an anaesthetic agent in the advancement of general anaesthesia? It was practiced by a dentist Dr William T G Morton on October 16, 1846. Over a period of 170 years, anaesthesia had mushroomed to various specialties in accordance to the growth of science and technology.

To date, anaesthesia has spread their wings for betterment in general anaesthesia techniques, various regional anaesthesia and intensive care. To cherish the monumental responsibilities held by every Anaesthetist globally, a World Anaesthesia Day was fostered. The World Federation of Societies of Anaesthesiologists celebrates World Anaesthesia Day annually with over 134 societies representing anaesthesiologists from over 150 countries.

Held on every 16th of October, we, the anaesthesia fraternity of Hospital Seberang Jaya organised World Anaesthesia Day that has been carried out in a large scale. A year ago, we were proud enthusiast who organized this event at the Mydin Mall in Bukit Mertajam. This year, we coordinated the event in Hospital Seberang Jaya on the 24th of October 2017.

Many years ago, Prof Y K Chan, former Chairperson of the Malaysian Society of Anaesthesiologists quoted during a meeting "There is still a definite shortage of anaesthetists in Malaysia. We have only about 360 specialist anaesthesiologists in this, country of 22 million. This works out to a ratio of 1 Anaesthetist to 61,000 population".

Such highlighted scarcity prompted a lot of efforts to correct the number of anaesthesiologists including the number of training posts for anaesthesiologists. The efforts continue with this year's theme of "Count Me In" as an ambition to coalesce anaesthesia providers to focus on raising awareness and reinforce the need to increase anaesthesia workforce. Global Anaesthesia Workforce Map was launched by The World Federation of Societies of Anaesthesiologists to emphasize the shortage as a crisis of manpower.




Unfortunately, during the morning of the hospital level anaesthesia day campaign, we were greeted with a sad news of a major motor vehicle accident involving 2 buses that claimed 8 lives with many more casualties (https://www.thestar.com.my/news/nation/2017/10/24/juru-accident-on-nse/). Many of the anaesthetic team staff were working hand in hand with other departments resuscitating the trauma patients. Such obstacle did not cloud our spirit as we continued with the event despite shortage of volunteers.

Among the activities organized includes booths comprising of the Intensive Care Unit (ICU), Basic Life Support (BLS), Acute Pain Service (APS), Blood Donation drive, Organ Donation and Free Health Check-up collaborating with the Clinical Research Centre (CRC) of Hospital Seberang Jaya. A simple officiation was carried out with Dr Malliga Devi, Deputy Director of Hospital Sobering Jaya despite the setback. Many public visitors who were curious with our equipment settings dropped by to gain further knowledge and to participate in quizzes for hampers and prizes. To our understanding, anaesthesia is far less known to general population and this event aided in enhancing their awareness and knowledge.

In a nutshell, The World Anaesthesia Day of Hospital Seberang Jaya was a successful event that we, the anaesthesiology family take pride in. We look forward to celebrate many years of success organising the National Anaesthesia Day in upcoming years.


NATIONAL ANAESTHESIA DAY 2017
HOSPITAL SELAYANG

Reported by ***Dr Suhaimi***

16th October has been declared as the world anaesthesia day, commemorating the first successful demonstration of ether anaesthesia on October 16, 1846 at the Massachusetts General Hospital by Dr William Morton. Since then, it has been celebrated worldwide in various ways. This year is much more meaningful for us, as the anaesthesia day is conjointly celebrated with the 20th anniversary of this hospital.

The opening and launching of the event was graced by the Deputy Director of Hospital Selayang; Dr Muhammad Yusof Sibert accompanied by our head of department, Dr Sushila Sivasubramaniam at the auditorium. To add some flavour, a mob flash dance was performed by the medical officers from the department of anaesthesiology prior to the launch, bringing joy and excitement to the spectators. The event ended with the cake cutting ceremony and photo sessions.

Meanwhile, the lobby of the auditorium which had been prepared earlier with operating theatre and ICU beds with all the machines and instruments together with posters demonstrating the history of anaesthesia from its early day until its current stage was ever ready to receive the ongoing flow of audience from various walks of lives. They were also given a chance to watch our second mob flash dance too! Yes, this time, at the main lobby of our hospital.

Spectators took the opportunity to jot down their wishes at the board and taking photos at photo booth set up at the corner.

All in all, we had great moments celebrating this year's world anaesthesia day in conjunction with our 20th anniversary of this hospital.

Until we meet again in 2018! #countmein

NATIONAL ANAESTHESIA DAY 2017
HOSPITAL SULTAN HAJI AHMAD SHAH, TEMERLOH, PAHANG

Reported by ***Dr Noorfidah Abdul Rashid*** *and* ***Dr Mohd Khairul Asraf Badrul Hisan***

ANOTHER DAY TO BE RECKONED WITH!!!!!

16th of October 2017 was an exciting day celebrating the many successes and achievements of the Department of Anaesthesiology. We have successfully held an exhibition in our hospital (HOSHAS) with the theme 'Count Me In' with the aim of giving exposure to the public regarding who we are, what we do and how does anaesthesia improve the health care system in our health facility. It was memorable as more than 1000 visitors came to our booth including primary school students, JPAM and staff form Hospital Jengka and Hospital Jerantut. We look forward to make this event annually as it received great response from the public apart from improving knowledge of public regarding our scope of duty and line of function.

The celebrations began on the 15th of October 2017, whereby 'Larian Mesra Hari Anaesthesia 2017' took place which involve all our staff in Department. The following day, when the exhibition started, booths including organ donation booth and activities such as "Senamrobik" , multimedia presentation and fun quiz for the visitor along with prizes. It was a successful event and we would like to thank all the person involved directly or indirectly for organization of National Anaesthesia Day 2017


Anestesiologi semakin difahami

Pihak Hoshas giat beri pendedahan kepada masyarakat

NATIONAL ANAESTHESIA DAY OF HOSPITAL TUANKU JAAFAR SEREMBAN 2017 & DIFFICULT AIRWAY WORKSHOP

Reported by ***Dr Nurzarina binti Zakaria & Dr Maslina Binti Ahmad Marzuki***

The National Anaesthesia Day is one of the most significant hospital events of the year. This year it was held on the 6th October and took place at the main foyer of Hospital Tuanku Jaafar, Seremban. The main objective of it was to enlighten the public on the vital role of anaesthesiologist in perioperative management, as well as their broad framework outside of the operating theatre, such as running the Intensive Care Unit, High Dependency Unit, Anaesthesia Clinic, Chronic Pain Clinic, Acute Pain Service and Epidural Labour. In keeping with this years' theme "Count Me In", the anaesthesia day is not just celebrated with exhibitions but we also organized a morning assembly and Difficult Airway Workshop.

The morning assembly was held prior to the exhibition viewing, whereby a multimedia presentation concerning all the department activities shown to all the audience. We

used a Deepavali theme since Deepavali was just around the corner. Therefore the decorations included a handmade 'kolam' done by our medical officers and staff nurses, small electrical 'pelita' on the stage and we were also entertained with Hindustani songs.

The exhibition comprised of a few sections, where there were booths, slideshows, videos, posters, and mock up operating theatre, ICU and CPR. The exhibition booths displayed the items used for both general and regional anaesthesia, while the slideshows and the videos demonstrated the sequence of delivering both general and regional anaesthesia. The posters emphasised on the services offered by the anaesthesiologist. The public could experience and observe a live surgery with the sophisticated monitoring equipment's from the mock operating theatre. We have also encouraged the staffs and the public to register as an organ donor at the organ donation booth. There were also quizzes where we provided gifts for the participants and special prizes for the winners. We got great responses and participation from the public during the day.

We were pleased to welcome Dr Ariffin bin Mohamad, The Hospital Director as our guest of honour this year. Dr Subashini Jahanath (National Anaesthesia Day Supervisor) and the staffs, under the leadership of Dr Rajeswary Kanapathipillai (Head of Department of Anaesthesiology) have made the event a successful one.

3 weeks after that, on 28th October 2017 we managed to organized Difficult Airway Workshop at the Auditorium HTJS. This was a state level event, with participants coming from all hospitals in Negeri Sembilan, mainly medical officers from Anaesthesia Department as well as the Emergency Department. Total participants that attended were 35 people, which was 87.5% from the targeted number. The aim of this workshop is to create awareness and educate the medical officers, who are directly involved in airway management, on the proper emergency airway technique, and anticipating difficult airway.

The one day workshop comprises of lectures delivered by 3 expert speakers on morning session, case based scenario and skill stations. The 3 speakers are Dr Rajeswary Kanapathipillai as a Paediatrics Anaesthesiologist, Assoc Prof Dr Mohd Fahmi Lukman as Neuro-Anaesthesiologist at Hospital Angkatan Tentera Tuanku Mizan who is expert in bonfils as well as airway trainer and Dr Khairulamir Zainuddin as Consultant Anaesthesiologist, senior lecturer at University Kebangsaan Malaysia as well as Cardiac Anaesthetist with special interest in fibreoptic flexible scope. The program became more interactive with questions and answers session, and subsequently the case based scenario conducted by Dr Robiiah and Dr Marina,

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senior Anaesthesiologist from HTJS. The participants were divided into 3 groups and needed to discuss on 3 case scenarios given.

The skill station started at 2pm, when participants went into 5 skill stations arranged by group in about 20 minutes for each station. The skill stations comprised of fibreoptic flexible scope, video laryngoscope; C-Mac, Bonfils and Glidescope, supraglottic airway devices and cricothyrodotomy. All participants had a chance to try intubation skill using all the gadgets on mannequins, both adult and paediatrics.

The workshop ended by closing speech from our head of department, Dr Rajeswary. She addressed her happiness to have the smooth running program like this and thanked all the personnel involved in making it a success.

REGIONAL ANAESTHESIA WORKSHOP HOSPITAL KUALA LUMPUR 2017

Reported by ***Dr Mohd Fakhzan Hassan,*** *Hospital Kuala Lumpur*

On the 18th November 2017, the Regional Block Special Interest Group Hospital Kuala Lumpur Branch held the Inaugural Basic Ultrasound Guided Regional Block Course. This is the first Regional Block course after se held the last one 3 years ago.

The idea to hold this course was initiated by Dr Azrin or better known as the Father of Regional Block in HKL. The course was initiated because in daily practice, the medical officers who can be in the Regional Block Zone are very limited. To add to the problem, currently the number of the medical officers in the department is about 150 and from that almost a third are those in the Master Programme. Even some of the medical officers who are going to become a specialist in a year or two would have a very limited opportunity or even some will have zero opportunity to learn and to perform the Regional blocks.

The Basic Ultrasound Course emphasizes on about how to perform the basic regional block namely the upper limb block, the lower limb block and last and the not least the trunk block. It is very important to master these skills due to fact that the block had a lesser risk as compared to the general anaesthesia. Secondly the objective of the course was the participant was the opportunity to perform the blocks by themselves with the help of the facilitators. The hands-on experience was very helpful for the participants due to fact that the procedure is simple to be watched but difficult to be performed.

The number of participant was initially limited to 25 participants. However due to the over whelming request and a special request from the A&E Department, total number of participants was increased to 34. Small number of participant were enrolled in this course so that all participants had the opportunity to do the scan by themselves for all the block techniques, and not just learn the theory.

The course started with the Basic introduction of the ultrasound lecture, followed by the Upper Limb Block, Lower Limb Block and lastly the Truncal Block. The lecture was delivered by specialist in the Anaesthesiology Department HKL. After the lectures, the participants were divided into 6 small groups for the practical sessions. In each group there were only 4-5 participants and they were given chances to do the scan by themselves with the help of the facilitator. All the participant had the hands-on scan for each regional block technique. Longer time were given for each session for the participant to learn and practice the techniques and to ask the facilitator anything with regards to the regional block.

For the near future, the committee is planning to do the course on a regular basis so that more medical officers will have a chance to learn the technique. Adding to that the committee will hold a more advanced level course for the more difficult Regional Block Techniques.

ANATOMY AND ULTRASOUND IN REGIONAL ANAESTHESIA (AURA) 2017

Reported by ***Dr Shereen Tang,*** *UKMMC*

'A pearl is worthless as long as it is in its shell' was a wise Native American proverb. It exemplified the essence of Anatomy and Ultrasound in Regional Anaesthesia (AURA) 2017 workshop to promote safe and effective regional anaesthesia service. The inaugural AURA 2017 was a one-day workshop that was held at the Department of Anaesthesiology & Intensive Care, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) on the 4th of September 2017. Despite the nation's announcement as an official public holiday to mark the celebration of the tremendous success at the 29th Southeast Asian (SEA) Games, the workshop ran its course smoothly.

We began the workshop early at half past seven in the morning. It was great to have an overwhelming response as all 36 seats were taken up within 24 hours of opening of the workshop enrollment. The capacity for participation was limited as to ensure quality and maximum hands-on experience for participants. Nonetheless, 3 give-away applications were awarded to trainees who participated in previous Continuous Medical Education (CME) sessions. With such an avid response, it is the hope of the faculty to encourage this positive learning culture by providing more admissions into future workshops.

Reflecting on an African heritage phrase 'If you wish to move mountains tomorrow, you must start by lifting stones today', AURA 2017 began with an on-point welcome speech by Associate Professor Dr Raha Abd Rahman, Head of Department of Anaesthesiology and Intensive Care, UKMMC. The workshop centered on a program that intended to keep the participants focused and attentive. Plenaries by key-note speakers from the Malaysian Special Interest Group in Regional Anaesthesia (MSIGRA) were interspersed with eight rotating hands-on stations. The comprehensive course covered essential core topics in Regional Anaesthesia. Participants were treated to four lecture rounds which

▲ *Dr Shah Lecture*

▲ *Dr Shah Station*

▲ *Dr Shereen Lecture*

▲ *Dr Azrin Lecture*

▲ *Anatomy Correlation At Stations*

▲ *Dr Maryam Station*

▲ *Participants*

▲ *Group Photo Formal*

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▲ *Participants At Lectures*

▲ *Dr Pui Kuan Lecture*

▲ *Dr Pui Kuan Station*

strived to strike a balance between safety and efficacy in Regional Anaesthesia. Leading the topics in the safety stream was an interactive plenary by Dr Lee Pui Kuan from University Malaya Medical Centre (UMMC), Kuala Lumpur. She delivered a focused talk on 'Ultrasound Machine 101: Practical Advice for Improving Success & Making Nerve Blocks Work'. Next, customized learning in the efficacy stream was covered substantially by Dr Shahridan Fathil from Gleneagles Medini Hospital, Johor Bahru who touched on 'Advances in Central Neuraxial Blocks'. Dr Azrin Mohd Azidin from Hospital Kuala Lumpur excellently reviewed in depth the on-trend topic; 'Thoraco-Abdominal Fascia Blocks: TAP Block and Beyond'. The final plenary session in the safety stream by Dr Shereen Tang from UKMMC prompted participants concerning the awareness of nerve injury through 'Perioperative Peripheral Nerve Injury: Is It Really Happening?'

Skills-centered learning objective was achieved with live simulated patient demonstration. There were eight rotating stations of 30 minutes each. The combined total of 4 hours of supervised hands-on scanning on live models were conducted by a mix of in-house and external facilitators. Participants were exposed to back-to-back training in all aspects of central neuraxial, truncal-abdominal and peripheral upper and lower limb blocks. Anatomical recognition on simulated models correlated to scanning ultrasound techniques were the highlight of this training program. Participants had extensive opportunity to use a variety of ultrasound machines (BK Medical, Ezono, Mindray and Sonosite) during live scanning. Instantaneous feedback from ultrasound equipment representatives on real-life trouble-shooting were helpful to most. The immediate application of tips and tricks following the first plenary on Ultrasound Machine 101 during the rotating stations were equally practical.

The packed workshop ended on a high-note with an animated questions and answers sessions. The engaging exchange highlighted the enthusiasm amongst the participants. The trainees felt inspired and were able to sharpen or develop new skills. The confidence and independence to perform regional anaesthesia successfully and safely were definitely attained at the completion of the workshop. Some of the comments were; 'very helpful', 'best faculty', 'structured', '9/10', 'non-repetitive', 'clear & precise' and 'I want it yearly'.

▲ *Group Photo Informal*

The Department of Anaesthesiology and Intensive Care, UKMMC would like to acknowledge and thank all the faculty members, speakers and sponsors for contributing towards AURA 2017's astounding success. 'Et Docent Ex Doctrina, Et Per Doctrinam Deducat Discite' is a Latin quote which AURA goes by; By Learning You Will Teach; By Teaching You Will Learn.

MECHANICAL VENTILATION WORKSHOP 2017

UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTRE

Reported by ***Dr Aliza Mohamad Yusof & Dr Cheah Saw Kian***

In the olden days when mechanical ventilation was initiated for the critically ill, the purpose is mainly instrumental to rescue those with failing cardiorespiratory function. However nowadays, the goals of ventilator support are refined towards improving the interaction or coordination between mechanically delivered breaths with patient demand. The outdated techniques of ventilation are also potential in causing ventilator-induced lung injury and awareness regarding this issue needs to be instilled among the caregivers. Based on these reasons, Department of Anaesthesia & Intensive Care, Universiti Kebangsaan Malaysia Medical Center in collaboration with Draeger Malaysia Sdn Bhd hosted the Mechanical Ventilation Workshop 2017 that took place between the 26th to the 27th of August 2017.

The workshop was conducted successfully by a team of anaesthetists, Dr Cheah Saw Kian, Dr Aliza Mohamad Yusof, Dato' Dr Wan Rahiza, Dr. Syarifah Nazihah and advised by Associate Professor Dr Raha Abdul Rahman. Dr Teoh Sim Chuah from Sunway Medical Center was also invited as an external intensivist to contribute to this workshop. The workshop also received assistance from anaesthetic registrars, Dr Mohd Arif Bakri, Dr Hayatul Akma and Dr Normafiza Mian as well as staff from the anaesthesia department.

The first day of this workshop began with the opening ceremony officiated by Associate Professor Dr Raha Abdul Rahman. A total of 50 anaesthesia postgraduate students participated in this workshop. The first lecture was given by Dato' Dr Wan Rahiza on 'Respiratory mechanics and the common modes and settings' which highlighted the heart-lung interaction during mechanical ventilation and the basic ventilator modes as well as the settings involved in each mode. The subsequent session emphasizes the recognition and troubleshooting of patient-ventilator dyssynchrony by Dr Teoh Sim Chuah, for which its recognition could maximize patient comfort on ventilator and minimises the use of sedation in treating ventilator dyssynchrony. This was followed by 'Lung protective ventilation strategy' by Dr Aliza Mohamad Yusof that focused on ventilation strategy to reduce the risk of ventilation-induced lung injury in patients diagnosed with Acute Respiratory Distress Syndrome. In the afternoon session, Dr Cheah Saw Kian gave an in-depth lecture regarding the use of non-invasive ventilation in suitable patients. Eventually the workshop session came to the end for the first day after completion of case discussion on ventilator weaning that was facilitated by Dr Syarifah Nazihah.

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The second day of the workshop started with the talk on automated weaning technique and monitoring of lung ventilation-perfusion area using electrical impedance tomography by Draeger representative. Afterwards, the participants were asked to complete the post-test questions to assess their understanding on the topic involved before proceeding for the hands-on sessions. During the hands-on session, every participant was given the opportunity to participate in small group discussions with the respective facilitator.

This is indeed a successful project. The positive feedback from participants further encourages us to organise a subsequent workshop in the future. It is our hope that we were able to improve the fundamental knowledge regarding mechanical ventilation among medical practitioners and raise the awareness for its safe use in the critically ill.

ADVANCED AIRWAY MANAGEMENT WORKSHOP

UNIVERSITY MALAYA MEDICAL CENTRE(UMMC)

Reported by ***Dr Noorjahan Haneem binti Md Hashim***

Airway management is an essential skill for all anaesthesiologists. In our daily practise, patients may require different interventions, from the elective to the emergency setting. Therefore, it is important for all anaesthesiologists to be familiar with the available tools to assist us in managing the airway safely and efficiently, using the latest guidelines available.

UMMC, in collaboration with the College of Anaesthesiology, the Malaysian Society of Anaesthesiologists and sponsored by Ambu, conducted an Advance Airway Management Workshop as part of our celebration of World Anaesthesia Day. We organised this workshop to help our Year 3 trainees as part of their preparation to function as Senior Medical Officers, who will supervise and assist junior trainees in the next one year.

The workshop included lectures that highlight updates, tips and tricks of using the supraglottic airway devices, video laryngoscopy and flexible bronchoscopy, and incorporating The Difficult Airway Society Guidelines in daily practice. This was followed by a forum discussing the airway management of real cases. The afternoon session provided the participants an opportunity for hands-on practise. Each station allowed the participants to practise the pearls learnt in the morning session. The feedback from the participants were encouraging, and many found the hands-on sessions most useful.

The organising committee would like to thank the Faculty: Dr Raveen from MSA, Dr Muhammad Maaya from UKM, Prof Marzida, A. Prof Ina, Dr Fitry from UM, and our main sponsor: Ambu dan co-sponsors: GlobalMed and Ummi Surgical for their generous contribution to the workshop.

11TH PAEDIATRIC ANAESTHESIA AND ANALGESIA WORKSHOP

Reported by ***Dr Jamaliah Saad and Dr Ruwaida Isa***

The 11th Paediatric Anaesthesia and Analgesia workshop was held in Ambulatory Care Centre Auditorium Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan on 21st-22nd July 2017. It was organised by Anaesthesiology Department HRPZ II, Kelab Bius KB, and in collaboration with SIG Paediatric Anaesthesia, College of Anaesthesiologist, Academy of Medicine Malaysia.

The theme for the workshop was "Do the common things right". The two days' workshop comprised of 1-day lectures and 1-day Hands On Demonstration attended by anaesthetists, anaesthesia medical officer and nurses. 115 participants attended the lectures. Whereas 32 participants were involved in the workshops.

The workshop comprised of hands-on workshop involving 3 operation theatre. The two operation theatres were for paediatric surgery with total of 8 cases, mainly consist of minor surgery such as herniotomy, orchidopexy and circumcision. The other one operation theatre was for paediatric orthopaedic surgery cases which comprise of two cases.

During the hands on session few nerve block techniques had been shown to the participants such as caudal block, penile block, ilioinguinal nerve block and supraclavicular nerve block. Techniques of Total Intravenous Anaesthesia (TIVA) and Target Controlled Infusion (TCI) were also demonstrated to the participants.

Generally participants were contented with the lectures and workshops.

ADVANCED AIRWAY MANAGEMENT COURSE 2017

MIRI HOSPITAL, SARAWAK

Reported by ***Dr Jaishree Santhirasegaran***

Anaesthesiology Medical Officer, Miri Hospital, Sarawak

On the 30th and 31st of July, the Anaesthesia and Intensive Care Department of Miri Hospital organized an Advanced Airway Management Course in line with the Difficult Airway Society Guidelines 2015. The course was aimed at increasing knowledge and improving skills among medical professionals in the management of difficult airway.

Besides participants from Miri Hospital, the course also consisted of participants from Kuching, Sibu, Bintulu, Sarikei as well as Sabah Women and Children's Hospital making up to a total of 45 people comprising of anaesthesiologist, medical officers and house officers.

Day one begun with a welcoming address and opening by our Head of Department, Dr Norhuzaimah binti Julai @ Julaihi followed by a series of lectures by two of our esteemed guest speakers, Dr Khairulamir Zainuddin (Senior Lecturer and Consultant Anaesthesiologist, UKM Medical Centre) and Assoc. Prof Dr Mohd Fahmi bin Lukman (Head and Consultant Anaesthesiologist, National Defense University of Malaysia). The second half of the day was then followed by the hands on and skill stations for which participants were divided into smaller groups. The skill stations consist of stations for fibreoptic intubation, video laryngoscopes, multiple available airway adjuncts as well as surgical cricothyroidotomy. Participants were given sufficient time to have hands on training at each skill station with guidance and tips from our fascilitators.

The second day of the course was designed for live airway demonstrations on patients in the operating theatre. Participants were given the opportunity to intubate patients in a controlled environment under the supervision of our speakers. Airway devices used for the live demonstrations were primarily the flexible intubation scope and the various video laryngoscopes. After lunch, we moved on to a series of case discussion facilitated by our honourable speakers on real life scenarios of difficult airway, both expected and unexpected which set the participants to thinking and applying their knowledge. The highlight of the day was the quiz session pertaining to difficult airway management, for which the winner was rewarded with a prize.

The overall rating for the course was very positive and feedback from participants showed that the course had met their expectations. The content of the course was found to be extremely relevant and useful to their clinical work. Participants were highly satisfied with the ample time given to them for the practical session to familiarize themselves with the difficult airway equipments.

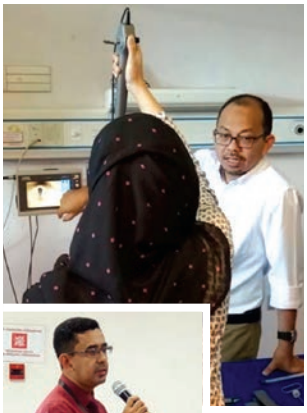
All in all, it was a successful course which would not have been possible without the effort and dedication of the organizing committee, speakers, sponsors as well as the support of Malaysian Society of Anaesthesiologist and The College of Anaesthesiologists.

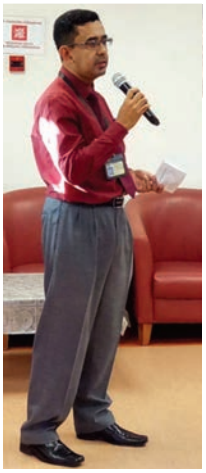
THE 2ND ADVANCED AIRWAY MANAGEMENT WORKSHOP
HOSPITAL AMPANG

Reported by ***Dr Uma Devi Ramadass,***
Department of Anaesthesiology and Intensive Care, Hospital Ampang

Advanced airway workshops are designed for medical officers, trainees and registrars whom especially work closely with airway management at their institutions. Advanced Airway Workshops are held to garner and keep participants on the leading edge of airway management and to help perfect the most critical elements of this dynamic and constantly evolving field.

After having a successful hospital level 1st Advanced Airway Workshop on the 18th and 19th of January 2016, Department of Anaesthesiology of Hospital Ampang organized and held its 2nd Advanced Airway Management Workshop on February 15th and 16th 2017.





This time around the workshop involved participants from Hospital Sultan Haji Ahmad Shah, Temerloh, Hospital Slim River, Ipoh, Hospital Putrajaya, Hospital Kuala Lumpur, Hospital Tunku Ampuan Rahimah, Klang, Hospital Banting and Hospital Kajang. A total of 30 doctors participated in this workshop. This advanced airway workshop was a huge success with good teamwork and coordination. Some of the invited speakers were, Dr Khairulamir bin Zainudin (PPUKM), Dr Kumaran Sinniah, Dr. Normah binti Abdullah and Ms Azreen.

On the first day of the workshop, the opening speech was given by Dr Mohd Sany, followed by lectures on various important airway topics. Some of the lectures were on recognizing difficult airway & the guidelines, airway management in obstetric patients, surgical airway and awake fibreoptic intubation. After the lectures, participants had a feel of many airway devices at various airway stations. Devices such as supraglottic airways, bonfils intubation fiberscope and percutaneous tracheostomy amongst many others.

The second day of the workshop took place in the operation theater which involved hands on sessions on elective cases planned for that day. The participants were divided into five groups, so that they could rotate to different operating rooms and ICU as well. During these sessions many of the participants had opportunity to use various supraglottic airways such as AirQ, Baska and AmbuAura. There were also opportunities to use C-MAC, Air-Trac amongst others. Multiple choice question quiz was held to evaluate the exposure and knowledge gained by participants towards the end, which was followed by a comprehensive case discussion.

Finally, the workshop ended with certificate presentation, to participants and the organizing committee. The workshop was carried out smoothly and successfully over two days. Generally, most participants were pleased with the exposure, knowledge and skills the acquired as shown by the evaluation of survey forms filled by participants.

AIRWAY WORKSHOP AT HOSPITAL KUALA LUMPUR

Reported by ***Dr Affan Sulaiman****, Hospital Kuala Lumpur*

The life of an anaesthesiologist evolves around safe and excellent airway management. From the famous quotes, 'resuscitation begins with ABC, there are no B & C when there is no A.

Airway management is the bread and butter of anaesthesiologists. Because of the paramount importance of airway management, the Department of Anaesthesiologist and Intensive Care Medicine, Hospital Kuala Lumpur has organised our annual Advanced Airway Management 2017.

The one and half day course was held on 24 & 25 Feb 2017 at Department of Anaesthesia HKL. There was an overwhelming response for the course, but we could only cater for 35 participants from all over Malaysia to give enough hands-on exposure for all the participants. The target audiences of the workshop were medical officers with 1-3 years of experience in anaesthesia.

This year, we invited Dr Zhang Jin Bin, a Consultant Anaesthesiologist from Tan Tock Seng Hospital Singapore with the courtesy of Ummi Surgical (Storz). She is a very experienced anaesthetist with special interest in airway management and had attachment in Advanced Airway Management in Canada. We were very delighted to have her with us for this year's airway workshop.

The first day of the workshop was filled with hands-on station on real patients, stations on mannequins, equipment stations and video demonstrations. The hands-on stations mainly involved awake fibre-optic intubations. Most participants never handled fibre-optic intubation before, therefore it was a good exposure for the first timer. It also provided a good experience for the anaesthesiologists as well as providing a chance to learn from the invited speaker.

This year, the X-factor in the workshop was the addition of Airway Simulation station. The simulation station mainly focused on airway crisis inside OT and participants were given scenario they may encounter in real life. After each simulation ended, the participants were given immediate debriefing session on their performance.

The last day was filled with lectures by our invited speaker. The theme of the lecture was 'Supraglottic airway - doing it right'. The workshop ended with prize giving ceremony for the highest mark in airway workshop mini-exam and debriefing by the organizer.

From the feedback we received, most participants find this HKL Airway Workshop 2017 very informative and intellectually stimulating. They also wished that the simulation station was longer in duration to include more scenarios.

We hope to conduct a better workshop next year.

2ND PHARMACOKINETICS AND PHARMACODYNAMICS (PKPD) WORKSHOP

Reported by ***Dr Chaw Sook Hui***
Department of Anaesthesiology, University of Malaya

Following the success of the PKPD workshop in 2015, we organized this workshop again this year on the 21st – 22nd August 2017. We aimed to help the trainees in understanding the basic concepts of pharmacology based on the Primary Examination syllabus. Besides, PKPD is the core scientific foundation for optimizing doses of anesthetics and should be a part of every practicing anesthetist's knowledge base.

The organizing committee for this workshop comprised of the following individuals:

▲ *Lecture by Prof Lucy Chan*

▲ *Participants Paid Full Attention To The Lectures*

FACULTY:

Prof Lucy Chan
Assoc Prof Ina Ismiarti
Dr Loh Pui San
Dr Noorjahan Haneem

ORGANIZING COMMITTEE:

Dr Chaw Sook Hui
Dr Foo Li Lian
Dr Kevin Ng
D Wan Aizat

We received an overwhelming response from the primary examination candidates with a total of 103 trainees who attended this workshop. On the first day, we had lectures from experienced examiners- Prof Lucy Chan and Dr Noorjahan - focusing on specific learning outcomes:

a. Concepts of pharmacokinetic modeling
b. Concepts of drug action
c. Variability of drug response with clinical application of the knowledge.

On the second day, participants were divided into small groups for problem-based learning (PBL) discussions with facilitators based on the common questions in examination. It was an interactive session and was the most commended activity for this workshop by the participants.

This workshop was a success, filled with informative lectures and interactive PBL discussions. We look forward to organizing more such programmes and seek to improve the delivery of content to help our fellow candidates in preparation for examinations.

▲ *Group photo*

ANAESTHESIA CRISIS SIMULATION WORKSHOP
HOSPITAL SELAYANG

Reported by ***Dr Zarina Mahmood****, Hospital Selayang*

The Department of Anaesthesia and Intensive Care Hospital Selayang was pleased to have hosted the Simulation Workshop on the 7th August 2017.

The invited facilitators were anaesthetists, Dr Noraini Sangit from Hospital Tengku Ampuan Rahimah, Dr Noorulhana Sukarnakadi Hadzarami and Dr Sheliza Jamil, both from Hospital Kuala Lumpur, Dr Wan Hafsah Wan Ibadullah, Dr Azlyna Nur Yanty Mohd Yusof and myself from Hospital Selayang.

The workshop saw the participation of 30 doctors from the Anaesthesia Departments from various hospitals in the state of Selangor and Hospital Kuala Lumpur. It was held at the Daycare Complex using two operation theatres and a recovery room. Fully equipped anaesthetic machines and high-end simulation mannequins were used during the workshop.

Simulation training has been accepted as a teaching tool in the medical curriculum with providing a highly realistic scenario- based environment with the aim to improve patient safety and reduce clinical risk. In this workshop, participants were taught on how to manage anaesthetic and medical crisis in the perioperative setting using hands on approach and debriefing techniques.

The morning started off with a welcome speech by the Head of Department of Anaesthesia and Intensive Care, Hospital Selayang, Dr S Sushila, followed by a presentation by Dr Noraini Sangit on the topic "Human Performance and Fixation Error" and a short video presentation.

There were three stations altogether and all participants rotated through the stations. These were followed by a debriefing session to discuss and highlight the crisis management as well as to clarify issues and decision making during the simulation sessions.

It was an interactive session and most of them had a good learning experiences. From the participants feedback, they wish that the workshop could be held more often yearly.

The Department of Anaesthesia and Intensive Care Hospital Selayang would like to thank all the invited facilitators, speakers, OT staffs and organizing committee who had worked hard for making this workshop a successful event.

Overall the workshop achieved its objectives and brought a new perspective of learning experiences to the participants using simulation as a teaching tool, bringing theory and practice together.

BACK TO SCHOOL: PAEDIATRIC PERIOPERATIVE LIFE SUPPORT WORKSHOP

Reported by ***Dr Nur Hafiizhoh Binti Abd Hamid,*** *Hospital Sultanah Bahiyah, Alor Setar*

On the 7th and 8th of January 2018, 17 Malaysian Paediatric Anaesthesiologists successfully attended a new lesson in town – Paediatric Perioperative Life Support(PPLS) workshop. The 2-day workshop was organized by the Paediatric Anaesthesia team from the Department of Anaesthesiology and Intensive Care, Hospital Kuala Lumpur, targeting paediatric anaesthesiologist. The workshop comprised of PPLS Instructor Workshop on the 1st day followed by PPLS certification on the 2nd day. Patented under Asian Society of Paediatric Anaesthesiologists(ASPA), the PPLS workshop was orchestrated by Dr Agnes Ng from KK Women's and Children's Hospital, Singapore with the help from Dr Andi Ade Wr Fauzi a former ASPA president from Indonesia as well as Prof Felicia Lim, Prof Lucy Chan and Dr Thavaranjitham. All these distinguished individuals are actively participating in ASPA activities, promoting paediatric anaesthesia education in many Asian countries. The objective of this workshop is to assist anaesthesiologists to anticipate, prevent and systematically manage perioperative crisis in children undergoing operation.

The PPLS Instructor workshop comprised of sessions to guide us on how to give a talk and gets the message across, how to teach a small group effectively and how to craft skills station efficiently. This very interactive session was conveyed in role-plays, small group discussions and mock presentations. It was taught in a very fun way and we enjoyed the sessions tremendously. The Instructor workshop is important as the Malaysian Paediatric Anaesthesia-Special Interest Group is planning to organize future PPLS workshops particularly for those who occasionally do paediatric cases. In Asia, Malaysia is the first country to organize the PPLS Instructor Workshop and the ASPA committee was very happy with our efforts in promoting a safer paediatric anaesthesia services across the country.

During the PPLS certification workshop, we were given tasks to give short lectures and handle skill stations as part of our training to become an instructor. The session ended with 20 SBA questions to test our "pending senile brain". Everyone was happy, went back home with full stomach and mind fully saturated with the new knowledge. Overall, the workshop was a huge success and a great way to begin our journey in 2018.

1ST BASIC PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY WORKSHOP

Reported by ***Dr Hasmizy Bin Muhammad,*** *Sarawak Heart Centre*

In this modern era, the role of echocardiography has extended beyond cardiology into operating theatre, critical care and emergency medicine. For that reason, the Echocardiography Special Interest Group, Cardiothoracic Anaesthesiology and Perfusion, Malaysia Ministry of Health (MOH) in collaboration with Penang Perfusion Society had organised the 1st Basic Perioperative Transesophageal Echocardiography Workshop. The workshop was held on the 7th and 8th of July 2017 at the Skill Laboratory, Ambulatory Care Centre, Penang General Hospital.

The objective of this course was to provide basic knowledge on transesophageal (TEE) and transthoracic echocardiography (TTE) to the participants. This two day intensive programme was designed with morning lectures and afternoon practical session that included stations for live model hands on practice, echocardiography simulators, slide presentations and various case studies. It served as an eye-opener for beginners with limited experience and as a refresher course for more experienced echocardiographers.

A total of 24 participants, including trainees in cardiothoracic anaesthesiology, intensivists and general anaesthesiologists from various hospital namely Hospital Serdang, Hospital Tengku Ampuan Afzan, Hospital Pulau Pinang, Pusat Jantung Sarawak, Hospital Umum Sarawak, Hospital Queen Elizabeth II, Hospital Raja Perempuan Zainab II, Hospital Sungai Buloh, Hospital Sultanah Aminah, Hospital Sultan Ahmad Shah and Hospital Sultanah Nur Zahirah had attended this workshop. The lectures were delivered by consultant cardiothoracic anaesthesiologists from various MOH cardiothoracic centres. We were privileged to receive good support from many reputable echocardiography and simulator companies that provided us with two TTE/TEE simulators and five high-end TTE/TEE machines for our use during the workshop.

The opening ceremony was officiated by Dr Norly bt Ismail, the National Head of Service, Cardiothoracic Anaesthesiology and Perfusion, MOH, followed by a brief introduction and pretest by Dr. Hasmizy bin Muhammad. The participants were then given an insight into the essentials of TEE and TTE with lectures filled with graphic illustrations to aid their understanding in echocardiography. Among the discussed topics were General Principles of Echocardiography, Transthoracic Echocardiography Examination, Transesophageal Echocardiography Examination, Hemodynamic Assesment Using Echocardiography, Heart Valves Disease and Common Congenital Heart Disease. Emphasising on the practical aspect of this workshop, the participants were divided into small groups and had ample time for hands-on experience in echocardiography, assisted by professional and experienced facillitators at five different workstations.

At the end of the course, most participants expressed the need of formal echocardiography training for their daily practices, and they had benefited the most from the interactive practical sessions. Our organizing committee looks forward for more similar programme in near future in the hope that transesophageal and transthoracic echocardiography can be introduced as a part of routine anaesthesia and critical care practice.

BASIC ULTRASOUND IN ANAESTHESIA AND CRITICAL CARE WORKSHOP

10TH–11TH NOVEMBER 2017

Reported by ***Dr Priya Dharsheni Rajarathnam,*** *Serdang Hospital*

Persatuan Anestesiologi Dan Rawatan Rapi Hospital Serdang in collaboration with Cyberjaya University College of Medical Sciences (CUCMS), and Perkhidmatan Anestesia Jabatan Kesihatan Negeri Selangor, along with six (6) participating companies namely GE, Mindray, Sonosite, Siemens, Abbvie and Aspen hosted Basic Ultrasound in Anaesthesia and Critical Care Workshop. The workshop was conducted from the 10th to 11th of November 2017 at the Auditorium and Seminar Rooms 1-4, Hospital Serdang.

This workshop aims to provide basic knowledge on heart, lungs, vascular, FAST and regional anaesthesia sonography from the anaesthesia and critical care point of view, where participants could discuss and experience the lecture as well as good hands-on sessions delivered by experienced speakers and facilitators.

60 participants comprising of medical officers and specialists from 17 invited hospitals located in the central zone of Peninsular Malaysia gathered at 8am to participate in the workshop to gain basic knowledge and techniques in anaesthesia and critical care sonography. The workshop focused on the salient information and techniques in anaesthesia and critical care sonography.

The workshop was launched by Dr Suhaila Binti Abu Hassan, Timbalan Pengarah (Clinical 1) Serdang Hospital.

Throughout the workshop, participants were involved actively during both the lectures as well as the hands-on sessions. Both the days started with lectures sessions, each delivered by esteemed and experienced invited speakers. Thereafter in the afternoon, participants were divided into groups and it was continued with hands-on stations which were led by the speakers themselves and facilitated by the invited facilitators. We engaged students from CUCMS who volunteered to be our active subject during the hands-on sessions.

At the end of the second day participants were asked to fill up evaluation form and we were happy to say that we received good comments overall.

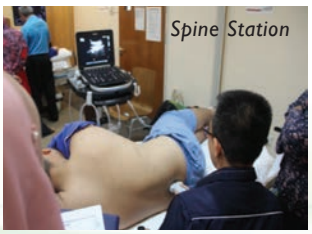
The workshop closing ceremony was led by Dr Kamarul Zaman Bin Talib, Head of Department Anaesthesiology and Critical Care, Serdang Hospital where each speaker, facilitator, volunteer and participating company were thanked with a token of appreciation.


Heart Station


Tap Block Station


Upper Limb Station


Lower Limb Block Station


Spine Station


Fast Station


Lung Station


Vascular Station


Lung Station


Comittee Members


Comittee Members

SAFE USAGE OF NEUROMUSCULAR BLOCKING AGENTS

Reported by ***Dr Carolyn C. Yim & Dr Chia Peh Wui,***
Department of Anaesthesia & Intensive Care, Tawau General Hospital

Tawau General Hospital is the second largest hospital in Sabah which provides services to the third largest city of the state. This hospital has 401 beds of which there is a 10 bedded ICU, 4 bedded HDU and a 4 bedded CCU. There are also 4 Operating Theaters with 2 of them running emergency cases. The Department of Anaesthesia is headed by Dr Chia Peh Wui and consists of another 5 Specialist, 18 Medical Officers and 12 House Officers. The support staff includes 7 Medical Assistants, 5 OT Sisters, 16 Anaesthetic Staff Nurses and 5 Health Attendants.

A common problem that's pretty similar to other hospitals in East Malaysia is the relative lack of exposure to regularly held workshops (unlike in West Malaysia) where often times it is limited by availability of such workshops, traveling logistics and funding.

However, on the 7th of July 2017, a one-day workshop on "Safe Usage of Neuromuscular Blocking Agents" was conducted. The workshop was brought together with the effort of Dr Chia Peh Wui (HOD), Dr Tea Wea Soon, Dr Carolyn C Yim (Senior Lecturer at Universiti Malaya), and Mr. Teo Jun Fook (MSD Representative).

The workshop consisted of lectures conducted in the early part of the day, which encompassed basic pharmacology of neuromuscular blocking agents and reversal agents, followed by an update on the Clinical Use Protocol of Sugammadex. The later part of the day was hands on demonstration in the operating theater setting where what was learnt earlier was put into practice.

Upon evaluation of the workshop, not only had the workshop achieved its objectives but conducting such workshops at a district level had made it more accessible to larger number of doctors within the hospital. It is hoped that future workshops can be conducted to enable more participation of doctors working in the districts.

CASE REPORT

INTRACRANIAL HEMORRHAGE IN A PATIENT WITH DENGUE FEVER IN RECOVERY PHASE

Reported by Haridass Gunasegaran, Ngazraini Abdul Maei, Lenora Mohd Ishak, Wan Siti Sarah Wan Kairuddin, Hasnita Mohd Tarik

Hospital Enche Besar Hajjah Khalsom, Kluang, Johor, Malaysia

SUMMARY

We present a rare case of patient with dengue fever in recovery phase who developed intracranial hemorrhage without profound thrombocytopenia. From the literature reviewed, it was noted that most intracranial hemorrhages occur during the critical phase in a patient with dengue hemorrhagic fever and/or dengue shock syndrome.

INTRODUCTION

The incidence of dengue has increased dramatically around the world in recent decades. World Health Organization (WHO) estimates about 2.5 billion people (two-fifths of the world's population) is at risk for dengue. Dengue is the most rapidly advancing vector-borne disease of public health significance in Malaysia. Neurological manifestations are rare compared to other complications of the disease. Encephalopathy, Encephalitis, Aseptic meningitis, intracranial hemorrhages, thrombosis, mononeuropathies/polyneuropathies, Guillain–Barre syndrome and myelitis have been reported. The occurrence of brain hemorrhage can lead to a very serious or fatal outcome. We report a rare case of dengue fever with intracranial hemorrhage that occurred during recovery phase.

CASE REPORT

A 52-year-old housewife with hypertension and dyslipidemia who defaulted follow up for 1 year presented with five days of fever, vomiting, abdominal pain, loose stool and poor oral intake without bleeding tendencies. At presentation GCS is full, physical examination showed high fever 39.8 and tachycardia with blood pressure within normal limit. Laboratory investigation revealed leucopenia (WBC: 1.52), thrombocytopenia (platelet: 26 000) and increased hematocrit (HCT: 46.2), raised serum transaminase (AST:129), hyponatremia and hypokalemia (Na:122, K:3.26). The test for NS1 antigen was positive. There was no reduction in blood pressure, pleural effusions or ascites.

Diagnosis at that time was dengue fever with evidence of vascular leakage and dengue hepatitis was diagnosed as clinical features and investigations are characteristic of the infection. Fluid management and monitoring of vital parameters was started according to the Management of Dengue Infection in Adult protocol.

Critical phase started on sixth day evidenced by lowest white cell count and Temperature < 38. Patient did not have bleeding manifestations. She progressed well in the ward and was planned for discharge if the platelet count was on a rising trend.

However, during the recovery phase it was noted that she became disoriented, had slurred speech and reduced motor power on left side of the body but otherwise was able to protect her airway, had good gag reflex with adequate cardiorespiratory function. No tonic–clonic movements were noted. Bilateral pupil sizes were 3 mm reactive. Hemodynamic parameters were stable with a satisfactory urine output. At that time blood investigation showed thrombocytopenia (platelet 20 000) however increasing in trend, no significant drop in hemoglobin, transaminitis (AST: 209) prothrombin time slightly prolonged (13.5), INR normal, activated partial thromboplastin time prolonged (APTT: 63) and APTT ratio prolonged (1.79). The renal profile was normal. An urgent CT scan of the brain showed acute intraparenchymal bleed of right temporal lobe and basal ganglia. Neurosurgical opinion was taken regarding further management and was decided to manage conservatively. She was then transfused with 4u fresh frozen plasma and 4 units of platelet and transferred to ICU for close monitoring.

Subsequently 9 hours after the first CT scan she had further drop in Glasgow Coma Scale (GCS) to E1V1M5, her pupils were unequal in size, gag reflex absent, hemodynamically stable and she was intubated and ventilated. Repeated CT scan of the brain showed expansion of right temporal lobe acute intraparenchymal bleed to involve the basal ganglia and frontoparietal lobe with intraventricular extension of bleed, significant mass effect and acute hydrocephalus. Another 4 units of fresh frozen plasma and platelet was transfused. The neurosurgical team were updated regarding the patient's acute deterioration and she was planned for immediate craniotomy once the platelet count was more than 50 000. The patient was put on cerebral protection and IV mannitol 20% 150cc TDS. Despite intensive medical therapy the patient's clinical condition deteriorated with appearance of signs of brainstem herniation. Pupils were fixed and dilated and no surgical intervention was done as her condition deteriorated. She succumbed to the illness on day 10.

DISCUSSION

This case highlights occurrence of cerebral hemorrhages without profound thrombocytopenia and secondly, the occurrence of intra cranial hemorrhages during the recovery phase.

On admission, the patient had classic history and investigations to suggest dengue fever with fluid leakage and was

managed accordingly with the National Dengue Guidelines with close monitoring. Dengue infection was confirmed by positive NS1 antigen test. Development of disorientation and low Glasgow Coma Scale raised the suspicion of intracranial hemorrhage and it was confirmed by brain imaging. Cerebral vessel angiogram and MRI was not performed in view of unavailability in our setting to rule out causes of intra cranial hemorrhages like leaking/ruptured aneurysms. Occurrence of diffuse cerebral hemorrhages during recovery phase and when platelet count was 20 × 109/L without multi organ failure or disseminated intravascular coagulation was an atypical presentation. High index of clinical suspicion led to early diagnosis and initiation of relevant management. The intracranial hemorrhage expanded despite platelet and fresh frozen plasma transfusion which ultimately led to brainstem herniation. Instituting a neurosurgical procedure in a patient with thrombocytopenia and brainstem compression was a challenging decision to make. Considering the risks versus benefit, conservative management was decided rather than invasive surgery. Measures to reduce cerebral edema were initiated. Mechanisms leading to this phenomenon are poorly understood. Development of active bleeding with moderate thrombocytopenia and normal clotting profile may be explained by platelet functional defects which are known to occur in dengue infection. However, we did not have adequate facilities to carry out platelet function tests.

We believe this case is a rare case of an intracranial hemorrhage in a patient suffering from dengue fever in recovery phase. It demonstrates that patients with dengue fever may have a bleeding tendency during recovery phase and in a patient without profound thrombocytopenia. Increased awareness and high degree of clinical suspicion is needed among clinicians for timely diagnosis of this extremely rare complication of dengue fever. Further research should be encouraged with regards to pathophysiological mechanisms of dengue infection leading to intracranial hemorrhage.

CONCLUSION

Exact pathophysiological mechanism of diffuse cerebral hemorrhages without profound thrombocytopenia is not well understood. Increased awareness and high degree of clinical suspicion is needed among clinicians for timely diagnosis of this extremely rare complication of dengue fever. We postulate that immunological mechanisms may play a role in pathogenesis. However further comprehensive research and studies are needed to understand the pathophysiological mechanisms leading to this complication.

CASE REPORT

CONSTRICTED AIRWAY IN LARYNGEAL TUBERCULOSIS

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INTRODUCTION

Difficult airway is defined as the clinical situation in which a conventionally trained anaesthesiologist experiences difficulty with facemask ventilation of the upper airway, difficulty with tracheal intubation, or both. The difficult airway represents a complex interaction between patient factors, the clinical setting, and the skills of the practitioner.[1]

Difficult airway can cause a lot of short term and long-term complication to the patient. In Malaysia, data showed difficult intubation occurred 1054 in 100000, and need for surgical airway is 20 in 100000.[2]

CASE PRESENTATION

Mr. HM is a 33 years old Malay gentleman with no known medical illness and past surgical history. He presented to the emergency department with a background of shortness of breath for the past two months, worsened for the past two days. He also complained of noisy breathing and hoarseness of voice for the past 3 months.

Patient denies any fever, loss of weight, history of trauma, foreign body ingestion, history of pulmonary tuberculosis contact and of reduced effort tolerance. Physical examination revealed that he was afebrile, respiratory rate was 16 times per minute with inspiratory stridor. There was no crepitation and air entry equal bilaterally. There were no palpable neck mass or neck lymph nodes.

CT Neck findings: There is a soft tissue thickening of the right pre-and paraepiglottic space with the erosion of the adjacent thyroid lamina and thickening of the right strap muscles. Superiorly the soft thickening extends to the level of hyoid at the level of C3-C4, and extends inferiorly to the true cords. Distally, there is circumferential soft tissue thickening of the hypopharynx at the level of the glottis (level C6 of vertebrae) which extends to about 1.0cm in length, causing almost total narrowing of hypopharynx at this level. The severely narrowed hypopharynx measured 0.2cm in width and 1.1 cm in AP at this level. The trachea and bilateral main bronchi are patent. There was no endobronchial lesion.

Later, Mr. HM developed tachypnea and serial arterial blood gases showed worsening respiratory acidosis which indicate he was in impending respiratory collapse. In view of his CT scan neck findings of narrowing of trachea and normal endotracheal intubation was anticipated to be difficult, he was then referred to the surgical team for urgent tracheostomy.

The patient was sent to the operation theatre for emergency tracheostomy under local anaesthesia of 10mls of bupivacaine 0.5% and 5mls lidocaine 2%. He was given a light sedation of low dose of dexmedetomidine. An incision was made around 1 cm above the sternal notch. It was found that the trachea is centrally surrounded by soft tissue thickening. A vertical incision around 1cm was made over trachea and tracheostomy tube size 6.5mm was inserted.

The patient was then sent to a tertiary hospital the next day for a scope and biopsy by the ENT team. The biopsy results came back suggestive of laryngeal tuberculosis.

DISCUSSION

For every patient that requires emergency or elective intubation, we must do a proper airway assessment.[1,3] If difficult airway is suspected, an appropriate planning is mandatory to avoid morbidity and mortality.[1,3]

Six basic problems that may occur independently or in combination: (1) difficulty with patient cooperation or consent, (2) difficult mask ventilation, (3) difficult supraglottic airway placement, (4) difficult laryngoscopy, (5) difficult intubation, and (6) difficult surgical airway access.[1]

Laryngeal tuberculosis with narrowing trachea is a rare case that can cause high mortality rate.[4] In this case radiological findings showed narrowing of trachea that made normal endotracheal tube not possible. Supraglottic airway devices was not considered in this scenario in view of high failure rate and inability to secure the airway.

Early preparation and planning includes informing to patient and family members regarding risk and benefit of procedure, asking for help from any assistant is mandatory for this kind of situation and early referral to respective team for securing surgical airway must be considered.[1,3,5] Early introduction of supplementary oxygen to patient is highly recommended.[1,3]

Four basic management choices that are taken into consideration include:

(1) awake intubation versus intubation after induction of general anaesthesia

(2) noninvasive techniques versus invasive techniques (i.e., surgical or percutaneous surgical airway) for the initial approach to intubation,

(3) video-assisted laryngoscopy as an initial approach to intubation, and

(4) preservation versus ablation of spontaneous ventilation.[1]

In this case awake with surgical tracheostomy is chosen with preservation of spontaneous ventilation.

CONCLUSION

Management of the difficult airway needs to be thoroughly looked into and that will include assessment and planning of management. Early referral to necessary team and good teamwork during is crucial.

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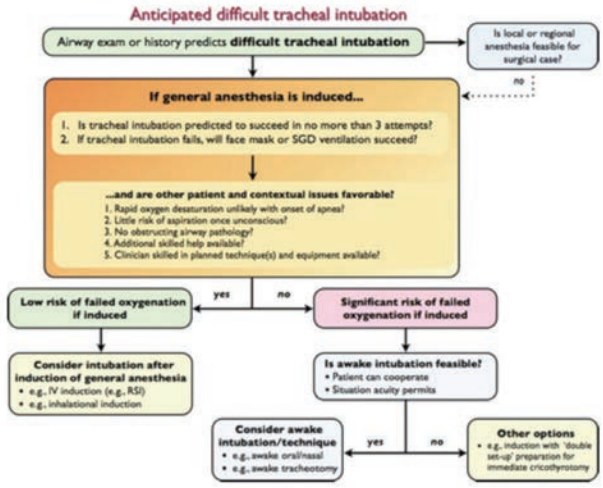
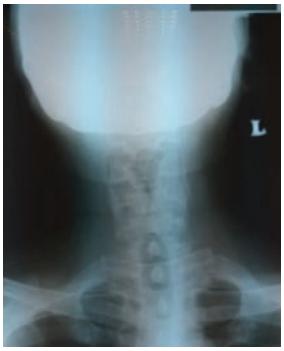
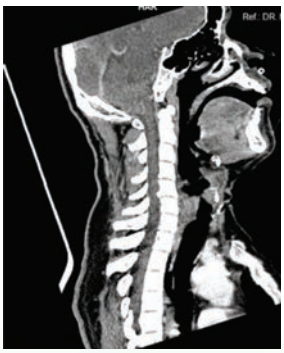
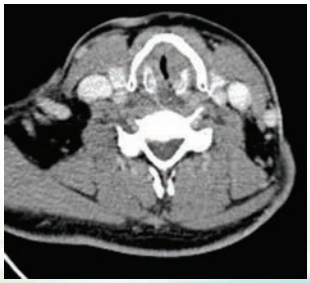
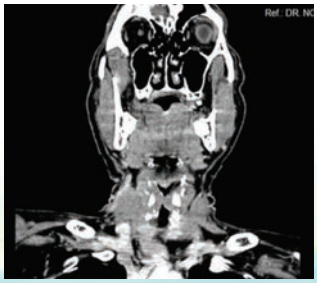


Figure 1 : Can J Anaesth. 2013; 60(11): 1119–1138.









UNDIAGNOSED LARYNGOTRACHEALESOPHAGEAL CLEFT (LTEC) TYPE 4 PRESENTING FOR EMERGENCY SURGERY; A RARE PHENOMENON - ANAESTHETIC CHALLENGES AT PAEDIATRIC INSTITUTE, HOSPITAL KUALA LUMPUR, MALAYSIA

Reported by Sivaraj Chandran[1], Intan Zarina[2], Hamidah [3]

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Laryngotracheoesophageal cleft (LTEC) is a rare disorder associated with the absence of fusion of the posterior cricoid laminae that results abnormal communication between the larynx and hypopharynx. There are 4 types of laryngeal clefts according to Benjamin Inglis classification:

Type 1: Interarytenoid cleft of the soft tissue without extension inferiorly into cricoid cartilage

Type 2: Cleft extending into the cricoid cartilage but not through the inferior lamina of the cricoid

Type 3: Cleft extends through the entire posterior lamina of the cricoid with or without extension into cervical trachea

Type 4: Cleft extends into the thoracic trachea and may extend down to the carina.

It requires great skills and high index of clinical suspicion to diagnose this condition and to manage the airway perioperatively as the airway management can be very challenging to the anaesthesiologists. Patients with laryngeal cleft can also present with other associated VACTERL anomalies. This case describes anaesthetic management of a patient that were only incidentally diagnosed to have laryngeal cleft during intubation and the anaesthetic issues faced during the surgery.

CASE REPORT

Baby boy, Day 4 of life, Birth weight – 2.1kg, born term via caesarean section for transverse lie is posted for OGDS KIV for gastrostomy / jejunostomy in view of esophageal stenosis. Preoperatively, it was noted that we were unable to pass the nasogastric tube and it was coiling in the chest radiograph. Reploge tube was inserted for suctioning. Upper Gastrointestinal study reported as distal short segment narrowing at the esophagus causing partial obstruction and abnormal stomach configuration. Child was on High Flow nasal cannula 5 l/minutes, mildly tachypneic, with oxygen saturation maintaining 96-98%, and vital signs otherwise stable. The child grossly does not look syndromic, other systemic examination was unremarkable.

This child was brought to operating theatre, attached baseline monitors and was induced with Sevoflurane, IV Fentanyl 4mcg, IV rocuronium 2 mg. We were able to mask ventilate the child with good chest expansion. Upon adequate depth of anaesthesia and relaxation, intubation was attempted 2 times with size 3 plain tube. Intubation was smooth but there were no good chest expansion, breath sounds and capnography, otherwise saturation was maintaining 95 to 98 %. We decided to remove the Reploge tube and attempted reintubation again. This time, there were chest expansion with breath sounds but no capnography. The child was pink and saturating well at all times. Noted excessive leak and requires high flow. Then, we decided to railroad to size 3.5 plain endotracheal tube with the aid of bougie. Despite that, there were excessive leak. Laryngeal cleft was suspected and requested the surgeon to proceed with the OGDS.

Upon OGDS, noted there were laryngotrachealesophageal cleft Type 4. There was no posterior tracheal wall below the level of vocal cord to the carina. Decided for laparotomy on the table. Stomach was small and was transected at the level body of stomach. Two gastrostomy tubes, the proximal for drainage, the distal for alimentation of the infant, were inserted. Perioperative, we had to use high flow 8 -10 litres /minute oxygen mix with air with sevoflurane to compensate for the leak. Continuous observation of the chest expansion and saturation was done as there were no capnography tracing. Vital signs were stable and saturation was maintaining throughout the operative period. The patient was then transferred to neonatal intensive care unit with ventilator for weight gain and was planned for definitive repair of the cleft.

ANAESTHETIC PROGRESS OF THE PATIENT

At Day 28 of life, patient underwent repair of the cleft by the paediatric surgical team. Patient was induced with IV propofol 2mg/kg and 2mcg/kg of Fentanyl. Total Intravenous Anaesthesia (TIVA) was started with TCI propofol 2mcg/ml and remifentanil infusion 0.15mcg/kg/minute. Bronchoscopy done and the findings were

1. Nasal cavity : Normal
2. Epiglottis were abnormally short
3. Vocal cord / Arytenoids / Aryepiglotic fold – Absent
4. Trachea : Abnormal , no tracheal ring present
5. Carina : Abnormal , not seen

6. Right Main Bronchus : Abnormal , separated by Right lower and Right Upper

7. Left main bronchus : Abnormal ,and edematous

Oral fibreoptic intubation was attempted but failed, then proceeded with nasal fibreoptic intubation. Endotracheal tube tube size 2.5mm was inserted into Right bronchus via left nostril and endotracheal tube size 2.5 mm inserted to the Left bronchus via right nostril. Both lungs were separately ventilated with 2 GA machines and 2 pulse oxymetry monitoring. Mode of ventilation was Pressure Control Ventilation with settings of Pressure : 15 mmHg, Rate:30, PEEP: 5, and I:E ratio of 1 :2 . Invasive monitoring via left femoral arterial line and right femoral vein double Lumen central line size 4Fr 8 cm were inserted under ultrasound guidance. Hemodynamically and ventilation was stable throughout the procedure.

Decision to paralyse was made to assists the repair. Patient was paralysed with IV rocuronium 1.2 mg/kg. Post paralysis, noted unable to saturate the patient, saturation dropped to 50% (lowest) and the heart rate was down to 80 beats per minute. Immediate reversal with IV sugammadex 16mg/kg was done and subsequently was able to ventilate and oxygenate the patient. Saturation picked up to 98% and hemodynamically was stable.

Proceeded with the repair of the cleft via left thoracotomy. Both trachea and oesophagus were reconstructed and repaired from caudal to cranially up till thoracic inlet. Pleural was used as interpositioning tissues. LTEC Type 4 was converted to LTEC Type 2. During the repair, noted unable to detect the saturation and episode of bradycardia down to 50 beats per minute requiring IV atropine 0.02mg/kg. Subsequently the heart rate picked up to 120 beats per minute with oxygen saturation ranging from 85 to 90 %.

Upon closure of the thoracotomy, noted suddenly child became hypotensive and desaturated requiring IV adrenaline 0.01mg/kg. Left tension pneumothorax was suspected and proceeded with Left chest tube was insertion. Post chest tube insertion, noted gush of air and saturation improved. Heamodynamic parameters were improving and remained stable.

Post repair, nasal endotracheal tube size 3.0 was railroaded using bougie and anchored at 11cm under fibreoptic guidance. Child was ventilated in PICU and was planned for completion of the repair until the child weights 4 kg.

Day 8 in PICU, noted difficult to ventilate the child with persistent desaturation and hypercarbia despite suctioning and manual bagging. The child was brought into the OT to change the endotracheal tube. Endotracheal tube size 3.5mm was railroaded using the bougie and anchored at 11.5cm. Noted moderate amount thick secretion blocking the endotracheal tube. Ventilation and oxygenation improved after the change of the endotracheal tube.

Subsequently, Day 14 in PICU, noted blood stained secretion oozing from the endotracheal tube and the nostrils. There was difficulty in oxygenation and ventilation. Child was again pushed to OT for bronchoscopy and change the endotracheal tube. Bronchoscopy findings are as below

1. Trachea : Abnormal , severe malacic, complete obstruction ,no cartilage from carina to repaired area

2. Carina : Abnormal , 3 openings seen , Right Upper Lobe , Right Lower Lobe , Left Main Bronchus

3. Right Main Bronchus : Abnormal , Right upper lobe malacic, small opening , granulation tissues seen, not able to pass through scope size 2.8mm, Right lower lobe severely malacic not able to pass through scope size 2.8mm

4. Left Main Bronchus : Normal

Endotracheal tube size 4 mm was railroaded using bougie and reanchored at 12cm. Child was ventilated in PICU for 2 weeks and subsequently condition deteriorated, requiring increasing inotropic support and succumbed due to hypoxemia, hypercarbia and worsening ongoing sepsis.

DISCUSSION

Laryngotrachealesophageal cleft is a rare disorder which accounts to 0.3% to 0.5% of all congenital defects of the larynx [1]. Although it is rare, it carries very high mortality rate. Airways problems such as migration of the endotracheal tube to the oesophagus and the reverse such as migration of nasogastric tube to the trachea can be detrimental to the patient. Apart from that, they are associated with other congenital anomalies such as oesophageal atresia microgastria, congenital heart disease as a part of VACTERL association [2].

It demands greater skills and high clinical judgment to diagnose as well as to manage airway perioperatively in patients with congenital laryngeal cleft. Aspiration pneumonia and other postoperative complications are more in severe forms of laryngeal cleft [2]. This disorder can be diagnosed from endoscopy and CT scan. Once diagnosed, repair should done to prevent life threatening pulmonary complications such aspiration, hypoxemia and respiratory failure. Even the surgical repair is very complicated, difficult and carries very high mortality [3, 4].

Lessons learnt from this case are to have a good clinical judgement and suspicion. Since laryngeal cleft is a rare disorder, it can be very easily missed and more often like in this case, present to us for operation. Airway management can be very challenging in this group of patients. In the first two attempts of intubation, we were able to intubate smoothly but failed to get the chest expansion and capnography as the tube would have propably slipped to the oesophagus as the Reploge tube is obstructing along the pathway. Once the Reploge tube was removed, the tube was not obstructed and able to ventilate and oxygenate, but there were no capnography as there were excessive leak and connection to

stomach. We were to able maintain saturation despite all the events as there were oxygen passing through the respiratory tract.

There are few case reports of repeated esophageal intubations, accidental extubations and posterior displacement of endotracheal tube into the oesophagus especially in in Type 3 and Type 4 Laryngotrachealesophageal Cleft. Few methods suggested to secure airway in this group of patients such as placing the ETT tube and passing through a Foleys catheter into the stomach and retract the inflated balloon into the gastroesophageal junction [5]. The Foleys catheter provides a seal in preventing gas entering the stomach during positive pressure ventilation and prevents the ETT from being displaced posteriorly. Another way was to insert a large bore nasogastric tube (10 F) into the oesophagus under scope guidance and this can prevent displacement of ETT into the oesophagus [6]. Others methods such as Tracheostomy [7], two tracheal tubes into each main stem bronchus [7], custom-made bifurcated ETT [7], endobronchial intubation, one lung ventilation [8], pediatric bilumen tube[9], laryngeal mask airway [10], ECMO and cardiopulmonary bypass [11] have been used for airway management of LTEC

In conclusion, laryngotrachealesophageal cleft should be considered when a neonate exhibits symptoms of tracheoesophageal fistula but has a patent and intact oesophagus. CT scan or endoscopy should be done to exclude the diagnosis. Anaesthetic management can be very challenging and requires high skills, knowledge and confidence. A team approach and proper planning is the key for its successful management.

ACKNOWLEDGEMENT

To the paediatric anaesthetic team lead by Dr.Hamidah bt Ismail and Dr. Intan Zarina bt Fakir Mohamed , and Paediatric Intensive Care Unit team lead by Dr. Maznisah bt Mahmood and Dr Pazlida bt Pauzi for their continuous care and support for this child.

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APAKAH YANG PESAKIT TENAT MAHUKAN? ETIKA DALAM PERUBATAN

Oleh ***Dr Hana Hadzrami***

Ada berbagai jenis pesakit yang dirawat di ICU. Ada yang berada di ICU hanya untuk pemantauan; contohnya pesakit selepas pembedahan major. Pesakit jenis ini selalunya akan dipantau di ICU sehingga benar-benar stabil sebelum dihantar kembali ke wad. Ada pesakit yang mengalami kecederaan berat akibat kemalangan yang memerlukan bantuan pernafasan dan pemantauan rapi.

Namun majoriti penghuni tetap ICU ialah pesakit yang berpenyakit berat dan yang mengalami kegagalan organ-organ. Pesakit jenis yang ini akan berada lama dalam ICU dan memerlukan rawatan rapi.

Untuk merawat pesakit dengan tanpa berfikir panjang memang mudah. Namun nak merawat pesakit dengan beretika itulah yang sukar. Apakah yang dinamakan rawatan beretika itu?

Adakah memberi rawatan maksimum kepada pesakit yang tiada harapan sembuh itu beretika? Tidak.

Adakah memberi rawatan maksimum kepada pesakit yang tidak mahu menghabiskan sisa hidupnya terlantar koma itu beretika? Tidak.

Adakah memberikan rawatan intensif kepada seorang yang tiada fungsi otak itu beretika? Juga tidak.

Setiap hari kerja doktor ialah membuat keputusan bererti untuk pesakit di ICU. Ada pesakit yang diberikan rawatan berhabisan; ada pesakit yang diberikan rawatan untuk suatu jangkamasa terhad (time limited trial), ada pesakit yang dihadkan terus rawatannya (limitation of therapy). Dan ada pesakit yang kami buangkan sokongan perubatannya (withdrawal of therapy).

Apakah yang mendorong kami memberi rawatan berbeza-beza begitu? Adakah pangkat pesakit? Adakah faktor umur pesakit? Adakah faktor kewangan pesakit? Tidak sama sekali. Bahkan itulah sebenarnya rawatan menurut etika perubatan.

Adalah sangat membebankan kedua-dua pesakit dan pihak hospital apabila rawatan diberikan sia-sia dan hanya melengah-lengahkan proses kematian.

Terdapat 4 prinsip dalam etika perubatan (Medical Ethics):

1. Autonomi pesakit (Patient's autonomy)
2. Keadilan (Justice)
3. Kebaikan untuk pesakit (Beneficence)
4. Tidak mendatangkan keburukan kepada pesakit (Non-maleficence)

Pesakit mempunyai autonomi dalam memilih rawatan untuk dirinya namun dia perlu faham kebaikan dan keburukan setiap pilihannya. Kebanyakan pesakit di ICU autonominya diambil alih oleh ahli keluarga. Namun ia tak bermakna keputusan dibuat 100% menurut permintaan keluarga. Ini kerana tak semua tahu apa yang terbaik untuk pesakit dan keputusan yang dibuat adalah dikelabui oleh emosi. Apa yang ahli keluarga mahukan kadangkala tak sama dengan apa yang pesakit sendiri mahukan.

2. Keadilan (Justice)

Keadilan untuk pesakit itu dan juga keadilan untuk pesakit lain. Sumber perubatan yang ada perlulah dikongsi bersama dengan pesakit lain. Jika doktor berhabisan merawat pesakit yang tiada harapan, ianya tak adil untuk pesakit itu kerana memanjangkan penderitaannya. Ia juga tak adil untuk pesakit lain yang lebih berhak mendapatkan rawatan tersebut.

3. Rawatan perlulah untuk kebaikan pesakit (Beneficence):

Pilihan rawatan yang diberi haruslah untuk kebaikan pesakit. Bermakna pesakit perlu bertambah baik dengan rawatan yang diberikan. Jika rawatan diteruskan dengan melulu tanpa memberi faedah untuk pesakit; ianya bukan lagi untuk kebaikan pesakit tetapi untuk kelegaan ahli keluarga pesakit dan mungkin doktor sendiri.

4. Tidak mendatangkan keburukan pesakit (Non-maleficence):

Rawatan yang substandard adalah tak adil dan tak bagus untuk pesakit. Begitu juga memberi rawatan maksimum yang hanya memanjangkan penderitaan kepada pesakit yang tiada harapan sembuh.Pernah seorang pesakit HIV di peringkat AIDS telah dibawa ke ICU dengan alasan pesakit itu masih muda dan dia adalah staf perubatan. Padahal sebelum itu pesakit sendiri telah menandatangani arahan DNR (Do Not Resuscitate) untuk dirinya sekiranya dia hampir meninggal dunia.

Semua doktor yang terlibat membawa masuk pesakit itu ditegur oleh pakar perunding ICU. Kenapa? Kerana rawatan yang diberikan tidak lagi mematuhi etika dan tidak menghormati permintaan pesakit.

Pesakit sebegitu tak sepatutnya diberi bantuan pernafasan, tetapi terapi rawatan akhir hayat (End of Life Care); iaitu untuk meredakan penderitaan sebelum meninggal.

Pesakit yang sudah sampai masanya untuk pergi patut dibenarkan meninggal dunia dengan aman dan penuh hormat.

Pesakit yang mempunyai harapan pulih yang cerah harus dirawat tak mengira umur.

Pesakit yang mempunyai masalah perubatan berat dan jika setiap rawatan hanya menambahkan beban kepadanya haruslah dihadkan rawatan untuknya.

Pesakit yang sakit kuat namun mempunyai sokongan keluarga yang kuat harus dipertimbangkan sejauh mana ahli keluarga sanggup menanggung dan apa harapan pesakit sendiri.

Nak merawat secara semberono memang mudah. Intubasi dan berikan rawatan sokongan hayat saja. Teruskan antibiotik. Teruskan sokongan ubatan jantung. Tulis saja "Continue same" di pelan rawatan.

Nak merawat dengan adil dan beretika itulah yang sukar. Ianya seni yang perlu dipelajari dan dipraktik sendiri.

Hingga anda boleh meletakkan ahli keluarga sendiri sebagai pesakit; "Jika ini bapa saya, apakah yang saya perlu lakukan? Sejauh mana saya perlu sambung rawatan? Adakah rawatan ini akan memberi manfaat atau hanya akan memanjangkan penderitaannya? Adakah ini yang dia mahukan atau yang saya mahukan?"

CONSENT TAKING:
CAN SOMEONE TELL US THE LEGAL WAY TO DO IT

By Dr Gunalan Palari Arumugam

The above headline is not meant to be a click bait but rather an exasperated feeling in me personally and I am sure many others feel the same as well. How many times have we read of judgements in courts for medicolegal cases going against doctors and often, part of the argument centres on the process of consent? This is of concern and increasingly becoming an issue as we go about in our daily practice. Without dwelling into some of the cases in detail here, I urge members to get a copy of the written judgements either via online or hard copy as the judgements especially in cases involving anaesthesiologists are now public.

We are all fully aware of the process of Consent taking and why it is an important aspect of patient management involving both the anaesthesiologists involved in rendering the conduct of anaesthesia as well as the patients and the next of kin. The process of Consent Taking especially by anaesthesiologists is no different whether you are practising in the private hospitals or public hospitals.

The Malaysian Medical Council has extensively discussed and come up with guidelines and this can be obtained at its website **www.mmc.gov.my**. A brief description is as below:

Consent for Treatment of Patients by Registered Medical Practitioners is an act of reason and deliberation where a person who possesses and exercises sufficient mental capacity to make an intelligent decision and demonstrates consent by performing an act recommended by another. Consent assumes a physical power to act and a reflective, determined, and unencumbered exertion of these powers. Consent refers to the provision of approval or assent, particularly and especially after thoughtful consideration. It is understood by both the patients and the doctors' performing the medical procedure that obtaining consent especially in writing is a must.

With specific reference to an anaesthesiologists performing the conduct of anaesthesia, be it for a surgical procedure in the operating room, intensive care unit or any other areas in the hospital such as the radiology or endoscopy unit, the process starts with a pre-procedure assessment where a full medical, surgical, anaesthesiology and allergy history is obtained followed by a clinical examination and review of investigations relevant to the condition of the patient is done. After this, a discussion will take place between the anaesthesiologists and the patient where an anaesthetic plan will be explained to the patient and consent is obtained. Clearly, this is a two-way process where an anaesthesiologist expects a patient to disclose all information required that will be relevant for him to conduct the anaesthesia safely. Secondly, it is also expected that the anaesthesiologist will explain relevant and common risks associated with the anaesthesia and expects questions from the patients and the relatives if there are areas of concern. This will then be ended with the actual process of the patient or the next of kin where relevant to sign the consent form. There are ample opportunities provided both at the time of the first assessment as well as prior to the beginning of the conduct of anaesthesia to dispel any doubts.

Unfortunately, the field of anaesthesia like any other medical fields are subjected to a lot of criticism nowadays even though safety has dramatically improved over the years with improved knowledge and skills of the clinical practitioners involved, availability of new and safer drugs as well as advances in anaesthesia delivery and monitoring systems. However, despite adequate preparation and anticipation, it is quite impossible to cover every single risk that can occur, be it directly or indirectly to the conduct of anaesthesia. No anaesthesiologist would deliberately harm a patient. It is not ethical and if there are grounds of such gross misconduct, the fraternity is unanimous in objecting to such clinicians. But at the same time, we hope that the public can do their part as well and understand our predicament as well.

The days of consent taking as a routine process between the anaesthesiologists and the patient is no longer going to be a simple process of explaining a few things and then getting the patient to sign on the dotted line. Let me spend some time breaking it down further on various potential pitfalls on the Consent Taking process.

WHEN DID WE DO THE PROCESS:

Was it done on the day of surgery, the night before surgery or a few days before surgery. If the consent was taken on day of surgery and he was premedicated the night before, can we reliably be sure that he was no longer sedated and able to make sound judgement when we see him the next day before surgery? How would we know for sure that he wouldn't turn around and say he can't remember who he spoke to? Most patients on good days itself would not remember how their anaesthesiologists look like (which may sometimes be a good thing). If the consent was taken a few days earlier (generally 7 to 10 days is an acceptable period but can definitely be challenged), can the patient turn around and say he had no recollection of the anaesthesiologists explaining certain material risks. Or he could mention that he wanted to clear the doubts the night before surgery but was not able to because of any flimsy reason whatsoever.

WHO DID THE PROCESS:

Your colleague may be the person in charge of preoperative anaesthetic assessments and would have probably explained to the best of his knowledge on the material risks of a particular procedure. What if you see the patient before surgery and proceeded to explain minimally as your colleague had done the thorough explanation much earlier. What if by pure chance, your colleague forgot to mention one complication and that is the complication that happens. In this scenario, both you and your colleague will be answerable. The question then

is can the anaesthesia assessment and consent be done by a different person and the person performing the anaesthesia be a different person? We know most of the public hospitals and some of the private hospital work this way due to scheduling reasons as well as optimising workload for the Anaesthesia Department. What would then be the solution, everyone sees their own patients?

WHERE YOU SIGN THE CONSENT FORM:

Most times we see the patients in the ward or Daycare Ward as well as the Anaesthesia clinic. What if we are seeing the patient for the first time in the operating room and you couldn't go to the ward to do your rounds because of emergency cases in the OT? If a complication were to happen, can the patient say he signed under duress as he was already in the Operating theatre and did not get ample time to discuss in the ward where he could have taken his time to give the go ahead for the procedure after covering all the doubts he had with you.

IS THE AMOUNT OF TIME SPENT AS WELL AS THE DEPTH OF DISCUSSION IMPORTANT?

Can we adequately cover all the risk of a procedure when you're dealing with an emergency case, say for example a caesarean section where the life of baby and mother is important. What if your baby is delivered flat because you spent 30 mins addressing all the concerns of the mother and the husband of the effects of anaesthesia to mother and baby. What if you rushed her thinking it was urgent only for her to develop cardiac arrest because of a total spinal or amniotic fluid embolism and that particular risk was not explained to the husband? Can we be blamed if either one of the scenario occurs?

ARE THE FAMILY MEMBERS, ESPECIALLY THE SPOUSE AN IMPORTANT PARTY TO THE CONSENT PROCESS?

According to the courts, there are avenues for spousal consent to be an important factor before anaesthesia is commenced even though we may have counselled the patient directly and the patient agrees or refuses certain procedures to be done pre-induction. So, what if the husband is not available but the wife consents, and he turns up later after the procedure and complication has occurred and is adamant that he was not consulted and if he was, he would have disagreed to the procedure. What then?

WITNESS TO THE CONSENT PROCESS

The second person involved in the process is usually from the nursing side where she becomes a witness to the process. What if she is asked to be a witness in court to testify on how the process was taken? What if she were to say something or deny a statement was uttered that may cause us to be in a tighter spot with the lawyer? Do we want to one day resort to videotape our conversations with the patient or the next of kin so that it can be used as an evidence if need be to defend ourselves in court later?

So the big question is how do we practitioners go about it on daily basis? With the current medicolegal challenges for anaesthesiologists, we are definitely walking the fine line. I am sure that many of us have been reminded time and again on the current toxic environment in which we find our clinical practice. Decades ago, medical misadventures though did not attract the kind of scrutiny from the public eye as what we face today. Coupled with the fact that compulsory medico-legal insurance is now a must, the cynic in me tends to believe that the beneficiary of such a thing is not only the patient but members of the legal fraternity.

My personal view and I would emphasise it again and again is that consent taking is a two way process. Patients should do their utmost to understand their medical conditions and to disclose to the anaesthesiologists any concerns that they may have. The anaesthesiologists on their part will do their very best to explain any concerns that the patient or next of kin may have. There are times when in an emergency or a critical situation where the speed in delivering the anaesthesia may render the process of consent taking inadequate, but this is not done deliberately. Where possible, a quick and relevant discussion specific to the clinical problem takes place, not because we are trying to deliberately downplay the risks, but safety of the patient takes precedence over any other discussions. Examples of this include an emergency caesarean section where speed in delivering the baby needs to outweigh other factors. There are many other instances to elaborate this but again, it is not the objective of this article to do so. I am sure we have all been through that situation and no one wants to be in a situation later where he gets questioned for taking a few steps less to get the consent.

The role of an anaesthesiologist in this ever evolving world of medicine is challenging and we hope that we can sincerely do our best to ensure the best possible outcome is obtained for every patient that we anaesthetise. The question at the end of the day is do we want to find ourselves in a situation where no one wants to touch a high-risk case or potentially a medicolegal case as its potentially draining, too cumbersome and not worth the time, effort and money. Think of all the cardiac and neuro case that are potential surgeries that end up with a morbidity or mortality. Even a "simple" lump or appendicectomy may come back to bite you, if you end up with a malignant hyperthermia or failed intubation in that patient for example.

Maybe one day, it will come back to haunt the very proponents of rules and laws that were meant to safeguard patients interest, and we end up undoing a lot of the decisions that are put in place today. The solution is not simple and I am aware that various engagement with the legal fraternity and judiciary has been initiated by parties interested in protecting the interest of doctors. But at the moment the overarching sentiment is to be on the side of the patient. No doubt that we can never run away from complications after a procedure, but this is where mediation or a no fault compensation mechanism should come into play. Till then, may the Force be with all of us.

TRAVELLING WITH A PEACE OF MIND

*By **Dr Gunalan Palari Arumugam***

A couple of months ago, I wrote about another Society that I am very actively involved in, the Society of Aeromedicine Malaysia (SAMM) on Facebook. The note I wrote was about some of the activities and critical transport of patients that the Society has done, both locally and abroad. Ever since then, I've received a lot of questions with regards to how the entire process of medical evacuation or repatriation works but before I cover that in a separate article, let me first and foremost briefly cover some aspects of things to consider whenever you are travelling overseas, since most of us do travel regularly for either work, conferences or leisure trips.

First and foremost, travel insurance. The idea of spending money on something that you would probably end up not using, unfortunately, causes many to risk it. Many travellers would rather spend the extra hundred ringgits to buy souvenirs, for example. I have seen enough people regretting such a decision. Most airlines now have gone online, and purchasing tickets via their websites is done so easily. While most airlines have a travel insurance product that comes with when you purchase their tickets, they are offered as an option. Since it is not mandatory, you can still decide not to take up the insurance but proceed to order your in-flight meal of nasi lemak instead. Don't make this mistake. If you are uncomfortable with the insurer that underwrites the insurance offered, always make it a point to go to an independent travel insurance site and make your purchase. For example, AIG Malaysia has an easy-to-use website where it only takes a few easy steps to input your details before you pay and print out your policy.

Once you have purchased your travel insurance, make sure your travelling companion or your family has a copy of the policy. From my personal experience, as soon as I get an email confirmation, I would immediately send a copy to my wife's email, so that she can access it when needed. Don't be discreet about it, when you're having a head injury and lying unconscious, you wouldn't be the one who would be doing all the paperwork. The key thing is to notify your travel insurance company as soon as possible so that you get immediate assistance. I worked for AIG Travel for three years and you will be amazed at the assistance services that the company has set up to assist you. There is a huge team of experienced travel assistance coordinators with multiple language capabilities, certified doctors and nurses who would respond to you in a manner that is assuring and comforting, especially when you are alone in unfamiliar places, especially so when you face difficulties communicating with local doctors or authorities. Trust me when I say that you will not regret to involve them from the outset and the extent of assistance you would receive from them while you focus on the medical problem on hand or care for the sick person travelling with you.

Does travel insurance cover everyone for everything? Unfortunately, no. There are certain limitations and exclusions included in most travel insurance policies. For example, a common one is the elderly age limit of not more than 70 years. A few policies are known to cover up to the age of 79, but make sure to read the fine print. Many policies do not cover pregnancy and pregnancy related illnesses, emergency deliveries to a preterm baby, alcohol- or drug-abuse related injuries, as well as some high-risk sports activities, such as a fall off a cliff after attempting base jumping. However, the average leisure travellers should have no issues to get things covered if claims are genuine.

So what options do travellers have if they cannot get travel insurance? First, decide whether you will be fit to take on the trip to your destination. It might be on your bucket list of places to visit, but you need to be realistic about it too. Speak to someone who has been there before and maybe of similar age group, or medical condition and learn from their experience. Sometimes, religious obligations may necessitate you to travel as well. If that's the case, planning to anticipate emergencies is crucial. Always have a "what if worse case scenarios" mapped out. Time the trip in such a way that you don't stress yourself out.

Many people like to do multi-city trips in the space of a few days. They would have travelled thousands of kilometres on a flight. Instead of allowing their body enough time to rest, they immediately start going about on some activities that would further stress their heart and body. I have dealt with many who travelled to the high-altitude areas of China, Tibet, Nepal and Peru and had not given themselves enough time to acclimatise to the change in altitude. They ended up experiencing high altitude sickness. Such cases usually require emergency evacuation to lower ground. Rugged terrain and bad weather sometimes may not allow immediate help to reach the sick or the injured. Please be mindful of the areas that you are travelling to as hospitals like the ones we are used to in Malaysia may be located a few hundred kilometres away. Speak to your doctor who knows your condition the best and can give you sound medical advice. While he may not be able to predict what might happen, at least you will be mindful of things that you should and shouldn't do.

At the end of the day, life is all about planning. Similarly, undertaking a trip overseas is all about planning as well. You don't have to spend hours mapping out an evacuation plan, which you should leave to the experts, but at least have a mind map of things you would need to do in case of an emergency. Educate your fellow travel companions on how to watch out for each other and what needs to be done in the event something unexpected happens.

What if, despite the best of planning, something happened and you are not insured. What can you do? Firstly, a prayer won't hurt the situation. Have faith that there is a divine power out there that has put this test to you and you seek all the help you can get to go through it. Secondly, like in all our medical trainings when we attend to a patient with a cardiac arrest, call for help. You are not alone and there will be many who would be involved in getting the right help to you. Funding your emergency medical expenses and medical evacuation and/repatriation is always an issue. Start a donation drive among your family and friends, open a fund-raising page, liquidate some assets, apply for a personal loan, etc. Malaysians are generally helpful and will come to the aid of a fellow citizen in need of help. For those who have negative things to say, like why did they travel when they know they are pregnant, or sick, or too old to fly, please keep those comments to yourselves. The families do not have a magic crystal ball that can help to read into the future before they travelled. Not only that it is not helpful, it can be disheartening and does nothing to alleviate the situation. No one in their sound mind would want to spend days and weeks planning for a trip only to end up with a medical emergency while travelling and to be stuck in the confines of a hospital bed completely unprepared. I have seen the ugly nature of some people who bring ethnicity or religion into a discussion on who should or should not receive help, or if they were VIPS and well connected, and that the government should be stepping in to bail them out. Please, get a life. Most times, the government will try their best to assist but financial assistance is not a straightforward affair and does not work that way. So, in the end it boils down to the power of many to help one. At the very least, a prayer or some words of encouragement should be given to the travellers and their families.

The million-ringgit question that is frequently asked, is there a solution for medical repatriation and evacuation to aid the many citizens who are stranded overseas without causing financial ruin to their families? Fortunately, there is and SAMM has proposed to the powers that be some time ago. Until such time that the government is willing to take on suggestions from experienced individuals who know what is required to set up and run such assistance service and aid those that need it without ulterior motives and agenda, travellers and their families will continue to bear the burden.

I hope you have a rough idea now on the subject and in my next write up, I will speak about what happens when we are called to retrieve a patient. Thanks for reading and hopefully it is beneficial to you.

Message from the Organising President
Dr Raveenthiran Kasiah

6TH WORLD CONGRESS OF TOTAL INTRAVENOUS ANAESTHESIA & TARGET CONTROLLED INFUSION

Greetings to everyone. In less than five months, we will be hosting one of the biggest Anaesthesia Congresses ever held in Kuala Lumpur, Malaysia. **The 6th World Congress of Total Intravenous Anaesthesia & Target Controlled Infusion** will kick off on Wednesday, the 15th of August 2018, with a selection of Pre-Congress Workshops comprising of TIVA-TCI workshops, Monitoring, Ventilation and Regional Anaesthesia held at various locations in the city.

The main congress will then proceed for a period of three days in the Kuala Lumpur Convention Centre, which is situated just next to the famous Petronas Twin Towers. This event will incorporate the Annual Scientific Congress of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists, Academy of Medicine of Malaysia. Thus, there will be a variety of topics to be savoured from within the fields of anaesthesiology, critical care and pain medicine.

The Scientific Committee team has strived to put together a programme which we hope will enlighten the delegates from matters as tiny as the drug molecules to large issues like patient care. The number of speakers from overseas number about 50, making this one of the most varied number of presenters ever to attend our Congresses, representing anaesthesiology practitioners from the four corners of the globe.

We would like to encourage our local delegates to take advantage of special rates which is applicable for both MSA and non MSA members. Please log in to our registration page at our official website www.worldsiva-tci2018.com to find out specifically what the rates are, and we are sure you will be delighted. The fees are extremely reasonable for a Congress of this scale which is being organised at one of the most prestigious locations in Kuala Lumpur City Centre. Furthermore, if we factor in the savings from travel and accommodation if we were to attend a similar Congress overseas, the savings gained is truly an opportunity not to be missed. The scientific programme is also second to none, thus the investment made will be worth it.

I, on behalf of the Organising Committee of the **6th World Congress of Total Intravenous Anaesthesia & Target Controlled Infusion** hope you will be there with us. Thank you and looking forward to meeting you at the Congress.

Malaysian Society of Anaesthesiologists

College of Anaesthesiologists

SIVA World Society of Intra Venous Anaesthesia

WORLD CONGRESS OF SIVA-TCI 2018

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

15th to 18th AUGUST 2018

KUALA LUMPUR CONVENTION CENTRE

PLENARIES

SYMPOSIA

- Allied Health Interest
- Ambulatory Anaesthesia
- Cardiothoracic Anaesthesia
- Critical Care
- Hypnotics In ICU
- Lung And Ventilation
- Monitoring & Safety In TIVA-TCI Delivery
- Neuro-Anaesthesia
- Obstetric Anaesthesia
- Paediatric Anaesthesia
- Pain Medicine
- Peri-Operative Medicine
- PK/PD Concepts
- Professionalism
- Regional Anaesthesia
- Research
- Sedation & Monitored Anaesthesia Care
- Transplant

PRE-CONGRESS WORKSHOPS

- TIVA-TCI For The Paediatric Patients
- TIVA-TCI For Beginners
- TIVA-TCI For The Obese Patients
- Regional Anaesthesia Anatomy Under Ultrasound
- Advanced Monitoring For ERAS
- Ventilation
- BIS For TIVA

MEET THE TIVA-TCI EXPERTS

PANEL OF INTERNATIONAL AND LOCAL SPEAKERS

AUSTRALIA
Andrè A J Van Zundert

BELGIUM
Stefan De Hert

CANADA
Thomas Hemmeling

CHINA
Lize Xiong
Yang Liqun

FRANCE
Ngai Liu
Philippe Mavoungou

GERMANY
Wolfgang Heinrichs

HONG KONG
Tony Gin

INDIA
Ankit Agarwal
D K Singh
Goverdhan Puri

INDONESIA
Susilo Chandra

ITALY
Mario Bosco
Antonio Clemente
Alfredo Del Gaudio
Cesare Gregoretti
Luigi Tritapepe

JAPAN
Y Imanaka

MACEDONIA
Emiljan Ivanov

NETHERLANDS
Anthony Absolom

NEW ZEALAND
Brian Anderson
Timothy Short

PORTUGAL
Francisco Lobo
Rodriguez Rubio

ROMANIA
Daniela Ionescu
Dorel Sandesc

SERBIA
Bojan Bagi

SINGAPORE
Sophia Chew
Alex Sia

SRI LANKA
Kanishka Indraratna

SWITZERLAND
Thomas Schnider

TAIWAN
Edmund Cheong So

THAILAND
Suraphong Lorsomradee

TURKEY
Hulya Bilgin

UNITED KINGDOM
Ma Daqing
Medhat M Shalabi
Claire Nightingale
Ellen O'Sullivan

USA
Talmage Hegan
Krzysztof Kuczkowski
D Sessler

MALAYSIA

Azrin Azidin
Michael Beh
Mary Suma Cardosa
Hasmizy Muhammad
Kavita Bhojwani
Khairulamir Zainuddin
Lee Choon Yee
Lee Yan Wei
Loh Pui San
Loo Soo Yin
Marzida Mansor
Maseeda Mohd Yusof
Mohd Basri Md Nor
Mohd Fahmi Lukman
Noor Airini Ibrahim
Noorjahan Haneem Md Hashim
Nora Azura Dintan
Raveenthiran Rasiah
Razman Jarmin
Rufinah Teo
Sanah Mohtar
Shahridan Fathil
Shereen Tang Suet Ping
Thohiroh Adbul Razak
Cindy Thomas
Wan Mohd Nazaruddin Wan Hassan

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Malaysia Convention & Exhibition Bureau

Malaysia Truly Asia

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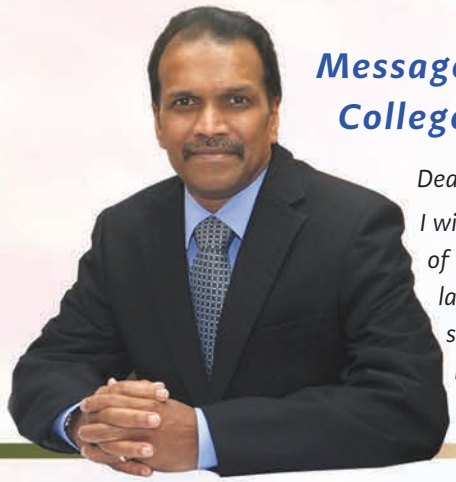

Message from the President of the College of Anaesthesiologists, AMM – ***Dr Raveenthiran Rasiah***

Dear Colleagues and Friends,

I wish you a happy and healthy 2018! It has been an eventful 2017, especially towards the second half of the year when the Medical (Amendment) Act 2012 and Medical Regulations 2017 was gazetted as law which came into effect from 1st July onwards. Post the announcement, many meetings and brain storming sessions have been conducted between the respective governing bodies involved in the implementation and especially in relation to the CPD points. I will elaborate on this shortly.

The scrutiny on the medical profession has never been as stringent as it has been over the last decade with medicolegal cases constantly being publicized and over dramatized to paint the profession in a negative light. I urge members to ensure that their practice is above scrutiny. We have been hearing of some centers running anaesthetic services with one resident anaesthesiologist and a few medical officers giving anaesthesia independently. With the availability of the National Specialist Registry, the public can easily access the details of any specialists and if any issues were to arise, they can easily lodge a complaint with the Malaysian Medical Council. Repercussions from any complaint can be quite severe, including suspension of the rights to practice.

AMM SCIENTIFIC MEETING AND ANNUAL GENERAL MEETING

The Fellowship conferment and Induction ceremony was graced by the Honorable Health Minister, YB Datuk Seri Dr S Subramaniam. I am delighted to record that many new members were inducted into the College- Congratulations!

NATIONAL ANAESTHESIA DAY 15TH OCTOBER 2017

The CoA collaborated with Universiti Malaya Medical Centre to celebrate the National Anaesthesia Day on 15th of October 2017. It was officiated by the Deputy Minister of Higher Education, YB Dato' Mary Yap. The event was a tremendous success! You can read about it in this issue.

FCAI PARALLEL PROGRAMME

The regulations and rules for the programme is on the college website. Candidates who are considering sitting for the MCAI and FCAI exams are advised to go through these regulations to avoid any confusion. If in doubt, please email the CoA Academy of Medicine secretariat for clarification.

INTERNATIONAL NETWORKING

1. ***KOREAN SOCIETY OF ANAESTHESIOLOGISTS***
   Dato Dr Jahizah, Dato Dr Yong and myself attended the Korean Society of Anaesthesiology Annual Scientific Meeting. This report has been covered in Dato Dr Jahizah's message.
2. ***SRI LANKAN SOCIETY OF ANAESTHESIOLOGISTS***
   The College of Anaesthesiologists and Intensive Care Sri Lanka celebrated their 50 years of intensive care. I was invited as President to join in their celebration. The anniversary celebration was held together with their Annual Scientific Congress. The College was given a booth to exhibit and promote the 6th World Congress of SIVA-TCI 2018. The response was good.
3. ***CHINESE SOCIETY OF ANAESTHESIOLOGISTS***
   The collaboration between the CoA, MSA and the Chinese Society of Anaesthesiologist is growing from strength to strength.

CPD POINTS AND NSR MAINTENANCE

The Academy of Medicine of Malaysia has been tasked to administer and manage the CPD for medical specialists in the country. The Academy has established an online CPD system for you to register your CPD points.

This system will be linked to the Malaysian Medical Council for your renewal of APC and recertification of your NSR registration. The registered events in the system will start from January 2018. Specialists in the public sector will have to use the MyCPD portal. Please note that for application for Annual Practising Certificate (APC), CPD points will be compulsory for the issuance of the 2020 APC. A practitioner will have to accrue at least 20 CPD points from 1st July 2018 to 30th June 2019, for consideration of the issuance of the 2020 APC. The MMC at its recent meeting has decided that the validity for those who have already registered with the NSR (before 1st July 2017) will be from 1st January 2018. NSR registration is valid from 1st January 2018 to 31st December 2022. On the issue of core and non-core, the MMC has not decided on this yet. You can download the e-certificate from the NSR website or if you prefer a hard copy certificate from NSR, the cost is RM 200.

I urge all specialists, both in the public and private sectors as well as those working in the universities who have not registered with the NSR to do so immediately as it is an offence if you have not done so.

Best wishes!

Dr Raveenthiran Rasiah