

BERITA ANESTESIOLOGI

JILID 7 BIL 3 AUGUST 2005

Newsletter of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists,
Academy of Medicine of Malaysia



Malaysian Society
of Anaesthesiologists



College of Anaesthesiologists
Academy of Medicine of Malaysia

Editor : **Dr Rafidah Atan**

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia

Tel: 603 2093 0100, 2093 0200 Fax: 603 2093 0900

email: acadmed@po.jaring.my website: www.msa.net.my

Message from the President

For as long as I could remember, the membership issue has been discussed at every Exco meeting and we seemed to be at a loss as to how we could obtain an accurate database and remain in touch with our members. Members complain that they do not receive *Berita*, invitation letters or reminders for membership renewal when in actual fact the secretariat has been diligently sending out these letters to them – but to the wrong addresses!

A few of the Exco members finally met over two Sundays and went through every single name in the list. Where a name rang a bell somewhere, we would update the mailing address and practice status to the best of our knowledge. When in doubt, we would call our colleagues to confirm the information. After going through five hundred names and updating their personal profile, I can confidently declare that we now have a reasonably current membership database. I hope the fact that some of you are reading *Berita* for the first time means that our effort has paid off!

But this database will in no time become outdated again if members fail to do their part. I urge you to notify the secretariat whenever there is a change in your practice address or status. A better way to update your personal profile would be to access the MOPS website (www.msa-mops.org.my) and make the changes. If you are accessing the MOPS for the first time, you need to get the username and password from Ms Kong.

The 'clean' database revealed that a significant number of our members, including some of our close associates, have lapsed in their payment, some for as long as ten years! To get round the impasse and to show that the MSA is sincere in embracing all members, the Exco has decided to declare an amnesty for defaulters. Members need only backdate payment for 4 years i.e. for a sum of RM 200 to re-activate their membership. I urge our colleagues to take this opportunity to show your support for the anaesthetic fraternity and solidarity by becoming an active MSA member now!

As mentioned in the last *Berita*, MSA is keen to develop a CME programme with the help of our local speakers and experts. We are fortunate to have Prof Dato' C Y Wang to take on this responsibility and within a short period, her committee had drawn up an impressive programme with the

first Klang Valley monthly symposium scheduled to take off in September at UMMC. For details, please refer to the letter circulated among MSA members earlier this month regarding the same issue. I hope members will support and participate in this programme. I especially hope our colleagues in the private sector will take time off from their busy practice to attend the meeting and join in the discussion.

The property procurement committee comprising Dato' Dr K Inbasegaran, Datuk Dr Kathiresan, Dr Jamsari Sukro and Assoc Prof Syed Rozaidi had a discussion with a real estate agency recently. A few 'hot' locations were identified and the group is now actively scouting for a shop lot. Once a suitable property is identified, we will call an Extraordinary General Meeting to endorse the purchase. The prospect of owning a property and securing a regular income for the society is a very exciting one and we hope to conclude the deal before end of this year.

In my haste to get the last *Berita* out in print, I did not introduce Dr Rafidah Atan, the new editor for *Berita*. Rafidah is a young and talented specialist in my department with a penchant for teaching. Her husband is Dr Nor Azim of UMMC. Being young and carefree, she will have lots of ideas to contribute to *Berita*. In this issue, she has come up with a quiz on chest X-ray. I hope members will find this beneficial and a welcome change. If you have any suggestion to make *Berita* a more readable newsletter, please do not hesitate to get in touch with her.

I managed to persuade Dr Mohd Yani and Dr Wan Nasrudin to take charge of the MSA website and give it a much needed overhaul. I am confident that the IT savvy duo will be able to make the website current and beneficial. You can get in touch with them at email addresses mdyani@pd.jaring.my or drwnwi@pd.jaring.my, if you wish to post an article or photographs at the website.

Lastly, I am pleased to announce that Datin Dr V Sivasakthi has kindly agreed to organise next year's AGM/ASM in Melaka. I am confident that there will be a good scientific meeting and an exciting social programme awaiting you at the 'historical city'. Do mark the event in your diary and make plans to attend.

In this Issue ...

- 2nd Paediatric Anaesthesia and Analgesia Workshop – pg 2
- UKM vs UM Friendly Futsal Game - pg 3
- The National Service – What It Was Then – pg 4 to 6
- 14th Asean Congress of Anaesthesiologist – pg 7

2nd Paediatric Anaesthesia and Analgesia Workshop 8 – 9 July 2005

Prof Lucy Chan, Department of Anaesthesiology,
University Malaya Medical Centre, Kuala Lumpur



The Special Interest Group in Paediatric Anaesthesia of the College of Anaesthesiologists, Academy of Medicine of Malaysia, conducted a two-day workshop at Hospital Tengku Ampuan Afzan, Kuantan, Malaysia. The Faculty/Committee consisted of Prof Lucy Chan (UMMC), Prof Felicia Lim (HUKM), Dr Sushila Sivasubramaniam (Paediatric Institute, Hospital Kuala Lumpur) and Dr Asmarawati Mohamad Yatim (Hospital Tengku Ampuan Afzan).

There were 39 participants – 11 from Hospital Tengku Ampuan Afzan, 11 from other hospitals in East Coast and the rest from other parts of Malaysia.

The Workshop started with a full day seminar held at the Auditorium, Kompleks Rawatan Harian in Hospital Tengku Ampuan Afzan on 8 July 2005. The topics discussed covered many practical

aspects of Paediatric Anaesthesia such as fluids & electrolyte therapy and post-operative pain management in children.

There were also case discussions (e.g. paediatric resuscitation and airway foreign body) which allowed a lively and interactive audience participation. Participants were encouraged to partake in decision-making on the cases presented.

On the second day, there was a hands-on demonstration on eight cases, mainly hernias and circumcisions. Various techniques such as induction and maintenance of general anaesthesia, airway management and techniques in local anaesthetic blocks particularly caudal block and ilio-inguinal block were demonstrated. In-between cases, participants viewed video presentations on Paediatric Regional Anaesthesia.

Eighteen feedback forms were received after the workshop. Overall, this CME programme had met the expectations of the participants and some notable suggestions include:

- More time for hands-on
- More variety in cases shown in OT
- Further such workshops for the benefit of trainees

The seminar was a great success. The College of Anaesthesiologists and the Special Interest Group (SIG) in Paediatric Anaesthesia would like to thank B Braun and Aesculap Academy Malaysia for their commitment and sponsorship.



3rd National Conference on Intensive Care 9 – 11 September 2005

The 3rd National Conference on Intensive Care will be held from 9 to 11 September 2005 at the Sunway Pyramid Convention Centre, 10th Floor, Sunway Pyramid, Petaling Jaya.

Members of MSA are cordially invited to the Opening Ceremony on Friday, 9 September 2005 and the programme is as follows:

- | | |
|----------|--|
| 0920 hrs | Guests and Delegates to be seated |
| 0930 hrs | Welcome Address by Dr Ng Siew Hian, Chairperson, Organising Committee, 3 rd NCIC & President, Malaysian Society of Anaesthesiologists |
| 0935 hrs | Speech by YB Dato' Dr Chua Soi Lek, Minister of Health Malaysia |
| 0955 hrs | Conferment of Honorary Membership on Dato' Dr K Inbasegaran (Citation by Dr Sylvian Das) |
| 1000 hrs | Opening of the Trade Exhibition Refreshments |

Please RSVP to the MSA Secretariat (Tel: 03 20930100, 20930200) before 30 August 2005.

UKM vs UM Friendly Futsal Game

Saturday, 23 July 2005

Dear Diary,

I had an interesting day today. The doctors from our department in UM had challenged the Department of Anaesthesiology UKM to a friendly futsal match. We played on an indoor pitch in Section 13 Petaling Jaya.

There were 7 players in each team. We had wanted to play with 5 guys and 2 female players. Unfortunately UKM could not coax their gals to come and show us their moves. A compromise had to be reached where each team fielded 6 guys and a sole female. This was to the disappointment of all 6 females in my team, who had trained hard over the last month. Most of us had never kicked a ball in our lives but had unhesitatingly taken up the challenge of playing with the boys.

The game was played over 3 periods of 20 minutes, with rolling substitutions throughout the match. Guess we weren't fit enough to run up and down the pitch non-stop for an hour. We didn't play to win prizes nor trophies, just for bragging rights.

Our team had booked the pitch and bought jerseys. We got an orthopod chap to come and referee the match. We got an official photographer to record the event. A couple of the medical officers had to persuade colleagues to swap calls in order to come and play. Some bravely ignored minor injuries to put on their boots for the battle. We had warned our orthopaedic, general surgical and neurosurgical colleagues to be on standby. (We did forget to warn our maxillofacial and cardiology colleagues, though.) However even the best laid plans go awry. At 10 pm the night before the match, our captain had sent an urgent SMS to all players – "Anybody got whistle? Pls let me know."

We brought our pom-pom girls to try and distract the opposing team. Unfortunately the opposition went about their business professionally. Prof Gracie came to support us and sat with a pom-pom on her lap. Prof Jaafar had planned to direct the UKM players from the bench.

The match was played at a frenetic pace right from kickoff. We showed our intentions from early on. Isa made a storming run down the left and let fly. The ball flew into the net and UM celebrated... only to have the goal disallowed as it had been scored from outside the 'D'. At the end of the first period, the score stood at nil all.

In the second period, Prof Jaafar pulled on his red jersey and joined the fray to inspire his team. UKM certainly looked dangerous when they ventured forward and our goalie Kumaran was certainly busier than his counterpart. Despite all the excitement, it was still scoreless at the end of the second period.

In the third period, UKM drew first blood. Our defence was caught napping during one of UKM's raids and Dr Wan had the simplest of tasks to sidefoot her shot home. The UKM bench jumped up in joy and celebrated wildly. I must say I was impressed with this young lady. She showed lots of composure in front of the goal and even had the guts to head the ball when it came her way.

Things were looking grim for UM. The pom-pom girls continued their cheers to try to lift the team. As the minutes ticked away, UM attacked relentlessly in an attempt to equalize, while UKM tried some fast counter attacks. Suddenly Jaya Raj kicked a thunderbolt into the net to score for UM. The UM bench – and all our pom pom girls - erupted in joy as Jaya ran nearly the whole length of the pitch in celebration.

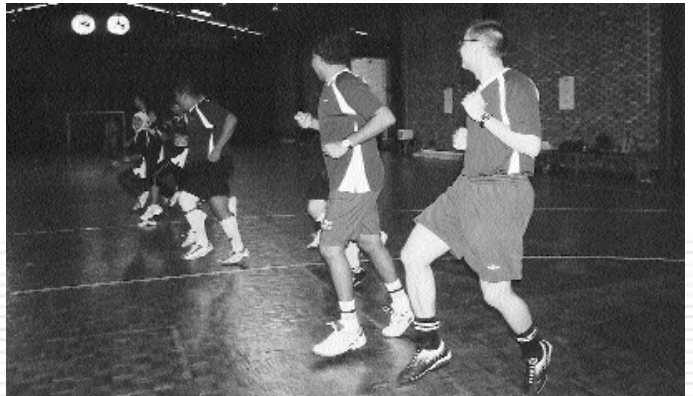
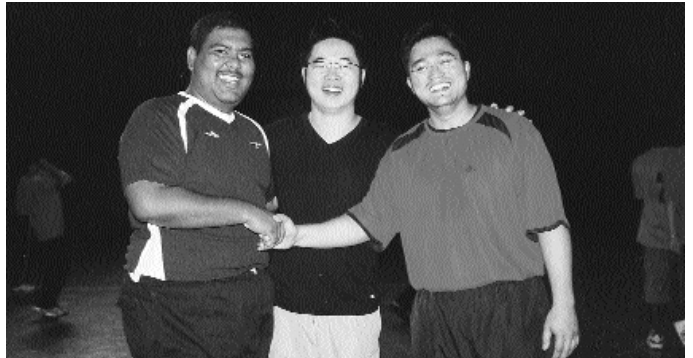
In the closing minutes, tired legs attempted to break the stalemate in vain. The referee blew the whistle for the final time. 1-1. Honours are even.

It was a competitive match but played with good sportsmanship. Both teams put on a good show. It was also nice of the Department of Anaesthesiology UM to sponsor the match. Well, diary, that's all for now; we are looking forward to our next match. I wonder if there are any teams out there who are willing to play with us?

Wednesday, 27 July 2005

Dear Diary,

UKM has challenged us to a rematch...



The writer Dr Thong Chwee Ling, is currently attached to UMMC as a lecturer. She is a spunky girl with a sense of adventure. Apart from futsal, she also enjoys jumping off planes (with a parachute on, of course) and anaesthetising for neurosurgeons.

THE NATIONAL SERVICE – WHAT IT WAS THEN (about 35 years ago)

Dato' Dr K Inbasegaran
Hospital Kuala Lumpur

A glance at most of the newspapers today will have some item on the National Service, a program where young men and women who have just left school spend three months in a camp learning some survival skills as well as mixing among the various communities. Some of the our grey haired colleagues amongst us (me included) will remember with some nostalgia our version of the National service decades ago.

This particular type of National service involved some of the medical officers who were serving their compulsory three-year service and were recruited to serve in the Armed Forces as doctors for a period of 12 to 18 months. I am not sure when this started, but I believe it originated in the late sixties when the Armed Forces did not have enough doctors and few were interested to serve there. As such there was compulsory secondment of medical officers from the Ministry of Health to the Army.

I was happily enjoying my first posting as a medical officer in the Sungai Petani Hospital when I received my call to be drafted in September 1973. Sungai Petani at that time was a two-street town and the hospital itself had six medical officers with each person doing a general call for the whole hospital once a week.

I reported to Terendak camp for a month's training before being posted out. In the camp, I discovered to my delight that there were several of my batch mates from University Malaya ('67 to '72) and there was a total of about 40 doctors. It was exclusively male and women were only recruited much later in the late seventies and eighties when it became a full volunteer corp. The medical unit was known as the Medical and Dental Corp or Kor Ubatan dan Gigian (KUG). We heard of some of our colleagues who were ordered to report for training but were let off at the last minute. The "cable" culture was already alive and well even at that time.

It was a combination of cultural, physical and social shock for most of us. First order of the day was a very short crew cut (GI style). Next we were outfitted in uniforms (camouflage type) and combat boots. The mornings began at 5.30 am with a call for everybody to get up and a steaming cup of hot black coffee with extra sugar was served, 'the gunfire' as it was called, and I believe it was to get our bowels moving fast. I do not know about the others, but it never worked on me.

From 6.00 am to 7.00 am, it was physical exercise with running, push-ups, sit-ups, squats, etc, all designed to give maximum pain to every muscle. The exercises were led by a staff sergeant who made no effort to hide his disgust at the unfit and flabby doctors we were. At 8.00 am, breakfast was served and we had to wash up and then report at 9.00 am for classes. The classes were taken by regular military doctors and other officers, and consisted of everything about the Armed Forces including history, the various divisions and how they functioned, military discipline and law and a whole lot of other things. In normal circumstances it would have been interesting but to many of us who had to

wake up at unearthly hours and be pushed to our physical limits, it was siesta time. Lunch was at 12.00 noon and followed by an hour's rest. From 2.00 pm to about 5.00 pm will commence the most exquisite torturous routine for us. Drill, drill and drill under the scorching hot sun and on an equally hot parade ground. The first few days were comical with some of us not knowing right from left and some being unable to coordinate their marching. The Sergeant Major who was in charge of this very important part of the training used to rant and rave at us and we were often petrified of this character. "Listen you bloody Tuans!" and a few other expletives he used to say. A few doctors were formerly from the Royal Military College and were quite familiar with the drills and commands. We had to get ready within one month to creditably march and strut our stuff in style at the passing out parade, and the entire energies of our trainers was to ensure that. The nights were mostly spent at the bar of the officer's mess after dinner and the duty free beer and liquor often had some the doctors up to late nights. One of the highlights of the training was an 18-mile route march with a full back (around 20kg) and a gun. By the time we arrived at camp we were ready to drop dead. On another occasion, we were in a truck and there was a simulated ambush. Most of us ran helter skelter not knowing where the fire was coming from. Later, one of the officers briefed us and happily noted that most of us took cover in full view of enemy fire and in a real incident, all of us would be dead! We also received weapons training with a variety of light weapons including automatic assault rifles, self-loading rifles (for target practice) and side arms. All these were live fire exercises and the people in charge of us took extra precautions to see that we did not shoot at someone accidentally. At the end of one month, we had a passing out parade and received our commissions as Captains. Our passing out parade was led by a Dr T Thirumoorthy, a classmate of mine and a product of the Royal Military College, who is now a successful dermatologist in Singapore. The officer reviewing the parade was no less than the Chief of the Armed Forces and that was how important they viewed the National service of doctors in the Armed Forces. After a month of training, we did become a rather lean and fit bunch, somewhat more confident and certainly full of swagger. The most valuable memory was the close camaraderie and friendship we fostered amongst ourselves, and all the fun we had in spite of the physical hardship.

Immediately after that we were given a week's leave and were then posted to the various units in the country. Incidentally there was no such thing as not reporting (so common now) as one would most certainly risk a court martial under military law. About seven of us, yours truly included, were sent to Sarawak and Sabah. I found myself in Lundu in Sarawak and was appointed the regimental medical officer (RMO) for the 8th Royal Malay Regiment. I reported to the commanding officer, a rather gruff person with a lot of pimples on his face; I think his name was Colonel Dollah. The first thing he informed me was that we were in a security area and we had to be on guard at all times,

continued on page 5

and that we had to be very careful about going around in the town or fraternizing with the locals. In the early seventies, the communist insurgency in Sarawak was going on and the army's job was in containment of these terrorists (known as CTs or communist terrorists). Lundu and Bau were particularly hot areas for CT activity, which I soon found out. I was introduced to my medical team consisting of two sergeants and six others who had some basic medical training. The second in command showed me my room and got me issued with an HK 33 (a German made assault rifle something like the M16 except it was lighter), two full clips of ammo and a side arm (a Browning automatic). When I went back to my room, I carefully put away the rifle and ammo in the cupboard and hoped that I never had to use them, ever! They also issued me with a couple of dog tags with my name and army number for identification. In the pre-DNA era apparently that was the only way to identify body parts!

The first day in my outfit was a baptism in fire so to speak. That very night I was awakened by one of the officers to rush along to Sematan which was a coastal town or beach. Apparently a truck load of soldiers were ambushed by CTs. When we arrived in our armoured personnel carriers (all movements were with this kind of vehicle), we found no survivors. All seven soldiers who were in the truck were literally massacred. The sight of dead bodies riddled by bullets was certainly not a pretty sight and it shocked me a lot.

I soon settled to camp life in Lundu and made friends with the local doctors in Lundu hospital who were expatriates from India. The Lundu garrison was made up of standard army barracks; half concrete and half timber; messing halls, stores and others. It was ringed by two barbed wire fences and machine gun emplacements at certain areas. Thankfully the camp had running water, electricity and working telephone lines. The medical unit had some beds, treatment rooms and a dispensary. My day consisted of doing an outpatient clinic ('sick parade' as it is called in army jargon) for about three hours at the most. These soldiers had minor problems as far as physical illnesses was concerned, but had a lot of psychological problems. Many used to feign illness, so as to avoid going into jungle patrols for up to three weeks at a time, and many had problems of loneliness as they had left their families in West Malaysia and were unlikely to go back until the end of tour of duty (usually two years). The cases that required hospitalization were sent to Kuching Hospital and I used to take the opportunity to accompany them and have a couple of days off in Kuching. Although almost all of them were volunteer soldiers, many of them joined the Army as they could not get other jobs. I used to help out at Lundu Hospital in the outpatient department where there were a better variety of cases to be seen which were much more interesting. I soon found out that the Army was not that popular among the local folks and I used to change into civilian clothes before going off to the hospital. I never got to find out why the army was that unpopular with the local population (perhaps the perception of an occupying army). Many soldiers were injured or killed by accidents rather than by enemy fire. Some drowned during river crossings (a common thing in Sarawak). Some were killed in vehicle accidents and some by sheer carelessness of their weaponry (one of them let off a grenade by accident and killed himself and another colleague). One of the things I had to do was to visit remote villages to give

some medical help (called 'civic action' in army jargon). It was actually a flying doctor service on a smaller scale. These used to be arranged once in two weeks and a helicopter would pick my team and fly us to the designated village where we would dish out panadol, deworming agents, methyl salicylate liniment, vitamins and occasionally antibiotics. The range of services we could provide was very severely limited but these simple folks were very appreciative and rewarded us with some food and fruits, not to mention the very potent "tuak". Usually the "chopper" would fetch us by the evening but in the event of bad weather we had to spend a night there which was not very comfortable and certainly not safe. Although the team with us always carried arms, I certainly did not relish the prospect of having to have the CTs taking pot shots at us in the middle of the night. The helicopter pilots who took us around were a special breed by themselves and used to sometimes fly at low levels, navigating using the rivers and zigzagging at about 150 miles per hour (which was easy by their standards) but a little heart stopping by mine. When I look back I feel that sometimes you just had to trust your life in the hands of others and leave the rest to a Higher Power! The helicopter used were US-built Sikorskys, which are called Nuris today, and this was the work horse for the Air Force. On land we used to move about using Armored Personnel Carriers or APCs. Riding in them makes driving in a Kancil a luxury. These vehicles were very hot inside (no air conditioning), very noisy with a lot of vibrations and the design had minimal suspension. Add to that unsurfaced roads with potholes, and you really have a bone shaker of a ride.

The army used to conduct large scale operations from time to time to flush out groups of CTs and I was involved in one of them. We moved in brigade strength to a location deep in the jungle and camped there for a week, while the army moved up to the supposed location of the CT camp. They were, of course, supported by artillery. At the end of the operation we did get a few CTs, but there were numerous dead wild boars hit by artillery and gunfire as well!

The army is a very closed society and sort of self sufficient in most ways; and I found the atmosphere rather stifling. In the officers' mess, the talk was always about military matters which I found extremely boring. They rarely mixed with outsiders and my C.O. would always get uneasy with me wandering around with the staff in Lundu Hospital. Perhaps he did not realize that I was actually a civilian at heart wearing the uniform. Most of the officers did not have a clue about the world outside with the exception of the senior ones. One particular officer, a Major Hasby (who was half white and half Malay), impressed me a lot. He was a Military Intelligence officer who had a degree in psychology from the UK and was very well read and polished in his mannerisms. His main job was to interrogate captured CTs. I used to watch him sometimes at work, using a variety of techniques that was always very smooth (he spoke Chinese quite well). Once he saw me talking to one of the doctors from Lundu hospital and later told me something that stuck to me for a long time... "Always give information on a need to know basis irrespective of whom you are dealing with"; was well spoken by an intelligence officer. We spent countless hours playing scrabble or chess, and although he would always beat me at chess, I would most of the time beat him at scrabble (using medical terms as often as I could!).

Some of the incidents that happened there could best be described as tragic comedies. Once, during an artillery shoot in Bau, I acted as the attending RMO. Each battery of guns was rotating according to the coordinates given and one of the gunners did not notice that his gun was pointing at a tree branch nearby. The shells used were highly explosive on contact, and when he fired, it exploded on exit and one of the shrapnels severed the thigh of a soldier who was sitting in a Land Rover. When I saw him, he had already fainted; but surprisingly there was little bleeding. I could only surmise that the red hot shrapnel had cauterized the vessels. We then transferred the unfortunate soldier to Kuching Hospital. At the end of my six months in Sarawak, there was a final political settlement which was arranged by the state government and the CT organisation; the so called Sri Aman program. Under the program, the CTs agreed to lay down arms, were to be given full amnesty and a return to their normal lives in the villages and towns. It was perhaps one of the most important milestones in Sarawak history and again it demonstrated as today, that all conflicts can only be settled by negotiations and not by force of arms.

The next six months of my National service were spent in the Field Ambulance unit in Kluang. This was a larger medical unit which offered a wider range of services including family and obstetric services. I was in charge of the obstetric wing (since nobody else wanted that!). There were about seven doctors there and as luck would have it, I was the only one single at that time, and this meant that I had to cover different units whenever their doctors went on leave. So half the time I was in places like Grik, Baling, Sungai Petani, Brinchang in Cameron Highlands, Butterworth airbase, etc. I sort of enjoyed this as I met different types of people and made lots of friends, some of whom I still remember or keep contact with. My time in the Butterworth airbase and Sungai Petani was wonderful as it was the closest to "civilization" that I had during the one year. The Butterworth

airbase had a large Australian military hospital and they had their own complement of medical officers as well as specialists.

In Grik, once I had to fly in to treat some injured soldiers and help winch them up to the chopper. I informed them that I did not have any training in winching, hoping that they would have to get somebody else. "No problem", said the officer in charge of the medical evacuation and he arranged for me, on the spot, three practice sessions with the Nuri, hovering about 30 to 40 meters off the ground. Then off we went to pick up the soldiers. It was rather an unpleasant and extremely anxious moment for me. Dangling at about 40 meters and getting the blast of the prop wash created by the chopper blades as I went down, made me wonder if that was the last day of my life. When I hit the ground, I did not waste any time examining the patients; just loaded them up into the winch stretcher and sent them up immediately. I was hoping to follow immediately after, when to my dismay, the chopper suddenly moved off after winching up the second patient. I thought they had decided to abandon me, when a few minutes later it returned to finally winch me up. The pilot later told me that he could not hold on longer as there was a gust of wind in the valley, forcing him to move away. It was dangerous and he could have crashed.

One of the chopper pilots I got to know, was one Captain Chew who was my classmate in school. A couple of years later I heard he was killed in Grik, in a helicopter crash.

At the end of one year, it was time to return to civilian life. My friends-in-arms, so to speak, organized a short but nice farewell in Kluang Army Hospital before I was posted to Penang in October 1974. It was, in summary, a short tumultuous one year in the Army without a single dull moment. Things are so different now with full volunteer Medical Corp and most important of all, during a time of peace in the country.

Are you still an MSA member?

Finally, we did it! It took two Sundays and 'almost squinted eyes' to scrutinize the MSA membership list. The five of us, Drs Ng Siew Hian, Mary Cardoso, Norsidah Abdul Manap, Chan Yoo Kuen and Dato' Prof Wang Chew Yin, patiently albeit painfully, went down the list of 513 members data. We had to make calls to other ex-co members and colleagues (far and near) to find out the whereabouts of many 'missing' people. We are still trying to contact a number of 'unknown' members!

One hundred and sixty-seven were not up-to-date with their dues, and many more had obsolete addresses. Forty-three were no longer with us, had left anaesthesia or had not updated their membership since even before 2000! Well, hopefully, we will soon have a re-organised and re-categorised membership database.

At the last EXCO meeting, we decided that membership was a serious matter and that **members will be privileged** in future MSA meetings. Defaulters are strongly urged to pay their dues. Those who have not paid for many years are given this ONE TIME ONLY

chance to redeem your membership by paying **RM200.00** (inclusive of this year, 2005). Members, who have paid up for 20 years qualify for life membership. Please verify that with the secretariat to enjoy this privilege.

Please update us at the website, of any changes in your particulars. At least, then, our mail will get to you!



SATURDAY REFRESHER COURSES

The MSA has embarked on the organization of Saturday Refresher Courses for Primary exam trainees. The plan is to aim for an exam-oriented approach: SAQ, MCQ or viva sessions. Exam sitting trainees are expected to come prepared for the topics. Other trainees (those not sitting for exam) and service MOs are invited as well (the course is open to all – Ministry of Health and in-campus). Focus, of course, will be given towards the exam sitting ones.

The time allocated is from 0830 to 1030 hrs. The venue is at the 3rd Floor, Conference Room, Department of Anaesthesia and Intensive Care, Hospital Kuala Lumpur.

The program is as follows:

30 July 2005	:	Inhalational agents by Dr Rafidah Atan (HKL)
6 August 2005	:	Physiology of endocrine, liver and GI by Dr Thong Chwee Ling (UMMC)
13 August 2005	:	CVS pharmacology (Antihypertensives, antiarrhythmics and inotropes) by Dr Loo Wee Tze (HKL)
20 August 2005	:	Physiology viva technique by Prof Y C Choy
27 August 2005	:	CVS physiology by Dr Nor'azim Mohd Yunus (UMMC)
3 September 2005	:	Anticoagulants, muscle relaxants and neuromuscular monitoring by Dr Mohd Isa Bikin (UMMC)
15 October 2005	:	Statistics by Prof Wang Chew Yin (UMMC)
22 October 2005	:	To be advised
29 October 2005	:	To be advised
5 November 2005	:	To be advised

Trainees are required to pay a one-time fee of RM50 during the first course. No other payments are required.

REMINDER: ANAESTHESIA DAY (16 OCTOBER)

Members are reminded that 16 October has been nominated as the National Anaesthesia Day. The aim of the Anaesthesia Day is to create more public awareness on services and care provided by us.

14th ASEAN CONGRESS OF ANAESTHESIOLOGISTS

Date: 23 – 25 November 2005

Theme: Narrowing the Gaps

Venue: Sol Melia Hotel, Hanoi, Vietnam

Secretariat: Dr Cong Quyet Thang
General Secretary
1 Tran Khanh Du
Hanoi, Vietnam
Tel: (0084.4) 9.723.760, Fax: (0084.4) 9.723.759
Website: www.vnanesth.org
Email: cqthang2005@fpt.vn or asean14@vnanesth.org

Deadline for submission of abstracts: 30 September 2005

Members of the Malaysian Society of Anaesthesiologists are encouraged to present papers and to attend the Congress. The Society will provide a subsidy of RM2,000 to members whose papers are accepted for presentation. Please apply as soon as you receive notification of the acceptance of your paper for presentation. The guidelines pertaining to the application for financial support to attend overseas conferences can be obtained from the MSA website at www.msa.net.my

Contest

Starting from this month onwards, we are posting a series of clinical trivia on this section of the bulletin. We are inviting all trainees who are members of the MSA to participate in this contest. A prize will be given to the first correct entry.

For this first contest, the winner will receive free registration to attend the coming National Conference on Intensive Care. The closing date is 1 September 2005.

The first trivia is as follows:

A 20 year-old gentleman was admitted to the accident and emergency department following a motor vehicle accident.

He complained of abdominal pain and appeared to be tachypnoeic. Breath sounds were reduced on the left. There was mildly tachycardia but otherwise he haemodynamically stable.

Other findings include bruising over the left side of the abdomen extending up to the lower part of the left chest presumably caused by the seat belt.

A chest X-ray was taken and is shown below.

Questions:

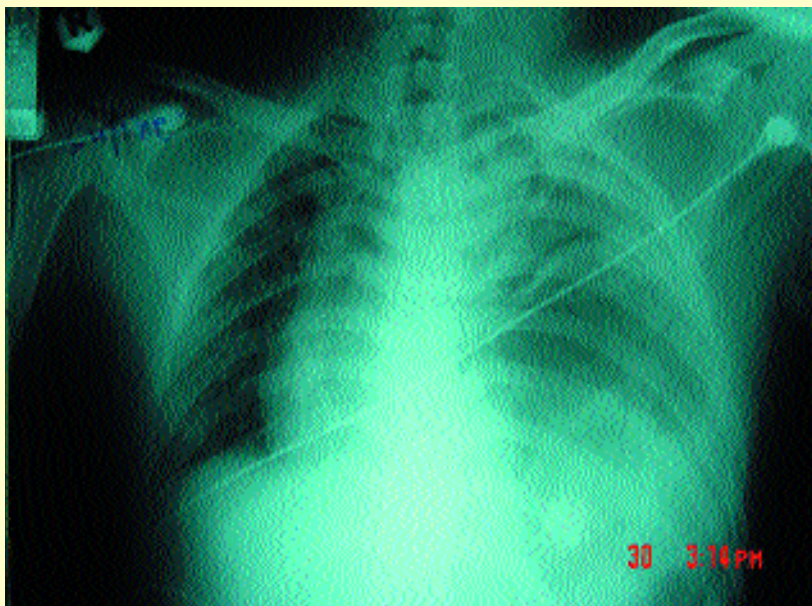
- 1) What is your diagnosis?
- 2) How can this diagnosis be confirmed?
- 3) How common is this injury in patients receiving blunt trauma to the abdomen?
- 4) How would you modify your anaesthetic technique to assist the surgery? (State only one thing you would do differently)

You can e-mail your answers to rafidah10@hotmail.com or if you prefer snail mail for whatever reason, then send it to the following address:

Malaysian Society of Anaesthesiologists

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia

Please include your full name, address and working place. We will notify you via mail or e-mail. Your name will also be announced as the winner in the next bulletin.



ONLINE LIBRARY

Are you aware that access to an 'online library' is available to all MSA members? It's a shame that usage is rather poor as the Society is paying an exorbitant sum annually to have it in place. In fact, if this continues to be the case, the Society is planning to do away with it!

A pity? You know what to do to keep it going... LOG ON!!!

The process is as follows:

1. Login to MOPS system
2. Go to Library Journal->Useful Link
3. Look for University of Malaya Library website