



Malaysian Society
of Anaesthesiologists



College of
Anaesthesiologists, AMM

BERITA ANESTESIOLOGI

MARCH 2023 / VOL 34 / ISSUE 1

Diamond Jubilee Edition

60 YEARS OF
EXCELLENCE

Message from the PRESIDENT OF THE MSA

Professor Dr Ina Ismiarti Shariffuddin



Dear Esteemed Members,

This year, we are celebrating the diamond jubilee anniversary of our Society. As we celebrate, I am reminded of the incredible progress we have made over the past six decades. From advances in pain management to the development of new anaesthetic agents, we have been at the forefront of improving patient care and safety. We are indebted to our founders and predecessors for all the work they had put together to form the MSA; to promote the art and science of Anaesthesiology.

However, as we reflect on our achievements, we must also look to the future and consider the challenges we face as a profession. As we move forward, we must improve our quality and cultivate more successes. Thus, similar to a diamond which is evaluated according to its 4Cs (**C**larity **C**olour **C**ut and **C**arat), I would like to bring your attention to the 4Cs that I believe will let the MSA soar higher.

The 4Cs are:

"CLARITY, COMMITMENT, CAMARADERIE AND COLLABORATION"

1. Clarity

Getting clear on what we need to do is the first step to success. The key to clarity is knowing the bigger picture. I believe that the MSA is very clear of its role and we will stay focus on our mission to provide accessible and safe anaesthesia for our patients and, at the same time, ensure a quality work-life balance for ourselves and our colleagues.

2. Commitment

The MSA is committed in promoting the art and science of anaesthesiology to our community. We are committed to do the right thing in advancing anaesthesia in Malaysia and, at the same time, safeguarding our world for the future generation. Thus, one of the most pressing issues we must address is global warming and its impact on public health. Climate change is a very real threat that we must address and, as a Society, we have a responsibility to do our part. We need to be proactive in reducing our carbon emissions and take steps to mitigate the impact of climate change on our environment. I believe that, as members of this Society, we have the knowledge and expertise to make significant contributions towards this effort. The MSA intends to prioritize initiatives that support our commitment towards reducing our carbon footprint.

We can start reducing our carbon footprint by advocating for sustainable practices in our hospitals and clinics. One of the areas that require attention is the operating theatre. While essential medical procedures take place, we also need to consider the amount of waste that is generated during these procedures. To minimize waste, we must embrace the **3Rs: Reduce, Reuse, and Recycle**. Here are some practical ways to incorporate the 3Rs in the operating theatre:

- i. **Reduce:** We can reduce waste by minimizing the use of disposable items such as syringes, gloves, gowns and

drapes. Using washable and reusable items can significantly reduce waste. Additionally, it is essential to use equipment that is energy efficient.

- ii. **Reuse:** We can also reuse items such as surgical instruments and equipment. These items can be cleaned, disinfected and sterilized for reuse, reducing the need for disposable items.
- iii. **Recycle:** It is important to recycle items such as plastic containers, packaging materials and cardboard boxes. Proper segregation of waste materials and recycling bins should be provided in the operating theatre.

Implementing the 3Rs will not only help reduce the carbon footprint of the operating theatre but also save costs in the long run. It is our collective responsibility to ensure that we create a sustainable world for the generations to come. So MSA members, please stay tune for our future campaign on this issue.

3. Collaboration:

We know that many great achievements are a result of collaborations. We know that Anaesthesiologists don't work alone but work in a team consisting of surgeons, nurses, and other healthcare providers. We strive together to improve our services to our patients, the rakyat of Malaysia. Hence, this year, one of our important collaborative projects is to support the Global Surgery initiative in which we would like to ensure equal access to safe global surgery and anaesthesia. Surgery

and anaesthesia are critical components of modern healthcare, and yet many people in the rural area of Malaysia do not have access to safe surgical and anaesthetic care. As a Society, we must work towards bridging this gap and ensuring that every individual, regardless of his/her socio-economic status, has access to safe and effective surgical and anaesthetic care. The MSA will work tirelessly towards fostering collaborations and partnerships with organisations and individuals who share our commitment to this cause.

Recently, we had successfully collaborated with Subang Jaya Medical Centre under a CSR project in providing accessible safe anaesthesia to the rural area of Sarawak in the MOH's Hospitals, particularly to patients in Hospital Sri Aman. To quote what Tan Sri Dato' Seri Dr Noor Hisham Abdullah, Director-General of Health, Malaysia, mentioned in his Keynote Lecture in the recent 1st Global Surgery Conference in Kuching, Sarawak, "This is successful collaboration between the MSA, SJMC and MOH, to bring safe and accessible surgery and anaesthesia to the rural part of Malaysia, and it is an unprecedented event". Thus, the MSA would like to express our utmost gratitude to the team of doctors and nurses who have gone out of their way for such a noble cause, lead by Dr Gunalan Palari and Dr Hasmid Muhammad.

4. Camaraderie

The MSA represents anaesthesiologists in Malaysia and aims to protect their interest. We also encourage our members to work together and foster friendship in and outside of

work. The pandemic has reminded us on the importance of looking after one another in time of difficulties, #kitajagakita, and I am sure, whenever we look back at the journey we had gone through during the COVID-19 pandemic, we will appreciate the camaraderie fostered among us. Therefore, with our Diamond Jubilee anniversary, we would like to extend a warm invitation for all of you to become a life member of our Society. Quoting a Malay proverb that says "Bulat air kerana pembetung, bulat manusia kerana muafakat", I believe with a bigger number of life members, anaesthesiologists will be better represented and stronger in many decision making platform in Malaysia.

In this limited period, the MSA has put up a "promotion bundle" to encourage life membership sign up. ([Please check out our website for more details](#)). The MSA is dedicated to advancing the field of anaesthesiology and improving patient outcomes. As a life member, you will have access to a wealth of resources and opportunities to enhance your professional development and network with other experts in the field. Becoming a life member of the MSA is an investment in your professional development and an opportunity to contribute to the advancement of our fraternity. We hope you will take advantage of this "limited time offer" and join us as we work together to improve patient outcomes and promote excellence in anaesthesiology. Our team will be meeting all our current and future members on various workshops and events co-organised or endorsed by the MSA.

Lastly, with the opening up of physical meetings, it is my great pleasure to invite you to the upcoming MSA and CoA Annual Scientific Congress which will be held in on 3rd to 6th August 2023 in Kuching, Sarawak. Our theme this year, "LEAD: Leadership and Excellence in Anaesthesia Development" highlights the importance of effective leadership and the pursuit of excellence in the field of anaesthesia. We believe that by focusing on these two key areas, we can achieve greater success and improve patient outcomes. This meeting will feature a range of presentations, workshops, and discussions, all designed to enhance our understanding of anaesthesia and help us develop new skills and techniques. We will also hear from some of the most respected leaders in the field and engage in lively discussions with our colleagues. This meeting promises to be a great opportunity for all of us to come together and exchange knowledge and ideas about the latest advancements and trends in anaesthesia. I encourage all of you to attend and take advantage of this unique opportunity to learn, share, and connect with your peers in the field of anaesthesia.

To conclude, as we mark this Diamond Jubilee, let us reaffirm our commitment to our Society's values and mission. I look forward to meeting all of you in our activities. I sincerely request for all anaesthesiologists in Malaysia to embrace the culture of collegiality. Together, let us continue to work towards better care for our patients and a better quality of life for anaesthesiologists in Malaysia.

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Message from the EDITOR-IN-CHIEF

Dr Anand Kamalanathan

Dear readers,

Happy new year 2023! I trust it's been a fantastic turn of events thus far. As we settle down from the bustling sounds of firecrackers amidst the lunar new year and traverse towards the fasting month of Ramadhan, our first edition of the year promises to be an energetic return to form.

This year also happens to be the Diamond Jubilee celebrations of the Malaysian Society of Anaesthesiologists, marking 60 years of continued excellence in the fields of Anaesthesia and Intensive care, and all our plans for the year have been beautifully crafted into articles for your reading pleasure. Top of the lists are the crazy membership promotional fares available for a limited six months duration, at 60% of the original price - a play on the number 6. Undoubtedly though, the icing on the cake is our involvement in the Global Surgery Initiative where high-quality surgical and anaesthesia services from privateers are being provided to the rural district hospitals around the nation, marking an unprecedented

collaboration of a public-private partnership for the Rakyat.

So what have we learnt in these past 60 years?

Crucially it is our responsibility, nay duty to provide the best care to our patients and ensure that we do so in an environmentally sustainable and responsible way. Sustainability in anaesthesia has become an increasingly important topic in recent years as the healthcare sector's environmental impact becomes more evident. Anaesthesia machines and monitors are energy-intensive and contribute significantly to greenhouse gas emissions. The editorial team of the Berita has embraced this task with arms wide open by going utterly paperless since 2022 and producing an article on this subject matter in our July 2022 edition (Anaesthesia and Sustainability by Dr Ivy Sim). We now urge everyone to contribute significantly to sustainability by reducing our carbon footprint for the next 60 years or more. Do read the excellent article above to know more.

What can we expect in anaesthesia over the next 60 years or so?

In my humble opinion, artificial intelligence (AI) is rapidly transforming healthcare, and anaesthesia is no exception. Chat GPT is one such AI technology that has the potential to revolutionize anaesthesia practice. Chat GPT is a language model that uses machine learning algorithms to generate human-like responses to text-based inputs. While the use of Chat GPT in anaesthesia is still in its early stages, it has the potential to improve patient care and outcomes significantly. However, it is essential to note that Chat GPT is not a replacement for human expertise and judgement. Instead, it is a tool that can assist anaesthesiologists in their decision-making process. At the same time, we must embrace new technologies to improve patient care and outcomes. Do give our article on artificial intelligence a read to know more.

Let us all work together towards a sustainable and technologically advanced future for anaesthesia.

Contents

Message from the President of the MSA	2 - 3	RePHILL Trial: Pre-Hospital Transfusion = Better Outcome in Major Haemorrhagic Trauma?	38 - 39	World Anaesthesia Day: Hospital Kuala Lipis 2022	61 - 65
Reflections of the Inaugural MSA Leadership Retreat	5 - 7	The 3 rd and 4 th Airway Workshops in UMMC: Advanced Airway Management Workshop as Part of The Trainees' Learning Process	40 - 43	World Anaesthesia Day 2022: Hospital Enche' Besar Hajjah Khalsom Kluang Johor	66
Global Surgery Initiative in Malaysia for Equitable Access to Safe, Affordable Surgical and Anaesthesia Care	9 - 16	Selangor TIVA Workshop 2022	44 - 46	World Anaesthesia Day 2022: Sarawak General Hospital Anaesthetic and Intensive Care Department	67
2 nd National Regional Anaesthesia Symposium (NRAS) 2023 Jen Puteri Harbour: 'Future of Regional Anaesthesia - The Paradox of Choice'	17 - 19	Bispectral Index (BIS™) Monitoring National Conference	48 - 50	National Anaesthesia Day 2022: Hospital Raja Permaisuri Bainun, Ipoh	68 - 70
Malaysian Field Hospital Turkiye Deployment - From Military Anaesthetists on the Ground	21 - 24	Mini-Workshop for Cyto-reductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) at Universiti Malaya Medical Centre (Pusat Perubatan Universiti Malaya)	51 - 53	Basic Life Support Course Empowers High School Students	71 - 72
Artificial Intelligence in Anaesthesiology: The New Kid on the Block	25 - 27	Procedural Sedation Workshop in the Endoscopy Suite	54 - 55	World Anaesthesia Day: Hospital Ampang	73 - 75
Living my life in Canada	28 - 33	Sarawak Simulation Training in Anaesthesia Workshop 2022	56 - 57	Anaesthesiologists Create	76 - 77
Spinning: More Than Passion	34 - 37	Academic Courses for Postgraduate Training in Hospital Ampang	58 - 60	Message from the President of the College of Anaesthesiologists, AMM	78 - 79

Reflections of the INAUGURAL MSA LEADERSHIP RETREAT

by Dr Anand Kamalanathan
KPJ Klang, Selangor, Malaysia

**“Talent wins games,
but teamwork wins
championships.”**

- Michael Jordan

The 5th of August 2022 marked the dawn of a new era for the Malaysian Society of Anaesthesiologists (MSA). A new Executive Committee was elected by its members with a collective vision to proudly represent the anaesthetic fraternity, protect its interests and promote the art of anaesthesiology among its many objectives. To embark on this mission, MSA decided to host its first-ever MSA/CoA Leadership Retreat from the 10th to 11th December 2022 at the Lexis Hotel, tucked away in the turquoise blue seashore of Port Dickson, Negeri Sembilan.

The purpose of this retreat was to provide MSA Exco members with a temporary respite from our pressured and often highly stressful jobs, to disentangle ourselves onto the calming waves of Port Dickson so that we could focus on a substantial and strategic plan

for the fraternity's direction in 2023. Achieving these outcomes depended very much on our ability to eliminate the asphyxiating pressure of dealing with surgeons, phone calls, online meetings and other forms of communication with people who were not at the retreat.

Despite setting such grandiose aims, we faced challenging obstacles from the

word go. Retrospectively, travelling interstate after lunchtime during the start of the bustling school holidays could have been improved upon as this doubled our travelling time, with many unassuming members arriving much later than anticipated. Despite that initial delay, buoyed with enthusiasm, we kicked off the proceedings with a rousing introductory speech by our





Fun activities always help people see each other in a different light, allowing them to bond in different settings to create a strong team. To lighten the mood, we then engaged in an ice-breaking session called "Getting to Know You" hosted by yours truly. We developed a greater understanding of each other's backgrounds, cultural perspectives and generational gaps as we played an amusing round of Charades. We then spent an intense three hours debating the financial allocation for the association's activities



in 2023 and the proposal for our membership drive in conjunction with the 60th Anniversary of the MSA. The Exco committee put forth many great ideas, and we hope to thoroughly engage the anaesthetic fraternity with our exciting plans to grow our strength in numbers exponentially. By nightfall, we paused to devour the gastronomical delights on display at the Roselle Coffee house whilst we engaged in deep conversations, networking and plenty of picture taking/selfies.



Early the following day, we had the distinguished pleasure of listening to a leadership coaching session by Dr Chris Bowden of Australia, the current Chair of the AARS via Zoom. Dr Bowden shared some of his intimate thoughts on the challenges of cultivating leadership within an organisation as well as his personal preferences on the type of leadership he employs. He also shared his experiences hosting similar groundbreaking leadership courses with various other countries and its impact years later on the development of anaesthetic organisations. This session proved to be fruitfully interactive as our Committee Members and Dr Bowden bounced intriguing ideas off



each other. We were also encouraged to align MSA's mission towards achieving the WFSA's vision of providing universal access to safe anaesthesia. Dr Bowden ended his session by wishing us all the best, declaring his undying support for our team.

After a short breakfast, Dr Fityr Zainal then gave us an extensive presentation on his vision for a brand new interface for the MSA website and social media platforms. As the new lead of the aforementioned portfolio, his talk provided us an in-depth review on methods to increase the visibility of our fraternity to the public, other anaesthesiologists and to benefit anaesthetic trainees as well. He shared with us his proposed vision on what our website should be and the immense potential it could have on shaping the direction of information dissemination to our fraternity.

Subsequently, Associate Professor Dr Muhammad Maaya continued our strategic planning discussions focussing on the content and speakers for the scientific programme of our Annual Scientific Congress planned for

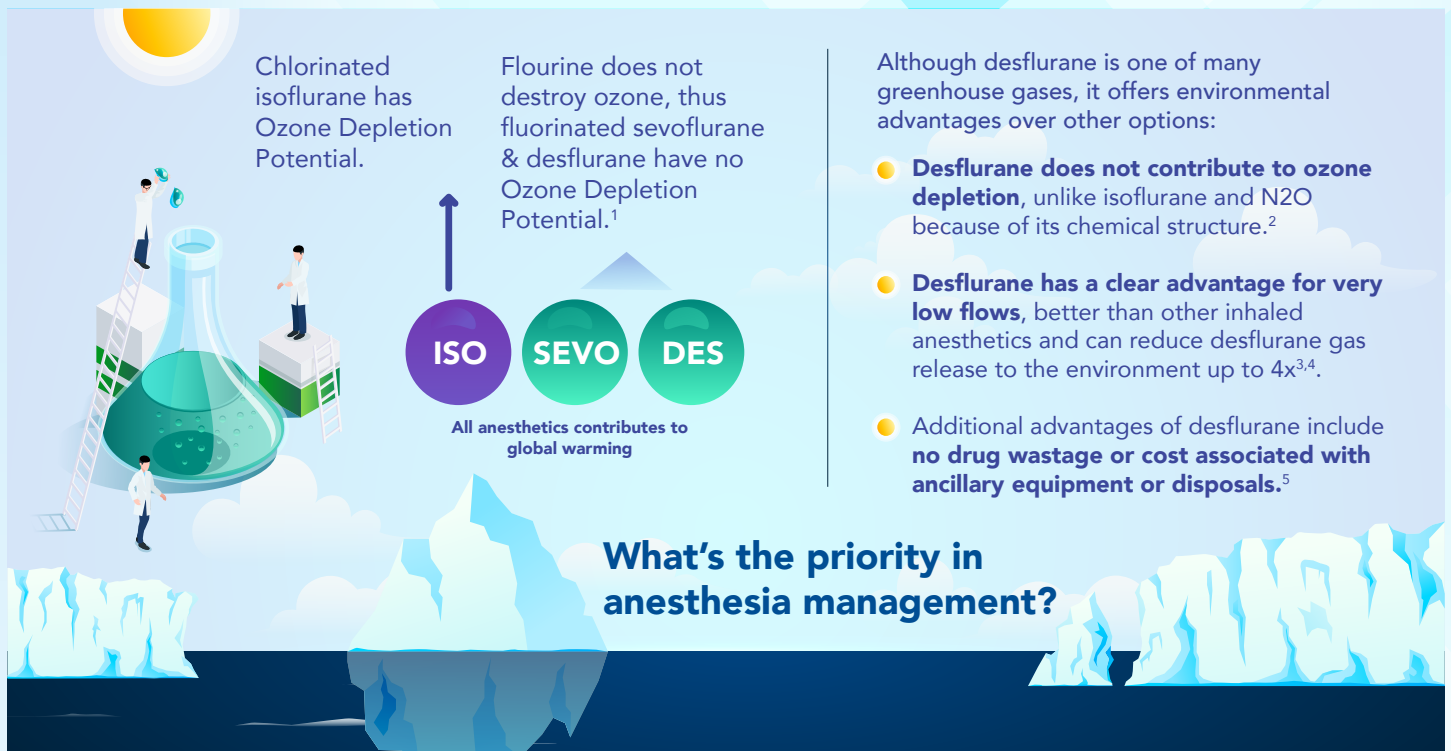


September 2023 in Kuching, Sarawak. Dr Hasmizy Muhammad then discussed at length the groundwork needed to organise an international conference, the logistics and expected costs and, together as a group, we finalised key decisions in this session. He also provided us a quick update on the various Memorandas of Understanding (MOUs) that the MSA currently has including the one with the Korean Society of Anesthesiologists (KSA) and proposed further collaboration with other regional anaesthetic societies around South East Asia and beyond.

Before we realised, it was way past noon and so we proceeded to check-out and bid au revoir, knowing confidently that this team is ready for the challenges expected of this organisation in 2023. In summary, a leader is one who knows the way, goes the way and shows the way. This leadership retreat proved the perfect tonic for strengthening ties within the Exco member and hopefully acts as an essential catalyst to achieving more extraordinary milestones for the Malaysian Society of Anaesthesiologists in 2023.



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* Compared with 2020 and indexed to revenue.



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metric tons CO₂e of GHG emissions to be avoided annually due to energy conservation projects**

** Estimated, based on 196 energy conservation projects implemented in 2021.



77.1%

overall recycling rate***

*** Incineration with energy recovery is considered recycling.



6.6%

reduction in water use**

** Compared with 2020 and indexed to revenue.



Reference: Baxter Corporate Responsibility Report 2021.

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GLOBAL SURGERY INITIATIVE

in Malaysia for Equitable Access to Safe, Affordable Surgical and Anaesthesia Care



by **Dr Gunalan Palari Arumugam**

Subang Jaya Medical Centre, Selangor, Malaysia

The Ministry of Health Malaysia (MOH), the Malaysian Society of Anaesthesiologists (MSA), and the Subang Jaya Medical Centre (SJMC) have joined hands for a Global Surgery Initiative (GSI) - a first of its kind Public-Private CSR Partnership initiative that aims to provide access to safe and affordable surgical and anaesthesia care in underserved areas in Malaysia. The GSI initiative was launched at SJMC on 15th February 2023 in conjunction with the 60th Diamond Jubilee celebrations of the MSA.



"As the representative body for anaesthesiologists in Malaysia, we are proud to be part of such a meaningful initiative. We are grateful for the growing support towards establishing the necessary baseline and good practices in the area of anaesthesia care in underserved areas", said Professor Dr Ina Ismiarti Shariffuddin, President of the MSA during the press conference held on that day.

Globally, 9 out of 10 people do not have access to basic surgical care in the low-income and middle-income countries. The Global Surgery Initiative has identified specific parts of Malaysia to receive support in surgical services and anaesthesia care, especially in East Malaysia. Untreated surgical conditions have exerted substantial but largely unrecognised adverse effects on human health, welfare and economic development.

The event was attended by Tan Sri Dato' Seri Dr Noor Hisham Abdullah, Director-General of Health Malaysia; Dato' Dr Asmayani binti Khalib, Deputy Director-General of Health (Medical) Malaysia; Professor Dr Ina Ismiarti Shariffudin, President of the MSA; Dr Gunalan Palari Arumugam, Chairman of the Medical Advisory Board, Subang Jaya Medical Centre; Mr Bryan Lim, Chief Executive Officer of the SJMC; Mr Peter Hong, Group Chief Executive Officer, Ramsay Sime Darby Healthcare; and Dato' Dr Jacob Thomas, Group Medical Advisor, Ramsay Sime Darby Healthcare.

"The 60th Anniversary of the Malaysian Society of Anaesthesiologists' celebration will be a great platform to discuss global health disparities and brainstorm innovative solutions, particularly the role of anaesthesiologists to assist in rebuilding a resilient health system nationwide following the COVID-19

pandemic. I want to invite all participants to take advantage of this platform and the opportunity to reconnect with the fraternity to foster global collaborations in practice, research and innovations that will strengthen healthcare service delivery in Malaysia", said Tan Sri Dato' Seri Dr Noor Hisham Abdullah, Director-General of Health Malaysia.

Tan Sri Dato' Seri Dr Noor Hisham added, "The anaesthesia and surgical fraternity in Malaysia are currently undergoing an exciting transformative period. Through creative ideas and innovative partnerships, the Global Surgery Initiative has been established throughout the country with the main focus of strengthening the provision of primary and essential surgical, obstetric, trauma and anaesthesia (SOTA) care at district hospitals. Moreover, the implementation of the Global Surgery roadmap embracing Lean



Management, the Cluster Hospital concept, the Mass Surgery Initiative and outsourcing management will further enhance access and equity of surgical services in Malaysia. The Ministry of Health urges everyone to rally behind these initiatives to improve access and equitability for surgical services and brings life-saving essential surgical treatments closer to communities. Together, we can make it possible".

Bellwether operations such as emergency laparotomies, caesarean sections, and treatment of an open fracture are universally covered in Malaysia; however, inequity still exists. In order to offer access to surgical and anaesthesia treatment in underserved parts of Malaysia, particularly in East Malaysia, the surgical and anaesthesiology services in MOH Malaysia have been leading the local Global Surgery agenda.

Since 2019, this Global Surgery framework has been deployed gradually through partnerships with MOH district hospitals and their nearest lead specialist and training MOH hospitals. This CSR project, introduced by the MSA and supported by the SJMC, will be one of the first few projects locally where surgeons, anaesthesiologists, nurses and other allied healthcare professionals from the private sector join forces to work together with the public

health system to identify district hospitals where the need for surgical services has not been completely met.

Despite advancements in access to surgical care with the training of surgeons and anaesthesiologists over the years in Malaysia, under the Global Surgery Initiative, there are five issues identified and must be addressed for equitable access to affordable and safe surgery:-

- 1) patient factor;
- 2) lack of facilities and human resource;
- 3) lack of human resource in available facilities;

- 4) tackling long queues with the available facilities and human resource; and
- 5) logistic and transport issues delaying access.

The strategies to address these issues have been developed and implemented on the ground, with improvements in access to safe surgical care seen in participating rural hospitals. I hope that this Global Surgery Initiative can be an ongoing effort until local resources are available to better surgical and anaesthesia care for all. This is the first of its kind Public-Private Partnership in Malaysia and a useful



one to bring much-needed attention and effort to improve surgery and anaesthesia in areas with limited access to good surgical care in our country.

Through this CSR project, two outreach programmes are planned. The first outreach programme will coincide with the 1st Global Surgery Conference in Kuching, Sarawak, in March 2022, followed by the second in July 2023 before the MSA/College of Anaesthesiologists Annual Scientific Congress, also in Kuching, Sarawak. The district hospitals, preferably with less than 100 beds and minimum access to specialist-level care, will be identified together with the Sarawak State Health Department.

We would like to invite anaesthesiologists who wish to be part of this momentous event by volunteering your services, starting this March itself and we promise you an unforgettable once-in-a-lifetime experience. For more details, I can be reached at gunalan73@yahoo.com or alternatively if you prefer, you may WhatsApp me at 012-2057474.



Diamond Jubilee Celebrations



The poster features a dark blue background with a dense field of golden sparkles and bokeh light effects. In the top left corner, there is a circular gold emblem with the number '60' inside. Below this emblem are two logos: the Malaysian Society of Anaesthesiologists (MSA) logo and the logo of the Malaysian Society of Anaesthesiologists (MSA) featuring a caduceus. The main title 'MEMBERSHIP DRIVE REWARDS' is written in large, bold, gold-outlined letters. Below the title, the text 'EXCLUSIVELY FOR ELIGIBLE NEW LIFE MEMBERS ONLY' is written in a smaller, white, serif font. The dates '6 TH FEB - 1ST AUG 2023' are displayed in a large, white, serif font. Below the dates, the prizes are listed in a large, white, serif font: '6 LUCKY DRAW PRIZES*', '6 TOP REFEREES*', and '6 HOSPITALS WITH THE HIGHEST RECRUITMENT'. The 'GRAND PRIZE' section is highlighted in a larger, bold, white, serif font, followed by '0.6 CARAT DIAMOND (GIA CERTIFIED)*' and '(For lucky draw and top referee)'. A large, detailed image of a round brilliant cut diamond is centered at the bottom. Below the diamond, the text '60TH DIAMOND JUBILEE CELEBRATIONS' is written in a white, serif font. At the very bottom, there is a small white text box containing the disclaimer '*Terms and conditions applies.' and the website 'For more information please refer to www.msa.net.my'.

60

**MEMBERSHIP DRIVE
REWARDS**

EXCLUSIVELY FOR
ELIGIBLE NEW LIFE MEMBERS ONLY

6 TH FEB - 1ST AUG 2023

6 LUCKY DRAW PRIZES*

6 TOP REFEREES*

**6 HOSPITALS WITH THE
HIGHEST RECRUITMENT**

GRAND PRIZE :

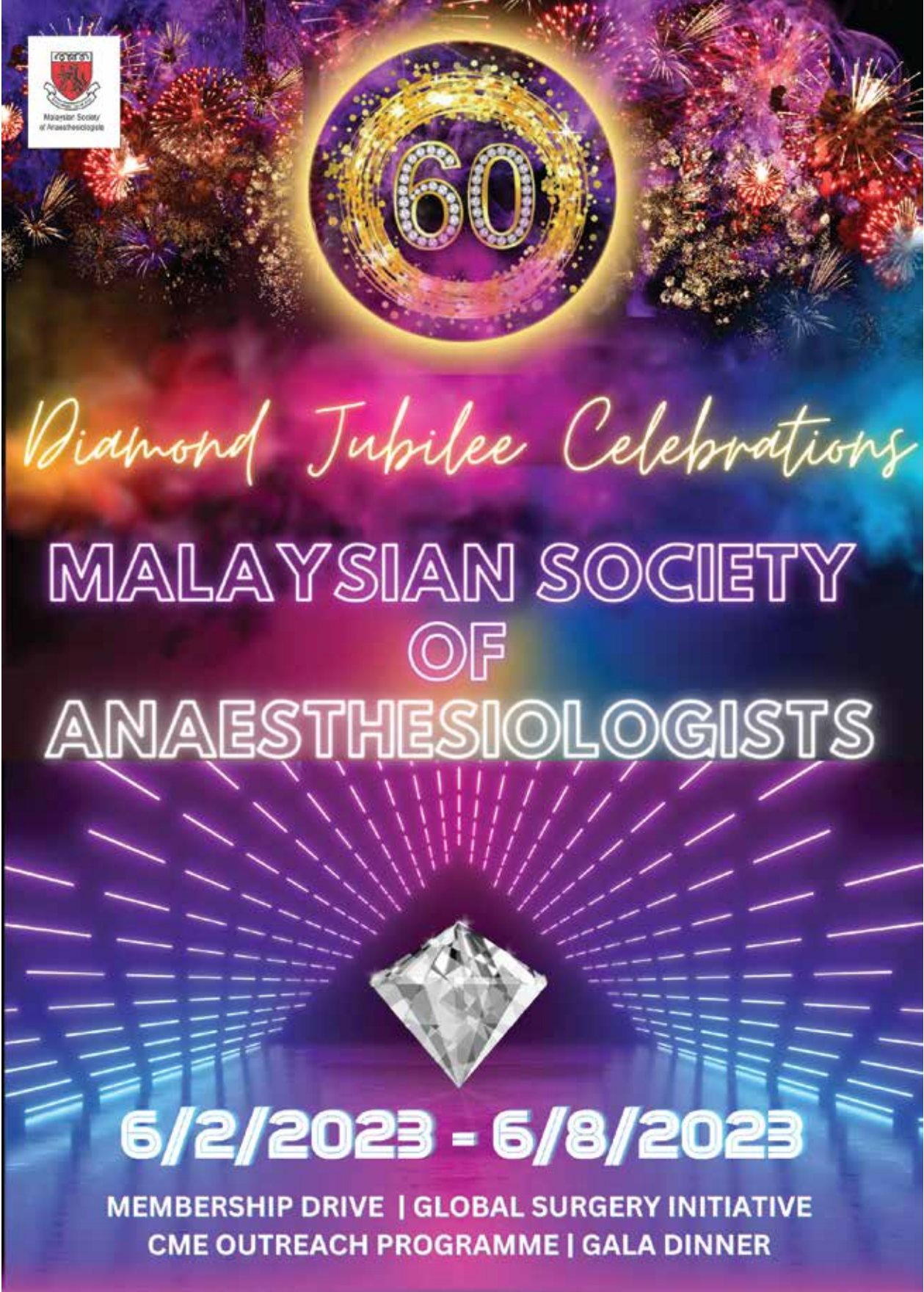
**0.6 CARAT DIAMOND
(GIA CERTIFIED)***

(For lucky draw and top referee)


**60TH DIAMOND
JUBILEE
CELEBRATIONS.**

*Terms and conditions applies.
For more information please refer to www.msa.net.my

Life Membership Promotion



The poster features a vibrant background of purple and blue fireworks at the top. In the center, a large, glowing golden circle contains the number '60'. Below this, the text 'Diamond Jubilee Celebrations' is written in a cursive font, followed by 'MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS' in a bold, outlined font. At the bottom, a large, faceted diamond is centered, with a series of white lines radiating outwards from it. The dates '6/2/2023 - 6/8/2023' are prominently displayed in a bold, outlined font, followed by the event details: 'MEMBERSHIP DRIVE | GLOBAL SURGERY INITIATIVE' and 'CME OUTREACH PROGRAMME | GALA DINNER'. A small logo of the Malaysian Society of Anaesthesiologists is located in the top left corner.



Diamond Jubilee Celebrations

**MALAYSIAN SOCIETY
OF
ANAESTHESIOLOGISTS**

6/2/2023 - 6/8/2023

**MEMBERSHIP DRIVE | GLOBAL SURGERY INITIATIVE
CME OUTREACH PROGRAMME | GALA DINNER**

Membership Drive Awards



LIFE MEMBERSHIP PROMOTION 2023

- Pay RM 600 ONLY !!
(Normal price : RM 1000)
- Pay RM 1000 : Get BOTH MSA life and CoA ordinary membership
(Normal price : RM 1650)
- Pay RM3500 : Get BOTH LIFE membership MSA and CoA
(Normal price : RM 4000)



6TH FEBRUARY- 1ST AUGUST 2023



Malaysian Society of Anaesthesiologists

FREQUENTLY ASKED QUESTIONS ABOUT THE MSA 60TH ANNIVERSARY LIFE MEMBERSHIP DRIVE

1. What is this membership drive about?

- a. As part of our 60th anniversary celebrations and with the aim of increasing the number of life members of MSA, the Executive Committee came up with the proposal of a membership drive.

2. What does MSA aim to achieve?

- a. We intend to recruit specialists to join as members of MSA. We prefer if they can sign up to be life members upfront, so they do not have to worry about paying the annual fees. Conventionally, the fees payable is about RM 75 for 20 years before being exempted from any further membership payment. Once the payment has been made and the application vetted by the committee, the members do not have to pay any further fees. As such, this offer of RM600 one-time payment represents a savings of RM400 if you were initially supposed to pay a one time payment of RM1000 or savings of RM900 if you were to make payment over a 20 year period.
- b. For any society, the larger the membership, the more say the society has in affairs concerning the fraternity. As the main society representing anaesthesiologists in the country, we hope specialists will consider joining the society and gain from other benefits of the society such as access to online journals, reduced fees for conferences, access to CME programmes, grants and other associated privileges.

3. How long is the membership drive planned for?

- a. The drive will be for six months, starting on the 6th February 2023 and ending on the 1st August 2023. Winners of the special prizes will be announced at the MSA COA Annual Scientific Congress Gala Dinner in Kuching on the 5th August 2023.

4. I have been an Ordinary member of the MSA for the last five years. Can I switch to Life now?

- a. Yes, you can. All you have to do is to pay RM600 and convert your ordinary membership to a life membership.

5. I have been an Ordinary member for 15 years. Can I become a life Member by paying the remaining balance instead of RM 600 and be eligible for the prizes?

- a. Unfortunately, no. To become a life member during this campaign period, you need to pay RM 600 and switch your status to become a life member. As such, this campaign may not be attractive for long-standing ordinary members who only have a few years to pay before achieving automatic exemption from paying more fees.

6. If I am an ordinary member, do I still need to get referees for my application to be converted to Life membership?

- a. You don't have to, as we would have your ordinary membership on record. Still, if you want to enrol your referees to participate in the contest for the highest number of referees for life membership, then you can state their names in the application form.

7. What are the prizes offered in this membership drive campaign?

- a. All newly registered life members will be entered into a lucky draw and eligible for these rewards. There will be 6 prizes and the grand prize is a 0.6-carat diamond. The names of the lucky winners will be drawn and announced during the Gala Dinner.

8. How will the referees be rewarded?

- a. There will be 6 prizes, with the grand prize of a 0.6-carat diamond going to the referee with the largest number of new life members signed. In the event of a draw or more than two referees with the same number of new life members signed, there will be a toss of the coin to determine the winner. The others will be given other prizes as deemed appropriate by the organising committee. All decisions will be final. We hope members will positively receive any decision or outcomes.

9. I see that hospitals with the largest number of new life members get a prize too. Can you share the details?

- a. We encourage hospitals with specialists who are not yet life members to participate in this campaign and receive a memento from the organising committee. The top six hospitals will be chosen.

10. Which account do I pay to become a Life Member of both MSA and COA?

- a. To make it convenient for this campaign, payment can be made to the MSA account in the following manner:
 - i. Name: Malaysian Society of Anaesthesiologists
 - ii. Name and address of bank: CIMB Bank Berhad, KL Main Branch, 11 Jalan Raja Laut, 50350 Kuala Lumpur
 - iii. Account No: 80-0021098-1
 - iv. Code: CIBBMYKL
- b. We will do the necessary to internally make payments on behalf of new life College members to the College of Anaesthesiologists account.

11. Where do I get the forms for the campaign?

- a. You can find the MSA form online at <https://www.msa.net.my/index.cfm?&menuid=10>
- b. For membership application to the College of Anaesthesiologists, Academy of Medicine of Malaysia, please email the admin@coa.org.my
- c. You can also email us at secretariat@msa.net.my, and we will provide you with the necessary information regarding the forms.

12. Whom do I call if I need clarification about this program?

- a. You can call Najihah or Hasrul at the MSA Secretariat (Direct Phone 03-8996 0700 ext 215). They will assist as far as possible, and if they are unable to, they will get in touch with the Exco for confirmation before reverting back to you.

13. If I am not a specialist, can I take advantage of this promotion of paying RM 600 for a life member?

- a. Unfortunately, life and ordinary memberships are only open for Registered Medical Practitioners or Specialists who possess a recognised post-graduate anaesthesia qualification. However, you can apply for an associate membership open to members of the Medical and Allied Professions who do not qualify for Ordinary membership.

2ND NATIONAL REGIONAL ANAESTHESIA SYMPOSIUM (NRAS) 2023 @ JEN JOHOR PUTERI HARBOUR

'Future of Regional Anaesthesia - The Paradox of Choice'

by **Dr Benjamin Tan Lin Jun, Dr Shahridan Fathil**

Hospital Sultanah Aminah, Gleneagles Hospital Medini, Johor, Malaysia

After a long hiatus due to the COVID-19 pandemic, the Special Interest Group in Regional Anaesthesia (SIGRA), College of Anaesthesiologists, Academy of Medicine of Malaysia, together with the Department of Anaesthesiology and Intensive Care, Hospital Sultanah Aminah, Johor Bahru, successfully organised the 2nd National Regional Anaesthesia Symposium (NRAS) on 4th and 5th March 2023. This one-and-a-half-day symposium was held at Jen Johor Puteri Harbour by Shangri-La Johor situated at Puteri Harbour, Johor - the epitome of modern waterfront living. This meeting is the

sequel to the first NRAS in Penang in 2017. The meeting received an overwhelming response from Regional Anaesthesia (RA) enthusiasts from around Malaysia and nearby countries, namely Singapore, Indonesia and Australia. The total number of registered delegates was 184.



The VIPs



Officiation by Professor Dr Marzida Mansor



Professor Dr Manoj Kumar Karmakar from Hong Kong



Associate Professor Dr Hyungtae Kim from Korea



The faculty and organising committee



NRAS 2023 was proudly officiated by the President of the College of Anaesthesiologists, Professor Dr Marzida Mansor. Day One of the symposium consisted of a series of plenaries, crossfire debates, scanning sprees and hot-seat discussions by the local and international faculty. We were honoured to have Professor Dr Manoj Kumar Karmakar from the Chinese University of Hong Kong as our first speaker

presenting the Plenary 1 on New Targets for Thoracic Blocks, followed by the Plenary 2 by another international speaker from Korea, Associate Professor Dr Hyungtae Kim who presented the topic - Improving Outcomes in the Elderly with Regional Blocks. These were followed by a series of technical video sessions on the 'basic high-value blocks' and 'advanced blocks' by our Malaysian RA experts. The morning

session ended with the highly anticipated 'scanning spree' sessions in which live demonstrations of ultrasound scanning techniques were projected onto the LED and LCD screens. The icing on the cake was definitely when Professor Dr Karmakar demonstrated the costoclavicular infraclavicular block and the advances in the thoracic paravertebral block.



After the lunch break, the symposium began with an excited crossfire debate by two of the nation's most seniors RA practitioners Dr Azrin Azidin and Dr Amiruddin Kamil, titled the Paradox of Choice - Old Blocks are just as good as New Blocks. A series of lecture topics followed on truncal and motor-sparing blocks. We were fortunate to have Dato' Dr Hassan Ariff, Senior Consultant Cardiothoracic Anaesthesiologist from Institut Jantung Negara, who presented the third plenary on Medicolegal Aspects in Regional Anaesthesia. Day one ended with a hot seat discussion by

the four faculty members on the topic of 'When not to block?'.

Day Two of the meeting was a half-day live RA demonstration workshop on models. We started the day with a yoga and senamrobik session led by the organising chairman and a HSA physiotherapist, respectively. Delegates were exposed to the various ultrasound-guided techniques for RA on models by expert facilitators. Although time was very limited, the workshops were able to cover most of the basic and advanced RA techniques. The four

stations consist of the central neuraxial, truncal, upper limb and lower limb blocks.

The Organising Committee would like to express its gratitude to all the faculty for their enthusiasm in teaching RA. We also would like to thank the industries for their continuous support. It is hoped that NRAS 2023 will improve the quality of perioperative patient care treatment in Malaysia and beyond. Lastly, let me conclude by quoting Dr Ahmad Afifi, our scientific chairperson, "I believe the future of RA in Malaysia is bright". See you all at the 3rd NRAS.



New guideline

on the Peri-operative management of neuromuscular blockade (NMB)

The **European Society of Anaesthesiology and Intensive Care (ESAIC)** published their 1st guideline on the perioperative management of neuromuscular blockade, on November 16th 2022.¹

Recent data indicated a high incidence of inappropriate management of neuromuscular block (NMB), with a high rate of residual paralysis and relaxant-associated postoperative complications. Therefore, the ESAIC presented an evidence-based set of practice guidelines for the perioperative management of NMB.¹

To facilitate its implementation in current clinical practice, the guidance focuses on **3 clinically relevant core issues¹:**

01

significance of neuromuscular blocking agents for tracheal intubation.

02

contribution of neuromuscular blocking agents to improve surgical conditions.

03

significance of neuromuscular monitoring (NMM) and pharmacological reversal to reduce residual paralysis and postoperative pulmonary complications (POPCs).

Guidelines Conclusion

- There is documented evidence that residual paralysis and relaxation-associated pulmonary complications are less common after sugammadex-based pharmacological reversal than after neostigmine.¹
- Reliable quantitative neuromuscular monitoring is the principal prerequisite of any appropriate strategy for peri-operative neuromuscular management, whether that is spontaneous recovery, sugammadex-based recovery or neostigmine-based recovery.¹

Selected Safety Information for BRIDION® (Sugammadex Sodium)

INDICATIONS Reversal of neuromuscular blockade induced by rocuronium or vecuronium. For the pediatric population: sugammadex is only recommended for routine reversal of rocuronium induced blockade in children and adolescents. **DOSAGE AND METHOD OF USE** Sugammadex should only be administered by, or under the supervision of an anesthetist. Sugammadex should be administered intravenously as a single bolus injection. The bolus injection should be given rapidly, within 10 seconds, into an existing intravenous line. The recommended dose of sugammadex depends on the level of neuromuscular blockade to be reversed. **Adults Routine reversal** A dose of 4 mg/kg sugammadex is recommended if recovery has reached at least 1-2 post tetanic counts (PTC) following rocuronium or vecuronium induced blockade. Median time to recovery of the T₄/T₁ ratio to 0.9 is around 3 minutes. A dose of 2 mg/kg sugammadex is recommended, if spontaneous recovery has occurred up to at least the reappearance of T₂ following rocuronium or vecuronium induced blockade. Median time to recovery of the T₄/T₁ ratio to 0.9 is around 2 minutes. **Immediate reversal of rocuronium-induced blockade** A dose of 16 mg/kg sugammadex is recommended. **Re-administration of sugammadex** A repeat dose of 4 mg/kg sugammadex is recommended. **Renal impairment** For mild and moderate renal impairment (creatinine clearance ≥ 30 and < 80 ml/min), the dose recommendations are the same as for adults without renal impairment. For patients with severe renal impairment (including patients requiring dialysis (CrCl < 30 ml/min)), the use of sugammadex is not recommended. **Elderly patients** Same dose recommendation as for adults should be followed. **Obese patients** In obese patients, including morbidly obese patients, the dose of sugammadex should be based on actual body weight. The same dose recommendations as for adults should be followed. **Hepatic impairment** For mild to moderate hepatic impairment, no dose adjustments are required. **Pediatric populations (Children and adolescents)** Bridion 100 mg/ml may be diluted to 10 mg/ml to increase the accuracy of dosing in the pediatric population. **Routine reversal** A dose of 2 mg/kg is recommended for reversal of rocuronium induced blockade at reappearance of T₂ in children and adolescents (2-17 years). **Immediate reversal** Immediate reversal in children and adolescents has not been investigated. **CONTRAINDICATIONS** Hypersensitivity to the active substance or to any of the excipients. **WARNINGS AND PRECAUTIONS** Should neuromuscular blockade recur following extubation, adequate ventilation should be provided. Bleeding risk has not been studied systematically at higher doses than sugammadex 4 mg/kg, thus, coagulation parameters should be carefully monitored in patients with known coagulopathies and those using anticoagulants who receive a dose of 16 mg/kg sugammadex. The use of lower than recommended doses may lead to an increased risk of recurrence of neuromuscular blockade after initial reversal and is not recommended. When rocuronium 1.2 mg/kg is administered within 30 minutes after reversal with sugammadex, the onset of neuromuscular blockade may be delayed up to approximately 4 minutes and the duration of neuromuscular blockade may be shortened up to approximately 15 minutes. Recommended waiting time in patients with mild or moderate renal impairment for re-use of 0.6 mg/kg rocuronium or 0.1 mg/kg vecuronium after routine reversal with sugammadex should be 24 hours. A nonsteroidal neuromuscular blocking agent should be used for patients requiring neuromuscular blockade prior to passing the recommended waiting time. Sugammadex is not recommended for use in patients with severe renal impairment, including those requiring dialysis. Due to the administration of sugammadex, certain medicinal products could become less effective due to a lowering of the (free) plasma concentrations. Due to the administration of certain medicinal products after sugammadex, theoretically rocuronium or vecuronium could be displaced from sugammadex. Patients should be closely monitored for hemodynamic changes during and after reversal of neuromuscular blockade. Patients with severe hepatic impairment should be treated with great caution. Sugammadex should not be used to reverse block induced by nonsteroidal neuromuscular blocking agents and steroidal neuromuscular blocking agents other than rocuronium or vecuronium. Clinicians should be prepared for the possibility of drug hypersensitivity reactions (including anaphylactic reactions) and take the necessary precautions. If more than 2.4 ml solution needs to be administered, this should be taken into consideration by patients on a controlled sodium diet. **PREGNANCY AND LACTATION** Pregnancy. Caution should be exercised when administering sugammadex to pregnant women. Lactation. Caution should be exercised when administering sugammadex to a breast-feeding woman. **ADVERSE EVENTS** In the subset of Pooled Placebo-controlled trials where subjects received anesthesia and/or neuromuscular blocking agents, the following adverse events occurred in $\geq 2\%$ of subjects treated with sugammadex and at least twice as often compared to placebo including airway complication of anesthesia, anesthetic complication, procedural hypotension, procedural complication and cough. In post-marketing, isolated cases of marked bradycardia and bradycardia with cardiac arrest have been observed within minutes after administration of sugammadex. A limited database suggests that the safety profile of sugammadex (up to 4 mg/kg) in pediatric patients was similar to that in adults.

Reference: 1. Fuchs-Buder T, Romero CS, Lewald H, et al. Perioperative management of neuromuscular blockade: A guideline from the European Society of Anaesthesiology and Intensive Care. Eur J Anaesthesiol. 2022 Nov 16. doi: 10.1097/EJA.0000000000001769. Epub ahead of print.

Before administering Bridion®, please read the full prescribing information

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SCAN TO VIEW the
ESAIC 2022
Guidelines Paper



Images are for illustrative purposes only.

8 recommendations from ESAIC¹:

R1	Recommends using a muscle relaxant to facilitate tracheal intubation (1A).
R2	Recommends the use of muscle relaxants to reduce pharyngeal and/or laryngeal injury following endotracheal intubation (1C).
R3	Recommends the use of a fast-acting muscle relaxant for rapid sequence induction intubation (RSII) such as succinylcholine 1mg kg ⁻¹ or rocuronium 0.9 to 1.2mg kg ⁻¹ (1B).
R4	Recommends deepening neuromuscular blockade if surgical conditions need to be improved (1B).
R5	There is insufficient evidence to recommend deep neuromuscular blockade in general to reduce postoperative pain or decrease the incidence of peri-operative complications. (2C).
R6	Recommends the use of ulnar nerve stimulation and quantitative neuromuscular monitoring at the adductor pollicis muscle to exclude residual paralysis (1B).
R7	Recommends using sugammadex to antagonise deep and moderate neuromuscular blockade induced by aminosteroidal agents (rocuronium, vecuronium) (1A).*
R8	Recommends advanced spontaneous recovery (i.e. TOF ratio > 0.2) before starting neostigmine-based reversal and to continue quantitative monitoring of neuromuscular blockade until a TOF ratio of more than 0.9 has been attained (1C).

*disclaimer-part of recommendations are modified to remove the off-label content.

GRADE definitions

1A: Strong recommendation, high-quality evidence; 1B: Strong recommendation, moderate-quality evidence; 1C: Strong recommendation, low-quality evidence; 2C: Weak recommendation, low-quality evidence; TOF: Train of Four

MALAYSIAN FIELD HOSPITAL TURKIYE DEPLOYMENT

From Military Anaesthetists on the Ground

by Dr Yim Shao En, Dr Nur Fazlina binti Harun



Sending off the advanced party at Subang Airforce Base by Malaysian Chief of Armed Forces

On 6th February 2023, Turkiye was struck by an earthquake with a magnitude of 7.8 at 4.17 am local time, followed by another 7.7 magnitude earthquake at 1.24 pm, causing a death toll of above 50,000 people, with many more injured and tens of thousands homeless. Being a comprehensive strategic partner to Turkiye, the Malaysian government responded to this major disaster by deploying a search and rescue (SAR) team for the initial phase of SAR. This was then followed by a troop consisting of 110 personnel from the Malaysian Armed Forces to provide health support services to Turkish citizens in the affected area.

The troop deployed was headed by Brigadier General (Dr) Dato' Amran bin Amir Hamzah. It comprised 26 doctors; 14 clinical and public health specialists, 12 medical officers and officers and other rank personnel who came from various backgrounds to ensure the success of this deployment. The first sortie which was the advanced party flew with Royal Malaysian Air Force (RMAF) Airbus A400 plane on 10th February to Gaziantep, Turkiye. The remaining sorties flew by commercial airlines to Istanbul, regrouped there and then departed Istanbul to Gaziantep with the RMAF A400 plane. From Gaziantep, the troop moved straight to

Celikhan town by road which took about three hours.

Celikhan town in Adiyaman province was the operational area assigned to RMAF after a meeting between the troop's advanced party with AFAD (Disaster and Emergency Management Presidency) which was a governmental disaster management agency operating under the Turkish Ministry of Interior. Celikhan town had a population of about 12,000 people and the only hospital available was badly damaged during the earthquake. The nearest hospitals were about 50 to 60km away in Adiyaman city and Malatya city and in view of the extremely heavy load of patients and recurrent shocks that took place, the MAF was tasked to provide healthcare services to local people in Celikhan town.

On arrival in Celikhan, the troop was placed at a local kindergarten which was deemed to be safe by local authorities. The following day, the troop began setting up the Malaysian Field Hospital (MFH) at an open ground which had been identified by the advanced party. Setting up a field hospital was not an easy task. Aside from being a post-disaster area with many potential hazards e.g. recurrent aftershocks, it was



Inside RMAF A400 aircraft, from Istanbul to Gaziantep

made worse by sub-zero temperatures. Various challenges - language, culture, medicolegal and logistic issues needed to be tackled. During this mission, everyone needed to multitask besides being specialists in their own trades. This included laborious work, e.g. shovelling and clearing snow to make space for tents and playing the role of storekeeper by shifting and transferring equipment and goods to their respective tents. About 37 tonnes of logistic and medical equipment were flown in for this mission and it was not difficult to imagine the amount of labour involved! A total of three days was spent setting up the tents and installing the wiring and sanitation systems, as well as setting up the various departments - emergency department (ED), outpatient department (OPD), operation theatre (OT), intensive care unit (ICU), inpatient wards, mini laboratory, labour room and pharmacy. By day four, the MFH Turkiye started receiving its first batch of patients at ED and OPD.



Group photo of the troop with Director General of Malaysian Armed Forces Health Services (MAFHS) and Commander of the mission

tanks locally. However, to our dismay, we discovered our oxygen regulators (bull-nose and pin index oxygen regulator) were incompatible with Turkish oxygen tanks. To make the situation worse, the only general anaesthesia machine which had served us faithfully in previous missions decided to fail. Thankfully, our training in anaesthesia helped us to come up with



Drone image of Malaysian Field Hospital in the middle of Celikhan town

Challenges

Prior to deployment, we were not allowed to transport our own oxygen tanks (not even empty tanks) into the planes from Malaysia to Turkiye due to aviation restrictions. Thus we flew into Turkiye with the aim to source oxygen

contingency plans. After much discussion and consideration of the situation - winter, post-disaster situation, logistic supply limitation and urgent need to establish a level 3 field hospital with OT and ICU capabilities in Celikhan, we knew that running our general



Setting up the hospital



anaesthesia cases in this situation like we were back in base hospitals was not possible. We were lucky to get 2 oxygen tanks with flow meters (1 for ED and 1 for OT) from a local polyclinic which had been converted into a post-disaster health coordination centre. We had to modify our general anaesthesia techniques with the available equipment. In order to conserve the only oxygen tank we had, we pre-oxygenated our patients with an oxygen concentrator with a maximum flow of 5L/min for about five minutes. Subsequently, we maintained ventilation and oxygenation with a ZOLL portable ventilator (with/without an oxygen reservoir). Induction of anaesthesia was performed as per standard (except that inhalational



induction was not an option!), followed by maintenance of anaesthesia with total intravenous anaesthesia (TIVA) using BBraun Perfusor® Space® syringe pumps with preinstalled TCI functions (propofol and remifentanyl). This idea was conceived and put into action after previous missions' dissection and analysis, in which we realized that providing standard general anaesthesia in a constrained environment such as post-disaster areas was not feasible as there was a limited supply of electricity

and oxygen. Thus the option of TIVA in a field environment was always useful.

As mentioned earlier, the MFH was a level 3 field hospital with OT and ICU capabilities. Despite the nearest Adiyaman and Malatya hospitals being about 50 to 60km away, the journey to reach them can be challenging and time-consuming due to mountainous roads. Hence, getting blood products from there was difficult and close to impossible especially when immediate



Malaysian team - Anaesthetists, GA and Scrub nurses



OT set up of MFH Turkiye



Plating of closed fracture of right radius/ ulna under GA. Injury sustained during earthquake



Anaesthesia 'work station' - from left to right: Portable suction machine, ZOLL portable ventilator, patient's monitor, oxygen tank (blue), oxygen concentrators



SAROS 4000 portable oxygen concentrator

blood transfusion was required for bleeding events. In view of that, a walking blood bank programme was initiated within the MFH itself. This involved generally fit military personnel who had undergone regular medical check-ups. To ensure that the blood donation process was safe, all potential donors had to fill out eligibility screening forms and then undergo rapid screening tests for infectious diseases screening.

The opportunity to serve in Turkiye was an invaluable and eye-opening experience especially when we managed to do things differently from what we usually do at base hospitals. At the time of writing, nearly 10,000 aftershocks have been reported since 6th February. However, the Malaysian troop is still serving faithfully by providing health support services in Celikhan town, and we are proud to say that we are keeping the *Jalur Gemilang* flying high in Turkiye.



Performing gynaecological procedure under regional anaesthesia

ARTIFICIAL INTELLIGENCE IN ANAESTHESIOLOGY

the New Kid on the Block

by ChatGPT (with minor edits from our Editorial team)



EDITORS:
**WRITE ME A DRAMATIC STORY WITH SCIENTIFIC
EVIDENCE ON THE USE OF ARTIFICIAL
INTELLIGENCE IN ANAESTHESIOLOGY**

Dr Lee had been practising anaesthesiology for over 20 years but had never seen anything like this before. Her patient, a young woman undergoing a complex surgical procedure, was experiencing sudden complications that were threatening her very existence. Dr Lee and her team did everything possible to stabilise the patient, but they ran out of options. The patient seemed to be drifting aimlessly away.

In a moment of desperation, Dr Lee remembered a new tool that she had recently heard about - an artificial intelligence program called ChatGPT. She quickly accessed the program on her tablet and began inputting data about the patient's condition, medical history, and vital signs. Within seconds, ChatGPT began analysing the data and giving Dr Lee real-time feedback and treatment recommendations. Eureka! a moment out of a science fiction novel by J.R.R Tolkien or a Steven Spielberg movie indeed.

As Dr Lee followed ChatGPT's instructions, she noticed a significant improvement in her patient's condition. The AI program was able to identify subtle changes in the patient's vitals and provide treatment recommendations that were tailored to her specific needs. With ChatGPT's help, Dr Lee stabilised the patient and successfully completed the surgical procedure. Over the following days, Dr Lee continued to use ChatGPT to monitor her patient's recovery and make treatment decisions. The AI program proved to be an invaluable tool, providing real-time feedback and recommendations that helped optimise the patient's care and improve her overall outcome.

As Dr Lee reflected on the experience, she realised that ChatGPT had fundamentally changed how she practised anaesthesiology. The AI program provided her with a level of real-time data analysis and decision-making support that she had never had before. Thanks to ChatGPT, Dr Lee could provide her patient with

the best possible care, and she knew that the program would be a valuable tool in her practice for years to come.

So what is ChatGPT ?

ChatGPT stands for "Chat Generative Pre-trained Transformer". It is an **AI chatbot** developed by OpenAI that uses **natural language processing (NLP)** to understand and interpret human language. It is designed to respond to text-based queries and generate natural language responses. ChatGPT is built on top of OpenAI's GPT-3.5 and GPT-4 families of large language models (LLMs) and has been fine-tuned using both supervised and reinforcement learning techniques. It was launched as a prototype in November 2022.

Artificial Intelligence (AI) is transforming the healthcare industry, and anaesthesiology is no exception. The application of AI in anaesthesiology has shown remarkable progress in recent years, making anaesthesia safer and more efficient. AI-based systems can potentially revolutionise how anaesthesiologists and critical care physicians provide care to their patients by analysing vast amounts of patient data in real-time and providing recommendations that help anaesthesiologists make better decisions, reduce complications, and improve patient outcomes.

How does AI perform predictive analytics?

By using machine learning algorithms to analyse large datasets of patient data, AI can help predict the likelihood of



certain complications or adverse events during surgery. This technology can also help anaesthesiologists optimise patient care by providing real-time feedback and making treatment recommendations based on individual patient data.

Another critical use of AI in anaesthesiology is in developing decision-support systems. These systems can help anaesthesiologists make more informed and data-driven decisions, particularly when patient data is complex or incomplete. Decision-support systems can help reduce the risk of medical errors and improve patient safety, making them a valuable addition to any anaesthesiology or critical care practice.

AI in preoperative assessment

Preoperative assessment is critical in patient care, as it helps identify potential complications before the surgery. AI-based systems can analyse patient data, such as medical history, lab results, and imaging studies, to predict the likelihood of complications during and after surgery.

For instance, a study published in *Anesthesiology* used machine learning algorithms to develop a risk prediction model for postoperative complications in patients undergoing major surgery. The model was trained on electronic health records of over 24,000 patients

and could predict complications with a high degree of accuracy. This technology could help anaesthesiologists identify patients at high risk of complications and take preventive measures to avoid them.

AI in intraoperative monitoring

During surgery, good anaesthesiologists must monitor patients' vital signs, such as blood pressure, heart rate, and oxygen saturation to ensure they are stable and respond promptly to any changes. To do that, they must be by the patient's bedside instead of the pantry. Recently in our neighbouring Singapore, a senior colleague was charged in court with negligence because he had stepped away from a patient for 9 minutes, during which a catastrophic event occurred.

However, AI-based systems can analyse patient data in real-time and alert anaesthesiologists when vital signs deviate from the normal range before tragedies strike, thus alleviating us that much-needed coffee and bagel treat. For example, a study published in

Anesthesiology used an AI-based system to monitor patients undergoing surgery and alert anaesthesiologists when their blood pressure deviated from the normal range. The system analysed patient data in real-time and used machine learning algorithms to predict the likelihood of blood pressure changes. The system detected blood pressure changes 15 minutes before they occurred, allowing anaesthesiologists to intervene and stabilise the patient. This Hypotensive Predictive Index is already available in the markets in Malaysia and may soon prove to be a boon or a bane to our fraternity.

AI in postoperative pain management

Effective pain management is essential for patient recovery after surgery. However, pain management can be challenging, as patients experience different pain levels and respond differently to pain medication. AI-based systems can help anaesthesiologists personalise pain management based on individual patient characteristics,

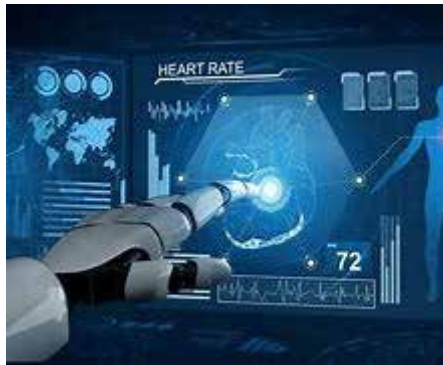


such as age, gender, and medical history.

For instance, a study published in the journal *Pain Medicine* used machine learning algorithms to develop a predictive model for postoperative pain. The model was trained on data from over 1,000 patients and could predict the likelihood of postoperative pain with a high degree of accuracy. This technology could help anaesthesiologists personalise pain management and reduce the risk of adverse effects, such as opioid-related side effects.

AI in anaesthetic drug dosing

Anaesthetic drugs are administered to patients to induce and maintain anaesthesia during surgery. However, the optimal dosage of anaesthetic drugs varies depending on individual patient characteristics, such as age, weight, and medical history. AI-based systems can help anaesthesiologists determine the optimal dosage of



anaesthetic drugs based on individual patient characteristics and minimise the risk of adverse effects, such as over-sedation or inadequate anaesthesia.

For example, a study published in the journal *"Anesthesiology"* used an AI-based system to determine the optimal dosage of propofol, a commonly used anaesthetic drug. The system analysed patient data, such as age, weight, and medical history, and used machine learning algorithms to predict the optimal dosage of propofol. The system was able to determine the

optimal dosage of propofol with a high degree of accuracy, reducing the risk of over-sedation or inadequate anaesthesia.

AI in anaesthetic drug selection

The selection of anaesthetic drugs depends on individual patient characteristics, such as age, weight, and medical history. AI-based systems can help anaesthesiologists select the optimal anaesthetic drug.

In conclusion, using AI technology in anaesthesiology and intensive care is a rapidly developing area with the potential to improve patient outcomes significantly. From predictive analytics to decision-support systems, AI can revolutionise how anaesthesiologists and critical care physicians provide care to their patients. As AI technology advances, it will be necessary for healthcare providers to stay informed and adapt to these new tools to ensure the best possible outcomes for their patients.



Living my life in CANADA

by Dr Khairunnadiah Kamaruzaman

Toronto General Hospital, Canada

Often ranked as one of the best places to live in the world, Toronto is home to a thriving economy, vast green spaces, and a vibrancy that can only be born from a multicultural society. As an Asian, I honestly do not feel foreign walking on the streets. Canada is also known for its healthcare system, which covers most expenses, making healthcare affordable for all residents. Life in Canada is not about dodging polar bears as you ski your way to work. Saying "sorry" to everyone, even if it's not your fault, and carrying Tim's coffee is an "in" thing. The country is safe to live in thanks

to one of the world's lowest rates of gun violence and is also known as a sanctuary state. Having said that, shifting lock, stock and barrel to a different country from the comforts of my own was not easy at all.

A year ago, I came to Canada with my family of four to pursue my fellowship training at the Toronto General Hospital (TGH). I remember the first time we landed in Canada, it was a week after a snowstorm and Toronto had 20 to 30 centimetres of snow. Immediately, my kids were excited to play with the snow

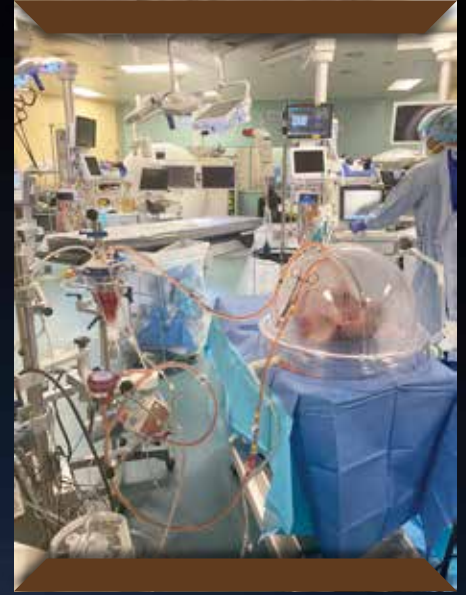
that they forgot the 30-hour tiring journey from Malaysia to Canada. Ten minutes outdoors when the temperature hit -20 degrees was enough to freeze my nose and ears. When you speak about Canada, you first have to speak about the extreme weather during winter. I remember coming back from a Transesophageal Echocardiography (TEE) reading session at 6.30 pm in heavy snowfall, and everything turned magical. But once the snow starts to melt and the roads turn to ice, people start cursing at the weather. I can confirm that whatever you watch on





social media about the hype of extreme winter in most parts of Canada is all real. But you have to make the best out of it, right? You can enjoy plenty of winter activities in Canada, from skiing,

tobogganing, and winter hiking to ice skating. As the seasons changed, days got longer with plenty more things to do in Toronto. In spring, you can experience a month of cherry blossoms in various parks around Toronto. Unfortunately for a susceptible person like me, I developed an allergic reaction to pollens when spring started because my skin is as sensitive as a baby's. That's when antihistamines became my best friend. As my kids had two months of summer break between July and August, we took the opportunity to travel to places outside of Toronto via train. Though the tickets can be overpriced during summer, the beauty of stunning landscapes and discovering the richness of Canada's wilderness during the rides made me forget about the money I had spent. Apart from that, some community centres in the city offer



free sports lessons for kids, and mine got to learn basketball and futsal. As the weather improved for the better, we got to enjoy amusement parks like Canada Wonderland or go for fruit picking at



farms and to kid-friendly museums. Parents should not worry about kids' entertainment; there are plenty of things to do that you don't know where to start.

I enjoy how convenient everything is here; big grocery stores are open 24/7, widely distributed public transportation - subways, streetcars (tram) and buses, you don't have to worry about traffic congestion; free schools for kids that they even provide stationaries; and free healthcare systems provided by the provincial government. As the work-life balance is so important here, I have ample time to bring my kids to the nearby parks or to explore the city, visit museums, and stroll along the Harbourfront by Lake Ontario. My kids even picked up skateboarding during summer. Though some degree of crime is inevitable in every city, Toronto suffers relatively little of it. In fact, it often ranks among the safest big cities in North America and the world. I never worry about walking back to the hospital in the middle of the night when I get paged; there are plenty of patrolled police cars stationed at every block.



The only thing I dislike about the city is the cost of living. Rent is not the only expense driving Toronto's eye-watering cost of living. Toronto's drinks, food and utilities are pricier than other Canadian cities. In fact, the food price in Toronto is 23% higher than in London as of February 2023. It drove me insane to convert the expenses I pay here to Malaysian Ringgit, so I naturally stopped doing it.



Most people get confused when we talk about the Canadian Health system as a whole. I would say it is unique. Why is that? The first thing is that different provinces have different healthcare structures, and each provincial and territorial health insurance plan only covers basic healthcare fees for the province's residents. For example, if you live in Ontario and you get sick when you visit Alberta, the Ontario health insurance might not cover your medical expenses there. The same goes with the medical associations for physicians; different provinces have different rules or requirements for the applicants to meet in order to get accepted. For

example, you are applying for a fellowship in Alberta. In that case, you should refrain from seeking advice from a current fellow doing fellowships in Toronto, located in Ontario. That's why I say it is unique! One rule doesn't apply to all.

The University of Toronto takes great pride in its relationships with six fully affiliated hospitals, including University Health Network (UHN) and The Hospital for Sick Kids. UHN is a merger of three major hospitals in Toronto, which includes Toronto General Hospital (TGH), Toronto Western Hospital (TWH) and Mount Sinai Hospital. These three

hospitals offer various fellowships according to the subspecialty training available in each hospital. For instance, TGH, where I am based, offers cardiothoracic and lung transplants, abdominal organ transplantation and advanced airway fellowships. While TWH offers neuroanaesthesia, regional anaesthesia and chronic pain anaesthesia where there are currently a few Malaysian anaesthetists undergoing training. Most Malaysians are familiar with The Hospital for Sick Kids, where most world-renowned paediatricians obtained their fellowship training.

What is TGH known for? It is leading the way in cardiac care, organ transplant and treating complex patient needs. In 2022, TGH again ranked fourth among the world's best hospitals globally. This is TGH's third year in a row achieving this ranking and fourth year within the top ten, where it remains the only Canadian hospital listed. Historically, TGH has made significant contributions to health care globally, including the first clinical use of insulin, the first successful single- and double-lung transplants, revolutionising organ transplantation through the Ex Vivo Lung Perfusion System, and the first successful direct stimulation of a heart that had stopped beating, the precursor of all pacemakers. The list goes on, and you can see how competitive the world is in TGH!

Like any other newcomer, I am lying if I said I did not have many hurdles initially. Often, I felt like giving up, but I kept going. It must be the family I've made here! Imagine having the luxury of having anaesthetic nurses back home, to having no one in the OR, so coming to work early in the morning, reviewing the case for the day in the holding area because most patients get admitted the morning of surgery, then, heading to the OR, get your narcotics from a machine, then start setting up the room! Setting up

includes everything from checking the anaesthetic machine to preparing airway equipment and priming the IV set. If your case potentially needs a blood transfusion, then you need a different set. Don't forget the drugs and the infusion pumps; they differ from the syringe drivers we have back home. Oh boy, so many new things to learn and old bad habits to unlearn in a stressful environment. You will also be evaluated by the staff anaesthesiologist you are working with, reflecting on your overall performance at the end of every month of the program. If anyone thinks doing anaesthesia is all about avoiding talking to your patients, you are wrong. Here, you have to keep up with your patients. Most of them are well-versed with their pathologies, and I've learned the art of conversing better with my patients. Prior to induction, all the team members have to discuss their plans: from surgeons to anaesthesiologists, to the nurses, perfusionists (if applicable) and lastly, the patient gets to ask any questions again. The work culture is excellent in such a way that the patient's safety is always the top priority. They are right about how Canadians are very friendly and love talking!



Fundamental to any subspecialty fellowship is access to clinical cases. The backbone of the training is the volume of complex cases available and the opportunity to learn from experienced staff anaesthesiologists and surgeons. In just 6 months of training, I have done 30 lung transplants, all managed on ECMO support. I wonder if I'll get these kinds of

opportunities anywhere else. I plan to apply my knowledge and skills to transplant services in Malaysia, Insyaallah. Overall, the working environment in TGH allows me to feel valued while also being conducive to learning new skills, adapting to the learning needs and responding to feedback.





My reflections concerning the program have been nothing but positive. The program as a whole is demanding in part because of the complexity of patients encountered at Toronto General. For those who would like to pursue a fellowship in heart-lung or liver and kidney transplants as well as major oncological procedures, including airway surgeries, complex cases which include pulmonary endarterectomy, or mediastinal mass, VADS, minimally invasive surgeries, including valves surgeries, MIDCAB / OPCAB, robotics surgery for prostatectomy, cholecystectomy, hysterectomy, bronchoscopy - then TGH is the place. Initially, it was a little intimidating, but I had a great support structure, allowing me to grow and be more confident performing my job. I feel privileged to work and learn from the world's experts - people like Peter Slinger, the father of Thoracic Anaesthesia; Annette Vegas, the pioneer in Perioperative Echocardiography; Shef Keshavjee and Tirone David, who are the world's famous inventors in the cardiothoracic fraternity.

Everyone is extremely helpful and accommodating in fulfilling my needs, and they always have my back. Importantly, I found a family in them, and I know I will always be a part of TGH's team. For that, I'll be forever indebted. It's a lot of work but worth every sweat.



SPINNING

More Than Passion



by **Dr Wong Theng Koe**

Hospital Queen Elizabeth 1, Kota Kinabalu, Sabah, Malaysia

My amazing adventure with indoor cycling started in 2019 when I was doing my attachment posting in Hospital Kuala Lumpur. To be an Anaesthesia trainee, it is always challenging and stressful. In order to achieve resilience, a strong mindset is what it takes and requires at all times.

It all started with a normal conversation with my IJN colleague and an invitation to try out indoor rhythmic spinning at a nearby studio. I was not a sports person to begin with and, as such, I was a little sceptical at the beginning. But that didn't last long! I quickly became totally hooked on the buzz you get from a good cardio workout.



At that point of time, I was going through a rough patch in my personal life, and I found that being on a spin bike was the perfect place to just let go of everything and disconnect from what was going on for a little while. I found that pedalling away to the beat of music helped me distress and refocus. The clear mind post cardio workout helps me to refocus and realign my attention in a normal working and studying schedule. That strikes a change in my life!

The classes in the studio are always packed with amazing souls and motivating instructors. And it was this that unlocked a new level of passion in me. I would watch all the bodies moving to the same beat, on the rhythm, with big smiles. I loved it and wanted to make this a regular part of my life. The spinning community that you build up, always pushes and motivates each other together to achieve the same ultimate goal, success! No one is left behind.

I decided to get trained as a Spinning Instructor so that I could start teaching and sharing this passion with those around me. To be enrolled as an instructor, I fairly understand what it really takes and demands from an individual. A charismatic soul with vibrant energies, motivating, creative attitude and a strong passion for fitness is called a fitness instructor. I see this as a challenge for myself and, at the same time, I could unlock other possibilities in myself. Spinning instructors are team players with positive forces - essentially a role model to anyone and everyone. We cultivate a culture of yes, powered



by individuals who see opportunities in times of adversities.

Throughout my training, I gained a lot, physically and mentally. Spinning has helped me to be stronger in facing hard times, particularly during the COVID pandemic. During this hard time, digital fitness platform is what I have practised to achieve my fitness goal. I do appreciate fitness more after being involved in spinning exercises.

To me, fitness is really a mind, body and soul connection. In order to do or achieve anything, you have to challenge yourself in ways you never thought you could, and it starts with a strong mindset. That's really where you discover things about yourself you never knew.

Every day is a brand-new start and opportunity never stops knocking as

long as you keep moving. Your body, your fitness and your lifestyle are always evolving. You just have to stay in motion because only you have the power to be better than you were yesterday. I stay committed to a higher purpose, and I stay committed to a higher power.

For me, fitness is a way of life. It's where I find freedom, power, strength, courage, determination, light and success - MYSELF. My body is my home, more than just this physical body. Know your worth, know your power, recognise your greatness - then tap into it.



I strive to continuously improve and better myself so I can be in the right position to help others. If you're finding it hard to stay on track with your fitness regime, set yourself a goal. How you get there and the time you need to get there may change but the goal will never change and you will find the power to get there.

Treat challenges like opportunities to get stronger and better. The person that I am now, the body that I have built for myself, it took years of hard work. Of course, I have failed. Of course, I have been let down but if I had quit then, I would never be who I am today. So, I always look at failures as room for



improvement and opportunities to grow further. That's my personal fitness mantra.

There have been times where I find it is hard to maintain a fitness routine in my busy yet stressful working and studying schedule. It's easy to get swept up in life, when you have work, friends, family and so many other commitments which require your attention. Sometimes, it does get tiring and it does wear you down but for me, fitness is a release so I remind myself of that. I think a lot of people find it hard to maintain a fitness routine because they are looking at it as a punishment like "I ate this cookie, I ate this burger, so I have to work out now".

But if you change your mindset and revolve your fitness routine around something you love, something which brings you joy, it really isn't that hard to maintain. You will have good and bad days, ups and downs, highs and lows. Nobody is perfect, and life is no different.

You have to be ready to fail. You cannot be afraid to look stupid or weak. There will be first time, like carrying heavier weights, pushing extra reps, trying a new exercise. You have to be ready to fail to succeed. You just have to stay committed to your process. Most people

quit because they give up, but sometimes, you have to remind yourself about the progress you've made, whether big or small, it still counts. Eventually, you'll find your rhythm and that's where we learn, grow and change.

I am blessed to be certified as an indoor rhythmic spinning instructor. My professional life has brought me to Kota Kinabalu, Sabah now. However, fitness instructor is all about building positive habits, encouraging a healthier lifestyle and creating a lasting impact on

everyone. There are a lot of individuals out there who are afraid or do not know much about fitness, so we welcome people of all levels, and we try to incorporate fun and exciting workouts that will eventually lead to a permanent change in lifestyle.

To be an instructor either in Kuala Lumpur or Kota Kinabalu, it's always a learning experience for me indeed. Leading a community to achieve a fitness goal is always my ultimate aim throughout my journey as fitness instructor. Self-improvement and

self-enrichment are what I seek in myself on the podium.

In short, fitness is not just a place, a mat, or a bike, but it's a lifestyle, it's an experience, it's a commitment. There is strength and power in numbers. I believe in investing, encouraging, empowering every single individual, team and company. Always leading, continuously innovating and dreaming big - all powered through fitness. So, always surround yourself with people who want the best for you and who will hold you accountable to your goals.





RePHILL TRIAL

Pre-hospital Transfusion = Better Outcome in Major Haemorrhagic Trauma?

by Dr Kean Seng Cheah

Cambridge University Hospital, United Kingdom

Over the past two decades, major haemorrhagic trauma management has evolved from crystalloid-based to early blood products based resuscitation. Historically, a large crystalloid volume was funnelled into a patient to restore circulatory volume. This traditional way of resuscitation is currently regarded as 'imbalanced', leading to tissue oedema and dilution coagulopathy. The new paradigm of trauma resuscitation has now focused on damage control surgery, tranexamic acid and blood product-based resuscitation.

The desire to deliver hospital-based intervention early in the patient pathway was encouraged following the improved survival rates seen in the war zones¹. Following some early reports of the benefit of early transfusion in military retrieval casualty, this led research trajectory to consider implementing a similar strategy in pre-hospital civilian settings.

So far, there is still a lack of solid evidence on whether pre-hospital blood product administration will improve survival in a patient. Most studies in this context were small sample case series or retrospective narratives. Only two major randomised trials were published on pre-hospital blood transfusion strategy in comparison to standard care (0.9% Normal Saline), but the results were discordant, with one favoured pre-hospital plasma (PAMPER trial: 33% lower mortality)² and the other did not

(COMBAT trial; No difference in mortality at 28 days).³ In fact, the COMBAT trial was terminated prematurely due to intervention futility.

A recently published trial: Resuscitation with blood products in patients with trauma-related haemorrhagic shock receiving pre-hospital care⁴ (RePHILL: a multicentre, open-label, randomised, controlled, phase 3 trial), did not show superiority from pre-hospital RBC-LyoPlas compared to 0.9% Normal Saline. A total of 432 participants from trauma with suspicion of haemorrhagic shock (systolic <90mmHg, absence radial pulse, or hypotension thought to be due to haemorrhage) were included and randomly assigned to the intervention arm (RBC and LyoPlas in a ratio of 1:1 up to 2 units each) or control arm (0.9% Normal Saline 4x 250ml). The primary outcome from this trial comprised of composite outcome from mortality (time of injury to hospital discharge) OR lactate clearance OR both. Individual components from the primary outcome, all-cause mortality within 3 hours and 30 days of randomisation, pre-hospital timing, total blood products consumption and serious adverse event (organ failure, ARDS, VTE, INR, transfusion complication, infection) made up for secondary outcome in this trial. No difference in the primary outcome was observed between the two groups. There were significantly higher blood products received and higher haemoglobin levels upon arrival to ED in the intervention group, but this did not



result in survival benefits. Similarly, there were no differences in risks of transfusion-related lung injury or complications from both groups.

There are several explanations why pre-hospital transfusion is a big success in war zones, but we failed to replicate it in civilian settings. Firstly, the average age of casualty in combat zones was relatively younger (20-29 years¹ vs 38-39 years in RePHILL), presumed fit and healthy before the injury. This eventually leads to a better survival rate in most cases. Secondly, due to technical or logistic difficulties, evacuation and transport time to the hospital poses a real challenge in the war zones, therefore the rationale of pre-hospital transfusion is justifiable in this situation and the benefit was more apparent. The RePHILL trial was done in a well-established pre-hospital trauma network in the UK. This could potentially dilute the treatment impact of the intervention group because the time to the hospital was shorter (average of 90 mins), and the patient reached the hospital before the benefit was apparent. Trauma is a global challenge to health care regardless of different geographical distributions. It is interesting to find out if this same strategy will yield a different outcome in places with longer transport time (suburban areas or areas with more than 90 mins).

Another significant difference seen in the RePHILL was the use of Lyoplas (vs

fresh frozen plasma in PAMPER trial).² LyoPlas or Lyophilised plasma is a freeze-dried plasma produced by freeze-drying. During the time of use, only water is needed to reconstitute the plasma. It can be stored for years at room temperature without affecting its haemostatic capabilities. These features make LyoPlas an ideal product to be used on the road. However, a new challenge arises when comparing the efficacy between LyoPlas and FFP. In one comparative study, the coagulation activity from LyoPlas was found to meet the 'required standard',⁵ but we are not certain if the 'required standard' is 'on par' with FFP. This could be the reason why the success of PAMPER was not seen in RePHILL. It is also interesting to know if other products (platelet, calcium, fibrinogen) apart from plasma have a role in pre-hospital settings.

The wide variability of composite outcome (Mortality or Lactate Clearance or Both) makes the results difficult to interpret, especially when the composite outcome comprises two different outlooks (patient-oriented - mortality, lab oriented - lactate clearance). The decision to use lactate/

lactate clearance as an endpoint must be carefully examined. Lactate solely is not specific and limited to tissue perfusion in trauma. High lactate can be found in any injury that results from regional tissue ischaemia, such as mesenteric ischaemia (blunt abdominal trauma), limb ischaemia (vascular injury), seizures (traumatic brain injury) or in a post-cardiac arrest state. It is difficult to be certain that the measured lactate was not due to these causes. In addition, due to the presence of lactate in stored red cells, the intervention group will have higher lactate levels from the blood transfusion, making the results less accurate. Evidence from past literature did measure lactate clearance and concluded that it is an independent predictor of mortality in trauma. However, these trials monitor lactate at a longer interval (between 6^h to 48 hours) than the RePHILL trial. Only one trial was reported in the literature that measured lactate as early as the first two hours in trauma.⁸ Hence, we need more evidence to decide when to take the value as the endpoint. Lactate and lactate clearance is no doubt an excellent predictor of mortality. This value can be used for triage, decision-making, the need for

emergency surgery and a prognostication scheme during resuscitation. However, due to many confounding factors from the lactate in this trial, the decision to use lactate as the outcome needs to be revised and reconsidered carefully.

Overall, this is a fascinating and thought-triggering study with few discussion points. Pre-hospital transfusion is not plain sailing because it involves various aspects such as cost-effectiveness (cost of storage), patient safety (sterility, blood group compatibility, transfusion checklist, protocol for management of transfusion complications). This is a small baby step into a long path. Hopefully, the ongoing trial Pre-hospital Plasma or Red Blood Cell Transfusion Strategy in Major Bleeding (PRIEST, NCT04879485; due completion in 2024) will provide additional value to the pre-hospital transfusion strategy.

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THE 3RD AND 4TH AIRWAY WORKSHOPS IN UMMC

Advanced Airway Management Workshop as Part of The Trainees' Learning Process

by **Dr Shairil Rahayu Ruslan, Professor Dr Ina Ismiarti Shariffuddin**
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Airway management is the bread-and-butter of an anaesthesiologist's job scope, apart from the holistic care and optimisation of patients during the perioperative period. It is an aspect of work that is important in both the operating theatre and the critical care setting, and mastering it is crucial when the skills related to it are called upon during both emergency and elective situations. It is also an art, whereby a certain finesse and dexterity are expected as the anaesthesiologist accumulates years of experience.

It is not a novel event when an airway management workshop is organised, considering that coaching anaesthetic trainees in this field is something that occurs daily within the operating theatre or the critical care areas. The additional aim of having such workshops is so that the knowledge and thought that comes with managing an airway is illuminated among the trainees and a deeper appreciation for it may be cultivated, thus setting these future anaesthesiologists apart from just mere "airway technicians".



Facilitator and participants for the 3rd Airway Management Workshop (September 2022)

With the nation just emerging from a pandemic, we decided that these workshops needed to be reinstated and executed every six months. This workshop will not be just a "workshop" - it will be a learning outcome to be achieved, a tutorial of sorts, among familiar faces and in a safe environment. To maximise the number of learners that could participate, we planned for two stretches of half-day sessions, with the theoretical parts embellished with pre-recorded videos that were uploaded to a public repository. This was done to allow more time on the day for hands-on sessions and to promote

student-centred learning. It also allowed the trainees to have continuous access to the media. By the time the participants came to the workshop, their minds would have an idea of what they wanted to ask or do, instead of spending unnecessary time fiddling about with the various equipment and devices without some understanding in the first place.

To make the workshop more meaningful and produce more satisfactory outcomes, we included anaesthetic nurses as well as medical assistants. This was not something that





we only just decided to do - our previous workshops pre-pandemic included several staff from the nursing team and the feedback from those workshops was very favourable. It is our intention that by including this group of people, the assistants to the anaesthetic providers can be more in-tune with the train of thought that is likely to go through the doctor's mind - to produce consciously competent assistants with a better appreciation of what might be needed and expected of them.

Various devices were available for demonstration as well as for hands-on learning. Part of the reason that this workshop was organised as half-day sessions was to include as many trainees as the roster could allow. The workshop was also organised to address recent incidents of near mishaps that primarily occurred due to unfamiliarity with existing devices. It should not be taken for granted that learning to use these devices occurs systematically within the clinical setting, especially if it is not optimised for teaching.

The Difficult Airway Society algorithms were emphasised to create a more streamlined perspective when managing an airway, and the Vortex airway management tool was also mentioned in the lectures as an alternative approach to managing an airway in a high-stakes situation. Although these two components conflict in their approach (one favours a consecutive, stepwise chain of action whereas the other one allows initiation of whichever non-surgical upper airway lifeline is deemed appropriate if a "best effort" method is utilised), the take-home message was that a systematic point-of-view is essential to guarantee successful airway management.

By the end of the day, the feedback from the trainees was largely positive. It is unsurprising that a few wished that there was more time to play around with the devices and equipment. Nevertheless, constructive learning was achieved within the allotted time and the facilitators were pleased by the end of the day. The trainees had the opportunity to learn the proper usage of the different types of video laryngoscopes, supraglottic airway devices, flexiscopes, as well as become acquainted with the FONA (Front-of-Neck-Access) technique.



Facilitators and participants for the 4th Airway Management Workshop (January 2023)



Optimistically, this workshop is planned to be conducted every six months to make the learning experience and opportunity more accessible to the anaesthetic trainees and support staff. Ideally, the equipment and devices should be made readily available for anyone to train on at any time of day (or night), whenever a trainee (or even a certified anaesthesiologist) feels the need for a refresher course. This is something that the team hopes to implement, if possible.



Selangor TIVA Workshop 2022

by Dr Liyana Abdul Hamid

Hospital Ampang, Selangor, Malaysia



Dr Mohd Sany bin Shoib; HOD of Anaesthesiology Department Hospital Ampang (middle), with guest speakers and workshop committee

The Selangor Total Intravenous Anaesthesia (TIVA) Workshop was held on 4th to 5th December 2022 organised by Hospital Ampang Society of Anaesthesia and Intensive Care (HASAIC). On the first day, it was conducted at the Tamu Hotel & Suite in Kuala Lumpur, and on the following day, it was transferred to the Operation Theatre of Hospital Ampang. Participants came from different hospitals in Selangor, with one from

Melaka Hospital. There were 40 participants in total, including specialists and medical officers from the anaesthesiology department of the participating hospitals. Sponsorships of Medtronic, Aspen, Fresenius Kabi, and Insan Damai contributed to the success of this workshop.

The primary goal of the workshop on the first day was to improve the participants' knowledge of TIVA. Dr Iskandar Khalid

(Pharmacological Basics of TCI and TIVA for Specific Population), Dr Raziman Abdul Razak (Monitoring Depth of Anaesthesia during TIVA), and Dr Phang Ye Yun (Paeds TCI Application) delivered four wonderfully insightful talks. Every lecture session was followed by a discussion. Participants were divided into four groups and allocated stations throughout the afternoon. Each station offered a more in-depth look into using the TCI machine in both adults and



children, as well as an intense discussion with our speakers on the relevant topic.

On the second day, practical and hands-on sessions were the focus. Participants were divided into four groups and assigned to different operation theatres. Four operating rooms were available: two for general surgery, one each for orthopaedics and ophthalmology. We were able to present cases from several populations, including paediatric cases (mainly ritual circumcision) and those from the elderly/ASA III community. In the operating theatre, participants were able to execute the theories that they had learnt in a real-life situation. There were specialists assigned to each operation theatre who had contributed tremendously during the hands-on of TIVA. Participants were actively involved during the induction process of every case, as well as in monitoring the depth of anaesthesia using BIS.

In between cases, MCQ's were given. The top three scorers were revealed at





the end of the event. They were Dr Muhammad Hassan bin Muhamad Sani from Selayang Hospital, Dr Wee Siah Lee from Serdang Hospital and Dr Nurulkamarzah Kosai binti Nordin from Kajang Hospital. Participants were given an e-certificate and were asked to fill up a survey via Google form at the conclusion of the workshop. Most of the feedback obtained indicated that the workshop's content and flow matched their expectations and that the course's goals were met. Others proposed allocating extra time for the practical session. We value their comments because it helps us to improve and deliver better workshops in the future.



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BISPECTRAL INDEX (BIS™) MONITORING NATIONAL CONFERENCE

by Dr Khuzaimah
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The BIS workshop, organised by the Anaesthesia and Intensive Care Department of the National Heart Institute, was a successful event that brought together a diverse group of

medical professionals from all over Malaysia. With a total of 150 doctors in attendance, the workshop provided an opportunity for attendees to learn about the latest developments in the field of

anaesthesia and intensive care. The event was held on 26th November 2022 and featured a combination of in-person and virtual participation, with 40 participants attending the event physically at the IJN College and the remaining 110 joining via the Zoom platform. The generous sponsorship provided by Medtronic played a

significant role in the success of the event, allowing for high-quality presentations, engaging discussions, and valuable networking opportunities for all attendees.

The conference began with an opening speech by Dato' Dr Suhaini Kadiman, the head of Anaesthesia and Intensive

Care Department, National Heart Institute. In his speech, he welcomed all participants and imminent speakers. He emphasised the importance of BIS in monitoring the risk of awareness, especially in high-risk cases such as cardiac surgery, to provide the safest anaesthesia.



Picture 1: Dr Rozaini binti Hassan and Dato' Dr Mohamed Hassan bin Haji Mohamed Arif consultant of IJN cardiac anesthesia with some of the honourable guest speakers, BIS committee, and participants

The main objective of the event was to increase the participants' knowledge of BIS, especially in cardiac anaesthesia. The conference was structured to include thought-provoking presentations by leading experts in the field, including Professor Dr Lim Thiam Aun (Basics of BIS Monitoring), Dr Tan Wan Tze (volatile gases with BIS monitoring, EEG, spectrogram and neurophysiology), and Dr Omar Sulaiman (Guideline & ERAS protocol and clinical application of BIS). Each lecture session was participatory and was followed by lively discussions, allowing attendees to engage with the speakers and one another.



Picture 2: Dato' Dr Suhaini Kadiman the head of Anaesthesia and Intensive Care Department IJN giving an opening speech



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Hospital Sultanah Aminah

Dr. Tan Wah Tze
Consultant
Anaesthesiologist
Mount Elizabeth Medical
Hospital
Singapore

Dr. Anand Kamalanathan
Fellow in Cardiothoracic
Anaesthesia and
Intensive Care
Institut Jantung Negara

Picture 3: Speakers/Facilitators

Toward the end of the lecture session, Dr Tan provided comments over the Zoom platform on some videos of patients with BIS monitoring undergoing general anaesthesia for cardiac catheterization procedures. This interactive session provided a unique opportunity for attendees to observe the different states of brain activity depending on the depth of anaesthesia and the type of induction agent, to ask questions and interact directly with Dr

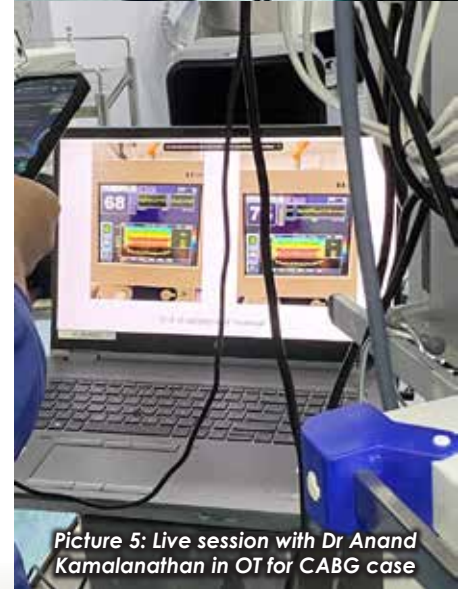
Tan during the video session via the Zoom platform.

In the afternoon, a live session of a cardiopulmonary bypass case was prepared. An operating room was used to demonstrate the use of BIS during the induction of general anaesthesia in a cardiac patient and during the maintenance phase of anaesthesia during cardiopulmonary bypass, which was performed by Dr Anand Kamalanathan and supported by the Medtronic team. During the live session, Dr Tan provided a running commentary and answered all questions, providing attendees with a first-hand view of the use of BIS in a clinical setting.

The conference officially ended at 5.00pm with tea and the participants were reminded that an e-certificate would be issued to them once they had completed the feedback via Google form. Overall, the feedback from participants was positive, with most expressing satisfaction with the content of the event. However, some suggested for more spacious rooms for future events, and others commented on the delicious food provided. The organisers value the feedback, which will be taken into consideration to improve and deliver better events in the future.



Picture 4: Interactive session with Dr Tan from Singapore during pre-prepared video recording via Zoom platform



Picture 5: Live session with Dr Anand Kamalanathan in OT for CABG case



Picture 6: BIS committee with Medtronic team

Mini-Workshop for Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) at Universiti Malaya Medical Centre (Pusat Perubatan Universiti Malaya)

by Associate Professor Dr Carolyn Yim¹, Dr Yap Mei Hoon¹, Dr Nora Aziz²

¹Department of Anaesthesiology, University Malaya Medical Centre, Kuala Lumpur, Malaysia

²Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

University Malaya Medical Centre has been conducting cytoreductive surgery with HIPEC since 2017. A total of 40 cases have been performed with very promising outcomes. There was a decrease in the number of cases performed during the COVID-19 pandemic period mainly due to COVID-19 restrictions, and the burden placed on ICU beds for the support of COVID-19 patients. Since 2022, the services have returned to near normal with an average of two cases conducted in a month.

On 25th October 2022, a mini-workshop was held to cater to those interested in commencing this service. The workshop's main aim was to provide

theoretical information regarding all the aspects involved in conducting CRS and HIPEC surgeries. Furthermore, the on-site visit allowed the delegates to view the actual conduct of HIPEC. Invited speakers were representatives of the whole team involved during such surgeries. The Seremban HIPEC delegation was led by Dr Norfarizan Azmi and Dr Anita Alias with representatives from Hospital Seremban, National Cancer Institute (Institut Kanser Negara, IKN) Putrajaya. The workshop was also joined by the cardiothoracic team in preparation for providing Hyperthermic Intrathoracic Chemotherapy (HITOC) in the near future. The 16 enthusiastic participants comprised OT and ICU

nursing staff, pharmacists, anaesthetists, colorectal and cardiothoracic surgeons, and gynaecologists.

The programme started with interactive lectures by an anaesthetist, an intensivist, the OT nursing team, a pharmacist, and the Belmont HIPEC machine representative, followed by an informal Q&A session with Oncology. After that, the delegates were divided into groups to observe the HIPEC component of the surgery on-site.

All in all, we received excellent feedback from all who attended, thanking all of us for another well-delivered workshop.





Appreciation for execution and planning:

COLORECTAL TEAM	ANAESTHETIC TEAM	OT TEAM	SPEAKERS
Associate Professor Dr Khong Tak Loon Dr Nora Abdul Aziz Dr Khairunnisa Che Ghazali Dr Nurhamizah Zulkifli Dr Rishiharan Anandaraj Dr Premanandan Nair Sivadasan	Associate Professor Dr Carolyn Yim Chue Wai Dr Yap Mei Hoon Dr Lim Siu Min Dr Vinod Laxmikanth Balasundra Dr Yap Kai Sing Dr Tengku Nurul Amirah Tengku Alim Shah	Sister Norhayati Mohd Hashim SN Nuraida Mat Juhari Colorectal Scrub Team	Professor Dr Ho Gwo Fuang Ms Carolyn Eng Mr Khairidzmsan Boren

Food and disposable scrubs courtesy of Belmont HIPEC machine, Transmedic.
Acumen IQ Sensor courtesy of Edwards Lifesciences and on-site support by Ms. Hoo Jia Wen and Mr. Jack Tan Wei Kiat.

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- 09:30 Registration + Breakfast + Confidentiality Form
- 09:40 Brief Introduction CRS & HIPEC in UMMC - Dr Nora Abdul Aziz
- 09:45 Anesthetic Considerations in CRS & HIPEC - Professor Carolyn Yim
- 10:15 ICU Postoperative Considerations - Dr Yap Mei Hoon
- 10:35 OT Nursing Precautions and Protocols - SN Aida
- 10:55 Pharmaceutical Preparations and Decontamination Protocols and Cytotoxic Handling - Ms Carolyn Eng
- 11:10 Transmedic Belmont HIPEC - Mr Khairidzman
- 11:30 Wrap up - Q+A with Professor Ho Gwo Fuang
- 12:00 Lunch - Adjourn to OT for on-site visit*
End of Site Visit

subject to completion of peritonectomy and cytoreductive resections
may use CIGMIT Conference room once in scrubs*



PROCEDURAL SEDATION WORKSHOP

in the Endoscopy Suite

by Dr Yeoh Chih Nie

Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Nonoperating room anaesthesia (NORA) is fast becoming a norm in most hospitals as the technology and the availability of expertise create a demand for it. Common procedures requiring sedation outside the operating theatre include radiological imaging or interventions, gastrointestinal endoscopy, vascular catheterization, and psychiatric interventions, just to name a few. The provision of sedation during these procedures can be challenging to the anaesthesiologist even in a facility that has been safely and adequately set up. Sedation itself is likened to a play of skills and judgement with a small margin of error; it is a balance of keeping the patient

adequately asleep, devoid of pain or discomfort but not too deep until it compromises the airway and respiration.

Sedation is often described as a drug-induced depression of consciousness. The American Society of Anesthesiologists (ASA) defines sedation as a continuum culminating in general anaesthesia, which can be divided into three levels of sedation namely minimal, moderate, and deep sedation. In all three levels of sedation, cardiovascular function is usually maintained or unaffected. Patients who are planned for minimal sedation include procedures that are quick and non-stimulating. In minimal sedation, patients would have a

normal response to verbal stimuli with unaffected airway reflexes, airway maintenance, and spontaneous ventilation. In moderate sedation (conscious sedation), the endpoint is to enable maintenance of verbal contact with the patient throughout the procedure with or without purposeful response to verbal or tactile stimuli while the patients maintain their airway and spontaneous respirations. In deep sedation, patients are usually not easily aroused but may respond purposefully to repeated or painful stimuli. During sedation, consciousness is obtunded, hence airway reflexes and ventilation may be inadequate with a need for intervention. When administering



sedation, patients may transition from one level to another. The transition especially to a deeper state of sedation means the attending anaesthetist needs to be vigilant so that appropriate airway management can be instituted at the right time to prevent mishaps. The ability to juggle this triad of asleep-spontaneously breathing - no discomfort is indeed a difficult task.

The Department of Anaesthesiology and Intensive Care Unit, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) conducted its first ever Procedural Sedation Workshop 2022 on 25th May 2022 amidst the chaos of the COVID-19 pandemic-endemic era. This workshop was a collaborative effort with Colorectal Surgeons (Department of Surgery) and Gastroenterologists (Department of Internal Medicine) of UKMMC. This workshop aimed to provide exposure and experience to our Postgraduate Anaesthesiology Trainees in the field of procedural sedation using different drug combinations and techniques.

A total of 32 participants registered for this one-day workshop which was carried out at the Endoscopy Suite, Level 2 of UKMMC. This workshop was conducted face-to-face with a short lecture in the morning on procedural sedation by Associate Professor Dr Azarinah Izaham followed by the division of the participants into two groups. One group had a session on problem-based learning conducted by Associate Professor Dr Raha Abdul Rahman while the other group had live, hands-on

sessions with patients in the respective endoscopy suites. The problem-based learning session consisted of various scenarios which can potentially occur in the setting of procedural sedation.

Patients who participated in the live sessions had been screened and prepared before the scheduled procedures with the coordination of the gastroenterologists, colorectal surgeons, staff of endoscopy suites, and the anaesthesia team. Procedures performed were mainly colonoscopy, sigmoidoscopy, and oesophagogastroduodenoscopy (OGDS). On the morning of the procedure, all patients were adequately fasted and screened again on-site. Unfortunately, it was a day of early morning heavy downpours causing an unexpected delay in patients' arrival and some did not turn up. Luckily for us, the number of patients that did arrive was adequate for us to proceed with the live sessions. Nevertheless, the experience was nerve-racking, and we learnt a lesson or two from this workshop, which served as guidelines for our future endeavours.

Live demonstrations of procedural sedation were conducted by our esteemed speakers, Dr Esa bin Kamaruzaman, Dr Khairul Amir Zainuddin, and Dr Nagappan Ganason in three separate endoscopy suites. Participants were shown sedation techniques using different drug

combinations to provide procedural sedation with anaesthesia drugs such as intravenous fentanyl, propofol, ketamine, dexmedetomidine, pethidine, and midazolam, along with hands-on sessions. The techniques used were a combination of intravenous ketamine-dexmedetomidine, fentanyl-propofol, dexmedetomidine-fentanyl, and dexmedetomidine-pethidine-midazolam. After a short morning break, the groups for live sessions and problem-based learning swapped over and continued with their respective programmes for the day. Before the closing of the workshop, a brief Q&A session was conducted to allow the participants to raise their queries on procedural sedation techniques.

The organising committee of this procedural sedation workshop is grateful to all who had made this workshop possible, which were Miss Ng Shin Yin from Pfizer for her continuous support, Dr Nooraina Mat Zaki and Dr Muhammad Taqi for their dedicated contribution from behind the scenes, and the supporting staff from our medical anaesthesia assistants (MA) to the staff of the endoscopy suite, who were the backbone of this workshop.

Mahatma Gandhi once said, "The future depends on what we do in the present". While providing sedation outside of the operating theatre may be challenging, we hope this workshop will be a stepping stone for us to charter new milestones and excellence in the field of sedation.



SARAWAK SIMULATION TRAINING IN ANAESTHESIA WORKSHOP 2022

by Wong Chung Kai, Nicholas Lee Kwan Tuck



The inaugural Sarawak Simulation Training In Anaesthesia Workshop organised by Simulation Networking (SimNet) Sarawak was successfully held on 26th and 27th November 2022, marking an important milestone in medical education in The Land of the Hornbills.

SimNet Sarawak is an initiative by doctors and allied health professionals mainly from Sarawak with an interest in simulation training and education in anaesthesiology. SimNet Sarawak is a collaboration between Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak (PEKA-HUS) and the Special Interest Group in Simulation Training, College of Anaesthesiologists, Academy of Medicine of Malaysia, in partnership with Getz Healthcare (Malaysia) which provides technical support for the training and educational activities of this network.

SimNet Sarawak is established with the objective to promote simulation training in anaesthesiology among doctors and allied health care professionals in

Sarawak through the development of simulation programmes tailored to the respective institutional needs, settings, and resources. It also aims to aid acquisition of technical and non-technical skills, and to advance patient safety and outcomes in anaesthesia via simulation training and education.

SimNet Sarawak has the goal to set up simulation training in hospitals across Sarawak i.e. Sarawak General Hospital; Sibul, Miri, Bintulu, Sarikei, and Sri Aman Hospitals to achieve the aforementioned objectives in the coming years.

Medical Simulation Training in Sarawak

Sarawak, which is the largest state in Malaysia, is often faced with limited access to adequate healthcare due to geographical hindrances and infrastructure limitations. Tertiary hospitals are set up only in major cities and towns, which could be far away from rural folks. Furthermore, junior doctors are usually sent to serve in rural

districts upon the completion of their housemanship, despite inadequate experience. Given the lack of clinical experience and proper guidance, the provision of appropriate medical care could be compromised. With the staggering number of preventable medical errors causing death and disability reported, the call for a revamp in medical education with the introduction of medical simulation comes at just the right time.

Medical simulation could be the paradigm shift in how medical education is conducted, in contrast to the traditional apprenticeship model. Simulation, by definition, is a method or technique that is used to produce an experience without going through a real event. Simulation replaces and amplifies real-life experience, provides an interactive and immersive environment, and replicates substantial aspects of the real world. The apprenticeship model on the other hand depends on "hands-on" training under the supervision of seniors in a hierarchical system. This might not be practical or feasible for junior doctors

in district hospitals without proper supervision and guidance. Many a time, they are left to perform high-risk procedures and make clinical decisions on their own at the eleventh hour despite their lack of experience and training. This increases the risk of preventable complications.

Simulation provides a safe and controlled environment for trainees to learn, practise and rehearse various clinical situations to better equip them before encountering real-life scenarios. Debriefing sessions, as an integral part of the simulation, allow trainees to reflect, identify their shortcomings and improve their performance. In contrast to striving for perfection, mistakes are allowed and in fact, encouraged during the simulation session.

Sarawak Simulation Training In Anaesthesia Workshop

The workshop was conducted over two days (26th and 27th November 2022) at Sarawak General Hospital Operating Theatre Complex, with the Training of Trainers held on the first day, followed by the Simulation for Anaesthetic Crises on the second day. Speakers from Universiti Malaya and University Malaya Medical Centre were invited to conduct the workshop and share their experiences in simulation training.

The Training of Trainers Session focused on training trainers in organising simulation workshops and conducting simulation sessions. It was attended by 12 anaesthesiologists and 2 senior medical officers from the Anaesthesiology Department of Sarawak General Hospital. They were given the opportunity to familiarise themselves with medical simulation in healthcare, with a special focus on facilitation, observation, and debriefing of participants. This was followed by tabletop sessions to design scenarios by incorporating a wide range of simulation resources available. Throughout the workshop, attendees were trained to design simulation scenarios, to operate the simulator, develop facilitation skills, and apply the principles of providing constructive feedback during simulation training.

On the day of the Simulation for Anaesthetic Crises Session, 24 participants (comprising medical officers, nurses in intensive care, and anaesthetic medical assistants) were given the opportunity to experience somewhat realistic healthcare settings through immersive medical simulation. Mannequins, on-screen graphics, and trained actors were used in various anaesthetic crisis scenarios.

Participants were divided into small groups to manage various anaesthetic crises, followed by debriefing sessions with facilitators to recap their performance. The participants and facilitators would engage in safe, facilitated sessions to identify errors and mark successes. Emphasis was given to effective communication, situational awareness, leadership, and decision-making, in addition to technical skills.

This two-day workshop garnered mostly positive feedback from the participants, with many proposing for more anaesthetic crisis stations to be set up. Based on the feedback, the majority of participants benefitted tremendously from this workshop by acquiring better communication skills, improving teamwork and leadership skills, and appreciating the need for cognitive aids in a crisis. Needless to say, being the first simulation workshop to be held in Sarawak, we do acknowledge several shortcomings in terms of technical support, venue, time arrangements, and facilitators' experience. We strive to do better in future and look forward to more collaborative efforts with other institutions.



ACADEMIC COURSES

for Postgraduate Training in Hospital Ampang

by Dr Beh Boon You

Hospital Ampang, Selangor, Malaysia



To be an anaesthesiologist in Malaysia, one has to undergo many challenges and lengthy processes.

Given the intense competition for places, the Hospital Ampang Society of Anaesthesia & Intensive Care (HASAIC) organised a series of courses to assist budding participants with choosing their pathways - the Master of Anaesthesiology programme versus the Membership of the College of Anesthesiologists of Ireland (MCAI). The core aim was how to prepare and answer in exams to score excellently.

Among the courses conducted were the "Refresher Primary Anaesthesia Course" (31st May 2022 - 1st June 2022), the "Final M Med Course" (22nd June 2022), and the "Pre-entrance Medical Specialist Examination (Medex) & MCAI course" (7th November 2022).

Facilitators were invited from various hospitals to assist in our courses. The key speakers were Dr Iskandar Khalid from Universiti Kebangsaan Malaysia Medical

Centre (UKKMC), Dr Yvonne Lim Yee Woon and Dr Lim Xhao Hong from Hospital Kuala Lumpur (HKL), Dr Khairul Idzam Muslim from Hospital Ampang, and Dr Yeoh Jie Cong, a trainee from HKL.

It was very well received by trainees, and attracted many participants from others states and thus not limited to the greater Klang Valley.

Most of our participants were from the five leading hospitals; Hospital Kuala Lumpur (HKL), Hospital Ampang, Hospital Sungai Buloh, Hospital Putrajaya and Hospital Tengku Ampuan Rahimah Klang (HTAR). The furthest participant we had came all the way from Hospital Sibul.

Our main objectives were to equip our participants with the proper techniques to answer the various formats, i.e. multiple true false (MTF), single best answer (SBE), short answer question (SAQ), Viva voce and essays.

We wanted our participants to have a better understanding, especially on dry topics such as physiology, pharmacology, statistics and equipment.

Most participants provided feedback that this course improved their understanding of the topics, and that they were more prepared to sit for the exam.

Hospital Ampang had thus become the hub for the participants to gather, discuss and clarify their doubts, answer questions that share the same pathway, and progress to become a successful anaesthesiologist. Therefore, we aim to organise similar courses in the future as it benefits the participants.

"EDUCATION is not the learning of facts but the TRAINING OF the MIND TO THINK"

- quoted by Albert Einstein

The past illustration of the Refresher Primary Course arranged by the HASAIC team carried out on 31st May 2022 to 1st June 2022.



<i>Refresher Course Tentative</i>	
DAY 1 31ST MAY 2022	DAY 2 1ST JUNE 2022
Pharmacology speaker: Dr Yvonne	Physiology speaker : Dr Iskandar
8.00 - 8.30AM : REGISTRATION & BREAKFAST	8.00 - 8.30AM : REGISTRATION & BREAKFAST
8.30 - 9.30AM : PHARMACOKINETIC	8.30 - 9.30AM : CVS
9.30 - 10.30AM : PHARMACODYNAMIC	9.30 - 10.30AM : CNS
10.30 - 11AM : BREAK	10.30 - 11AM : BREAK
11 - 12PM : INDUCTION AGENT	11 - 12PM : RESPIRATORY
12 - 1PM : INHALATIONAL AGENT	12 - 1PM : SPECIAL POPULATION (ELDERLY & PREGNANCY)
1 - 2PM BREAK	1 - 2PM : BREAK
2 - 4PM : SAQ EXAMINERS' REPORT	2 - 4PM SAQ EXAMINERS' REPORT



Opening Speech by Head of Department,
Dr Mohd Sany Shoib

**EDUCATION,
SUCCESS, LIFE !!!!**



**Appreciation
events on behalf
of the HASAIC
team**



Group Photos Sessions with the facilitators and participants



WORLD ANAESTHESIA DAY HOSPITAL KUALA LIPIS 2022

by Dr Khairunnisa Nadirah binti Khalid

Hospital Kuala Lipis, Pahang, Malaysia

World Anaesthesia Day is an annual event celebrated worldwide to commemorate the first successful demonstration of diethyl ether anaesthesia by William T G Morton on the 16th October 1846. It is considered one of the most significant events in the

history of medicine and was performed in an operating theatre at the Massachusetts General Hospital. This discovery helped patients to undergo surgical treatments without any pain associated with them.



Since 1903, special events have been organised to celebrate this unforgettable day. The World Federation of Societies of Anaesthesiologists celebrates World Anaesthesia Day every year. In this event, more than 134 societies representing anaesthesiologists from more than 150 countries participate. Each year, the World Anaesthesia day focuses on a different aspect of anaesthesia care. This helps us to explain the varied and critical role that anaesthesiologists play in patient well-being.

Since COVID-19 hit our country in March 2020, changes in our daily lifestyles from the pandemic caused these annual celebrations to be temporarily halted, not just in Malaysia but the whole world. With the implementation of mass vaccinations, the spread of the deadly virus was curbed. Thus, the endemic phase was made possible by September 2021 in Malaysia, where we could freely carry out our daily routines, albeit in the new norm.



Our small hospital did not want to miss this annual tradition that was almost forgotten, where the last large-scale celebration was successfully executed in 2019. As for this year, due to several constraints especially the lack of hospital staff in Pahang, our Anaesthesiology and Intensive Care



Department preferred to celebrate on a relatively smaller scale. The World Anaesthesia Day ceremony was instead carried out on 3rd November 2022 at the lobby of our Kuala Lipis Hospital. But better late than never, right?

This year's theme in our hospital was Anaesthesia and Children - 'Caring for you kids', which aimed to help the community understand how anaesthetists keep young Malaysians safe when put under the knife. We also highlighted medication safety in children, reducing medication errors and improving patient safety practices.

We also invited students from several schools in the Kuala Lipis district, such as MRSM Tun Ghazali Shafie, Sekolah Menengah Clifford, Sekolah Menengah Chung Hwa, Sekolah Menengah Orang Kaya Haji and Sekolah Menengah Padang Tengku to participate in our event. We hoped to provide exposure





to school children regarding safe anaesthesia and cultivate interest in medicine among students.

The event was successfully conducted under the guidance of our head of department Dr Azhar bin Mohamad, Dr Syafawati binti Samsudin, Dr Prakash A/L Mutthusamy, medical officers and all staff from our department. The opening ceremony kicked off with a speech from Dr Azhar bin Mohamad. It was swiftly

followed by a launching gimmick by the Deputy Director of Hospital Kuala Lipis, Dr Ahmad Zunnawati, as he officiated the ceremony.

We divided our booths into the three primary services in anaesthesia, namely the General Anaesthesia (GA) booth; with a display of an array of airway equipment and GA machines, the Acute Pain Service (APS) exhibition; which emphasised post-operative

pain management, and finally the Regional Anaesthesia (RA) booth; that demonstrated central neuraxial techniques with upper and lower limb blocks to the public. We also conducted basic life support demonstrations, medical check-ups, and organ and blood donation booths. All visitors were given tokens of appreciation, we helped they enjoyed the event and benefitted from the shared knowledge.



To make the event more captivating to our participants, we organised several interesting and exciting activities for students, such as explore race, quizzes, Personal Protective Equipment (PPE) demonstrations, a photo booth and a video presentation. We received exceptional responses from all the participants during the feedback sessions. The event ended with a prize-giving ceremony for all the lucky winners.

This event would not have been possible without good teamwork from all staff of the anaesthesiology department. I want to take this opportunity to express our special gratitude to Dr Azhar bin Mohamad, our head of department, and Dr Syafawati binti Samsudin for their constant support and encouragement. Even with minimal time and budget, we organised such a memorable event. We look forward to next year's celebrations being more prominent and louder than ever.



WORLD ANAESTHESIA DAY 2022

Hospital Enche' Besar Hajjah Khalsom Kluang Johor

by **Dr Laila Syakirah binti 'Ezuddin, Dr Wan Siti Sarah binti Wan Kairuddin**

Hospital Enche' Besar Hajjah Khalsom, Kluang, Johor, Malaysia

Unsafe medication practices and drug errors are the leading causes of injury and avoidable harm in healthcare systems across the world. Medication errors occur when systematic failures combined with human factors affect prescribing, transcribing, dispensing, administration, and monitoring practices, which then result in severe harm, disability and even death for the patient. In view of this, the Department



Speech from Dr Nurul Erida
(Chairman of Anaesthesia Day
Celebration HEBHK 2022)

to medication errors and unsafe practices and to advocate urgent action to improve medication safety.

This event was held in the lobby of the Outpatient Department HEBHK to attract more patients and staff. There were four booths to enlighten people regarding organ donation, acute pain services, labour epidural services and to promote anaesthesia services offered in HEBHK. The celebration kicked off with speeches from the Hospital Director, followed by the Head of Department and also the Chairman of Anaesthesia Day Celebration HEBHK 2022. Other than that, special events such as a lucky draw and quizzes were enjoyed by the participants.



Dr Mohamad Nizam bin Subahir
(Director of Hospital Enche Besar Hajjah
Khalsom) officiated the ceremony

of Anaesthesiology & Intensive Care, Hospital Enche' Besar Hajjah Khalsom (HEBHK) celebrated World Anaesthesia Day on 18th October 2022 with the theme "Medication without harm". We aimed to raise awareness of the high burden of medication-related harm due



The team members with the Hospital Director and his deputies



Speech from Dr Wan Siti Sarah Wan
Kairuddin (Head of Department)



Acute Pain
Service booth



Anaesthesia booth



Snacks sponsored by
McDonalds of Kluang
to brighten the event



WORLD ANAESTHESIA DAY 2022

Sarawak General Hospital Anaesthetic and Intensive Care Department

by Dr Ling Lih Jiun

Sarawak General Hospital, Kuching, Sarawak, Malaysia



Committee members of the event

On 29th October 2022, the Department of Anaesthesiology and Intensive Care, Sarawak General Hospital organised an annual event in conjunction with World Anaesthesia Day 2022, with the theme being "Beyond The Screen". Throughout the day, approximately 200 people

were in attendance. The Head of Department, Dr Teo Shu Ching, and Sarawak State Anaesthesiologist, Dr Hasmizy Bin Muhammad, were present to start the event. There were a series of activities organised during the day. Activities included a walkathon,

children's colouring contest, and multiple competitions for participants. The day ended with a prize-giving ceremony for the winners of the colouring contest, competitions, and lucky draws.

Attachments below are the photos taken during the day of the event.



Walkathon activity



Children's colouring contest



Picture taken during the aerobics exercise session



Dr Hasmizy gave the opening speech



Main OT futsal team



1st place winner for futsal



Winner of children's colouring contest



ICU futsal team



Winner of the lucky draw grand prize

The cloudy and rainy day did not stop us from celebrating and enjoying National Anesthesia Day

National Anaesthesia Day 2022
HOSPITAL RAJA PERMAISURI BAINUN, IPOH

by Dr Wan Ahmad Hafizi Wan Ahmad Junaidi, Muhammad Mujaheed bin Md Nujid
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

Anaesthesia was one of the greatest discoveries of modern medicine. National Anaesthesia Day is celebrated worldwide on October 16, the anniversary of the day in 1846 when ether anaesthetic was first demonstrated in Boston, Massachusetts, USA. To cherish this monumental event, the Department of Anaesthesia and Intensive Care, Hospital Raja Permaisuri

Bainun, Ipoh was proud to organise this celebration at the hospital level on Sunday, 16th October 2022 at the Ipoh Polo Ground. The celebration was led by Dr Muhammad Mujaheed in collaboration with Persatuan Bius Ipoh.

This year, we actively promoted the Malaysian Society of Anaesthesiologists 2022 theme "Beyond The Screen". This

theme was created to highlight the importance of anaesthesiologists who are often perceived to have a "behind-the-scene" role, as we are usually seen sitting behind the operation sterile drapes a.k.a "The Screen"! In fact, an anaesthesiologist's reach extends far beyond the operating room with skills in pain management, resuscitation, intensive care and many more.



fully equipped with an operating table, general anaesthetic machine and breathing circuit attracted many visitors. Our anaesthetic staff were on hand to spread the word about this year's theme and educate the public on the services offered by our department. Visitors were also able to 'have a go' at performing CPR and using the AED machines on practice mannequins at the resuscitation booth.

Besides that, there were medical screening booths and several posters and exhibition booths detailing the services and contributions of the anaesthetic fraternity. The public gained knowledge regarding the equipment, procedures and services provided by the anaesthesia team while being able to participate in fun quizzes offering great gifts. Apart from that, we were also grateful to receive sponsorship from Oligo Power Root and McDonalds that had provided snacks and drinks for our staff and participants.

Overall, the National Anaesthesia Day celebration was a fruitful event that we, the anaesthesiology family, took pride in. It was a memorable occasion, and we look forward to celebrating next year's event with great anticipation!



BASIC LIFE SUPPORT COURSE EMPOWERS High School Students



by Dr Nur Insyirah binti Hanafi, Dr Mayura Hanis Damanhuri,
Professor Dr Ina Ismiarti binti Shariffuddin
University Malaya Medical Centre, Kuala Lumpur, Malaysia

28th September 2022 - The Anaesthesiology and Emergency Medicine Department of University Malaya Medical Centre (UMMC) have jointly conducted a mass, basic life support programme for high school students of Sekolah Menengah Kebangsaan Taman Dato' Harun, Petaling Jaya. The event was led by a group of three anaesthesiologists and four emergency physicians, under the advisory-ship of Professor Dr Ina Ismiarti binti Shariffuddin. The UMMC team was also joined by 35 Acute Care rotation medical undergraduate students from the Faculty of Medicine. Two medical officers and four medical assistants from the respective departments were also instrumental in making the event a success.

The Anaesthesiology Department was initially approached by the teachers of SMK Taman Dato' Harun to help conduct a health and basic life support course, to supplement the secondary

school national curriculum and complement the school's health awareness week. Relationship with the school began in 2019 when the department organised the "Anaesthesia Day in the Community" event in the area which included mass cardiopulmonary resuscitation (CPR) activities and the Teddy Bear Hospital programme.

This time, we collaborated with the Emergency Medicine Department and created a programme, especially engaging 400 (Form 3, 4 and 5) SMK Taman Dato' Harun students. The day started with basic life support and health-related lectures, followed by hands-on CPR sessions.

As smoking and electronic cigarette use are not uncommon among high school children, a short talk on the adverse health consequences of smoking was conducted by Dr Mohd Afiq from the

Emergency Department. Dr Mohd Afiq had an engaging session with the students and shared his concerns regarding the emergence of electronic cigarettes or vaping-associated lung injury (EVALI). The community might have a negative perception of tobacco smoking from years of negative campaigning but vaping should not be seen as a healthier alternative.

The organising committee also felt obliged to enhance the local community's awareness of brain death and organ donation. As the national organ transplant waiting list increases, our donor registry has yet to keep up. Professor Dr Ina Ismiarti shared her vast experience seeing brainstem death patients and the many failed calls for organ donation within the local community. We decided to utilise this golden opportunity to spread awareness of organ donation and encourage young minds and school

teachers to pledge as organ donors via the MySejahtera app. It is hoped that the next generation will view the 'chance to give' in a positive light and break barriers to organ donation by making their wishes known to their families.



Before embarking on the mass CPR practical session, a lecture on the science of CPR was delivered by Dr Mayura Hanis and Dr Nabeela Azmi. The audience was taught the indications of chest compression and also the importance of high-quality and continuous CPR. The technique of the Heimlich manoeuvre - simple yet effective - was also demonstrated to the young energised crowd of SMK Taman Dato' Harun.

The peak of the event was conducted when the young minds have been injected with the basic theory of CPR.



Students were divided into 22 groups (over two sessions) and received hands-on guidance and feedback on their chest compression and Heimlich manoeuvre techniques. It was not easy for the small built figures to perform chest compressions on the mannequins on such a sunny afternoon.

A genius little tweak on the half-dummy enabled a sensor to detect the depth and rate of chest compression and turned the sessions into a sport. Objective performance data were displayed on the big screen, which provided immediate feedback on the quality of CPR of our participants. Hampers were distributed to the six best male and female resuscitators. We thank our ED counterpart for setting up the Little Anne Laerdal® qCPR software (Laerdal, Norway) for this purpose.

We are glad that the participants and teachers found the programme fun and enriching. By the end of the day, they were confident to respond to cardiac arrest situations and perform effective bystander chest compressions. UMMC would like to thank the teachers and staff of SMK Taman Dato' Harun for this opportunity to give back to the community.



WORLD ANAESTHESIA DAY

by Dr Tee Sze Yuen

Hospital Ampang, Selangor, Malaysia



World Anaesthesia Day takes place on October 16th every year. It commemorates the birth of surgical anaesthesia on 16th October 1846, when doctors at Massachusetts General Hospital demonstrated the use of ether for the first time on a patient. In doing so, they changed surgery forever, proving patients could undergo surgery without the torture of previously associated pain.

As a global awareness day like World Anaesthesia Day, it acts as a powerful advocacy tool to mobilize political will, educate the general public and reinforce the achievements of the global anaesthesia community.

Hospital Ampang was one of the many Klang Valley hospitals that held the Anaesthesia Day Celebration on 19th October 2022, at our main lobby of Hospital Ampang, with over 500 participants joining us. The ceremony started with a short video presentation of what an ordinary day an anaesthetist usually experiences, followed by the

ceremonies inauguration by the Deputy Director of Hospital Ampang, Dr Nor' Ashikin Bt Md Amin, with the theme of "CODE RED". A few heads of departments and sponsor representatives attended the celebration.

We are particularly proud of the efforts in reaching out to several organizations, where police officers from Balai Polis Pandan Indah, firefighters from Balai Bomba Pandan Indah, medical students from Universiti Sains Islam Malaysia and Universiti Tunku Abdul Rahman, Form 5 students from SMK Pandan Mewah and SMK Tasek were part of the celebrations.

There were nine designated stations, including:

1. Operating theatre station with an anaesthetic machine demonstrating the induction process.
2. Airway adjunct station, which allowed doctors to practice fiberoptic intubation.





3. Organ donation station, which encouraged and raised awareness of organ donation.
4. ICU station, which demonstrated ICU rounds and how the doctors treat patients.
5. Infection control station which practices the correct hand washing method with public.
6. Basic Life Support (BLS) station, which demonstrated and allowed the public to practice CPR.
7. Acute Pain Service (APS) station, which demonstrated a wide range of pain control methods to ease patient's pain.
8. Blood donation station, which allowed the public and healthcare workers to donate blood.
9. Game station with questions and answers to test basic anaesthesia knowledge.

We arranged it so that our participants had to experience each station and, upon completing all stations, were given a goodie bag as an appreciation and encouragement.





Besides that, medical students from UTAR and USIM interacted with our consultants on the pathway to becoming an anaesthetist as well as the life of a medical practitioner. The police officers, firefighters and students enjoyed themselves with all the hands-on practical sessions, including CPR skills, operating theatre activities and ICU rounds. The public was curious about the operation schedule, including what they will expect from the admission, surgery, and post-op ICU admissions until discharge. We believe that reaching out in this manner allows them to be more familiar with the procedure, thus relieving their anxiety and improving our healthcare satisfaction.

We are pleased that McDonald's Pandan Mewah Malaysia treated everyone (500 packs) with burgers and drinks. We also enjoyed coffee and pastries during the event, sponsored by Gloria Jean's Coffees Hospital Ampang. We also truly appreciate the sponsorship from Cafeteria Hospital Ampang, Masjid Jamek Sultan Abd Samad KL, Kuasa Saksama Sdn Bhd, Ummi Surgical Sdn Bhd, Getz Healthcare (Malaysia) Sdn Bhd, 4utech Corporation Sdn Bhd, Primed Medical Sdn Bhd, FA Signature Global, Mycomedic Sdn Bhd, Hospital Ampang Society of Anaesthesia & Intensive Care and B. Braun Medical Supplies Sdn Bhd.



We can conclude that Anaesthesia Day 2022, which the anaesthesia team from Hospital Ampang held, was a big success. We are all proud that we are part of the Anaesthesia family. When we all work together and succeed as a

team, we form a stronger bond that can turn into trust and friendship.

Looking forward to Anaesthesia Day in 2023; hopefully, you can join us on that day! See you!





by Hana Hadzrami

Kembali

Tiga pusingan matahari yang lepas, masih ingatkah kita?

*Kepada sang virus Tuhan perintah
Serata pelusuk dunia pergilah kau jajah
Jangkili tubuh manusia hingga mereka rebah
Takdirku tertulis siapa maul siapa kebah*

*Bumi ini sudah tenat
Dipijak dimusnah manusia fasad*

*Tatkala satu dunia digegarkan dengan wabak ngeri
Ada sebuah negara pembesarnya tamak tak terperi
Disebalik hingar mereka pasang strategi*

*"Kau lompat ini parti
Kami bayar ini kerusi"*

*Petualang bertopengkan pemimpin bergelar
Kita sangka mereka cuma katak tapi sebenarnya ular*

*Virus-virus gigih berjuang
"Wahai Tuhan berapa lama kami perlu serang?"
"Hingga manusia tahu jalan pulang
Hingga alam sembuh kembali girang"*

Tuduh menuduh dengki mendengki

"Kamu dajjal! Kamu illuminati!"

*Fitnah disebar, kepalsuan ditaati
Telunjuknya lurus kelingkingnya berkait
Agama ditunggang penghujungnya duit*

*Ini ujian ilmu ujian taat
Buat membasuh jahil degil pekat*

*Ribuan nyawa melayang
Datuk nenek ayah ibu seseorang
Pandemik bertambah berang
Direnggut pula nyawa adik abang*

*Apexnya bersalut kepayahan
Dasarnya puing puing kekesalan*

*Dunia terasa bergoncang bagai tiada hari esok
Adakah lusa nanti nyawa kami pula di bibir tenggorok?*

*Namun manusia yang terhimpit akhirnya akur
Mahu hidup atau mahu tersungkur
Akhirnya bersatu taat menerima hakikat
Patuhi nasihat pak tabib jika mahu selamat*

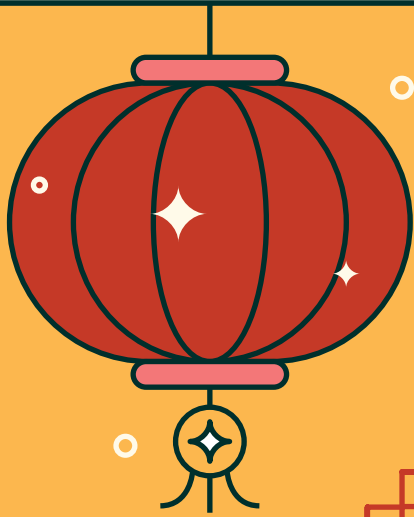
*Tatkala manusia mulai bersatu
Kata Tuhan kepada virus tugasmu sudah selesai
Tinggalkan secuit saki baki buat penentu
Peringatan pedih agar manusia tidak lalai*

*Berbelas purnama direjam badai dan kegelapan
Dihujung terowong muncul titik cahaya berkelipan
Sinar cahaya kian terang seribu harapan
Bagai hadirnya pelangi selepas hujan*

*Adakah manusia kembali memahami?
Atau kembali membenci menabur iri?*



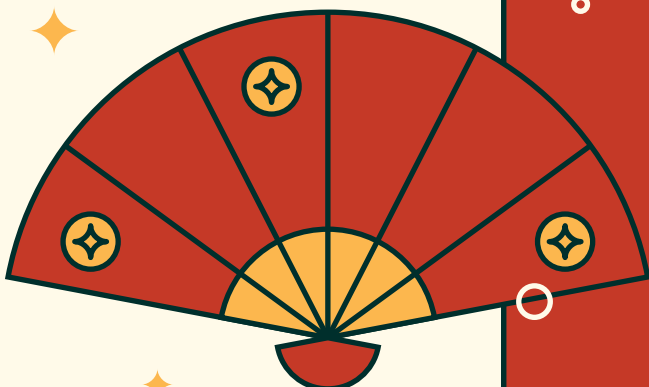
Anaesthesiologists Creates



Dr Michael Beh Zhi Yuen, Consultant
Anaesthesiologists from Assunta Hospital and family



Chinese New Year reunion lunch at Hospital Tunku Ampuan Rahimah, Klang



Tossing the Yee Sang at Hospital Sungai Buloh

continued from back page

Sarawak and Sim Net Sarawak in collaboration with CoA from 26th to 27th November 2022 in Kuching Sarawak.

Virtual Anatomy & Ultrasonography for Regional Anaesthesia Workshop (AURA) - organised by University Kebangsaan Malaysia in collaboration with UiTM, MSA/CoA on the 26th February 2023.

2nd National Regional Anaesthesia Symposium, NRAS 2023. - Was organised by the Regional Anaesthesia Special Interest Group at the Puteri Harbour Shangri-La, Johor Bahru. The theme of the symposium was "The Paradox of Choice".

Participation in International Congress

MSA and CoA members participated in the 14th International Congress of

Asian Society of Cardiothoracic Anaesthesia (ASCA 2022) organised by the Asian Society of Cardiothoracic Anaesthesiologists in Chiang Mai, Thailand, from 1st to 4th December 2022.

Upcoming Meetings / Workshops / Conferences

The 9th Congress of Association of Southeast Asian Pain Societies (ASEAPS) - Bangkok, Thailand. 4th to 6th May 2023

Anaesthesia Patient Safety Symposium (Virtual) - Advancing Anaesthesia Patient Safety Together. Jointly organised by Persatuan Kakitangan Anestesiologi Hospital Umum Sarawak and MSA/CoA in collaboration with Anaesthesia Patient Safety Foundation (APSF) and American Society of Anaesthesiologists (ASA) on 20th to 21st May 2023.

National Advanced Airway Workshop & Simulation. "Airway JEDI: Mastering the Art of Advanced Airway" - Organised by University Sultan Zainal Abidin (UNISZA) in July 2023.

The 23rd ASEAN Congress of Anaesthesiologists 2023. In conjunction with the 98th Annual Scientific Meeting of the Royal College of Anaesthesiologists of Thailand -SMART Anesthesia, Critical Care and Pain Medicine. - 1st to 3rd September 2023, Royal Orchid Sheraton Hotel, Bangkok, Thailand.

Before I end, best wishes to everyone and to my Muslim brothers and sisters, Ramadan Kareem!





Malaysian Society
of Anaesthesiologists



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Anaesthesiologists, AMM

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ANNUAL SCIENTIFIC CONGRESS 2023

MyAnaesthesia 2023: LEAD
Leadership and Excellence in Anaesthesia Development

4th to 6th August 2023
Borneo Convention Centre Kuching, Sarawak, Malaysia

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Message from the PRESIDENT OF THE COLLEGE OF ANAESTHESIOLOGISTS, AMM

Professor Dr Marzida Mansor



Malaysians survived the G15 and are united to a great degree about our concerns for the future. Our main challenges now are facing the rising cost of living, fewer jobs & low wages, slowing down of the economy, managing systemic corruption, and ensuring equity in education. Meanwhile, I am writing this President's message again for the March 2023 issue, and let me share with you some of the important events and activities that have taken place in the last four months involving the College.

MSA/CoA Leadership Retreat

The MSA/CoA leadership retreat was held on the 10th to 11th December 2022 at Lexis, Port Dickson, Negeri Sembilan, which included a leadership workshop by Dr Chris Bowden, the President of the Asian Australasian Regional Section of WFSA. The workshop was very well received by the EXCOs.

Supporting the MSA Diamond Jubilee Celebrations

This year, MSA will be celebrating its 60th Anniversary. The main activities for this celebration will be the six-month membership drive/promotion and the active participation of MSA/CoA in the Global Surgery Initiative by the MOH. By paying RM1000, you get both MSA life and CoA ordinary membership (an additional RM150 needs to be paid as an entrance fee to the Academy).

Cancellation of Registration and Product Recall of Pholcodine-Containing Medicine

On the 25th March 2023, a circular was sent out by MSA/CoA to all members

regarding the decision made by the Drug Control Authority (DCA), Ministry of Health to cancel the registration and recall all pholcodine-containing medicine in Malaysia with immediate effect from 20th March 2023. This recall relates to the potential life-threatening drug interaction between pholcodine and neuromuscular blocking agents (NMBAs). Anaphylaxis may develop when NMBAs are administered in patients who have consumed pholcodine in the last 12 months.

Anaesthesiologists are advised to take down history of any medication usage involving pholcodine-containing products by patients if they had previously used them. Explanation regarding the risk of anaphylaxis must be given as part of the informed consent process to reassure them that anaphylaxis management will be immediately performed if needed.

Guidelines and Recommendations

On the 3rd November 2022, a circular was sent out from the Director-General (DG) Office, MOH, regarding Guidelines on Ultrasound Usage in Medical Practice. These guidelines were developed by the Medical Radiation Surveillance Division along with other various government and private agencies and organisations. The objective was to ensure delivery of safe, effective and high-quality ultrasound (US) imaging examination. In Item 7.1 on Education and Training, the minimum standards for the provision of ultrasound services stated that ultrasound practitioners must hold recognised qualifications. On this issue, we have

written to the DG for Anaesthesiology and Intensive Care to be exempted from this requirement as US is widely taught and used in the day-to-day management of patients in anaesthesiology and intensive care. The use of US in anaesthesiology and intensive care should be included under the major scopes of ultrasound practised in Malaysia apart from obstetrics and gynaecology, radiology, PoCUS and echocardiography.

Anaesthesiology and Critical Care Postgraduate Programme

There has been a massive change to the parallel pathway (PP) programme beginning September 2022 following the availability of scholarships for candidates pursuing this pathway. A series of interviews for the parallel pathway programme has been conducted, and the list of successful candidates will be announced in the near future.

We are delighted that the President of CAI Prof George Shorten and its CEO will be coming to Malaysia on the 29th April - the 4th May 2023 for the accreditation of the following hospitals as a future training centre for PP:

1. Hospital Raja Permaisuri Bainun, Ipoh
2. Hospital Tengku Ampuan Rahimah, Klang
3. Hospital Sungai Buloh, Selangor
4. Hospital Queen Elizabeth II, Kota Kinabalu

CME Activities

Simulation in Anaesthesiology Workshop
- Jointly organised by Hospital Umum

continued on page 78