

BERITA ANESTESIOLOGI



MALAYSIAN SOCIETY OF
ANAESTHESIOLOGISTS



COLLEGE OF
ANAESTHESIOLOGISTS, AMM

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PERIOPERATIVE SAFETY

Message from PRESIDENT OF MSA

Dr Hasmizy Bin Muhammad



I am deeply humbled to write my first message as the President of the Malaysian Society of Anaesthesiologists (MSA) for the 2025-2027 term. I assumed this position in August 2025 following the conclusion of the recent Annual General Meeting in Shangri-La Kuala Lumpur. The newly elected 2025-2027 Executive Committee and I would like to express our gratitude to Dato' Dr Yong Chow Yen, our immediate past president, and the members of the Executive Committee for the two terms she led (2023-2024 and 2024-2025) for their dedication to the Society over the last two years.

This year marks the 62nd anniversary of MSA. Our Society exists and remains strong every day because our predecessors have laid a solid foundation for us to continue building upon, based on our core objectives.

To promote the art and science of Anaesthesiology: MSA helps our members to continually enhance their skills and stay updated on scientific information, new techniques and safety protocols by organising various activities, including conferences and workshops.

To coordinate the activities of anaesthesiologists: MSA acts as a central body, synchronising the activities of Anaesthesiologists in this country and fostering a sense of community and shared purpose.

To represent Anaesthesiologists and protect their interests: A crucial role of MSA is to be the collective voice of its members, advocating for their professional interests and ensuring that

their contributions to healthcare are recognised and valued.

To encourage and promote co-operation and friendship between Anaesthesiologists and to do such lawful things as may be indicated or conducive to the attainment of such objects: MSA actively works to build a strong network among its members, encouraging mutual support, collaboration, and camaraderie within the profession.

To achieve liaison with similar bodies and other specialties in other regions: Recognising the importance of a global and multidisciplinary approach to healthcare, MSA establishes and maintains relationships with other national and international societies of anaesthesiologists and related medical specialties. This facilitates the exchange of knowledge and best practices.

Our Society plays a pivotal role in shaping the landscape of anaesthesia in Malaysia, ensuring high standards of patient care and supporting the professional growth of its members.

In this first message from me in Berita Anestesiologi, I would like to report on recently concluded events as well as other developments of interest to MSA members.

MyAnaesthesia 2025: 62nd MSA-CoA Annual Scientific Congress (ASC)

The ASC 2025 was held at Shangri-La Kuala Lumpur, from 1st to 3rd August 2025. It was attended by more than 900 delegates, many of whom were excited to experience the ASC in Kuala Lumpur.

Yang Berhormat Datuk Seri Dr Dzulkefly Ahmad, the Health Minister, graced the opening ceremony. The other guest of honour was Dato' Indera Dr Nor Azimi binti Yunus, Deputy Director General of Health (Medical), Ministry of Health Malaysia.

During the opening ceremony, MSA organised several historical events. First, in collaboration with the College of Anaesthesiologists (CoA), MSA has launched three significant statements that address critical areas within the specialty: MSA-CoA Statement on Implementation of Quantitative Neuromuscular Monitoring in Clinical Practice; MSA-CoA Statement on Perioperative Temperature Management, and MSA-CoA Consensus Statement on Green Anaesthesia: A Starter Toolkit. These statements help to enhance patient safety, improve surgical outcomes, and promote environmental responsibility among anaesthesiologists in this country.

Second, in a strategic move to foster national and international cooperation, MSA held a significant Memorandum of Understanding (MOU) signing ceremony with its Indonesian counterpart (Perhimpunan Dokter Spesialis Anestesiologi dan Terapi Intensif Indonesia - PERDATIN) and Malaysian anaesthesia specialty societies (Malaysian Cardiothoracic Anaesthesiology and Perfusion Society; Persatuan Obstetrik Anestesia Malaysia; Malaysian Society of Paediatric Anaesthesiologists; Malaysian Perioperative Medicine Society; and Malaysian Society of Regional Anaesthesia. These agreements are essential in advancing the science and practice of

anaesthesiology by promoting collaboration, education, and the harmonisation of standards.

Lastly, MSA conferred honorary membership to Dr Mary Suma Cardosa, in recognition of her contributions to the anaesthesia fraternity, particularly in the field of pain medicine. She is the pioneer of pain management in Malaysia and is responsible for implementing pain as the 5th vital sign in the Ministry of Health hospitals.

The Scientific Committee prepared an excellent scientific programme. There were a total of four pre-congress workshops, seven plenaries, 18 symposia, five in-congress workshops, and six sponsored lectures.

The announcement of the MSA Award and MSA Young Investigator's award winners and the Dato' Dr Radha Krishna Sabapathy Award for the Best Student in Masters in Anaesthesiology for two examinations during the Presidents' Dinner highlights the importance of this event. It provides a prestigious setting to recognise the award winners in front of their peers, mentors, and the society's leadership. It also serves as a key networking opportunity in a more relaxed social atmosphere.

MSA Annual General Meeting (AGM) 2025

The AGM was held on 1st August 2025 at Shangri-La Kuala Lumpur. The AGM was attended by 69 members. Associate Professor Dr Azarinah Izaham was elected as the President-Elect for 2025-2027, and several members became new Executive Councillors. Heartiest congratulations to our future leader and president.

A relevant question regarding affiliation with the Malaysian anaesthesia subspecialty groups was brought up since one of the societies was not invited. MSA will extend an invitation to the society as early as possible since the affiliation will be beneficial for both parties.

2nd National Extracorporeal Membrane Oxygenation (NECMO) Conference 2025

MSA extends its congratulations to the Malaysian Society of Cardiothoracic Anaesthesiology and Perfusion (MASCAP) for hosting the 2nd NECMO conference, which will take place from 2nd to 4th October 2025, at Le Meridien Putrajaya. The Cardiac Anaesthesiology SIG of CoA and MSA Exco Members actively participated in the event as speakers, facilitators, and delegates. The conference received endorsements from both MSA and COA.

National Anaesthesia Day (NAD) 2025: "Anaesthesiology in Health Emergencies"

World Anaesthesia Day is celebrated on the 16th of October every year, which marks the anniversary of the public demonstration of ether anaesthesia in Boston, Massachusetts, USA, in 1846.

This year, the national-level celebration was entrusted to our colleagues in Klang, Selangor, under the capable leadership of Dr Mohd Rohisham Zainal Abidin, the Head of Speciality Anaesthesiology and Critical Care, Ministry of Health, and Department of Anaesthesiology and Intensive Care, Hospital Tengku Ampuan Rahimah, Klang, Selangor.

The date of celebration is set on 12th October 2025 at KSL Esplanade Mall, Klang, Selangor to allow a national-level launch followed by nationwide local celebrations. Yang Berbahagia Datuk Dr Mahathir Abdul Wahab, Director General of Health, Malaysia, will grace the event as our guest of honour.

The theme "Anaesthesiology in Health Emergencies" highlights the essential role of anaesthesiologists in various emergency and critical care settings, beyond the operating theatre.

A well-planned event featuring a paintball tournament, a golf tournament, a fun run, food, booths and stage activities is set to engage

participants of all ages and interests. Attendees can look forward to networking opportunities, informative sessions, and the chance to celebrate the vital contributions of anaesthesiology to patient care.

The Organising Committee also conducted a Simultaneous Intubation Simulation involving 65 practitioners and hospitals on 12th June 2025. As a result, MSA is listed in the Malaysian Book of Records for achieving the record of "Most Anaesthesia Practitioners in a Simultaneous Intubation Simulation". The official certificate presentation will take place on 12th October 2025, at the KSL Esplanade Mall in Klang, Selangor, in conjunction with the National Anaesthesia Day 2025 celebration. Congratulations! Syabas!

24th ASEAN Congress of Anesthesiologists (ACA 2025)

The congress this year will take place in Manila, Philippines, from 23rd to 25th October 2025. We are proud that Malaysians continue to play an important role at ACA congresses as speakers, delegates, and poster presenters.

MSA will be represented by me and Associate Professor Dr Azarinah Izaham as MSA President and President-Elect respectively, at the Confederation of the ASEAN Societies of Anaesthesiologists (CASA) Board meeting. I am proud to announce that MSA will assume the presidency of CASA in 2025 in preparation for ACA 2027.

KoreaAnaesthesia 2025

MSA continues to strengthen our relationship with the Korean Society of Anesthesiologists (KSA). Many Malaysian anaesthesiologists have benefited from attending the KSA's annual scientific meetings since the Memorandum of Understanding was signed in 2017. KSA will celebrate its 102nd Annual Scientific Meeting in Incheon, Korea, from 6th to 8th November 2025. At this event, KSA has offered a free congress registration for

accepted abstract presenters. MSA is very proud that so many of our young anaesthesiologists took this opportunity to compete and speak among their global counterparts.

17th Asian Australasian Congress of Anaesthesiologists (AACA) 2026

MSA is actively supporting the upcoming 17th Asian Australasian Congress of Anaesthesiologists (AACA), which is scheduled to take place in Bangkok, Thailand, from 6th to 8th February 2026. The prestigious event is being hosted by the Royal College of Anaesthesiologists of Thailand.

The 17th AACA 2026 is a significant international gathering for anaesthesiologists and other healthcare professionals in the field. MSA plays a crucial role in facilitating the engagement of Malaysian anaesthesiologists with their regional and international counterparts. While not directly involved in the core organising or scientific committees, MSA has officially listed the 17th AACA

2026 on its events calendar. This inclusion signifies the Society's endorsement of the congress and serves as a key channel to inform and encourage the participation of its members.

Membership

As of 27th August 2025, the Society has 727 life members, 133 ordinary members, and 45 associate members in good standing.

The number of members of the Society determines how well it is represented. I encourage healthcare professionals who work in anaesthesiology to become members and allow the Society to address issues that affect our advancement as professionals. Please note that anyone working in the field of anaesthesia, including specialists and medical officers are eligible to join the Society.

Online Journals

The Society continues to offer subscriptions to online journals for the benefit of its members. Members are

advised to obtain their username and password from the Secretariat and to use this resource to stay updated with the latest knowledge in anaesthesiology. The subscribed online journals are Anaesthesia, Anesthesia & Analgesia, and A&A Practice Bundle, British Journal of Anaesthesia, and Current Research in Anesthesia & Analgesia.

MyAnaesthesia 2026

Finally, I would like to announce that MyAnaesthesia 2026 will be held in the Penang Waterfront Convention Centre (PWCC) from 31st July to 2nd August 2026. We are excited and looking forward to using this new convention centre. We promise to bring the leading experts in their field to this congress.

In the months leading up to the next Berita, I would like to wish all our Hindu friends and colleagues a "Happy Deepavali" in October 2025 and Merry Christmas for our Christian friends and colleagues in December 2025.

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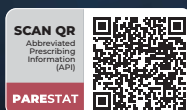
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Message from

PRESIDENT OF THE COLLEGE OF ANAESTHESIOLOGISTS, AMM

Dato' Dr Yong Chow Yen



A New Chapter, A Shared Vision: A Message from Your New College President

Honoured Fellows, Esteemed Members, and Colleagues,

It is with a deep sense of honour, humility, and tremendous excitement that I pen my first message to you as the President of our esteemed College.

I begin by expressing my profound gratitude for the trust you have placed in me. I also wish to extend my sincere appreciation to our Immediate Past President, Professor Dr Ina Ismiarti Shariffuddin and the Council Members of 2024-2025 for their exceptional leadership. Under their stewardship, the College has been powerfully guided, achieving significant milestones in education, guidelines, and advocacy.

As I stand on the shoulders of the greats who came before, allow me to share a reflection on my journey as the President of the Malaysian Society of Anaesthesiologists, and now as I start a new journey as the College President.

Looking back, the past two years have been filled with both purpose and unpredictability. It is seldom that the arc of leadership is a straight line. Anchored by the Society's motto, our central theme was always the unwavering advocacy for "Safety in Anaesthesiology".

We navigated storms marked by relentless challenges: a healthcare system under post-pandemic strains, a

shortage of anaesthesiologists plaguing rural hospitals, sweeping reforms to the Medical Act affecting specialty training and a rising tide of medicolegal hostility towards anaesthesiologists. We also faced persistent employment uncertainties for junior doctors and stagnant progress in the revision of doctors' fee schedule; all the while battling an epidemic of burnout and resignations within our ranks.

Internationally, our worldview was shaken. The relentless attacks on healthcare professionals and civilians in areas of conflict, coupled with the weaponisation of access to food and healthcare, have profoundly challenged our belief in a fundamentally moral humankind.

Confronted by challenges, our vision - as with all worthy endeavours - evolved. To enhance member welfare, the Society and the College partnered with our colleagues in the Ministry of Health Malaysia and private sector, and with relevant societies in intensive care, pain management, medicolegal affairs, psychology, and psychiatry. This collaboration produced new guidelines and advocacy statements, while our joint professional development initiatives now include medicolegal training and second victim support. Concurrently, we have taken steps to ensure the greater inclusion of younger anaesthesiologists, our future leaders, in our activities. Externally, the advocacy roles of the

College and the Society have strengthened our collective voice; our opinions on healthcare issues are regularly sought by stakeholders and the public.

The College and Society share an inextricably linked, mutually supportive role. From my new position on the College side, I aim to build on this strong foundation and champion the pursuit of excellence that defines us. I am therefore delighted that this issue of *Berita* continues our focus on perioperative safety, echoing the theme of the recent MyAnaesthesia 2025 conference: 'Advancing Perioperative Safety: everyone, every time, everywhere'.

The core of this safety mission is, without doubt, excellence in education, as emblemized in the motto of the College: *Maju melalui Pendidikan*. Education is the engine of advancement and the surest path to improved patient outcomes. Therefore, the commitment and responsibility of the College into the coming two years will be to reinforce our priority to continue to strengthen our educational framework. Our key priorities will be:

1. Advancing Our Educational Mission

The College will continue to work in partnership with the Ministry of Health in the Parallel Pathway Training programme. The conduct of in-training assessments and

train-the-trainer modules relies heavily on the support by the College. The College is expected to soon expand its role to provide both technical and non-technical skills training. For our fellows and members, the College will continue to provide upskilling workshops in critical areas such as regional anaesthesia, airway management, and other essential areas of advancement in anaesthesiology and critical care.

2. Consolidating and Implementing Guidelines

Knowledge must be translated into practice. We will intensify efforts to update and support the implementation of our guidelines, such as the use of quantitative neuromuscular monitoring and prevention of perioperative hypothermia. This involves working with you to understand local challenges and develop practical tools for adoption.

3. Strengthening Collaborative Advocacy and Empowering a Culture of Shared Learning

The voice of anaesthesiology must be central in national healthcare discussions. The College intends to fortify our alliances with the Ministry of Health and other medical disciplines within the Academy of Medicine of Malaysia. Together, we will advocate for the essential resources, training, and team-based culture needed to prevent adverse events, support our healthcare professionals' well being, and improve perioperative outcomes.

Here is a brief report on College events held in the past few months since the publication of the April 2025 issue of the Berita, and forth-coming activities:

1. Mastering eFONA Workshop, 24th May 2025: A structured emergency front of neck workshop was conducted by the Airway SIG of the College at the Medical Academies Building Malaysia as part of our continuous education programme to equip our members with front of neck surgical access skills.
2. MyELM 2025, 21st & 22nd June 2025: An innovative leadership workshop was conducted at the Medical Academies Building Malaysia specifically designed for young, emerging leaders in anaesthesiology. Recognising the critical importance of effective leadership for our discipline, the College is making a significant investment in this workshop. With the support of the Ministry of Health, it lays the foundation for developing future leaders in anaesthesiology.
3. MyAnaesthesia 2025: The Annual Scientific Meeting of MSA/CoA was held from 1st - 3rd August 2025 at Shangri-La Kuala Lumpur with the pregress workshops conducted at the Medical Academies Building Malaysia. The Anaesthesiology and Critical Care Parallel Pathway Specialty Conferment Ceremony was conducted on 2nd August 2025 with three graduands receiving their Certificates of Completion of Training. This was followed by the College's Annual General Meeting.
4. The 58th Malaysia-Singapore Congress of Medicine, the 5th AMM-AMS-HKAM Tripartite Congress of Medicine and the 7th Emergency Medicine Annual Symposium were jointly hosted by the College of Emergency Physicians and the Academy of Medicine of Malaysia on 22nd - 24th August 2025 at

Shangri-La Kuala Lumpur. Twenty members of the College of Anaesthesiologists were inducted, and two members were conferred Fellowship of CoA during the opening ceremony.

5. The Inaugural National Airway Workshop, 6th December 2025, at Medical Academies Building Malaysia. This hands-on course is dedicated to advanced airway management, offering extensive practical teaching and simulation for anaesthesiologists. Registration will open soon. Please watch for the official announcement on our website and communication channels.

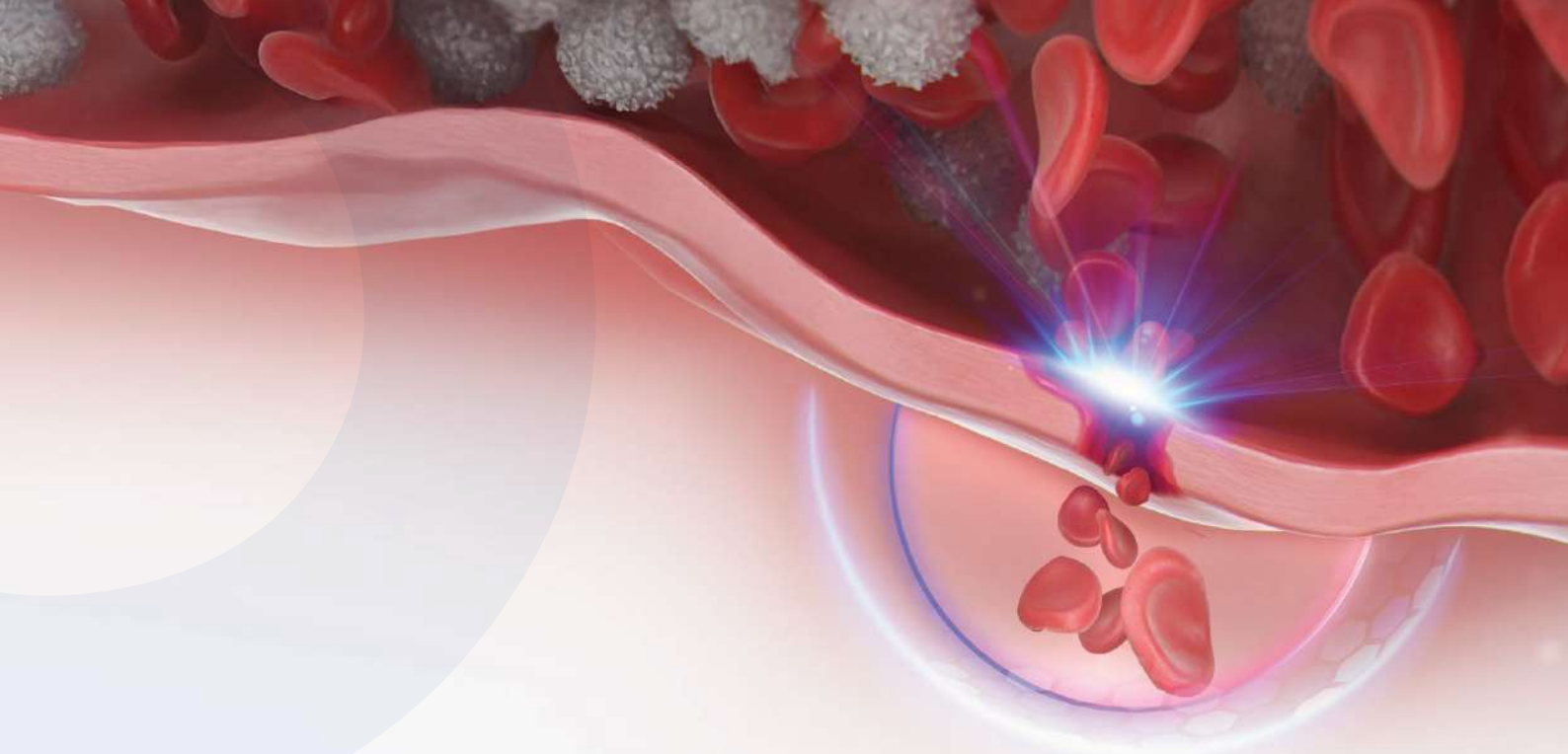
Membership

As of 4th July 2025, the College has 265 member comprising 152 Life Members (including 42 Fellows), 111 Ordinary Members (including 10 Fellows), 1 Associate Member and 1 Candidate Member.

Lastly, the journey of the College is not one that I, or the Council, can undertake alone. The strength of our college has always resided in the expertise, dedication, and passion of its Fellows and Members. I invite each of you to engage with us - to share your ideas and contribute your energy. Together, let us forge a safer future for our patients and anaesthesia healthcare professionals through a shared commitment to excellence in education.

I look forward to serving you and working alongside you in the coming two years.

Thank you. I hope you enjoy this issue of the Berita.



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Message from the EDITOR-IN-CHIEF

Dr Anand Kamalanathan



As we welcome the September 2025 edition of the *Berita Anesthesiologi*, we turn our focus to an issue that lies at the very heart of our practice: **Perioperative Safety**. Every anaesthesiologist plays a crucial role in ensuring the safety of the operating theatre. It is more than a place of technical expertise - it is an ecosystem of trust, vigilance, and collaboration, where every decision made by an anaesthesiologist impacts patient outcomes.

This edition's theme, which echoes MyAnaesthesia's theme of Advancing Perioperative Safety: Everyone, Every Time, Everywhere, serves as a poignant reminder that safety is never accidental. It is the result of rigorous training, adherence to protocols, clear communication, and an unyielding culture of accountability. From

preoperative assessment to intraoperative monitoring and postoperative care, perioperative safety demands an integrated, multidisciplinary approach where each team member, especially the anaesthesiologist, plays a vital role.

In this issue, we highlight evolving strategies, evidence-based practices, and innovative technologies that enhance our commitment to safe perioperative care. Our newly elected President of the College shared her personal insights to inspire and deepen your understanding of safety through the lens of her article, "Finding IKIGAI in Anaesthesiology: Professional Wellbeing and Patient Safety".

We also share reflections and experiences from colleagues that emphasise the human aspect of safety -

the significance of empathy, teamwork, and continuous learning (From Checklists to Conversations: Re-centering Perioperative Safety on the Perioperative Team).

Let us use this opportunity not only to celebrate our progress but also to critically reflect on areas where we can do better. Patient safety is a continuous journey, not a destination, and each one of us carries the responsibility of advancing this cause.

I invite you to explore the articles in this edition with curiosity and intention, and to bring the valuable lessons learned back into your practice. Together, we can ensure that every patient who entrusts his life to our care receives it with the highest standards of safety and compassion.

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Finding Ikigai in Anaesthesiology

PROFESSIONAL WELLBEING AND PATIENT SAFETY



Dato' Dr Yong Chow Yen

President
College of Anaesthesiologists
Academy of Medicine of Malaysia

Immediate Past President
Malaysian Society of Anaesthesiologists

Introduction

In an increasingly complex world of modern medicine, anaesthesiologists play a vital role in ensuring patient safety, comfort, and physiological stability. Often working behind the scenes, our professional contributions to healthcare are critical, yet not always visible. In this unique habitat that we occupy, integrating the Japanese concept of Ikigai (生き甲斐), or a reason for being into our professional identity has the potential to profoundly enhance both our personal fulfilment and patient outcomes. This article explores how anaesthesiologists can align our duties with a deeper sense of purpose, using Ikigai as a framework to fortify professional wellbeing and reinforce the foundation of patient safety.

Understanding Ikigai

Ikigai is a Japanese philosophy that combines "iki" (life) and "gai" (worth), referring to the source of value in one's life - the thing that makes one's life worthwhile. It lies in the intersection of four essential elements:

- What You Love
- What You Are Good At
- What The World Needs
- What You Can Be Paid For

When these elements align, they create a powerful sense of purpose, satisfaction, and balance. For anaesthesiologists, finding this balance is not only possible but essential for sustained professional effectiveness and personal resilience.

Ikigai and the Anaesthesiologist

The common perception of the anaesthesiologist is often limited to the operating theatre. In reality, our role is expansive, encompassing perioperative medicine, critical care, pain management, emergency resuscitation, disaster response, and healthcare system leadership. In each of these domains, we are tasked with ensuring

patients' physiological stability, frequently under immense pressure. This broad scope of responsibility places us at the heart of patient safety. Errors in anaesthetic management can be life-threatening; making precision, vigilance, and continuous learning essential traits. The ecosystem we operate in can be stressful, and without alignment with a deeper sense of purpose, this stress can lead to burnout.¹

Applying Ikigai to Anaesthesiology

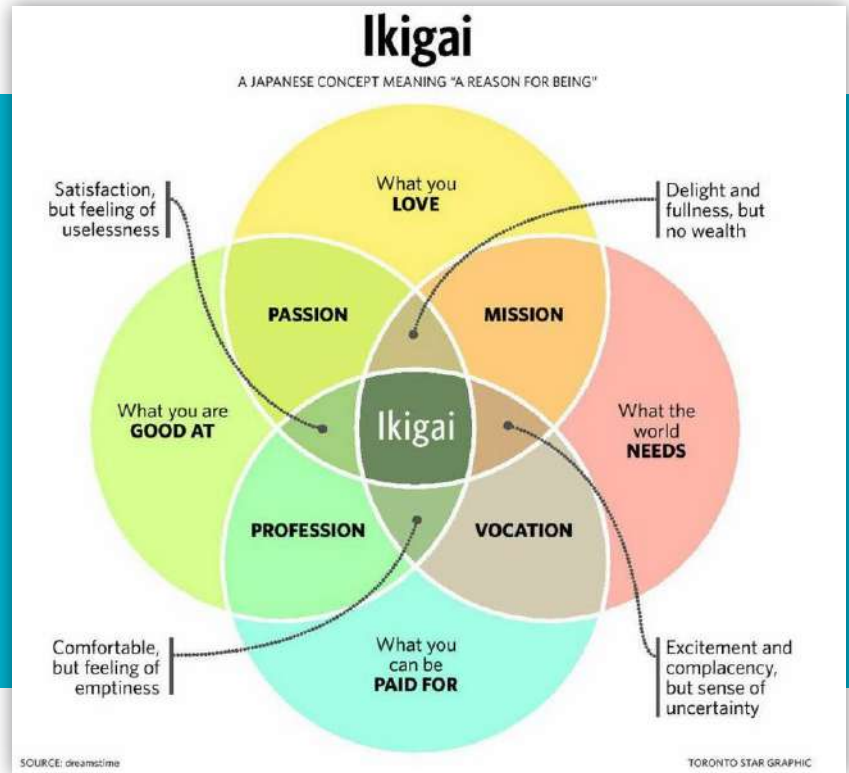
1. Passion: What You Love + What You Are Good At

Many are drawn to anaesthesiology out of a fascination with human physiology and the challenge of managing critical situations. The immediate, tangible impact of our work - stabilising a crashing patient, ensuring a pain-free surgery - provides deep emotional reward. For those who thrive in acute care, this field offers daily opportunities to practise their passion. However, passion alone is unsustainable; it must

be coupled with competence. The flame of passion is fuelled by the confidence that comes from mastery, without which it can easily be extinguished by frustration and uncertainty. Being good at what we do, and working within systems that support excellence, is what allows our passion to endure.

2. Mission: What You Love + What the World Needs

There is a global crisis in access to safe surgical and anaesthetic care, with over five billion people lacking access to affordable surgical and anaesthesia care when needed.² Our skills directly answer this pressing global need. Understanding that our expertise is a fundamental pillar of public health - evidenced starkly during the COVID-19 pandemic - provides a powerful mission that transcends individual patient cases. We are not just doing a job; we are fulfilling a critical mandate.



3. Vocation: What The World Needs + What You Can Be Paid For

It is interesting that in the Ikigai model, 'vocation' sits at this specific intersection. In Western philosophy, 'vocation' implies a divine calling, often related to a lifelong pursuit one follows even without financial reward. The Japanese concept of ikigai, however, offers a more nuanced meaning. Here, a vocation is a 'calling' in the sense of a natural inclination or talent, combined with a deep passion for the work itself. It is the foundation for developing true mastery, where one enters a state of flow and derives satisfaction from the process.³ For example, a healthcare professional drawn to anaesthesiology has an innate passion for managing complex physiological states to ensure a patient's safety. For many, this sense of a 'calling' represents a natural fit for the work itself.

Intuitively, it might seem easier to understand if 'vocation' were placed at the intersection of What You Love and What the World Needs. This leads to my realisation - our human capacity to serve what the world needs is not infinite. Within the framework of ikigai, a 'vocation' represents the mastery of a skilled craft that also possesses recognised economic value.

4. Profession: To Do What We are Good at + What We Can Be Paid For

Anaesthesiologists develop exceptional technical expertise in airway management, administering general and regional anaesthesia, and advanced physiological support. Our profession is often likened to piloting an aeroplane, where expert, time-sensitive decisions determine

safety. While financial reward should not be the sole driver, fair compensation is the mechanism that sustains this skilled work. It allows us to support ourselves and our families, enabling long-term engagement and investment in our craft. This financial sustainability is a key component of a holistic ikigai.

Our Ikigai i.e. purpose, worth, balance and reason for being lies in the convergence of all four circles of What You Love, What You Are Good At, What The World Needs and What You Can Be Paid, where passion, mission, vocation, and profession meet.

How Ikigai Directly Enhances Patient Safety

An anaesthesiologist connected to his Ikigai is intrinsically motivated to learn and continuously seeks improvement. They pursue knowledge and refine skills not out of obligation, but as an expression of their purpose, directly elevating competency and standard of care.

A practice grounded in vocation helps build resilience. It prioritised patient-centred values: thorough communication, genuine informed consent, and ethical diligence. Relating to one's career with a deep sense of purpose is a potent antidote to stress, preserving the cognitive function, vigilance, and compassionate decision-making that are the foundation of patient safety.

Anaesthesiologists often lead teams in high-pressure scenarios. Those who see their role as a purpose-driven mission, not just a task, inspire better communication, mutual respect, and effective teamwork - all critical

components of a safe clinical environment.

Challenges to Achieving Ikigai in Anaesthesiology

The path to Ikigai in anaesthesiology is not without obstacles. Long hours, administrative burdens, resource constraints, limited patient interaction, medico-legal risks and systemic pressures can erode our sense of purpose. To counteract this, healthcare institutions must create a safe environment that promotes autonomy, engagement, competency, fair compensation, and personal and professional growth in the speciality and are pivotal in driving an individual's wellness, and patient safety.⁴

It is crucial we recognise Ikigai as a continuous journey of discovery - rather than a fixed destination. Although this article explores work as a source of purpose, a true sense of Ikigai must be holistic. It is nurtured by finding meaning in all aspects of life, including our relationships, hobbies and the diverse activities that bring us joy.

Conclusion

Ikigai offers a powerful lens through which anaesthesiologists can view our careers, transforming daily tasks into meaningful practice. By consciously aligning passion, mission, vocation and profession, we can build a career that is not only resilient and fulfilling for us but also delivers the highest possible standard of safety for our patients. Ultimately, an anaesthesiologist who practises with Ikigai does more than administer anaesthesia; we become the trusted guardian of life at its most vulnerable. That is a purpose worth striving for.

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From Checklists to Conversations **RE-CENTERING PERIOPERATIVE SAFETY ON THE PERIOPERATIVE TEAM**

At the recent 62nd MSA-CoA Annual Scientific Congress, the spotlight on Perioperative Safety felt timely and right. As perioperative physicians, we sit at the junction of surgery, anaesthesia, and recovery. Safety is not a single act. It is a culture. It is built on preparation, communication, and how we respond when things go wrong.

Safety Begins Before Theatre

We often tell our patients that 'we keep you safe'. In reality, safety starts days or weeks earlier. We optimise comorbidities, prescribe when needed, and plan anaesthesia that matches physiology and surgical stress. We also support the mental and emotional aspects: the expectations, fears, and coping. Choosing the right time and the right modality - including non-operative options - is also a safety decision. Good preparation lowers risk, reduces cancellations, and improves recovery.



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Honour the Basics - Every Case, Every Time

Many adverse events do not come from rare, exotic failures. They arise when we skip 'small' steps because they look routine. The WHO Surgical Safety Checklist - our SSSL practice - protects patients only when it is done with attention and intent. "Sign-in, Time-out, Sign-out" must be a real dialogue: names, roles, airway plan, blood products, antibiotics, equipment checks, and expected critical moments. A distracted time-out is not safe. A focused checklist is a safety conversation.

Voice Over Hierarchy

SSSL fails when teams cannot speak up. If a junior notices a mismatch (wrong side, missing consent, unavailability of blood, or an allergy not mentioned), the safest system is the one where they can stop the line without fear. Silence is dangerous. A team that welcomes a 'polite stop' saves lives. Simple scripts help: "Team, I have a safety concern. May I clarify...?"

Beyond Blame: Seeing the Second Victim

Not speaking up often has less to do with knowledge and more to do with culture. We still feel the old 'boss culture' - where questioning is read as disrespect - and the blame culture, where honest mistakes are punished and near misses are hidden. When harm occurs, we focus on the patient, but we sometimes overlook the second victim, the clinician who is traumatised by the event. Shame and isolation degrade future performance and push learning underground. A system that ignores the second victim is more likely to repeat the same harm.

I still remember the time I had my first death on the operating table. The consultant on call displayed the chest X-ray of the deceased and pointed at the calcified aortic knuckle, while the specialist on call accused me of taking a toilet break during cement

implantation. I did not leave the OT unattended. I handed over to a more senior medical officer. After the event, I was only given a two-hour break and was instructed to finish the rest of the emergency cases. The corridor felt very long. What helped was a specialist who came to me and said, "It can happen to anybody. You acted promptly, but it was a massive one."

Just Culture and Intent

No anaesthesiologist enters a theatre intending harm. Most errors come from good people in complex systems. Recognising this truth is the doorway to a Just Culture, the one that distinguishes between human error, at-risk behaviour, and reckless behaviour, and responds proportionately. Just Culture protects patients and supports professionals to improve.

Human Factors: The Hard Edge of Safety

Acute events unfold fast. In those minutes, human factors decide whether we catch the problem early or late. Do we have clear leadership? Do we call for help early? Are roles explicit? Do we use cognitive aids? Is the airway plan visible? Are drugs labelled the same way every time? Do we brief the expected difficult moments (induction in the shocked patient, positioning risks, emergence in high-risk airways)? Safety lives in these details.

Debriefing is the Key

As a simulation enthusiast, I learned that the scenario is not the main teacher - the debriefing is. In debriefs, we slow down, link actions to outcomes, and study why a reasonable person did that thing at that time, while taking into consideration the workload, fixation, noise, alarms, unclear roles, and time pressure. Debriefing turns events into learning.

A Practical Shift for 2025/2026

Let us use this year's 'Perioperative Safety' theme as the start of a behavioural shift. We already have

protocols and checklists. Now we need psychological safety and structured debriefs. Practical steps any theatre can adopt:

1. Make the checklist a conversation

One reader; all responders; eye contact. State airway plan, blood loss plan, expected risks, and stop criteria.

2. Adopt a "polite stop"

Anyone may pause the case for safety. Leaders should thank the interruption.

3. Micro-brief high-risk moments

Thirty seconds before induction or emergence: roles, first moves, backup plan, and who calls for help.

4. Standardise layout and labels

Same locations, same colours, same setup across rooms to cut search time and error.

5. Run short debriefs (2-5 minutes)

What worked? What was difficult or unsafe?

One change to try next time - document it and review at the next huddle.

6. Support the second victim

Offer peer support and, when needed, counselling.

7. Leaders go first

Consultants and nurses in charge model speaking up, thanking concerns, and admitting uncertainty. Culture follows leadership.

Safety is a Team Habit

We protect voices, not ego. We choose debriefing over blaming. We care for patients, and we care for each other - especially after hard days. If we can hold to these simple habits - speak up, brief, standardise, debrief - we will deliver more consistent, kinder, and safer care. That is the kind of safety our patients expect, and it is the kind of culture that will keep our profession strong in a demanding world.

GLP-1RAs

A NEW CHALLENGE IN ANAESTHESIA PRACTICE



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Like any other day, I began the day by greeting my first patient scheduled for surgery. She cheerfully assured me that she had been fasting since midnight- but she casually added that she took her weekly Semaglutide injection the day before. My smile froze and there was a long pause of silence from me....

”

In recent years, GLP-1RAs drugs like Semaglutide and Liraglutide have become more commonly used in the treatment of Type II Diabetes (T2D) and obesity. They are celebrated for their role in weight loss, sparking widespread interest among celebrities. GLP-1RAs were first introduced in 2005. Since then, these drugs have primarily been available as injections, but newer formulations with longer durations of action have been developed. The latest addition to the class is oral Semaglutide, offering patients a tablet option alongside injectable treatments.¹ These drugs mimic the action of the naturally secreted GLP-1 polypeptide that regulates plasma glucose by controlling both glucagon and insulin secretion.²

The pleiotropic effects of GLP-1RA in various organs have drawn significant attention from both clinicians and researchers in recent years. The 2021 European Society of Cardiology (ESC) Guidelines on cardiovascular disease prevention recommend the use of GLP1-RAs in patients with T2D and atherosclerotic cardiovascular disease to reduce cardiovascular and cardiorenal outcomes.³ GLP-1RAs seem to give the kidneys a helping hand through direct and indirect effects. Improvement in blood pressure, glucose homeostasis, weight loss and insulin levels provide added benefits.^{2,4} These drugs help reduce appetite, delay gastric emptying and reduce postprandial glycaemic peak due to

the slower movement of food from the stomach to the small intestine.²

Perioperative safety concerns have been raised about the potential delay of gastric emptying caused by these drugs. This increases the risk of regurgitation and aspiration despite traditional 'textbook' fasting. There are reported cases of pulmonary aspiration during procedural sedation and general anaesthesia.⁵ At present, there is limited evidence to construct evidence-based guidelines. Multiple clinical organisations have recognised the growing need for practice guidance in the perioperative period. In response, a coalition of experts has released a unified, multisociety guide on the safe management of patients taking GLP-1RAs. This rare collaboration brings together the American Gastroenterological Association, the American Society for Metabolic and Bariatric Surgery, the American Society of Anesthesiologists (ASA), the International Society of Perioperative Care of Patients with Obesity, and the Society of American Gastrointestinal and Endoscopic Surgeons.⁵

This recommendation is irrespective of the indication for the medication, its dose, or the type of procedure or surgery. If prolonged discontinuation of GLP-1RAs is required, consultation with an endocrinologist for guidance on bridging antidiabetic therapy is recommended to avoid perioperative hyperglycaemia. For patients scheduled for elective procedure, consider withholding GLP-1RA on the day of the procedure if on daily dosing. Meanwhile, for patients on weekly dosing, consider withholding for a week prior to procedure.⁶ All patients should still be assessed on the day of procedure for symptoms suggestive of delayed gastric emptying.⁵ If gastrointestinal (GI) symptoms such as nausea, vomiting, retching, bloating or abdominal pain are present, consider delaying elective

Perioperative management

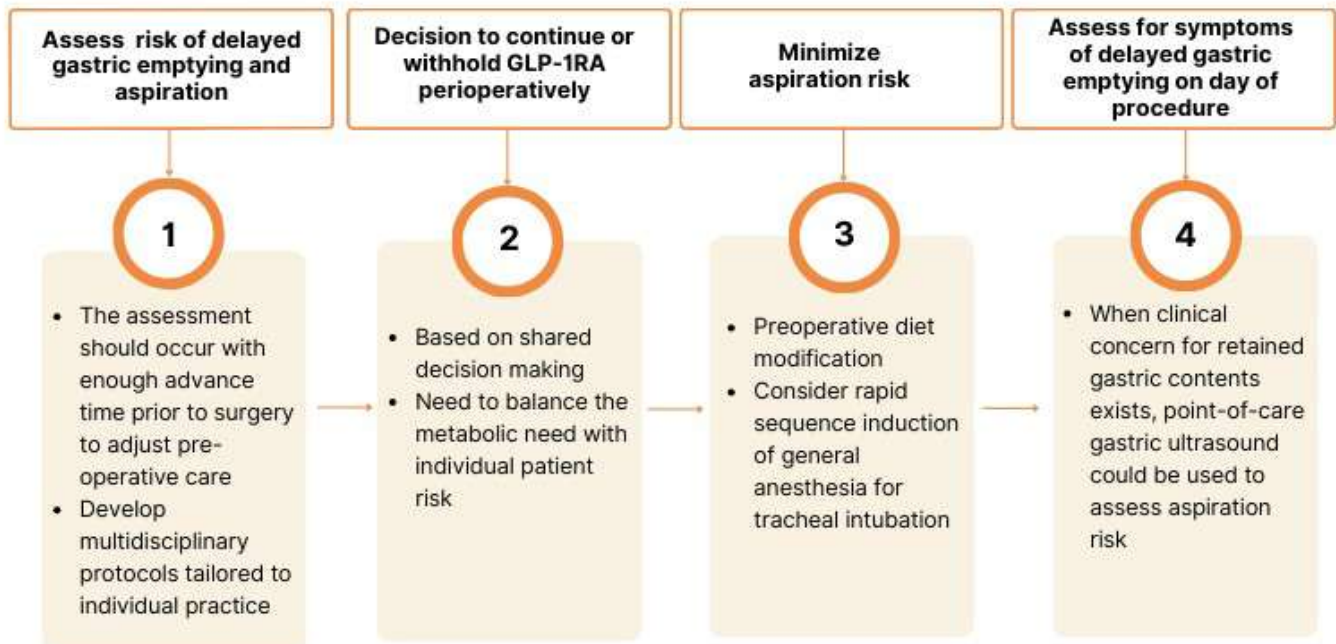


Figure 1: Perioperative recommendations for GLP-1RA

procedures. Discuss the potential risk of regurgitation and pulmonary aspiration with both proceduralist and patient. If the patient has no GI symptoms and the GLP-1RA has been withheld as advised, proceed as usual. If the patient has no GI symptoms but the GLP-1RA was not withheld as advised, manage as 'full stomach' or consider evaluating gastric volume by ultrasound. If the stomach is empty, proceed as usual. If the stomach is full or if gastric ultrasound inconclusive or not possible, consider delaying the procedure or treat the patient as 'full

stomach' and manage accordingly.⁶ Currently, there is not enough evidence to suggest the optimal fasting duration for patients on GLP-1RA. Until further data is available, it is recommended to follow the existing ASA fasting guidelines.⁶

The use of GLP-1RA has risen exponentially in recent years, driven by their wide-ranging clinical benefits. However, due to lack of robust evidence to guide perioperative management, the multisociety

recommendations serve as an important guide. These recommendations emphasise shared decision-making between proceduralist/surgeon and patient, weighing the risks and benefits of continuing versus withholding therapy, while also ensuring careful assessment of aspiration risk. Ultimately, continued research will be crucial to strengthen the evidence base and provide clearer guidance for perioperative management of patients on GLP-1RA.

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BALANCING JUSTICE AND MEDICAL REALITIES

Medicolegal Task Force of the Malaysian Society of Anaesthesiologists & College of Anaesthesiologists, AMM

Introduction

In 2024, landmark judicial decisions regarding the roles of anaesthesiology and intensive care professionals during resuscitation in medical emergencies shook the fraternity, exposing critical gaps in the country's approach to conflict resolution within the healthcare sector.

In response, the Malaysian Society of Anaesthesiologists; the College of Anaesthesiologists; Academy of Medicine of Malaysia; and the Malaysian Society of Intensive Care welcome the establishment of the MADANI Mediation Centre, as proposed by the Prime Minister's Office on 6th February 2025.¹

This joint article, issued by the three professional bodies, highlights the urgent need for reforms to Malaysia's medicolegal framework to foster a safer and more supportive environment for healthcare providers and patients while safeguarding the highest standards of medical care.

Case 1

Dr A, an anaesthesiologist, responded to an urgent resuscitation for a young mother experiencing massive bleeding during childbirth. Through life-saving interventions - including intubation, right-sided central venous line (CVL) placement, and overnight ICU care - he successfully stabilised her. The patient initially recovered well, regained mobility the next day, and was able to care for her child.

However, that night, she unexpectedly collapsed, suffered hypoxic brain damage, and was declared brain-dead six days later.

In court, the expert witness alleged that Dr A had attempted a left-sided central venous line (CVL) placement, which subsequently fractured and caused an air embolism triggered by the patient's coughing - ultimately leading to the patient's death. Despite Dr A's denial of attempting a left-sided CVL insertion, he was held solely responsible for the death of the patient he had initially resuscitated.²

Case 2

Dr B was called to the hospital in the early hours of a Monday morning to resuscitate a patient experiencing severe airway bleeding following an upper airway surgery 12 days earlier. As the patient choked on his own blood, Dr B administered anaesthesia and performed an emergency intubation under extremely challenging conditions, including blood obstructing the airway and ongoing CPR. Despite these difficulties, Dr B successfully stabilised the patient for surgery.

Although the patient was revived and the bleeding controlled, the patient ultimately suffered brain damage due to inadequate oxygenation during the crisis.

In court, the expert witness argued that Dr B had administered anaesthesia without sufficient preparation, despite Dr B's explanation of the urgency and life-threatening nature of the situation. As a result, Dr B was held responsible for the patient's vegetative state.³

The Role of Anaesthesiology and Intensive Care Professionals in Medical Emergencies

Anaesthesiology and intensive care professionals play a crucial role as resuscitators in medical emergencies,

applying their specialised skills and extensive training to manage life-threatening situations. Their expertise extends far beyond the operating theatre, encompassing a broad range of critical care interventions necessary for resuscitating and stabilising patients. This multifaceted role demands not only technical proficiency but also the ability to make rapid, high-stake decisions under immense pressure.

In emergency situations, anaesthesiology and intensive care professionals are called upon to perform complex procedures such as airway management, resuscitation, central venous access, and hemodynamic stabilisation. These life-saving interventions often provide patients with a fighting chance when none might otherwise exist.

Liability in Resuscitation

The probability of a favourable outcome in medical emergencies is often low. Only 15% of patients survive to hospital discharge after in-hospital cardiac arrest, with 30% experiencing severe neurological deficits. One year later, only about 13.4% remain alive.^{4,5} Survivors and their caretakers are often left to cope with the long-term consequences of what may otherwise be seen as a successful resuscitation.

This raises the question - If a doctor helps resuscitate a patient and the patient develops complications, is the doctor liable? If so, can a doctor refuse to participate in the resuscitation?

In medical emergencies requiring resuscitation, doctors have a duty to provide care, and refusal to intervene may be considered an act of omission. However, in today's climate, complications are sometimes viewed as

a failure on the part of the resuscitator. In fact, the primary cause of complications is often the initial medical emergency itself, not the resuscitative efforts. A poor outcome does not always equate to medical negligence on the part of the resuscitator.

The Societies empathise with patients and the families of individuals who have suffered severe complications, such as hypoxic-ischemic encephalopathy, or who have tragically passed away despite maximal resuscitation efforts. We fully understand the devastation such events cause, especially when they occur unexpectedly, and we recognise the immense challenges they bring.

Burden of Proof in Medicolegal Cases

If a doctor is found negligent in a court of law, the repercussions extend far beyond financial loss. Such a ruling can severely damage their reputation, erode patient trust, and impact their livelihood, professional standing, and emotional well-being.

The term 'second victim' refers to doctors and other healthcare providers who are affected by unanticipated adverse events, medical errors, or patient-related injuries. Surveys have shown that over 70% of anaesthesiologists experience guilt, anxiety, and the reliving of the events.⁶ These emotional impacts are further exacerbated by medicolegal litigations.

Given the serious consequences of a negligence finding, medicolegal cases should be held to a higher burden of proof, relying on solid and convincing evidence. Differences of opinion in clinical management should not be cited as negligence.⁷ Therefore, when a doctor assumes greater risk in an effort to save a patient in a medical emergency, an undesired outcome alone should not amount to negligence.

Impact of Expert Witness Opinion

In medical negligence suits, the actions of healthcare providers providing resuscitation undergo scrutiny by expert witnesses. However, there are concerns

that expert reports may transform real-life medical emergencies into theoretical narratives.

As seen in the cases above, expert opinions rely on assumptions and extrapolated scenarios. While such insights can highlight unusual possibilities, their likelihood must be evaluated based on concrete evidence. Additionally, the inherent uncertainties of resuscitation outcomes require careful consideration.

Expert witnesses must present medical facts with scientific accuracy, logical reasoning, and impartiality. Their testimony should reflect the complexities of medical practice without bias or misrepresentation. Ultimately, fairness and integrity must guide expert testimony in court.

Adversarial Litigation vs No-Fault Compensation

Surviving a medical emergency can be costly, particularly if the patient is left with severe dysfunction. In such cases, patients and their families often seek the court's assistance to alleviate the financial burden of long-term care. When determining the amount of compensation, a balanced approach that combines empathy, professionalism, and a clear understanding of medical facts is essential.

Many jurisdictions worldwide have implemented legal reforms to limit the liability of healthcare providers or cap damages in malpractice cases. For example, New Zealand operates a no-fault compensation system for medical malpractice claims, allowing injured individuals to receive compensation without enduring lengthy legal proceedings.

Mediation: A Way Forward?

The proposed MADANI Mediation Centre initiative comes at a crucial time for healthcare professionals and the patients they serve. In recent years, several highly publicised and costly medico-legal court cases have underscored significant challenges faced by healthcare professionals in the country.

We strongly believe that mediation would facilitate more effective conflict resolution, allowing all parties to communicate openly and explore solutions. By opting for mediation instead of litigation, disputes can be resolved fairly and effectively, alleviating the emotional and financial burdens faced by healthcare providers and the aggrieved parties alike.

Conclusion

In conclusion, anaesthesiology and intensive care professionals play crucial and challenging roles in resuscitating patients during medical emergencies.

Recognising the inherent uncertainty of outcomes in medical emergencies and providing these professionals with fair legal frameworks and robust professional protection is vital.

This approach will enable anaesthesiologists and intensivists to continue their life-saving work without the fear of undue blame or litigation.

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CITATION FOR DR MARY SUMA CARDOSA

On the conferment of Honorary Membership by the Malaysian Society of Anaesthesiologists



Professor Dr Marzida Mansor

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Dr Mary Suma Cardoso is a distinguished and internationally recognised Malaysian consultant anaesthesiologist and pain management specialist.

She served in the Malaysian Ministry of Health (MoH) for over 30 years and is currently a visiting Consultant Pain Specialist at Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia (UKM) and Park City Medical Centre.

Dr Cardoso obtained her MBBS and Master in Anaesthesiology degree from Universiti Malaya, and went on to complete the FANZCA examination soon after. Following that, she also obtained the Fellowship of the Faculty of Pain Medicine, Australia and New Zealand College of Anaesthetists.

Beyond her clinical commitments, she previously held many pivotal leadership roles as President of the Malaysian Association for the Study of Pain (MASP), a Council Member of the International Association for the Study of Pain (IASP), President of MSA and CoA and notably, as President of the Malaysian Medical Association (MMA), where she made history by being the first female President of MMA. These are testaments to her remarkable leadership capabilities.

During her tenure as President of the MSA & CoA, Dr Cardoso was instrumental in organising the unforgettable ASEAN Congress of Anaesthesiologists in Sabah in 2009 which was hailed as a tremendous success and brought great prestige to Malaysia.

A visionary pioneer in pain medicine in Malaysia, Dr Cardoso established the nation's first acute pain service, multidisciplinary pain clinic, cognitive-behavioral therapy (CBT) pain management programme and helped in setting up the first inpatient palliative care unit in Selayang Hospital. Her scholarly work encompasses pain epidemiology, the cultural dimensions of pain, and the adaptation of CBT interventions in Asian populations.

Dr Cardoso has been instrumental in championing improved pain management across Malaysia. Her tireless advocacy was central to the implementation of the 'Pain as the 5th Vital Sign' and 'Pain-Free Hospital' initiatives under the Ministry of Health Malaysia (MoH), significantly

enhancing patient care and institutional standards nationwide.

In ensuring that Malaysia continue to produce high quality pain specialists, she established the pain fellowship programme and the Pain-Exit examination in the MoH.

In addition, Dr Cardoso is actively involved in teaching pain management in Malaysia and in the ASEAN region through regularly organising the biennial pain camps since 2011 until today for the younger generation.

As her contributions extend well beyond Malaysia. Dr Cardoso actively participates in global efforts to address pain under-treatment in low- and middle-income countries, sharing her expertise to develop sustainable pain services in resource-constrained settings. She continues to enrich international dialogues on pain through her presentations, including her recent plenary address at the World Congress on Pain in 2024.

It is a small wonder that Dr Cardoso is now the President-Elect of IASP. She is once again entrusted at the international level and at the same time is positioning Malaysia on the world map as a player in advancing pain management.

In recognition of her outstanding contributions to anaesthesia and pain medicine, her unwavering dedication to patient care, education, and advocacy, and her exemplary role in elevating the standards of practice both locally and internationally, the Malaysian Society of Anaesthesiologists is proud to confer upon Dr Mary Suma Cardoso its Honorary Membership.





Associate Professor Dr Azarinah Izaham

Honorary Secretary (2024-2025)
Malaysian Society of Anaesthesiologists



MYANAESTHESIA 2025: *Advancing Perioperative Safety: Everyone, Every Time, Everywhere*



The Malaysian Society of Anaesthesiologists (MSA) and the College of Anaesthesiologists (CoA), Academy of Medicine of Malaysia, successfully hosted the Annual Scientific Congress - MyAnaesthesia 2025: 'Advancing Perioperative Safety: Everyone, Every Time, Everywhere' on 1st to 3rd August 2025 at the Shangri-La Kuala Lumpur. The congress exemplified excellence in medical education and professional development in anaesthesiology, setting new standards for medical conferences in the region through the great leadership of Dato' Dr Yong Chow Yen (MSA President), Professor Dr Ina Ismiarti Shariffuddin (CoA President), and Associate Professor Samuel Tsan Ern Hung (Scientific Chair). The event demonstrated exceptional coordination between both parties and showcased the adaptability and collaborative spirit of Malaysia's anaesthesiology community.

There was a total of 987 participants who benefited from the comprehensive three-day programme featured an impressive array of educational opportunities designed to cater to diverse interests and specialisations in the field. The congress presented 18 symposium tracks organised across four parallel sessions, seven plenary sessions delivered by distinguished global experts, and five in-congress workshops for hands-on learning as well as five pre-congress workshops for specialised training, two lunch symposia and three biomedical lectures held in partnership with the industry sponsors, one debate session, one meet-the-expert and one trainee and trainer meeting. This extensive structure provided numerous avenues for professional development, knowledge exchange, and networking, allowing for both in-depth exploration of specific topics and broader discussions of emerging trends in anaesthesiology.



The scientific highlights encompassed cutting-edge developments across multiple subspecialties, reflecting on the evolving landscape of perioperative medicine. The airway management track focused on high-risk airway clinics and HFNC preoxygenation applications, while neuroanaesthesia sessions provided updates in care for brain-injured patients and pharmacologic decision-making using frontal EEG. Cardiac anaesthesia discussions centred on oxygen reserve index applications and strategies for reducing inflammation in cardiac surgery. Patient safety and outcomes were enhanced through sessions on leadership, human factors, personal well being, and novel safety strategies. The

programme also featured neuromodulation techniques for acute and chronic pain management, paediatric best practices in regional anaesthesia for neonates and neonatal emergency handling, AI applications in perioperative safety and personalised pain management, obstetric care optimisation for caesarean recovery and major obstetric haemorrhage management, and medicolegal debates on the role of apologies after medical errors alongside key updates from recent legal judgments.

The Opening Ceremony on 2nd August 2025, was officiated by the Honourable Minister of Health, YB Datuk Seri Dr Dzulkefly Ahmad. The ceremony



commenced with the singing of *Negaraku*, followed by a recital of prayer by Dr Haji Mohd Azizan Ghazali. A solemn minute of silence was observed in honour of the late Professor Dr Karis Misiran and Dr Jamsari Sukro, paying tribute to these respected members of the anaesthesiology community. Following welcome speeches by both organising chairpersons, several significant initiatives were launched that promise to transform clinical practice. These included the MSA-CoA Statement on Implementation of Quantitative Neuromuscular Monitoring in Clinical Practice, the MSA-CoA Recommendation for Perioperative Temperature Management, and the MSA-CoA Consensus Statement on Green Anaesthesia: A Starter Toolkit, all representing evidence-based approaches to enhance patient safety and environmental sustainability in anaesthetic practice.

A particularly meaningful moment during the opening ceremony was the conferment of MSA Honorary Membership upon Dr Mary Suma Cardosa, recognising her outstanding contributions to the field of anaesthesiology. The citation was read by Professor Dr Marzida Mansor.



Strategic partnerships were formalised at the Opening Ceremony through the signing of multiple Memoranda of Understanding that significantly enhanced the scope and impact of Malaysian anaesthesiology. The first MOU was signed between MSA and Perhimpunan Dokter Spesialis Anestesiologi dan Terapi Intensif Indonesia (PERDATIN), with Dato' Dr Yong Chow Yen representing MSA and Dr Dedi Atila representing PERDATIN, witnessed by Dr Hasmizy Mohammad, Associate Professor Dr Azarinah Izaham, Dr Anas Al Attas, and Dr Aino Auerkari. Additionally, MSA signed MOUs with various Malaysian Anaesthesia Specialty Societies thus



strengthening collaboration within the anaesthesia specialty communities. These included partnerships with the Malaysian Cardiothoracic Anaesthesiology and Perfusion Society represented by Dato Dr Jahizah Hassan; Persatuan Obstetrik Anestesia Malaysia represented by Dr Azarina Zakaria; Malaysian Society of Paediatric Anaesthesiologists represented by Dr Intan Zarina Fakir Mohamed; Malaysian Perioperative Medicine Society represented by Dr Fadzwan Basri; and Malaysian Society of Regional Anaesthesia represented by Dr Azrin Mohd Azidin.

The Presidents' Dinner on 2nd August 2025 was graced by Dato' Indera Dr Nor Azimi binti Yunus, Deputy Director General of Health (Medical). It was the social highlight of the congress, commencing with the introduction of MOU partner societies by Dr Hasmizy Muhammad and speeches delivered by country representatives including Professor Dr Jeon Young-Tae of Korean Society of Anaesthesiologists; Associate Professor Dr Varinee Lekprasert of Royal College of Anaesthesiologists of Thailand; Dr Dedi Atila of PERDATIN; and Dr Azrin Mohd Azidin representing Malaysian Anaesthesia Specialty Societies.



Professional recognition formed a significant component of the Presidents' Dinner, celebrating excellence in clinical practice, research, and education. The award presentation was announced by Associate Professor Dato' Dr Wan Rahiza Wan Mat as the chief judge. The evening recognised outstanding research through various categories of presentations.

The prestigious MSA-CoA Young Investigator Award was presented to Dr Muhammad Hafidz Hassan for his innovative work 'Bridging the Gap in Paediatric Anaesthesia Tools: Usability Assessment of the MyPaedsAnaesth App in a Tertiary Teaching Hospital', recognising his contribution to advancing paediatric anaesthesia practice through technology. The highly competitive MSA-CoA Award saw Dr Kasturi Krishnan taking first prize for her important research on 'Mental Health and Quality of Life among Postgraduate Trainees of Anaesthesia & Intensive Care In Malaysia', highlighting the critical issue of trainee wellbeing. Dr Elia Mazni Mazlan secured second prize with her retrospective study on 'Delayed Graft Function and Perioperative Fluid Practices in Kidney Transplantation', while Dr Noor Diyana Binti Abd Rahman earned third place for her research on 'The Association between Muscle Loss and Hand Grip Strength in Critically Ill Patients in SASMEC @IIUM'. Additionally, the Dato' Dr Radha Krishna Sabapathy Masters in Anaesthesiology Best Student Awards were presented to Dr Ng Haw Shyan from Universiti Malaya for the November 2024 exam and Dr Ruhana Abdul Rahman from International Islamic University Malaysia for the May 2025, celebrating academic excellence in anaesthesiology training.

In the Best e-Poster Presentation, Dr Vanessa Premnitha Francis won the first prize with her work on 'The Loop-4

Framework: Bridging Critical Incidents and Clinical Education', while Dr Ng Ka Ting secured second place for her systematic review and meta-analysis on 'The role of preoperative oral carbohydrate loading on postoperative nausea and vomiting', and Dr Ng Phei Woon earned third place for her study 'Comparing the Effectiveness of Pre-Emptive Analgesia with Different Loading Dose of Celecoxib with Paracetamol in Patients Undergoing Laparoscopic Abdominal Surgery'. The Best e-Poster Case Report/Series award was won by Dr Iyngaran Ravindran for his presentation 'Cutting The Thyroid & The Risk - The Use Of Superficial Cervical Plexus Block For Isthmectomy Of The Thyroid Gland'.

International collaboration was prominently featured throughout the congress, with representatives from overseas countries contributing to the scientific programme and partnership agreements. The presence of distinguished international speakers from the Korean Society of Anesthesiologists, Royal College of Anesthesiologists of Thailand, and PERDATIN Indonesia highlighted the congress' regional significance and commitment to knowledge sharing across Southeast Asia and beyond. These international partnerships promise to facilitate future exchange programmes, collaborative research initiatives, and the sharing of best practices across different healthcare systems, ultimately benefiting patient care throughout the region.

The Annual General Meetings of both MSA and CoA were conducted at the congress with physical member participation, reflecting the active engagement of the anaesthesiology community in organisational governance. The MSA AGM addressed key strategic initiatives, comprehensive annual report, detailed financial reports, membership matters, and the election of Executive Committee for the coming year. Important policy decisions regarding continuing professional development requirements, subspecialty recognition, and advocacy efforts for the profession were thoroughly discussed and approved by the membership. Similarly, the CoA AGM focused on academic and training matters, ensuring the continuous advancement of anaesthesiology education standards. Both AGMs demonstrated the robust democratic governance structures within the organisations and the unwavering commitment of members to advancing the profession through active participation in decision-making processes. Elections conducted during these meetings ensured continuity of leadership while bringing fresh perspectives to guide both organisations in addressing the evolving challenges and opportunities in anaesthesiology practice and education.

The Asian-Australasian Regional Section of WFSA also held a hybrid Council meeting, with members participating both physically at the venue and through online platforms, demonstrating





the organisation's adaptability to modern communication methods. The meeting featured comprehensive discussions regarding activities and strategic planning for the next several years, ensuring sustained regional collaboration and development within the anaesthesiology community. The members were informed that the next meeting is scheduled for February 2026 in Bangkok, Thailand, providing continuity for ongoing regional initiatives and fostering anticipation for future collaborative endeavours across the Asian-Australasian region.

The congress showcased a vibrant trade exhibition participated by many pharmaceutical and biomedical industry partners. The exhibition proved to be particularly popular among delegates who eagerly embraced the opportunity for face-to-face interactions with industry representatives, exploring the latest innovations in anaesthesiology equipment, through hands-on demonstrations, and learning the latest pharmaceutical advances. This direct engagement facilitated valuable knowledge exchange and fostered networking opportunities between healthcare professionals and industry leaders, contributing significantly to the overall success and dynamism of the congress. The collaborative atmosphere

between academia and industry demonstrated the importance of partnerships in advancing medical technology and improving patient care outcomes.

The closing ceremony on 3rd August 2025, commenced with closing remarks delivered by organising chairperson, Dato' Dr Yong Chow Yen, who reflected on the congress's achievements and expressed gratitude to all participants, organising committee members and the industry partners. The organising committee members were invited to the stage for recognition of their exceptional efforts in making the congress a remarkable success. A significant announcement was made regarding the venue for MyAnaesthesia 2026, with Dr Hasmizy Muhammad revealing that the next congress would be held at the Penang Waterfront Convention Centre, generating considerable excitement and anticipation among the attendees. The ceremony concluded with an engaging lucky draw announcement, followed by lunch, creating a memorable ending to this significant medical gathering.

MyAnaesthesia 2025 successfully achieved its ambitious objectives of advancing perioperative safety and fostering professional excellence in anaesthesiology throughout the region. The congress demonstrated the remarkable strength and unity of the Malaysian anaesthesiology community

through exceptional scientific content, meaningful international collaborations, and an unwavering commitment to patient safety. The comprehensive programme, featuring distinguished local and international faculty, strategic partnerships with professional organisations across multiple countries and specialty societies, and consistently strong attendance throughout the three-day event, underscored the congress' significance in advancing anaesthesiology practice not only in Malaysia but throughout Southeast Asia and beyond. The clinical practice guidelines launched during the congress, particularly those addressing neuromuscular monitoring, perioperative temperature management, and green anaesthesia practices, are expected to have lasting positive impacts on clinical standards and environmental sustainability in anaesthetic care. The success of this congress powerfully reinforced the universal importance of safe anaesthetic practice and established a new benchmark for medical conferences in the region, setting high expectations for the upcoming 2026 congress in Penang and future gatherings of the global anaesthesiology community.



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EMERGING LEADERS MEETING

MyELM2025



Dr Muhammad Amir Ayub
Hospital Melaka
Melaka, Malaysia



MyELM2025: Forging Malaysia's Anaesthesia Leadership Future

Organised by the College of Anaesthesiologists (CoA), in collaboration with the Ministry of Health (MOH), and the Malaysian Society of Anaesthesiologists (MSA), the Emerging Leaders Meeting was held at the Medical Academies Building, Putrajaya, on 21st & 22nd June 2025. The event, Malaysia's first dedicated leadership programme for junior anaesthesiologists, with 57 participants from throughout

Malaysia, including young MOH anaesthesiologists, candidates in Masters' training, Parallel Pathway trainees, and a private practitioner. The local faculty included retired and active anaesthesiologists from MOH, universities, and private practice. The programme was led by the CoA's then President, Professor Dr Ina Ismiarti Shariffuddin, alongside the then Honorary Secretary Dr Hasmizi Muhammad, then Honorary Treasurer Associate Professor Dato' Dr Wan Rahiza Wan Mat, and Council Members Dato

Dr Jahizah Hassan, Dr Huwaida Abdul Halim, Dr Ahmad Afifi Mohd Arshad, and Dr Muhammad Amir Ayub, Mr Mohd Hasrul and Ms Nur Najihah from the CoA Secretariat.

Dr Chris Bowden (ANZCA/WFSA) served as the marquee speaker, delivering keynotes on both days: Day 1 on leadership fundamentals and Day 2 on crisis management. Dr Hirman Ismail (Deputy Director, Medical Development Division, MOH) presented on strategic thinking, using the 2024 Medical Act 1971 amendments as a case study. Dr Gunalan Palari Arumugam (MSA Director of Medicolegal Affairs) presented on "Medico-Legal Essentials for Healthcare Leaders." Commander (H) Professor Datuk Razali Mahfar (UM Subject Matter Expert in Strategic Leadership and Performance) presented on 'Building High Performance Teams', discussing leadership capacity across five dimensions.



The programme featured two distinct leadership forums. The young leaders' forum was moderated by Associate Professor Dato' Dr Wan Rahiza, with panelists Dr Afifi, Dr Huwaida, Dr Anand Kamalanathan, Dr Mohd Fitry Zainal, and Dr Amir, addressing challenges in diversity management, hierarchical systems, and access disparities. The senior leaders' forum was moderated by Professor Dr Ina Ismiarti Shariffuddin, featuring Dato Dr Jahizah, Dr Mohd Rohisham Zainal Abidin (Head of Anaesthesiology and Critical Care Services, MOH), and Dato' Dr Yong Chow Yen (current CoA President).

Facilitators for group activities included the CoA's Associate Professor Dr Noorjahan Haneem Md Hashim (Council Member), Associate Professor Dr Muhammad Maaya (Vice President), and Dr Azrin Mohd Azidin (current Honorary Treasurer), guiding 6 groups during their group activities. The marshmallow challenge reinforced collaborative problem-solving; even the facilitators participated and built the third tallest tower. This activity complemented the leadership styles workshop, introducing multiple leadership models applicable to anaesthesia practice as a part of Anaesthetists' Non-Technical Skills (ANTS). The dinner at Rebung Chef Ismail facilitated informal networking.

The concluding 'Advocating for Change' workshop enabled participants to develop actionable initiatives, such as rural anaesthesia access improvements and digital training integration, using frameworks introduced during the conference.



These projects were guided by the committee and supported by the mentorship component.

It is hoped that MyELM2025 can be a template for leadership training for other young anaesthesiologists in the future, by providing input from a wide variety of leaders from both anaesthesiologists and non-anaesthesiologists, thus widening the participants' horizon. Such a programme hopefully will benefit the whole fraternity in the future by creating future leaders that are both creative and resilient to face certain future challenges.



ASCA BALI 2025



Dr Ng Jia Hui

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia



Dr Ng Huey Nee

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia



The 3rd and 4th July 2025 marked important dates for the Asian Society of Cardiothoracic Anaesthesiologists (ASCA) as it hosted the 15th ASCA Congress 2025 in conjunction with the 9th Annual Scientific Meeting of the Indonesian Association of Cardiovascular Anaesthesiologist (IACA). The event was set in Jimbaran, Bali, aimed to bring together experts and delegates from Asia and beyond for an inspiring exchange of knowledge.

Pre-Congress Workshop

Preceding the main congress was a two-day pre-congress workshop (1st and 2nd July 2025) that focused on

interesting topics regarding cardiothoracic anaesthesiology and post-operative intensive care management. In addition to typical lectures, the workshop also comprised hands-on and real-life simulation sessions, creating a highly valuable experience for everyone.

A key highlight that distinguished this year's event from the previous ones was the case competition held during the pre-congress workshop 'Innovators in Bleeding Management'. The participants were encouraged to share their experiences on the use of point-of-care coagulation testing and factor concentrates in managing





life-threatening bleeding scenarios. This competition had attracted 21 high quality original case submissions from across the region, including China, Indonesia, Nepal, Malaysia, Singapore and Thailand.

It was an absolute proud moment when one of our own, Dr Ng Huey Nee from the Department of Anaesthesiology, Universiti Malaya Medical Centre (UMMC), emerged as the winner of the competition. Her presentation entitled "The Torrent Within: Navigating Massive Haemorrhage During Right Hepatectomy", earned her an opportunity to attend a bleeding management masterclass in Innsbruck, Austria, in November 2025.



Nevertheless, not to forget three other Malaysian finalists, namely:

1. Low Song Lin, from Institut Jantung Negara (IJN) - "Patient Blood Management in Complex Adult Cardiac Surgery",
2. Zulhilmi Sharizal, from Hospital Serdang - "ROTEM-guided Bleeding Management for Stanford A Aortic Dissection Repair Surgery: A case report",
3. Nuraeiniza Ismail, from Hospital Serdang - "ROTEM-guided haemostatic Management in a High-Risk Dual Valve Replacement Complicated by Biventricular Failure and ECMO Initiation".

Insightful Sessions at the Main Congress

The two-day main congress mainly covered current updates on perioperative medicine, multimodal pain management, post-operative critical care, and non-cardiac surgeries in patients with cardiovascular problems. The programme was designed to benefit both early-career professionals and seasoned experts.

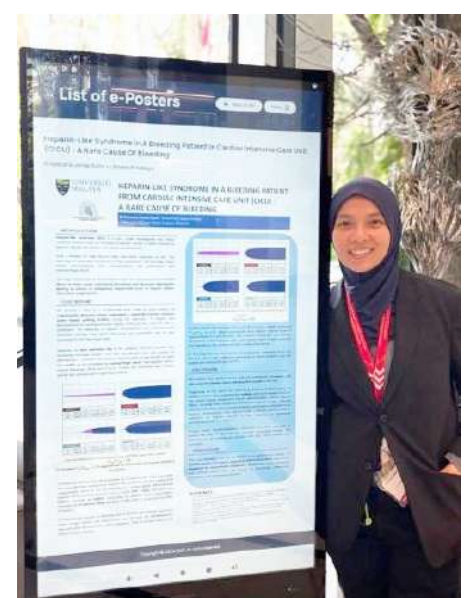
The invited speakers were all renowned international cardiothoracic

anaesthesiologists and intensivists. Malaysia was well-presented with seven distinguished speakers, including Dato' Dr Suhaini Kadiman, Dato' Dr Yong Chow Yen, Dr Hazmizy Muhammad, Dato' Dr Suneta Sulaiman, Dr Mohd Fitry Zainal Abidin, Dr Kamilah Hafidz, and Dr Mohamad Hasyizan Hassan.

Complementing the lecture sessions was the congress's scientific paper and case report ePoster and oral presentation competition. A total of 12 scientific papers and 22 case reports from the ePoster category were selected by the expert panel and shortlisted to advance for the oral presentation. It was an eye-opening session, providing an opportunity for all to be exposed to research and development of cardiothoracic anaesthesia in different countries.

Four winners were selected from each of the two categories, and Malaysian representatives won three out of the eight prizes, a testament to the country's growing contribution to cardiothoracic anaesthesia research. The Malaysian winners were:

1. Dr Ng Jia Hui from UMMC, who presented a striking case report on

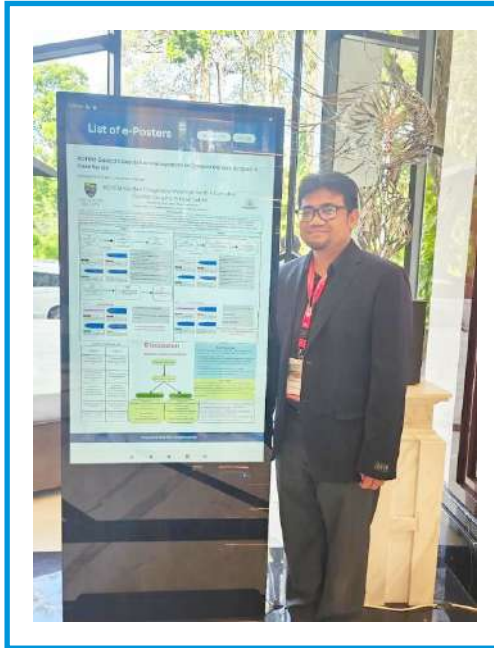


"From Portal Decompression to Vascular Disaster: Hepatic Artery Injury and Coagulopathy after Transjugular Intrahepatic Portosystemic Shunt".

2. Dr Tan Shih Peng from UMMC and his original study "Predictive Value of Preoperative Haemoglobin Level for Packed Red Blood Cell Transfusion in Cardiac Surgery Patients Undergoing Intraoperative Cell Salvage".
3. Dr Kogilavaani Sathiam from IJN and her insightful research on "Evaluating the Efficacy and Safety of Retrograde Autologous Priming in Patients Undergoing Congenital Heart Surgery".

Nonetheless, there were two other participants from UMMC who presented oral presentation:

1. Dr Ahmad Fariz Elias - ROTEM-guided Coagulation Management in



Complex Cardiac Surgery: A Case Series.

2. Dr Ili Syazana Jamal Azmi - Heparin-like Syndrome in a Bleeding patient in Cardiac Intensive Care Unit (CICU): A rare cause of bleeding.

Their contributions demonstrated our centre's ongoing commitment to academic development and clinical excellence.

Unforgettable Cultural Experience

While the academic sessions form the core of the congress, Bali's hospitality left a lasting impression on the delegates. The traditional Balinese Kecak dance performance during the closing ceremony had mesmerised us all. Many attendees extended their stay to explore Bali's offerings - beaches, food, and landscapes.

The 15th ASCA Congress 2025 in Bali was more than a scientific meeting - it combined world-class education, groundbreaking research, and unforgettable cultural experiences. Delegates returned home with not only new knowledge and clinical insights but also renewed inspiration and international friendship. We are all looking forward to the next ASCA Congress.



NEUROANAESTHESIA SYMPOSIUM 2025 (NAS 2025)

The Malaysian Society of Neuroanaesthesiology and Neurocritical Care (MSNACC) successfully organised the prestigious biennial 7th NeuroAnaesthesia Symposium 2025 (NAS 2025) at the Sabah International Convention Centre (SICC), Kota Kinabalu, Sabah, Malaysia, on 16th - 18th May 2025 (Friday to Sunday). The two and a half days' event was attended by 265 participants, comprising 218 Malaysians and 47

foreign delegates. We warmly welcomed delegates from the United Kingdom, USA, Australia, UAE, Hong Kong, China, Philippines, Canada, Indonesia, Singapore, Brunei, Thailand, Egypt and India. This was our first time organising NAS in Kota Kinabalu, Sabah, which was led by the state's sole consultant neuroanesthesiologist and senior lecturer from Universiti Malaysia Sabah, Yours truly.

Cultural performance during the officiating ceremony



Dr Yeap Boon Tat
Universiti Malaysia Sabah
Sabah, Malaysia



Officiation of NAS 2025 by Associate Professor Dr Geraldine Jose

On 16th May 2025, NAS commenced at 8:15 am at the Sipadan 2 Hall of SICC with the first Plenary Session, entitled "Intraoperative EEG: The Basics, the Problems and the Future" delivered by Associate Professor Dr Paul Garcia from the USA. It was moderated by Dr Zarina Abu Kasim from Hospital Kuala Lumpur. The 30-minute plenary session was then followed by the opening ceremony, which began with an Islamic recitation by Dr Mohd Faizal bin Mohd Hashim from Hospital Queen Elizabeth 1, to bless the event. After that, it was followed by a welcoming speech from me. In my speech, I expressed my delight that this event was a smooth success, coupled with tremendous support from various important global neuroanaesthetic fraternities such as the Society for Neuroscience in Anesthesiology and Critical Care (SNACC), Neuro Anaesthesia & Critical Care Society (NACCS) UK and Asian Society for Neuroanesthesia & Critical Care (ASNACC). I thanked the President of MSNACC, Dr Peter Tan, for his outstanding effort in roping in experienced and renowned speakers for NAS 2025.

After my speech, Professor Dr Ines Koerner, the President of SNACC, gave her welcoming speech. This was the first time SNACC had joined NAS, which MSNACC conceptualised in May 2021. She touched on the importance of

international collaboration and cooperation in the field of neuroanesthesiology and welcomed the participants to her base in Portland, USA.

Dr Gemma Nickols, the Honorary Secretary of NACCS UK, gave her welcoming speech on behalf of her president. She congratulated MSNACC for the successful 7th NAS, which was held for the first time in Kota Kinabalu, Sabah. In her speech, she mentioned that she had arrived in Kota Kinabalu three days before the event and had successfully hiked and conquered Mount Kinabalu for the first time in her life on 14th May, 2025. She enjoyed the beauty of the blue skies above, and thankfully, her hike was safe.

At 9.30 am, NAS 2025 was successfully officiated by Associate Professor Dr Geraldine Jose, the President of ASNACC. In her speech, she thanked and congratulated the committees of NAS 2025 for this grand event, which covered interesting topics in neuroanesthesiology and critical care. She also reinforced the support given by ASNACC towards future collaborations and events organised by MSNACC, aimed at strengthening knowledge, fostering friendship, and enhancing research and innovation in the field of neuroanesthesiology and critical care. Her speech concluded when she struck the traditional gong, symbolising the official opening of the conference. This was soon followed by a traditional dance performance, which was generously sponsored by the Sabah Convention Bureau (SCB).

At 10:00 am, the symposium continued with the second plenary session, presented by Dr Gemma Nickols, which focused on NAP 7: Perioperative Cardiac Arrest and Its Implications for Neuroscience. This was followed by various symposia and lunch talks, concluding Day 1 at 5.00 pm.

In the afternoon session of Day 1, concurrent oral and poster presentations were held in the Kadamaian Room and Sipadan 1, respectively, from 3:30 pm to 4:30 pm. A total of seven oral presentations took place, with Dr Shilpi Awasthi from India securing the win. Additionally,



Group photo on Day 1 during the officiating ceremony

twenty-four posters were presented, and Dr Alwyn Lee Chee Yuan from the Hospital Universiti Sains Malaysia won in that category.

On Day 2 of the NAS, the event commenced at 8.00 am with Plenary Session 3, delivered by Associate Professor Dr Jeraldine Jose, titled "Functional Neurosurgery and Its Impacts on Anaesthesia Delivery". This was followed by Plenary Session 4, presented by Professor Dr Ines Koerner.

During the tea break at 9:10 am, a mega assembly and drone photo session took place on Level 3 of the SICC open space. This photo session was significant as it brought together speakers, delegates, and booth sponsors who participated in the 7th NAS 2025. After the break, attendees engaged in the symposia until 5.00 pm.

Later, at 7:30 pm, a faculty dinner was held at the Hyatt Centric Hotel, Kota Kinabalu. All 15 foreign speakers and local committee members attended the event. It began with a welcoming speech by Dr Yeap Boon Tat, the organiser of the 7th NAS, followed by the presentation of souvenirs to all attendees. Guests enjoyed a sumptuous ten-course Chinese meal during the evening. The event concluded at 9:30 pm.



On the final day, Day 3, 18th May 2025, the programme started at 8:30 am with a Plenary Session given by Dr Matthew Wiles from the UK. It was then followed by Plenary 6, which was delivered by Associate Professor Dr Alana Flexman, entitled "Value-Based Care in Neuroanesthesia Practice: The Time Has Come". The half-day event ended at about 2.00 pm with the closing speech given by Dr Cheah Siew Lean, co-chairperson of NAS 2025. In her speech, she thanked her committee members, delegates, sponsors, the Malaysian Convention & Exhibition Bureau, SCB, and SICC for the well-organised event. She expressed hope that the participants benefited from NAS 2025 and that they would continue to support the activities organised by MSNACC. NAS 2025 ended with goodies being handed out to 36 lucky draw winners, courtesy of various hotels in Kota Kinabalu and MSNACC.

During the two and a half days' event, the delegates visited booths hosted

by 21 multinational biomedical industry/companies in Malaysia. We were fortunate to have RHB Bank as one of the co-sponsors of NAS 2025. In addition, the delegates also had hands-on experience in handling new medical devices such as laryngoscopes, fibre-scopes and medications. They were also briefed on the importance of medico-legal aspects in the new era of medicine in Malaysia and their role in ensuring patients' privacy and confidentiality at all times.

All in all, NAS 2025 was a very successful event held in Kota Kinabalu, Sabah, Malaysia. It served as a new platform for 7th NAS, which was traditionally held in Peninsular Malaysia and Kuching, Sarawak. We would like to thank the active members of MSNACC, particularly our President, Dr Peter Tan, for his tireless efforts and vitality in ensuring NAS 2025 was a great success. The NAS 2025 recorded the highest number of delegates (337 people, including staff from various booth sponsors) who have ever attended the NAS series, and was supported by 30 local and international sponsors.

NAS 2025 also boasted the participation of 15 international faculty members from SNACC, NACCS, and ASNACC. They had contributed vastly to the six plenaries, 25 symposium lectures and two lunch talks. We were fortunate to have 40 international guests participate in the event. Many of them were first-time visitors to Kota Kinabalu, Sabah, and were attracted by the diversity and richness in the natural environment and culture. We are pleased to share that two of our international speakers successfully climbed Mount Kinabalu on 13th May 2025.

The MSNACC looks forward to welcoming more participants during the 8th NAS 2027, which will be combined with the 9th Congress of the Asian Society for Neuroanesthesia & Critical Care on 7th - 9th May 2027 in Kuching, Sarawak, Malaysia (<https://asnacc2027.org/>).



A wifie session after the Faculty Dinner at Hyatt Centric Hotel, Kota Kinabalu, Sabah



From left: Professor Dr Alwin Chuan, Dr Karishma Naidu from Fiji, Dr Jonatas from Papua, myself, Dr Katrina Webster, Ms Rhian Foster



Dr Angelina Chong

Hospital Kuala Lumpur
Kuala Lumpur, Malaysia

ASURA Hobart 2025

AN UNEXPECTED SURPRISE INTO AN UNFORGETTABLE EXPERIENCE

A usual working day, arriving at OT, a random chat with a colleague who told me about the 2025 ASA-ASURA Scholarship application, eventually led me to apply, albeit with little to no expectation, as I knew there would be many applicants from other countries to be chosen from.

But, lo and behold, with immense gratitude and excitement, I received an email in October 2024 informing me that I was selected as one of the inaugural recipients for the ASURA Scholarship 2025. The ASURA Scholarship was awarded by the Australia New Zealand Regional Anaesthesia Group (ANZ-RA) and the organising committee of the Australasian Symposium of Ultrasound-guided Regional Anaesthesia (ASURA). The scholarship offered the opportunity to attend ASURA Hobart

2025 - an event I had long admired to attend from afar.

This was the first time the ASURA committee, in partnership with ANZ-RA, had offered such a scholarship, and to be chosen among many highly competitive applicants from Southeast Asia and the Pacific Islands was both humbling, exciting and exhilarating. I was joined by two other outstanding awardees from Fiji and Papua, Indonesia, and together we proudly represented our regions at the Grand Chancellor Hotel in Hobart, Tasmania, from 13th to 15th March 2025.

ASURA is held once every two years and is widely regarded as the premier regional anaesthesia conference in Australasia. This year's edition was particularly special, as this was the

largest gathering in ASURA's history so far, with over 450 delegates from across Australia, New Zealand, and beyond. The sense of community and active participation was prominent from the very first day, with a shared passion for ultrasound-guided regional anaesthesia techniques and POCUS uniting participants from diverse backgrounds and clinical settings.

The three-day programme was nothing short of extraordinary. It offered a perfect balance of theoretical knowledge, engaging discussion, and practical application. Among other esteemed speakers, there were internationally respected experts in the field of regional anaesthesia and POCUS who are well known worldwide: Professor Dr Amit Pawa (Guy's and St Thomas' NHS Foundation Trust, Clinical

Professor at Cleveland Clinic, also known for his podcast "Block It Like It's Hot"), Dr Maggie Holtz (Medical Director of Regional Anaesthesia, WellStar Health System), and Associate Professor Dr Nadia Hernandez (UT Health-McGovern Medical School). Their presentations explored the latest information in regional anaesthesia, point-of-care ultrasound (POCUS), and the evolving role of education and research in our field. I found myself especially inspired by the way they communicated their personal techniques, ideas and knowledge on various research studies with clarity, humility, and a deep commitment to patient safety, added on with a touch of humour and wit.

Another standout feature of ASURA Hobart 2025 was the incredible breadth and quality of its workshops. A staggering 72 in-congress live scanning sessions were conducted across the symposium, covering upper and lower limb nerve blocks, truncal and abdominal wall blocks, breast surgery techniques, neuraxial scanning, 3D eye blocks and gastric ultrasound. Each session was expertly facilitated, and thanks to the incredible number of volunteer models, every participant had ample time and opportunity for hands-on practice. As someone who

learns best through doing, this was an unparalleled educational experience. I was particularly amazed by how smoothly these sessions ran - definitely a testament to the meticulous planning and dedication of the organising team.

What truly set this symposium apart, however, was its atmosphere - supportive, collegial, and energising. I had the pleasure of connecting with anaesthetists and trainees of various experiences from different regions, exchanging ideas and experiences. As each day passed, I felt inspired not only by the knowledge and teaching shared but also by the people around me, as the participants were very proactive and excited to engage with the speakers in each session.

I would like to express my deepest appreciation to the ASURA Committee, especially the Committee Convenor Dr Katrina Webster, and Professor Dr Alwin Chuan, for their vision and tireless efforts in bringing ASURA 2025 to life. I would

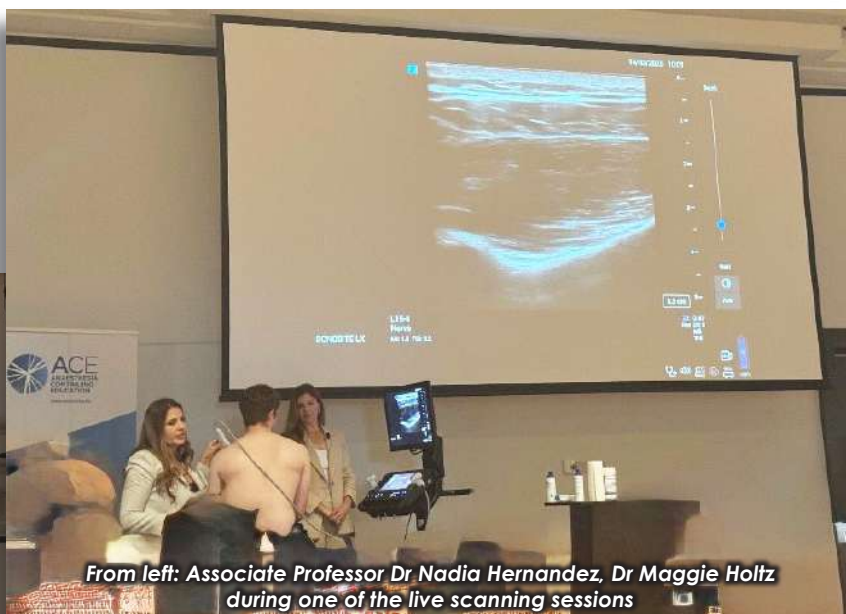
also like to extend my gratitude to all members of the organising committee, ANZ-RA, and Malaysian director of AOSRA-PM, Dr Iskandar bin Khalid, for their generous support and unwavering commitment to education.

Attending ASURA Hobart 2025 has been a pivotal moment in my journey as a regional anaesthesia fellow. It has reignited my passion for regional anaesthesia and POCUS, and reaffirmed the importance of ongoing learning and collaboration not only nationwide but also globally.

To fellow anaesthesiologists or anaesthesiology medical officers in Malaysia: I wholeheartedly encourage you to engage with the ASURA community and consider attending future conferences. Whether you are new to ultrasound-guided techniques or an experienced practitioner, ASURA offers something truly special - a chance to learn, grow, connect, and be inspired.



Dr Amit Pawa, one of the keynote speakers





Ultrasound wars in action: speed, precision, and plenty of laughter!



The practice of regional anaesthesia (RA) has come a long way. From its humble beginnings with the first spinal anaesthetic by August Bier in 1898, to the unprecedented precision offered by today's ultrasound-guided nerve and fascial plane blocks, RA has continually evolved in both safety and sophistication. What was once a novel alternative to general anaesthesia has now become an essential component of modern anaesthetic practice, offering patients enhanced perioperative outcomes, improved safety, and faster recovery. This growing role of RA is reflected in the theme for the third edition of the National Regional

National Regional Anaesthesia Symposium (NRAS) 3.0

CHANGING THE PARADIGM



Hands-on scanning with Professor Dr Macaire



Dr Iskandar Khalid

Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur, Malaysia

Anaesthesia Symposium (NRAS 3.0) which successfully took place on 28th to 29th June 2025 at the Seri Pacific Hotel, Kuala Lumpur. The event, organised by the Malaysian Society of Regional Anaesthesia (MySORA), and supported by a host of industry partners, including the main sponsors, Aspen Malaysia & Oralix Sdn Bhd, brought together a stellar faculty, headlined by world-renowned RA experts, Professor Dr Ki-Jinn Chin from the Toronto Western Hospital, and Professor Dr Philippe Macaire from Vinmec Healthcare, Vietnam, alongside more than 30 Malaysian and regional experts in the fields of RA and POCUS. The organising committee, led by Dr Khairul Idzam Muslim and Dr Wan Nabilah Nik Nabil, with Dr Iskandar Khalid as scientific chair, was supported by an amazing and dedicated team of consultants, specialists and medical officers. Together, they ensured a meticulously curated programme, as reflected in the seamless flow of academic sessions, hands-on workshops and networking opportunities. NRAS 3.0 drew more than 200 anaesthesiologists, trainees and RA enthusiasts from across Malaysia and the region, marking a pivotal step in advancing RA practice within the local context.

The symposium was preceded by two highly sought-after pre-congress workshops, held on 25th June at Hospital Canselor Tuanku Muhriz and 26th June

at Universiti Malaya Medical Centre, under the leadership of Dr Tan Kok Wang and Dr Lui Ken-Yi, respectively. Both workshops were sold out well in advance, reflecting the strong demand for hands-on training in RA. The highlight was undoubtedly the participation of Professor Dr Chin, who made the long journey from Canada to share his expertise. Each workshop combined teaching with live patients, simulated patients, and phantom models, ensuring a diverse practical experience and hands-on learning. In addition, stimulating case discussions and open Q&A sessions allowed participants to explore both common and complex clinical scenarios with direct guidance from the experienced facilitators. Feedback from delegates was overwhelmingly positive, with many praising the interactive teaching style and the invaluable practical pearls offered by the faculty to address real-world challenges in block performance.

Day 1 of the symposium opened with warm welcoming remarks from Dr Azrin Mohd Azidin, President of MySORA, setting the stage for a dynamic academic programme. The first plenary session, titled 'Changing Paradigms' was by Professor Dr Chin, who challenged delegates to rethink decision-making in RA by exploring mental models and learning strategies. Dr Surya Sabrina from IHH Malaysia shared the positive institutional outcomes from integrating RA into perioperative pathways, and Dr Iskandar provided an engaging talk which posed the provocative question 'A Block for Everyone?', calling for broader adoption of RA across surgical populations. The second plenary session, on 'Safety & Education' was led by Professor Dr Macaire who emphasised implementation of RA-related safety processes in departmental workflows, followed by Dr Ng Sze Teck who

presented strategies to avoid misadventures in RA, and Dr Muhammad Amir Ayub who explored innovative avenues for patient engagement through social media and public education campaigns under the hashtag #GetBlocked. The morning concluded with the highlight of the symposium for many, a lively and competitive 'Ultrasound Wars', moderated by Dr Vimal Varma. Two teams, captained by Dr Shahridan Mohd Fathil and Dr Amiruddin Nik Mohamed Kamil, demonstrated their scanning skills under pressure, creating a fun yet educational spectacle which drew cheers and raucous laughter from many in attendance. In addition to the academic programme, the symposium venue also hosted a range of industry booths, where delegates had the opportunity to explore the latest ultrasound machines, RA equipment, and perioperative technologies. These displays not only provided hands-on demonstrations of cutting-edge devices but also fostered meaningful interaction between clinicians and industry partners.



Welcoming address by MySORA president, Dr Azrin Mohd Azidin



Delegates captivated as Professor Dr Chin sets the tone with his opening plenary

Following a hearty buffet lunch, delegates were spoilt for choice as the proceedings were split into thematic streams focusing on various aspects of RA practice. Stream 1 titled 'Back to the Basics' was chaired by Dr Mohd Sany Shoib and showcased lectures by Dr Mohd Afiq Syahmi Ramli, Dr Angelina Chong, Dr Murni Mansor, and Dr Siew Gee Ho, focusing on top RA techniques

for novices to master. Stream 2 with the heading 'POCUS & Pain', helmed by Dr Mafeitzeral Mamat, highlighted compelling lectures by Dr Shahridan, Dr Lui, and Dr Ahmad Afifi Mohd Arshad who spoke on POCUS for the Regional Anaesthesiologist, Neuraxial LA Safety, and the Role of RA in Prevention of Post-surgical Pain respectively. Stream 3 featured 'Advances & Updates in RA' and was chaired by Dr Afifi, with cutting-edge updates from Professor Dr Chin on Spinal Anaesthesia Imaging Strategies, Assistant Professor Dr Muhammad Rasydan on ESP Catheters for Breast Surgery, and Rebound Pain after PNB by Dr Kartina Jaapar. The fourth stream, named 'RA in Special Populations', was moderated by Dr Amiruddin and covered Hip Fracture Analgesia by Dr Joanne Tan from Adelaide, RA in Obstetrics by Professor Dr Macaire, and Paediatric RA Outcomes by Dr Muhammad Ishaq. The first day of NRAS 3.0 concluded with the

MySORA Annual General Meeting, reinforcing the Society's commitment to advancing RA practice nationwide.

Day 2 offered a unique blend of wellness and practical training, setting a vibrant tone with the Zumba & Aerobic Morning Blast, which energised participants for the day ahead. The programme then shifted into intensive, hands-on scanning stations using simulated patients, where delegates rotated between RA-focused techniques and perioperative POCUS applications. The interactive format enabled participants to refine their scanning skills across a wide spectrum of clinical scenarios, from neuraxial and peripheral nerve blocks to echocardiography, lung, gastric and DVT assessments. The feedback was overwhelmingly positive, with delegates praising the opportunity for direct, skill-based learning in a structured and supportive environment. The symposium concluded on a high note with a

handover ceremony to the organisers of RA Asia 2026 due to take place in Kota Kinabalu, symbolising the continuity of RA education and Malaysia's growing role as a hub for RA excellence in the region.

NRAS 3.0 truly lived up to its theme of 'Changing the Paradigm'. By combining international expertise with local innovation, the symposium highlighted the critical role of RA in enhancing patient outcomes, safety, and satisfaction. As Malaysia moves towards wider integration of RA in daily anaesthetic practice, NRAS 3.0 served as both a milestone and a catalyst. The energy and engagement of participants demonstrated a collective commitment to elevating perioperative care. With continued collaboration between clinicians, educators, and industry partners, the paradigm shift envisioned at NRAS 3.0 is already well underway.



Celebrating the success of NRAS 3.0: Committed to changing the paradigm together



Dr Chan Weng Ken

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Kuala Lumpur, Malaysia

Dr Norhayati Anuar

Institut Jantung Negara
Kuala Lumpur, Malaysia



Live surgery and demonstration

May Pulses

A LOOK INSIDE MALAYSIA'S PREMIER HEART CENTRE

The month of May often brings a sense of renewal and vibrant activity, and nowhere was this more evident than within the busy walls of the Institut Jantung Negara (IJN). Located in the heart of Kuala Lumpur, IJN acts like a constant, vital pulse for the nation, ensuring the health and well being of countless Malaysian and international patients. It is also a key player in shaping the future of healthcare, offering training for doctors from both local and international backgrounds.

The busy month of May at IJN reveals the tireless efforts of its dedicated staff, whose commitment to their work is truly inspiring. A few events deserve commendation, namely the American Association for Thoracic Surgery (AATS) Foundation Cardiothoracic Workshop, the heart transplant, and the ASEAN Summit 2025, a significant platform where IJN's expertise and contributions were highlighted.

Knowledge Sharing & Regional Networking: The AATS Foundation Cardiothoracic Workshop

On 11th - 12th May 2025, IJN proudly hosted the American Association for Thoracic Surgery (AATS) Foundation Cardiothoracic Workshop, an exciting

opportunity for cross-border collaboration and knowledge sharing in cardiothoracic surgery. We welcomed 52 passionate participants from vibrant nations across Asia, including Malaysia, Indonesia, Vietnam, Philippines, Thailand, Myanmar, Brunei, and Bangladesh, who engaged in a deep dive into the intricacies of advanced cardiothoracic procedures.

This remarkable workshop featured live telecasts of complex surgeries, allowing attendees to gain real-time insights and partake in dynamic discussions with leading surgeons from around the globe. Our talented team from the Department of Anaesthesia and Intensive Care, led by the esteemed Professor Dato' Dr Suhaini Kadiman, worked closely with dedicated professionals like Dr Norhayati Anuar, Dr Kamilah Muhammad Hafidz, Dr Dinakren A/L Balashanmugam, Dr Chan Weng Ken, Dr Yusrina binti Zahari, and Dr Mohamed Zahir Anverdeen to ensure its success.

We showcased a diverse array of complex cases, reflecting the rich tapestry of surgical techniques employed across different cultures. This variety truly highlights the evolving

nature of cardiothoracic medicine, underscoring how adaptable anaesthesiologists must be in this fascinating field!

A Gift of Life: The Heart Transplant

As the only hospital in Malaysia that performs heart transplants, IJN has been conducting these life-saving procedures since 1997. A heart transplant is a crucial treatment for patients with end-stage heart failure. These complex operations require a highly dedicated multidisciplinary team, including heart and lung surgeons, heart specialists, anaesthesiologists, and many other experts. The impact these procedures have on the lives of recipients and their families is profound.

After a potential donor had been identified, the transplant team was alerted and put on standby. The operating room schedule is then rearranged to accommodate this critical procedure. At the same time, the potential recipient is notified and prepared for surgery.

On the day of the transplant, the anaesthetic team worked in sync with the rest of the team. One anaesthetic team travels with the cardiothoracic

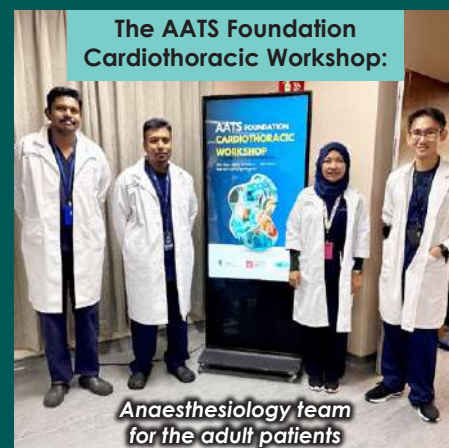
surgeon team to the donor hospital to help with the organ retrieval. At the same time, another stays at IJN to prepare the recipient for the operation. To minimise the time the donor's heart is without blood flow (known as ischemic time), the recipient is prepared and given anaesthesia as soon as the viability of the donor's heart is confirmed at the harvest site. Since organ procurement often happens in the early hours of the morning, the anaesthetic team preparing the recipient must also be available and on standby at the hospital early. This ensures smooth final preparations and allows for consultations and briefing with the patient, operating room staff, and the entire transplant team. The anaesthetic team's role in ensuring the recipient's comfort and safety during the procedure is paramount, and their contribution is invaluable to the success of a heart transplant.

The transplant coordinator is a vital member of the team, ensuring smooth communication and coordination among all the different teams. This collaborative approach is a hallmark of IJN's strength, ensuring that every aspect of the transplant process is carefully managed and executed. Ideally, by the time the donor's heart arrives and is prepared, the recipient should already be connected to a cardiopulmonary bypass machine (a heart-lung

machine). This helps to minimise ischemic time and preserve the heart's viability. Since a transplanted heart's nerves are disconnected, the choice of medications to support heart function is different from usual. For our patient, we used medications like isoprenaline, adrenaline, milrinone, and vasopressin. After surgery, the patient was transferred to an isolation room in the intensive care unit for continuous care from the multidisciplinary team.

International Recognition: The ASEAN Summit 2025

It was also during May that Kuala Lumpur hosted the 46th ASEAN Summit. During this period, the Sultan of Brunei, Sultan Hassanal Bolkiah, was hospitalised at the IJN due to fatigue. After being discharged, His Majesty expressed deep appreciation for the professionalism and efficiency of IJN's medical team. This was a true testament to the outstanding excellence and dedication shown by the medical team at IJN, and it also served as a significant moment of



The AATS Foundation Cardiothoracic Workshop:

Anaesthesiology team for the adult patients

international recognition for the institution.

All these significant events occurred on top of the IJN's already heavy daily workload. The enormous tasks and happenings were made possible through the combined efforts of the entire institution, of which the Department of Anaesthesia & Intensive Care is a proud part.



The Heart Transplant

After procuring the donor's heart (during retrieval)

Assessing the donor's heart (during transplant)



Dato' Dr Mohamed Hassan Ariff with Profesor Dr Mahamarowi bin Omar during the post-operative recovery period in the intensive care unit. Professor Dr Rowi was admitted in May and underwent emergency operation. *Both of them consented for the picture to be included in this article, and we extend our wishes for a speedy recovery to Professor Dr Rowi

RA with the Expert

HOSPITAL AMPANG NRAS POST CONGRESS WORKSHOP



Dr Khairul Idzam bin Muslim

Hospital Ampang
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On 30th June 2025, the Department of Anaesthesiology and Critical Care, Hospital Ampang, successfully organised the 'Regional Anaesthesia with the Expert' programme at the *Recovery and Regional Zone*, General Operating Theatre. This post-congress NRAS 3.0 workshop featured none other than Professor Dr Philippe Macaire, a globally renowned expert in regional anaesthesia.

Professor Dr Philippe Macaire has dedicated over four decades of his life and career to advancing regional anaesthesia. Trained in France, he has made significant contributions across Europe, the United Kingdom, United Arab Emirates, Vietnam, and Thailand. A

co-founder of several key organisations, he has led numerous educational programmes and contributed extensively to academic research. His work includes published articles, textbooks, and groundbreaking techniques such as opioid-free cardiac surgery. More recently, his focus has been on the roles of Erector Spinae Plane (ESP) catheters for paediatric cardiac surgery and MRI-based studies on local anaesthetic spread.

The workshop attracted 24 enthusiastic participants from both local and international backgrounds. They attended with the aim of learning directly from Professor Dr Philippe, particularly on the technique of inserting ESP catheters.

The day began at 7:30 am with participants performing the first block: Fascia Iliaca Compartment Block (FICB) for a proximal femoral nail (PFN) procedure. This was administered as pre-procedural analgesia before continuing with a central neuraxial block (CNB). Then, the group proceeded with an ESP block for a mastectomy and axillary clearance (MAC) case, performed by a pain specialist under Professor Dr Philippe's supervision.

While awaiting the next case, Professor Dr Philippe delivered his first lecture, focusing on the ESP technique. He



shared not only the technical aspects but also valuable insights from his clinical practice - especially the use of ESP catheters in cardiac surgeries, including the volumes of local anaesthetic agent typically used.

Blocks performed under Professor Dr Philippe's supervision included:

1. FICB (Suprainguinal Fascia Iliaca) for intertrochanteric fracture (interlocking nail; ILN).
2. Supraclavicular brachial plexus block for open reduction and internal fixation (ORIF) of a right radial fracture.
3. ESP block for MAC.

Before the lunch break, Professor Dr Philippe delivered his second lecture on the application of ESP blocks in abdominal surgeries. He critically appraised several research articles and discussed the comparisons between thoracic epidural analgesia (TEA) and ESP blocks, sparking thoughtful discussion.





Participants had the rare opportunity to witness Professor Dr Philippe demonstrated an ESP catheter insertion for an open cholecystectomy, during the noon session. He skillfully used an epidural catheter, which proved to be highly effective. Additionally, a Quadratus Lumborum 3 (QL3) block was performed on the same patient, who was also scheduled for hernioplasty.

At the end of the day, a Q&A session was held with Professor Dr Philippe, where he addressed numerous insightful and technical questions from the audience with much clarity. As a token of appreciation, Dr Sany, the Deputy Head of Department, presented Professor Dr Philippe with a memento for his invaluable contribution.

The workshop proved to be highly educational and well-received. Participants expressed their gratitude and shared positive feedback, noting how much they had learned. Some suggested having more live demonstrations by the expert, particularly to better visualize needle placement and local anaesthetic spread. The organising committee took note of the feedback and is committed to further improve on this matter, in future workshops.





TIVA Workshop 2025 SKILLS, SAFETY & STRATEGY

The TIVA Workshop 2025, themed 'Total Intravenous Anaesthesia: Skills, Safety & Strategy', successfully convened anaesthesia professionals for a focused and intensive two-day event. Held with the aim of strengthening theoretical knowledge and practical competencies, the workshop attracted a total of 39 participants on Day 1 (Lecture Day) and 25 participants on Day 2 (Hands-On Workshop).

DAY 1: LECTURES AND EXPERT INSIGHTS

The first day of the workshop featured a series of lectures delivered by an esteemed panel of speakers, including Dr Iskandar Khalid, Dr Vimal Varma, Dr Noor Hasimah, Dr Arfah Hanim and Dato' Dr Mohamed Hassan Ariff. The



Dr Suhanya

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topics covered a wide range of core and advanced TIVA concepts. The session began with 'Principles of TIVA', delving into the basic pharmacokinetics and Target-Controlled Infusion (TCI) models that form the scientific backbone of this anaesthesia modality.

In 'The Future of Anaesthesia: Why TIVA Matters in Modern Practice', participants were encouraged to consider TIVA not just as an alternative technique, but as a forward-looking solution in enhancing patient care, minimising environmental impact, and ensuring smoother recoveries.

'Anaesthesia and the Brain' brought attention to the crucial role of BIS (Bispectral Index) monitoring in preventing under- or overdosing, ensuring safe depth of anaesthesia throughout the procedure. Legal and ethical dimensions were addressed in 'Medicolegal Implications of TIVA-related Awareness', highlighting the importance of documentation,



monitoring, and protocol compliance to prevent intraoperative awareness and potential litigation. Special populations were also discussed in detail. 'TIVA for Obese Patients, Difficult Airway & Airway Surgery' examined strategies for safe administration in high-risk contexts. Finally, 'Paediatrics and Neonatal TIVA - Tips & Tricks' offered practical pearls for managing the youngest and most vulnerable patients with confidence and precision.



To conclude the day on a light and engaging note, participants took part in a fun interactive quiz session designed to reinforce key concepts covered during the workshop. The atmosphere was lively and competitive, with enthusiastic participation from all. The top two scorers were awarded special gifts, adding an enjoyable and memorable finish to an enriching day of learning.



DAY 2: PRACTICAL SKILLS AND SIMULATION

The second day provided participants with a valuable opportunity to apply theoretical knowledge in hands-on stations under expert guidance. With 25 attendees, the workshop maintained a focused and interactive learning environment. Participants rotated through skill stations that demonstrated:

- TCI pump setup and programming
- BIS monitoring application and interpretation
- TIVA techniques for paediatrics and high BMI patients
- Simulated airway management scenarios involving TIVA protocols



This immersive experience was praised for its relevance and applicability to real-world anaesthesia settings. All in all, the TIVA Workshop 2025, organised by Hospital Ampang Society of Anaesthesia & Intensive Care (HASAIC), marks a significant step in advancing the safe and strategic use of Total Intravenous Anaesthesia among Malaysian anaesthesia professionals. Through a well-structured blend of evidence-based lectures and practical simulations, attendees left equipped with enhanced clinical insight, greater confidence, and a renewed commitment to delivering high-quality, patient-centered anaesthesia care.



Associate Professor Dr Nadia Md Nor

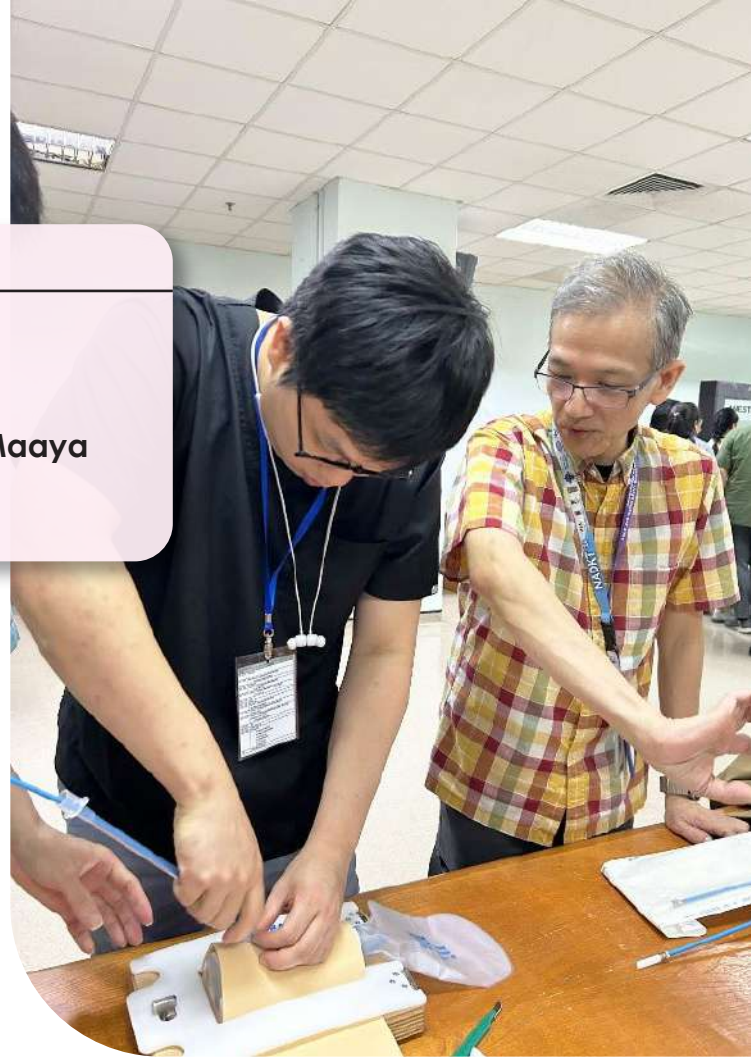
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Competency via Simulation

UKM'S SECOND eFONA WORKSHOP



Airway management, despite being our core competence, is not without its challenges. A 'cannot intubate cannot oxygenate' (CICO) crisis is one circumstance no anaesthesiologist wishes to befall on him. This very rare yet life-threatening situation is time sensitive and can potentially result in hypoxic brain injury or death.¹ The pivotal snap decision for emergency front of neck access (eFONA) which ensues, leads one to yet another precarious situation where an unfamiliar skill is demanded of one, with the patient 'hanging by a thread'.

Unlike other common difficult airway situations, not every airway operator will encounter CICO during their medical practice. Thus, simulation can replace experiential learning as a way to attain skill competency in eFONA.² Hands-on simulation not only overcomes learning by chance, but also provides a safe practice platform.

Nearly a year following our first eFONA workshop, the Department of Anaesthesiology & Intensive Care, Faculty of Medicine, Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia organised the second workshop. Such workshops have become increasingly common in recent years. The alarming trend of medicolegal cases involving our fraternity has hit colleagues with substantial impact and profound consequences, some even life-changing.

The one-day workshop held on 21st June hosted 32 participants comprising our in-campus senior anaesthesiology trainees, four anaesthesiology medical officers from Hospital Tengku Ampuan Rahimah, and four Emergency Department (ED) residents of HCTM. This year, registration was opened to the latter following a CICO incident in our ED, considering CICO events were also

experienced by other specialities involved in airway management.

A young man with Ludwig's angina, upper airway obstruction, and a thick short neck, brought in during the early hours of that fateful morning, mirrored a recent medicolegal case where an anaesthesiologist and otorhinolaryngologist were confronted with a CICO situation from bleeding tonsils. In both scenarios, the anaesthesiologist and, in our case, the ED physician failed to intubate the airway. Who then amongst the three was considered most proficient and swift in establishing an eFONA in an anatomically difficult neck? What were the legal implications if the 'first time eFONA experience' anaesthesiologist failed with a cricothyrotomy, or the otorhinolaryngologist with vast experience in FONA took longer to perform an emergency tracheostomy compared to the quicker access cricothyrotomy?

This event prompted a multidisciplinary team post-mortem meeting where the three teams analysed the incident, understood each other's expertise and limitations, and discussed measures for tackling future CICOs and eFONAs. It was then clear to us that otorhinolaryngologists were trained to establish emergency tracheostomies beyond the confines of the operation theatre and, under experienced hands, would establish an airway within minutes. However, they were unfamiliar with cricothyrotomies.

Following this airway dilemma and several others, our team, led by

Associate Professor Dr Muhammad Maaya, assembled our department's packaged eFONA scalpel-bougie kit, incorporating a concise and comprehensive infographic. The latter's design was led by Dr Iskandar Khalid with contributions from our team members. Both the kit and infographics were based on guidelines from the Difficult Airway Society (DAS), the Vortex approach, and an online step-by-step video.³⁻⁵

The workshop was officially launched by our head of department, Associate Professor Dr Azarinah Izaham, followed by the unveiling of our eFONA set,

symbolised by the opening of one of our kits. These labelled sets were aptly placed at the emergency and difficult intubation trolleys of the general and maternity operation theatres and the intensive care unit.

The morning lectures kick-started with a medicolegal legal talk by our respected colleague, Dr Gunalan Palari. He encouraged interested participants to undertake a medicolegal degree, which would benefit the fraternity. Other topics included difficult airway management guidelines, various eFONA techniques, and airway imaging by Dr Liu Chian Yong, Associate



Professor Dr Nadia Md Nor and Dr Iskandar Khalid, respectively. Dr Nadhirah Mohd Shakri, our otolaryngologist, concluded this session with her talk emphasising multidisciplinary airway management.

The afternoon hands-on session would not have been feasible without the industrial support from Suria Medik Sdn Bhd. We were fortunate to have sufficient phantom models, 'skins' and various eFONA (surgical and percutaneous) sets from the vendor for our participants to experience. Dr Syarifah Noor Nazihah Sayed Masri and Dr Tan Tse Siang facilitated the simulation stations with scenarios

of unanticipated difficult airway management. We hope that the participants gained greater confidence and competence in performing the scalpel-bougie technique using our kit.

Our deepest gratitude goes to our efficient duo, Dr Muhammad Hazril Rahman Raja and Dr Nur Areena Ahmad Zaidi, who poured in their most extraordinary efforts before, during and after this successful event. Also, our heartfelt appreciation to our ever-so-supportive administrative staff, healthcare personnel, and Assistant Medical Officers, Syed Hairul Zamaan Said Abu Bakar and Noor Erdayu Zahari.

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MEDICOLEGAL WORKSHOP IPOH



Dr Yee Meng Kheong

MSA Perak State Representative
Malaysia

A total of 27 specialist anaesthesiologists from private hospitals in Ipoh and Teluk Intan and government hospitals - Hospital Raja Permaisuri Bainun Ipoh and Taiping - gathered on Sunday 13th July 2025 for a morning CPD Meeting on Medicolegal Litigations.

In attendance were also an ENT surgeon, an orthopaedic surgeon, an O&G specialist and a psychiatrist. It was a well represented medical meeting on medicallegal issues.

The meeting started with Dr Yee Meng Kheong welcoming Datin Dr Najah Harussani, Head of HRPB; Dato' Dr Yong Chow Yen, MSA President; Dr Gunalan Palari as Moderator, Dr Kaema Nadarajan Country Manager MPS Malaysia, Ms Charlene Chin from Raja, Darryl & Loh, Ms NurulHuda Mansor from Shearn Delamore & Co and all attendees, especially those from outstation.

Dato' Dr Yong welcomed everyone and thanked Dr Yee for organising this activity for the Perak state. She was certain such CPD activities would benefit everyone who practices anaesthesia, more so for anaesthesiologists today, as was evidently shown in several cases last year. Anaesthesiologists today need to

better prepare to defend themselves in court. The Malaysian Society of Anaesthesiologists (MSA) as a Society is pro-active in helping its members in this aspect by organising activities to raise awareness of this problem, organising expert witness workshops and supporting its members whenever possible. Initiating and promoting the 'Second Victim' programme is another way of helping members, when they are in distress. Dato' Dr Yong encouraged all present to be members of MSA and expounded on the benefits of being with the Society.

Dr Kaema, Country Manager of MPS Malaysia thanked everyone for their attendance and elaborated on the

insurance scheme of her company and the added advantages of insuring with a good insurance company. MPS has a special arrangement with our MSA for a good discount for its members, for a win-win situation. Dr Gunalan, as Moderator then started the meeting. Both the speakers were excellent in delivering their lectures; Ms Charlene Chin on all the things that can go wrong before going to trial and Ms Nurul Huda continued and mentioned all the things that can go wrong during the trial. The many things that we need to do, prepare and give thoughts to, in defending ourselves. What are all the 'DON'T's and more importantly all the 'DO's.

The presentations took 45 minutes each by the two speakers and then Dr Gunalan had the arduous task of conducting the Q&A. There were many questions and comments directed at the two speakers and a very lively discussion indeed. A lot of references were made to the cases that our anaesthetic colleagues lost last year and circumstances as to how the judgements were made, being not in our favour.

Dr Yee thanked the speakers for a very clear presentation on what anaesthesiologists need to be wary of. He concluded by quoting the last line from the abstract 'Medicolegal issues affecting anaesthesiologists in Malaysia: An Overview' by our Moderator Dr Gunalan in the recent issue of Malaysian Journal of Anaesthesiology, 'anaesthesiologists to be proactive in having increased awareness of challenges associated with litigation'.



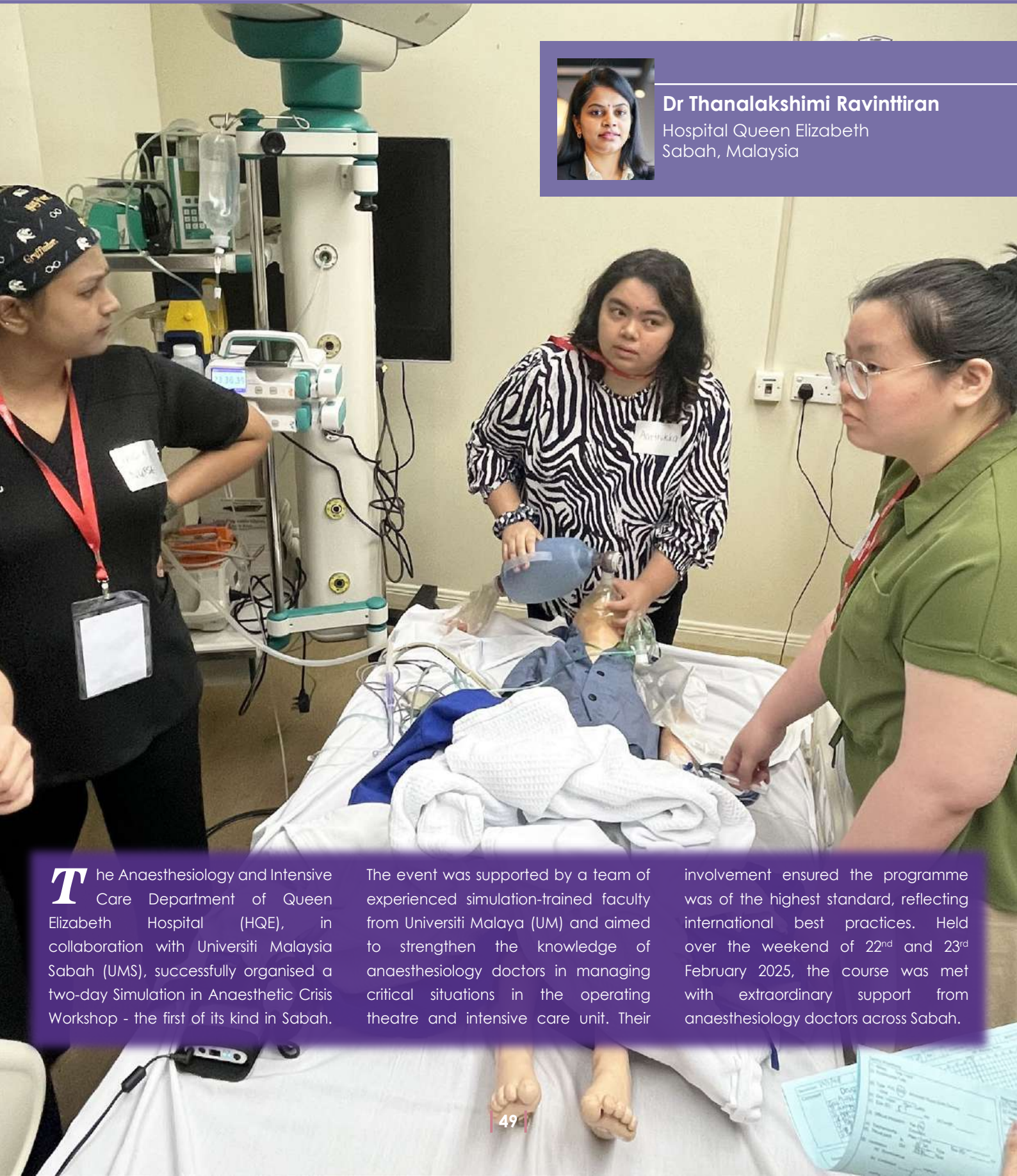
Sabah Hosts Groundbreaking Anaesthetic Crisis Simulation Workshop

A STEP FORWARD FOR SAFER PRACTICE



Dr Thanalakshmi Ravinttiran

Hospital Queen Elizabeth
Sabah, Malaysia



The Anaesthesiology and Intensive Care Department of Queen Elizabeth Hospital (HQE), in collaboration with Universiti Malaysia Sabah (UMS), successfully organised a two-day Simulation in Anaesthetic Crisis Workshop - the first of its kind in Sabah.

The event was supported by a team of experienced simulation-trained faculty from Universiti Malaya (UM) and aimed to strengthen the knowledge of anaesthesiology doctors in managing critical situations in the operating theatre and intensive care unit. Their

involvement ensured the programme was of the highest standard, reflecting international best practices. Held over the weekend of 22nd and 23rd February 2025, the course was met with extraordinary support from anaesthesiology doctors across Sabah.



Anaesthetic crises happen infrequently, but when they do, the consequences can be devastating. These situations require calm, quick thinking and coordinated teamwork - something that is hard to teach through textbooks or standard lectures. Simulation-based training offers a realistic and practical approach, allowing doctors to experience and manage crisis scenarios in a controlled environment. Until now, such training has not been available in Sabah.

The first day of the workshop focused on Training of Trainers and was held specifically for anaesthesiology specialists who are practising in major hospitals throughout the state. There were 12 specialists who participated, from Queen Elizabeth Hospital, Queen Elizabeth II Hospital, Likas Hospital, Tawau Hospital, Lahad Datu Hospital, Keningau Hospital and University Malaysia Sabah. The morning began with a series of lectures delivered by the invited facilitators from UM. These talks addressed the importance of simulation-based training in anaesthesia - not only how it can benefit patient safety, but also how it can improve doctors' confidence and performance,

especially during high-stress situations. The sessions also touched on the practicalities of running simulation workshops, including scenario planning and how to run effective debriefing sessions. In the afternoon, the participants were divided into small groups and took part in realistic crisis scenarios designed for the simulation lab. They were not just observing - they were fully immersed in managing complex cases under pressure. The scenarios covered a range of critical situations, from airway emergencies to intraoperative complications. After each scenario, the groups had a structured debriefing led by the UM facilitators. These sessions encouraged reflection, discussion and learning from their strengths and mistakes.

On the second day, the workshop was made available to 20 anaesthesiology medical officers of varying levels of experience. They complemented the 12 specialists from the first day, who then co-facilitated the workshop with the UM team. This allowed the specialists to practise their new skills and was a critical first step towards building local capacity for simulation training. The workshop was structured with four

stations, one for each of the four anaesthetic or intensive care emergencies. The participants rotated among the stations, working their way through scenarios replicating the most common anaesthetic emergencies encountered in their everyday practice. The setting was realistic, active, and deliberately challenging - exactly how actual emergencies would occur. At the close of each scenario, participants enjoyed a debriefing session to work through the strategy and decision-making included in it as well as team communications. Many of them had never experienced simulation training before and found the hands-on approach really helpful.

The workshop ended with a closing speech by Dr Shah Shazharn, who is the Head of Anaesthesia Services in Sabah and also the Head of the Department of Anaesthesia and Intensive Care, Queen Elizabeth Hospital. He thanked the participants for their strong engagement and support, especially over the weekend, and emphasised the importance of developing more local expertise in simulation training. He extended his sincere appreciation to the UM facilitators led by Professor Dr



Rafidah Atan for their generosity in sharing their expertise and time, which was key to the success of the programme. In addition, Dr Shazharn expressed heartfelt gratitude to the organising committee, chaired by Dr Thanalakshimi Ravinttiran, with outstanding support from Associate Professor Dr Rajesh Kumar (Head,

Department of Anaesthesia & Intensive Care, UMS) and many others who worked tirelessly to make the event a success.

Post-course feedback from participants was overwhelmingly positive. Many described the course as highly useful in

their daily clinical work and said it helped improve their confidence in handling critical situations. The simulation equipment and facilities were praised for their quality, and the structure of the workshop - with a balance of theory and hands-on practice - was well received. Many expressed a strong desire for future courses of this nature, with several asking, 'Bila nak buat next workshop?'

This workshop was not only an eye-opener but also a major milestone for the local anaesthesiology community. By combining practical training with leadership development, and by involving hospitals from across the state, it laid the groundwork for future simulation-based programmes led by local trainers. With the right support and continued momentum, Sabah is well on its way to developing a strong, sustainable culture of safety and preparedness in anaesthetic care.



My Recent Travel to Dubai, UAE for the 9th NYSORA International Symposium

As Anaesthesiologists, regional anaesthesia (RA), perioperative pain management, and ultrasound are our daily bread and butter in the operating theatre and the ICU. With multiple skill sets and fast-advancing medicine, we need to be willing to embark on a continuous learning journey, as learning is a continuous process, where each new skill reminds us how much more there is to discover. I had an opportunity to visit Dubai, UAE to attend the NYSORA International Symposium from 8th to 10th November 2024.

It was an opportunity to meet experts and instructors from all around the world who could offer a wider range of perspectives from their points of view, especially in the care of patients in RA, peri-operative medicine and pain management. The symposium provided insight into the latest best practices and high quality curriculum development, which would significantly enhance my



Night walk inside Global Village, Dubai



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learning experience and skills. Among topics discussed during the symposium were:

- Spinal vs GA for hip fracture
- Standardization in RA
- Role of nerve block nurse - Value and training
- Role of perioperative dexamethasone

- Chronic pain management
- Genicular nerve block versus LIA for TKR surgery
- Management of broken spinal needles
- Strategies for difficult spinal and epidural anaesthesia
- US-guided neuraxial anaesthesia for the obese parturient
- Perineural catheters
- Spinal anaesthesia for aortic stenosis

I also had the opportunity to attend an upper limb and lower limb RA workshop session. Learning from different instructors worldwide with their tips and tricks was fascinating and incredibly inspiring. The good thing about attending the international course is that it often brings together participants from diverse cultural and professional backgrounds. I had the opportunity to meet new friends from Egypt, the UK, Saudi Arabia, Qatar, Armenia and Philippines. I even had the opportunity



Morning Walk along the Dubai Marina

to meet Dr Tan, an intensivist from Singapore and a UKM MMED graduate. The energy of meeting like-minded individuals who are passionate about their fields can reignite our own enthusiasm and motivation. This international symposium was an enriching personal experience as I had the chance to introduce my book to anaesthesiologists and intensivists from Morocco and Singapore, as well as to the chairman of NYSORA himself, Professor Dr Admir Hadzic.

Dubai's currency is not much higher than the MYR, unlike in comparison to Singapore and Korea, with 1 UAE dirham (AED) approximately 1.18 to 1.30 MYR. On day one in Dubai, we stayed close to the conference area in Dubai Marina. We also took the opportunity to sightsee and enjoy our holiday by visiting interesting attractions and iconic places in Dubai. Getting around Dubai is easy and convenient with options from the Dubai Metro that has two convenient lines - Red and Green - that run from the Dubai International Airport. Dubai Tram also provides a convenient link between the Dubai Metro and locations including Palm Jumeirah via its monorail. The Dubai Bus is also a good option for travelling around Dubai. Dubai public transportation allows all payments to be made using the Nol card. Dubai Taxis are also easily accessible, and one can



order them through ride-hailing apps such as Careem. The Nol card is a rechargeable ticket that gives you cheaper fares and can also be used to pay for buses, trams, and taxis in the city. It's similar to our T&G card in Malaysia. After the event, we strolled again along the Dubai Marina walk and enjoyed the beauty of the night with lights and ships. We took the river cruise along the Dubai Marina. While enjoying sightseeing on the cruise, we had a buffet dinner with an Arabian dance performance on the ship.

We also went to Global Village - 25 AED per person using a Taxi, which cost around 90 AED, and 8 AED using the Dubai bus. The Global Village offered nightly cultural entertainment and international food from countries

represented by each building inside the Village. The Dune Bashing Experience and Safari Tour suit those who like adventure and an adrenaline rush. We rode in a 4x4 vehicle across the desert sands, driven by a skilled driver who steered at high and low speeds over the sandbanks. The activity continued with Arabian belly dancing and a fire performance, followed by a complimentary dinner at the Bedouin camp.

Dubai thrives under great leaders who emphasise a persistent pursuit of being number one, belief in the importance of leadership, and who advocate for a culture of efficiency and empowerment. A life quote that resonated with me: 'Manage your time, know your priorities, enjoy life, leave your mark'. Going places, especially to international curricular activities, poses challenges for us to step outside our comfort zone, adapt to new environments, and develop independence. Yet, the journey provides new insights and perspectives that widen our views as doctors and individuals who never stop learning and advancing in life.



Introducing our recently published anaesthesia books from Malaysia to Professor Dr Admir Hadzic



NYSORA Upper Limb Workshop

HKL One Lung Course

ADVANCING SAFE ANAESTHESIA AND THORACIC SURGERY PRACTICES



Dr Fadzwani Basri

Hospital Kuala Lumpur
Kuala Lumpur, Malaysia

Dr Wan Kamilah Hana Wan Nik Ahmad Mustafa

Hospital Kuala Lumpur
Kuala Lumpur, Malaysia



In the dynamic world of healthcare, ongoing education and hands-on practice are critical for ensuring patient safety and improving outcomes. The HKL One Lung Course, held on 25th - 26th October 2023, at the Simulation Skills Lab, Specialist Centre, and Ambulatory Care Complex at Hospital Kuala Lumpur (HKL), provided a unique opportunity for healthcare professionals to come together, expand their knowledge, and refine their skills in the safe practice of anaesthesia and thoracic surgery.

Adapted from the renowned UCLH One Lung Course in the UK, this two-day multidisciplinary educational event was organised by Persatuan Doktor Anestesiologi Kuala Lumpur (PDAKL). We incorporated various learning styles, including lectures, hands-on skills stations, and a simulation workshop, which marked a historic first for the thoracic unit in HKL and is likely new in Malaysia. The course welcomed a diverse group of participants from anaesthesia and surgery departments, including specialists, medical officers, nurses, and medical assistants, to explore both basic and advanced topics in one-lung ventilation physiology, thoracic anaesthesia practices, and the management of perioperative crises.

Key Objectives of the HKL One Lung Course

The main goal of the course was to enhance the standard of care in thoracic surgery through a comprehensive, multidisciplinary approach. The event focused on three main objectives:

1. Enhancing Knowledge of One-Lung Ventilation Physiology

One-lung ventilation (OLV) is a crucial aspect of thoracic surgery, particularly for procedures involving the lungs or thoracic cavity. By improving understanding of the physiological principles behind OLV, participants are better equipped to manage and optimise ventilation strategies during surgery, ensuring both patient safety and comfort throughout the procedure.

2. Promoting a Multidisciplinary Approach to Perioperative Care

The course emphasised the importance of collaboration across various healthcare disciplines. By fostering communication and teamwork between surgeons, anaesthetists, nurses, and other professionals, the event aimed to strengthen the perioperative care team, enhancing outcomes for thoracic patients both during and after surgery.

3. Equipping Participants with Standard Safe Practices for Handling Perioperative Crises

One of the critical components of the workshop was equipping participants with practical tools and strategies to manage perioperative crises that may arise during thoracic surgeries. Through 4 simulation exercises, healthcare professionals gained hands-on experience in managing

emergencies effectively, ensuring they are well-prepared to respond to unexpected challenges in real-life situations.

A Milestone for Healthcare Training in Malaysia

The HKL One Lung Course represents a significant milestone in the advancement of medical education and simulation-based training in Malaysia. By bringing together diverse healthcare professionals from across the region, the course underscored the importance of continuous learning and adaptation in the face of evolving medical practices and challenges.

The collaboration between the Department of Anaesthesiology and Critical Care and HKL Thoracic Surgical Unit exemplifies the power of interdisciplinary partnerships in enhancing patient care. With the success of this event, the course has become an essential educational offering for professionals in thoracic surgery and anaesthesia.

The event was held over two days, featuring lectures and simulation training for the participants, beginning with an opening remark by Dr Zarina Abu Kasim, head of the Anaesthesiology Department. A total of 26 participants had the opportunity to take part in the event. Useful lectures and skill stations were provided to help participants improve their skills in thoracic



surgery and anaesthesia, including double-lumen tube and bronchial blocker insertion, bronchoscopy skills, chest tube and drain insertions for thoracic surgery, and regional anaesthesia for thoracic procedures.

The exciting lectures were delivered by reputable local speakers who are experienced in this field, namely Dr Benedict Dharmaraj (Consultant Thoracic Surgeon), Dr Hasmizy Mohammad (Consultant Cardiothoracic Anaesthesiologist) and Dr Aizatul Isla Abdul Latib (Consultant Cardiothoracic Anaesthesiologist).

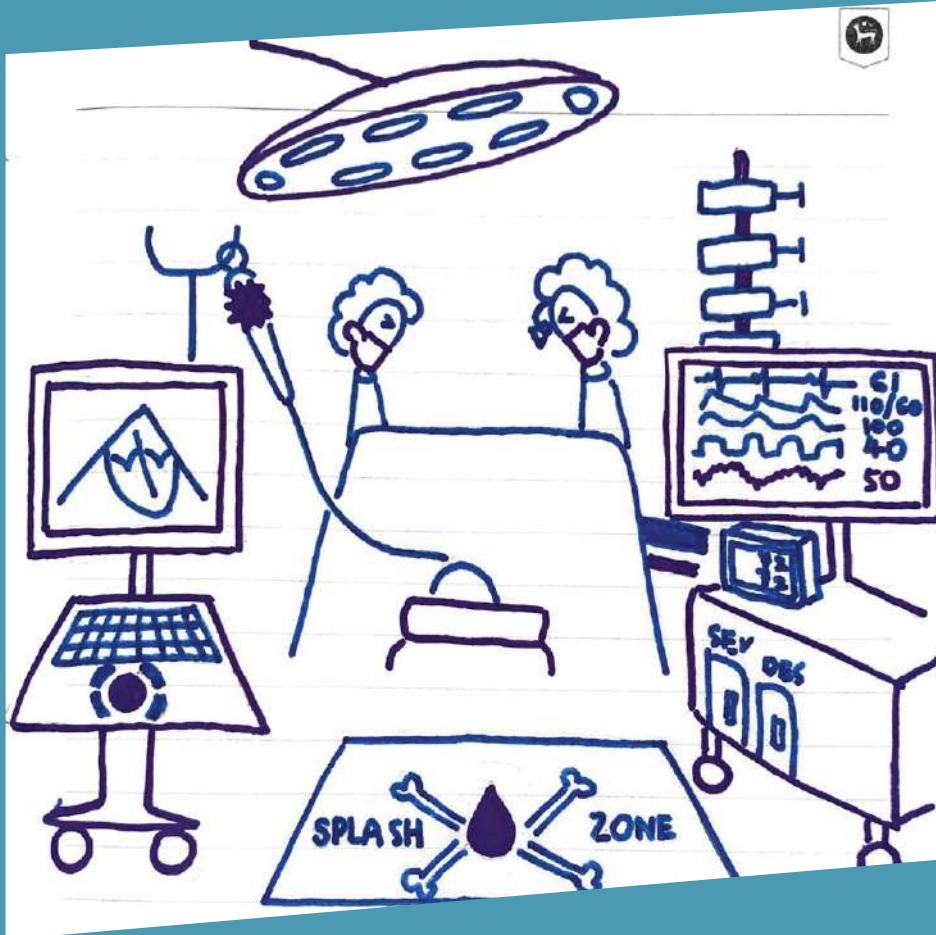
Looking Forward

As the medical field continues to evolve, events such as this promote a culture of safety, innovation, and collaboration. The knowledge and skills gained through this course are not only essential for individual practitioners but will also have a lasting impact on the broader healthcare community, ultimately improving patient outcomes in thoracic surgery.

In the coming years, this course could potentially serve as a model for similar educational initiatives across Malaysia and beyond, ensuring that healthcare professionals are equipped to deliver the highest standards of care to their patients.



DIE TO LIVE ANOTHER DAY



Dr Ivy Sim Chui Geok

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He waves goodbye to his family and sighs before turning his attention to the soft green walls and fluorescent lighting going past, as the light chatter of nurses accompanies him into the operating room. He wonders why he keeps hearing a vegetable being mentioned whenever the staff are talking about him.

It is like a scene from a movie, he thinks, as he has never had surgery before. There were screen monitors everywhere, and multicoloured wires were being stuck onto him with what seemed like every imaginable adhesive. As he gazes at the screens that light up with numbers and various squiggly lines, he reflects that his existence is now extended through the cables and being

interpreted in this other and strange mathematical way. He imagines how his youngest granddaughter would have a fit of laughter and then solemnly declare him a 'robot-man'.

A doctor asks him to expose the inside of his right wrist. While he reconsiders his compliance, he looks down and sees the flow of pulsatile blood before it is firmly stemmed by the end of a plastic tubing. With a red line marching across the screen, they tell him that it is time to sleep. His heart beats a little faster and so do the monitors. He is glad when someone pulls warm blankets over him, which feel strangely blustery near his feet, and feels the chill ebb a little.

As the doctors keep a watchful eye, the patient drifts off to sleep. The focus turns away from reassuring the wakeful patient to a brief silence. They wait as the systolic blood pressure settles into the breezy 90's. The endotracheal tube slides in easily. The silence transitions back to activity as someone fusses over the blood pressure and checks that the ventilator is ventilating. The anaesthetic nurses, armed with various tapes and ties, proceed to securely plaster and anchor the various equipment to the patient for the long journey ahead.

Another doctor, who is scrubbed and gowned, steps forward to insert the central line. The ultrasound televises the moment the needle punctures the vein and tracks the guidewire down its rightful path. Someone distracted flinches involuntarily as they hear a nurse say with a grin, 'rectal probe'.

Just as the anaesthetic doctors hitch up the drapes, eye-watering quantities of chlorhexidine solution is poured onto the patient's bare chest. Vaguely thinking of respirators as they cover their noses from the ensuing diathermy plumes, they settle down into writing their notes just as

the surgeons call for, 'lungs down'. A ventilator switch is flipped, and the lungs deflate as would a balloon with its air let out. A sophisticated piece of surgical equipment named a 'saw' emits a loud 'whirrrr' as the sternum is unzipped from top of bottom in one fell swoop. As the sternum is retracted, sheets of protective coverings overlying the heart is exposed, reminiscent of alien dissection movies.

The surgeon at the leg-end of the patient has long since stopped concerning himself with the hub-bub near the top, placing his undivided attention to harvesting the delicate saphenous veins. Another takes a seat near the patient's chest and peers up at the cavernous underside of the thoracic cavity, where a reluctant internal mammary artery is destined to be peeled away from its easy life to one that will be much more demanding.

The morning settles into a brief lull.

The ACT machine awakens and displays a gradually rising number. Everyone gives it the evil eye until it comes to a halt with a loud beep. As the surgeon stabs the aorta, novice anaesthetic doctors are tempted to lean over to watch the spectacle while the more experienced ones stand well back.

As blood flows via a venous cannula from the inferior vena cava to the cardiopulmonary bypass machine returning to the patient via the aortic cannula, the heart is excluded from the completed circuit and beats floppily as a saggy pouch. Aortic cross-clamps are applied, and cardioplegia solution floods the coronary arteries with the sole aim of achieving a death-defying stunt.

The cardiac monitor goes eerily flat.

So much of what it means to be alive goes with the notion of a beating heart, it is disconcerting momentarily, even for the seasoned. There is truth in this because as with any form of extracorporeal organ support, the clock is inevitably ticking. The scrub nurse tips a bucket of ice slush onto the lifeless heart for good measure.

The surgeons settle into their favourite work, which faintly reminds one of plumbing. At the same time, the perfusionists receive the baton from the anaesthesiologists to keep the patient's organs perfused with oxygenated blood.

The head-end of the patient drops into a dormant state with ventilators and alarms turned off, while its handlers also become dormant and wander off for a coffee.

Shortly after, as an oven is fired up, the patient is warmed in order to begin the transition back to normal life. The aortic cross clamp is removed, and the heart's sinoatrial node awakens from its deep slumber. It is like the tale of Disney's Sleeping Beauty, only there is no princess, just a bunch of myocardial cells being rudely prodded awake.

As the heart rises from a pool of blood-tinged water with a rejuvenated

blood supply, it pumps with renewed vigour. The dormant machines are turned back on, and the baton is relayed back to the anaesthetic team.

The patient's blood begins to clot visibly, confirming adequate reversal of anticoagulation, and the two sides of the split sternum are opposed using sternal wires. Their appearance on chest X-ray, along with the long scars down his legs will be the patient's badge of honour for having undergone this surgery.

The patient is wheeled to CICU where he is extubated. He groggily thinks, 'he made it' and the enormity of this is not lost on him. It is amazing how much a few hours of surgery and anaesthesia could knock one off their feet. He is appreciative of the nurses and doctors who helped him with the simplest and mundane tasks that he could have done for himself just the day before. Eating and drinking, taking deep breaths, and moving his limbs, stiff from immobility, seem like new things to relearn.

In time, he is ready to go home with his family. He even has a nifty-looking vest to show his granddaughter. Perhaps he would still look like a robot to her.



MENANGani Kesakitan

PAIN IS INEVITABLE BUT SUFFERING IS OPTIONAL



Dr Daniel Chow Ren Kiat

Hospital Selayang
Selangor, Malaysia

Overview

MENANG is an interdisciplinary, CBT-based Pain Management Programme developed at Hospital Selayang for chronic pain patients to adopt a self-management approach. 'MENANG', meaning 'to win' in Bahasa Malaysia, reflects the programme's aim: helping patients regain function, quality of life, and psychological well being despite ongoing pain. This is an empowering, non-curative programme that trains patients to manage, not eliminate, pain. The 42nd programme was recently conducted from 19th to 30th May 2025, continuing a legacy since 2002.

Foundation

MENANG was modelled after the ADAPT program (Sydney) and INPUT programme (London). The initial sessions were conducted with the Australian team (Dr Michael Nicholas & Dr Williams) and later transitioned fully to Malaysian professionals led by Dr Mary Cardosa and Dr Zubaidah Jamil Osman. This programme continues under the leadership of new team members, including Dr Mazlila and Dr Shawn, who uphold its original philosophy and goals.

Structure

- Duration: 10-day intensive (2-week) in-hospital programme

- Follow-ups: 1 month, 3 months, 6 months, and 1 year
- Team: Pain specialists, psychologists, physiotherapists, occupational therapists, pharmacists, nurses
- Languages: Bahasa Malaysia and English

Patients with complex chronic pain conditions are referred from across the country and assessed by the interdisciplinary team before being selected. Healthcare professionals from various disciplines (pain medicine, psychology, psychiatry, and physiotherapy) also attend to observe, as it is the only programme of its kind in Malaysia.

Key Programme Components

1. Pain Education

- Differentiates acute vs. chronic pain.
- Explains that chronic pain stems from a dysfunctional pain signaling system.
- Promotes understanding that chronic pain is real, but suffering can be reduced through education, psychological strategies, and physical conditioning.
- Patients are empowered to take an active role.
- Promotes the belief that 'pain does not always equal damage', to reduce fear-avoidance behaviors.

2. Physical Rehabilitation

- Exercises: Stretching and strengthening to improve posture, flexibility, and strength.
- Functional Activities: Lifting, stair climbing, and cycling improve endurance and daily function.
- Tolerances: Improve sitting, standing, and walking. Baselines are calculated and goals set.
- Pacing: Teaches gradual progress to avoid over- and under-doing.
- Daily Integration: Encourages incorporating physical activity into work, home, and community life.

3. Psychological Strategies

- Goal Setting: Long- and short-term SMART goals. (Specific, Measurable, Achievable, Relevant and Time-limited)
- Relaxation and Focusing: Deep breathing and imagery promote self-regulation.
- Cognitive Restructuring: Reframes unhelpful beliefs and thoughts.
- Emotional Awareness: Helps manage stress and anger, which influence pain.
- Sleep Hygiene: Encourages habits for better rest.

- Problem Solving: Addresses daily challenges and setbacks.
- Pain Communication: Teaches how to express pain without maladaptive behavior.
- Flare-up Planning: Develops personalised strategies for setbacks.

4. Medication Review

- Educates on pain medications and side effects.

- Guides gradual tapering under supervision, allowing patients to experience and manage pain with less reliance on medication.

5. Social and Family Involvement

- Family sessions help relatives understand chronic pain and support the patient.
- Outings and Weekend Plans: Offer opportunities to apply self-management in real-life settings.

6. Sharing Sessions by Past Participants

- Former patients share successes, offering hope and motivation to current participants.

7. Individual Feedback Sessions

- To ensure that each participant is able to follow the programme.
- Sensitive and personal topics were addressed in a safe space, creating a respectful and inclusive environment for everyone.

Results

One of the highlights of MENANG involves filming patients walking 40 meters on the first and last day to assess posture, time, and facial expressions. All patients show clear improvement in terms of gait patterns, speed, and mood at the end of the programme.

Evidence

An effectiveness trial¹ published in 2011 with 70 patients from the first 11 programmes conducted from 2002 to 2007 showed sustained improvements in pain, disability, and psychological well-being, which were maintained at one-year follow-up. Patients also reported less medication use, greater engagement in daily life, and increased confidence. These outcomes are sustained when strategies are applied consistently. This underscores the importance of a supportive team and patient empowerment in chronic pain rehabilitation.

Team Dynamics

The success of MENANG lies in its committed interdisciplinary team. Each team member contributes unique expertise and plays a complementary role. Collaboration is built on shared goals, mutual respect, open communication, and regular team meetings. This cohesion ensures patients receive consistent messages and holistic care.

Implications

MENANG is grounded in the biopsychosocial model of pain, which recognises that pain is influenced not only by physical factors but also by psychological and social dimensions. Chronic pain often leads to inactivity, unhelpful beliefs, repeated treatment failures, medication dependence, emotional distress, and social strain.

Final Thoughts

As an observer, I was particularly impressed by the interdisciplinary approach and the focus on empowering patients. Witnessing participants improve physically and emotionally - especially their walking patterns and mood - by the end of the programme was deeply inspiring. These visible changes reinforced that chronic pain does not mean the end of a meaningful life.

What stood out most were the shared struggles and motivating stories from past participants. This created a

By addressing these interconnected factors, the programme breaks the cycle of suffering and fosters recovery through active participation. With proper training and resources, pain self-management can reduce hospital visits, medication use, and disability, potentially lowering healthcare costs in the long term.

powerful atmosphere of empathy and hope. I saw firsthand how, with the right support and strategies, people can live fulfilling lives despite chronic pain.

This experience has also broadened my understanding of the impact of chronic pain on individuals and families. It made me aware of how urgently we need to increase awareness among both the public and healthcare professionals. I hope programmes like MENANG become more widely available across the country to give more patients access to this life-changing care.

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MASK OFF, GAME ON!

Team Building 2025 - Department of Anaesthesia and Intensive Care, UiTM



A Day to Reconnect and Recharge

On 9th August 2025, the Department of Anaesthesia and Intensive Care, Universiti Teknologi MARA (UiTM), hosted its first-ever and most anticipated **Team Building** at the picturesque Beacon Resort, Kerling, Selangor. Set against a backdrop of rivers, hot springs, and lush greenery, the event successfully brought together 126 participants, including 77 adults and 49 children, for a day filled with nature, games, and heartfelt moments buzzing with excitement and happiness. Each and every one of us came that day wearing the same T-shirt specially designed for this day, to celebrate togetherness and unity - the very core essence of fostering stronger teamwork and social bond. To commemorate this occasion, we took a picture by the hall overlooking the lake with our banner by the side, as a saying

goes, 'A moment may pass, but a picture keeps it alive'.

The organising team captured the spirit of the day perfectly:

"This isn't just a break from work - it's a chance to reconnect, recharge, and reignite our team spirit. One team. One mission. One unforgettable experience."

A Tribute to Unity

The day began with an opening prayer and a speech by the Head of Department, followed by one of the most emotional highlights - montage and tribute to the late Professor Dr Karis Misiran. A towering figure in Malaysian anaesthesiology, Professor Dr Karis was not only a respected academic and clinician but also a mentor and guiding light for the department. Collection of photos and videos taken of him during his time with us were compiled into a

montage, relieving some of our grief. A beautiful and thoughtful gift in the form of a carved wooden Rehal was presented as a token of appreciation for his life-long service to the fraternity.

The tribute was a poignant reminder of the department's roots and the values he instilled.

"He taught us not just how to be better anaesthesiologists, but how to be better people."

Capturing the Spirit

With hearts full and spirits lifted, the event transitioned into senamrobik and ice-breaking activities, sparking laughter and camaraderie. Out in the nature with the sound of the river streams and birds chirping, glazed under the bright sun with shades from the big trees around, we stretched high and low, side to side.



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Dr Vimal Varma

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We jumped up and down and danced to the fun choreography along with the beats of catchy songs like *Gummy Bear* and *Golden*. The highlight of the day was the telematch games, where friendly competition brought out the playful side of everyone - from consultants to medical officers, and even their children. The children participated very well in the games of carrying Ping Pong balls in spoons and filling up bottles with water using sponge.

The adults, further allocated into five groups, contested in the first game of filling up the bottle with water using sponge, but with a twist of needing to make it through by squeezing from sponge to sponge, front to back. Oh boy, everyone got so competitive they even tried to absorb the splashed water from the floor to add the slightest chance to get the most filled bottle. The second game was Charades where each team had a representative to act out or draw without speaking to them, five peribahasa and ten medical terms related to anaesthesiology. This was fun to watch as each and every team member's quirkiness shone through. Last but not least, was a game of drawing a

line through a maze with one marker pen tied to ten different ropes so each member got to play and coordinate each other. After completing the maze, they were required to write down 'UiTM dihatiku' in the same manner with the same marker pen and the fastest to finish, wins!



The quote that best captured the day's energy was: "Anaesthesia demands calm under pressure - and a team that moves as one."

This sentiment echoed throughout the resort, as colleagues became teammates, and teammates became family.

Fun, Food, and Free Time

All that grittiness from playing together as a team, culminated with the winning teams being rewarded with prizes including the kids. After the prize-giving

ceremony and a closing speech, participants enjoyed a delicious lunch and prayer session, followed by a variety of free activities. From horse riding and jungle trekking to animal farm and grass sliding, there was something for everyone to enjoy. The laughter of children, the smiles of parents, and the shared joy of colleagues painted a picture of unity and rejuvenation. Some of us dipped into the hot spring, some of us brewed coffee by the hammock overlooking the river, but all of us sure did have a relaxing getaway together that day. We ended the day with scrumptious high-tea and everyone was gifted a small pouch filled with baked goods and candies as something to keep by from this programme.

Looking Ahead

As the sun dipped behind the hills and the group prepared to head home, one message stood out from the event booklet:

"Strong alone. Unstoppable together."

With the success of this inaugural event, the department looks forward to making team building a cherished tradition - one that honors the past, celebrates the present, and builds a stronger future.



USGRA CADAVERIC WORKSHOP HSIJB 2025



Dr Awatif Hasni binti Ahmad Jamali

Hospital Sultan Ismail
Johor, Malaysia

The Department of Anaesthesiology and Intensive Care at Hospital Sultan Ismail (HSI) successfully conducted a Regional Anaesthesia Workshop on 12th & 13th July 2025. This workshop aimed to enhance the clinical skills and knowledge of medical officers in administering safe and effective regional anaesthesia techniques.

The event took place in the Level 6 Seminar Room and Forensic Hall of HSIJB over the two days. A total of 20 participants attended, including specialists and medical officers from various departments, such as anaesthesiology, emergency medicine, orthopaedics, and general surgery. This workshop aligns with HSI's commitment to safe anaesthesia practices and supports its vision of becoming a 'Pain-Free Hospital'.

The event began with a welcoming speech from Dr Muhammad Rahmat bin Ali Hassan, Consultant Pain Physician, followed by lectures designed to enhance participants' knowledge and understanding of topics related to regional anaesthesia techniques. On the first day of the course, the expert speakers focused on theoretical aspects of basic human anatomy and ultrasonography. This information was then incorporated into the specific regional blocks technique. The enthusiastic speakers were Dr Muhammad Rahmat bin Ali Hassan, Dr Chiong Woei Zhong, Anaesthesiologist from Hospital Mersing, Johor, Dr Lee Chek Ning, Anaesthesiologist from HSIJB, Dr Iskandar Bin Khalid, Anaesthesiologist from UKM Medical Centre, Kuala Lumpur and Dr Shahrizan bin Mohd Fathil, Consultant Anaesthesiologist from Gleneagle Medini Hospital, Johor.

Among the topics being covered were (1) Ultrasound, Knobology & Safety in Regional Anaesthesia, (2) Upper Limb Block Techniques, (3) Lower Limb Block Techniques, (4) Truncal Block Techniques and (5) Central Neuraxial Block Techniques. These excellent lectures were followed by live demonstrations led by these expert consultants. Each speaker demonstrated the techniques for performing ultrasound scans on a human model to identify specific anatomical regions for delivering regional blocks. Live demonstration allowed participants to visualise anatomical structures under ultrasound guidance and gain hands-on insight into block techniques in a supervised setting.

On top of that, the second day featured a practical cadaveric session held at



the hospital's Forensic Hall. After having a good breakfast, participants were brought to the Forensic Hall and grouped into four rotating groups. Each participant got a chance to work out their skills focusing on different block techniques on upper limb, lower limb, truncal, and central neuraxial blocks. This opportunity enabled participants to reinforce their understanding through

direct practice on cadavers and implement all the theoretical techniques being taught the day before.

During the closing ceremony, Dr Azarina binti Zakaria, Head of the Department of Anaesthesiology in HSIJB, was invited to close the session and delivered a token of appreciation to the respective speakers and sponsoring companies.

In the end, everyone was pleased with the outcome of the course, as shown by the overwhelmingly positive feedback from participants. Many noted that they felt more confident and clearer in their execution of regional blocks, particularly after having the opportunity to apply their knowledge in a hands-on, real-tissue environment.



Organ Donation Awareness Seminar “DERMA ORGAN: HARAPAN VS REALITI”



Organ transplantation is a life-saving medical advancement that offers hope to patients with end-stage organ failure. However, these second chances at life depend on the generosity of organ donors. While blood donation is commonly understood and widely practised, organ donation remains a challenging subject due to

limited public awareness and persistent misconceptions. Expanding the donor pool is therefore a critical public health priority.

In conjunction with the upcoming National Organ Donation Awareness Week in August 2025, the Organ Donation Awareness Seminar, titled

“Derma Organ: Harapan vs Realiti”, was successfully held on 22nd July 2025 at the Auditorium, Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia (UKM). The event was organised by the Transplantation and Organ Procurement (TOP) Team, led by Dr Maryam Budiman, Chairperson of the Programme Committee, in collaboration with the Office of the Director of HCTM and the National Transplant Resource Centre (NTRC).

The seminar was officially launched by Dato' Dr Azmi Baharudin, Director of HCTM, who reaffirmed the hospital's ongoing commitment to promoting organ donation as a national health agenda.



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Hospital Canselor Tuanku Muhriz, UKM
Kuala Lumpur, Malaysia



The main objective of the seminar was to increase public awareness of the importance and life-saving impact of organ donation. It also aimed to provide accurate and accessible information on the processes, procedures, and eligibility involved in organ donation, while addressing common myths and cultural concerns. Ultimately, the seminar hoped to encourage voluntary organ donor registration and strengthen engagement between the public and healthcare professionals in fostering a supportive and informed community around organ donation.

The seminar featured a keynote address by Dr Hasdy Haron, Deputy Director of Clinical Operations, NTRC, followed by a panel forum moderated by Dr Lydia Kamaruzaman, Consultant Nephrologist, HCTM. The panel brought together a diverse group of speakers: Dr Hasdy Haron; Puan Mashita Ramli, a family member of an organ donor; and Puan Marina Mohtar, an organ recipient. Their heartfelt sharing and professional insights provided a powerful platform for understanding both the emotional and medical realities of organ donation.

Held in a hybrid format, the seminar attracted 200 in-person participants and 131 online attendees, comprising HCTM staff, medical students, postgraduate trainees, and members of the public. Notably, 50 residents from Bandar Tun Razak, Cheras, were present at the venue, reflecting growing community interest in this life-saving cause.

The event received overwhelmingly positive feedback from participants. Many shared that they gained valuable knowledge about the organ donation

process and felt more confident and aware of the importance of pledging as potential organ donors. This encouraging response reflects a growing public readiness to engage in meaningful conversations around organ donation and to take action in support of it.

The success of the seminar was made possible by the collaborative efforts

of the Corporate Communications Department and the Broadcasting and Multimedia Department of HCTM, whose seamless coordination ensured the smooth delivery and wide outreach of the event.

An NTRC exhibition booth was set up at the auditorium foyer, offering informative materials and visual displays on organ donation and transplantation. Visitors had the opportunity to engage with NTRC staff, ask questions, and collect educational resources to share within their own communities.

In summary, "Derma Organ: Harapan vs Realiti" was a meaningful step forward in the mission to improve organ donation awareness in Malaysia. Through education, community engagement, and shared stories of hope and healing, the seminar inspired many to view organ donation not just as a medical procedure, but as a profound gift of life.





One of the ICU cubicles



Operating room

NEW HORIZON OF KAJANG HOSPITAL

Dr Noorazwati Ismail

Hospital Kajang
Selangor, Malaysia

The Department of Anaesthesiology and Critical Care at Kajang Hospital provides perioperative and intensive care services to patients within the Klang Valley Hospital Cluster 4. The mission of this department is to deliver high-quality anaesthesia, critical care, and pain management services through collaboration with various clinical disciplines.

The services include the Operating Theatre (OT), Anaesthesia Clinic, Acute Pain Management, Critical Care Unit (ICU), and Respiratory and Hemodynamic Support Unit. The department is equipped with three operating theatre rooms and 6 ICU beds in the main block. In 2023, a total of 5,900 surgeries and procedures were successfully performed, encompassing cases from various departments, including General Surgery, Orthopaedics, Obstetrics and Gynaecology, Oral and Maxillofacial Surgery, Special Care Dentistry, Psychiatry and Mental Health, and Pediatric Dentistry. A total of 439 patients were admitted to the ICU, while the Anaesthesia Clinic recorded 2,595 patient attendances.

The opening of the Women and Children's Complex presents new opportunities to enhance the quality of patient care services in Kajang town. The complex is equipped with six operating theatres, six High Dependency Ward beds, and six ICU beds, two of which are equipped with negative pressure isolation rooms.

On 6th January 2025, our Anaesthesia Clinic started receiving referrals from various departments. Patients are reviewed and screened to ensure their medical condition is optimal before undergoing elective surgery.

The operating theatre officially began operating on 13th January 2025. Obstetric, gynaecology, paediatric surgical and orthopaedic cases were done here. A paediatric airway case was also performed here by the visiting paediatric ENT team from Serdang Hospital.

ICU also received its first admission on 17th January 2025, and subsequently a few other cases, including paediatric postoperative cases.



In addition to anaesthesia and critical care services, this department also provides Acute Pain Management services, including maternity and postoperative patients.

The department is pleased to receive the visit of the Head of National Anaesthesiology and Critical Care Specialist, Ministry of Health Malaysia, Dr Haji Mohd Rohisham bin Zainal Abidin, together with the Head of Selangor State Anaesthesiology and Critical Care Specialist, Dr Norhaslinda binti Abdul Hashim, and accompanied

by the Head of the Department of Anaesthesiology and Critical Care, Putrajaya Hospital, Dr Aminuddin bin Ahmad, to review the operation of this new complex.

The establishment of the Women and Children's Complex is highly anticipated by various disciplines, as it will provide comprehensive medical services to women and children. It also encourages and motivates the Anaesthesiology and Critical Care team to provide the best treatment and service to our patients in the future.



Welcoming the Anaesthesiologists 2025

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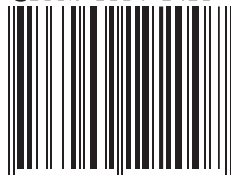
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