

# BERITA Anesthesiologi

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



**Malaysian Society  
of Anaesthesiologists**



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## *Message from the President of MSA*

Hi friends,

Buenos Dias!!

I started writing this while I was in Buenos Aires attending the **World Congress of Anaesthesiology** and decided to tell you how things are here as I have a bit of free time. Now, South America is a place one certainly has to visit. I started off in Rio de Janeiro viewing the Ipanema Beach, Sugar Loaf Mountain and Christ the Redeemer. I proceeded to Iguazu Falls and then to Macchu Picchu. I have a word of advice and that is to visit these places when our musculoskeletal system does not protest on extreme exertion. Buenos Aires was entertaining, tours by day and tango by night.

The Malaysian Society of Anaesthesiologists just conducted the Annual Scientific Meeting themed "**Riding The Waves Of Change**" from the 19<sup>th</sup> to 22<sup>nd</sup> April 2012 at The Zenith Hotel, Kuantan, Pahang. The Organising Committee took great efforts to ensure that everything went on smoothly and the Scientific Committee provided an excellent programme for the participants. I would like to wish the team headed by Dr Asmarawati thunderous congratulations for hosting such a wonderful conference!

Well, we won the bid for the AOSRA in 2013 and preparations are under way for our 50<sup>th</sup> MSA Golden Anniversary / AOSRA-PM from the 19<sup>th</sup> to 22<sup>nd</sup> June 2013, at the **Borneo Convention Centre Kuching, Sarawak**. As it is a jubilee celebration for the Society, you can stretch your imagination trying to fathom the kind of activities that we are organising

to make all of you remember this event for the next 50 years. The Scientific Committee is working overtime to put their act together and do remember that the scientific programme covers Regional Anaesthesia, Pain Medicine, Paediatrics, Obstetrics and the rest of it. The social programme is going to be exhilarating with a theme that will leave everyone shining!! Better take note of the dates so that you can maximise the workshops and find time to visit the amazing spectacles of Kuching whilst indulging the delicious seafood. The website is [www.aosra2013.org](http://www.aosra2013.org).

The last **Berita Anesthesiologi** was filled with numerous colourful reports of our activities i.e. Anaesthesia Day celebrations, the visit of our colleagues from Laos, a report from our British medical student and CME activities. I am indeed proud that our members are taking efforts to seek help from the Society to organise a wide range of CME activities and proceeding to give in their reports. *Syabas* to the editor for the informative and inviting newsletter!

I need to remind you that the **National Anaesthesia Day 2012** is approaching and this year, the Executive Committee has decided that all hospitals will concentrate on **Day Surgery**. The theme for this year is "**Surgery In A Day - What Do You Have To Say?**" I hope that as far as possible, we can remain united in trying to propagate day surgery in the country and this early announcement is in lieu of requesting our state heads to collaborate with the private and public hospitals

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within each state to achieve this. Remember, 16<sup>th</sup> October is the big day for us... We need to make our presence felt, accept appreciation and put our messages across to the public to remind surgeons about requesting for Day Surgery. How about that?

Colleagues, I just wanted to share with you a buzz word that we should be looking at and working on in any organisation called "performance indicators".

A **performance indicator** or **key performance indicator (KPI)** is an industry jargon for a type of performance measurement. Key performance indicators define a set of values used to measure against. There are many different types of indicators but let us concentrate on clinical indicators.

### What is a clinical indicator?

A clinical indicator is simply a measure of the clinical management and/or outcome of care.

KKM ANAESTHESIA INDICATORS	STANDARD
Percentage of elective and emergency surgery Patients who receive Acute Pain Service	≥10%
Ventilator Care Bundle (VCB) compliance rate	≥80%
Department Mortality and Morbidity Meetings	At least 6 times in 6 months
Percentage of patients awaiting emergency surgery for more than 24 hours due to lack of OT time	≤1%
Incidence of Intubation in the Recovery Room	≤0.3%
Percentage of post-operative patients leaving the recovery room with pain score ≥ 4	≤10%
Percentage of patients undergoing elective surgery who are assessed in the anaesthetic clinic	≥30%
Percentage of patients having a pain score of ≤ than 4 within the first 24 hours after surgery	≥75%
Percentage of elective surgery cancellation after pre-operative assessment in the Anaesthetic Clinic	≤10%

I have shared with you some indicators that have been used by the anaesthesia services under KKM. The last two are new ones which will be used from this year. I will be grateful if anaesthetists from private hospitals and universities can write in and share with us what you are doing in your organisations.

May I have some feedback on what the MSA can do to aid the members in terms of identifying pertinent indicators, monitoring and providing feedback?

Before I end, I want to extend our condolences on behalf of the MSA to Datin Radha and family on the recent demise of Datuk Dr S Radha Krishna. It was really a sad moment for me as I was already in Argentina when I heard the news. He was my role model and I will always treasure the moments we worked together. I could never get up at 5 am and call daily about the progress of the ICU patients but for Datuk. I will never forget you and your dedication and commitment to your work. I was blessed to have been able to work with you.

*It's possible to go on, no matter how impossible it seems, and that in time, the grief... lessens. It may not go away completely, but after a while it's not so overwhelming.*

Muchas gracias!

e

**aosra-pm**  
SARAWAK 2013

**12<sup>th</sup> Asian & Oceanic Society of Regional Anaesthesia & Pain Medicine Congress**

**"Exploring the World of Regional Anaesthesia & Pain Medicine"**

**19<sup>th</sup> to 22<sup>nd</sup> June 2013**

**Kuching, Sarawak Malaysia**

[www.aosra2013.org](http://www.aosra2013.org)

supported by

Logos of supporting organizations: Malaysian Association for the Study of Pain, Asian and Oceanic Society of Regional Anaesthesia, Malaysian Society of Anaesthesiologists, College of Anaesthesiologists, Sarawak Health Department, and Malaysia.



# WFSA 2008-2012: A look back over four years

The WFSA works in four-year cycles, each beginning and ending with a World Congress of Anaesthesiologists so this is always a good time to look back and review our activities. The Management Group, the Executive and all of our Committees have been busy and I believe we have accomplished a great deal. I would like to highlight some of the most notable achievements. Complete reports from all the committees will be available on the WFSA website and will provide a great deal more detail but here I just want to focus on some of the highlights of the cycle.

## Training Programmes

Besides continuing support for our longstanding anaesthesia training programmes, we have introduced some new ones. In Fortaleza, Brazil, we have a programme in Regional Anaesthesia. This is a partnership between CLASA, the Brazilian Society and the WFSA. Led by Dr Danielle Dumaresq, the trainees are exposed to all of the modern techniques in regional anaesthesia including ultrasound use. There is a strong didactic programme and lots of hands-on practice and the young anaesthesiologists return home confident in their new skills. So far, we have trained Fellows from Peru (2), Colombia (2) and Cuba (1), with two from Mexico arriving shortly.

## Pain

We are making major efforts to improve the management of pain and in South America, we have another new programme, this time in Pain Management. This training programme, in Buenos Aires, Argentina, is led by Dr Juan Carlos Flores and supported by CLASA, the Buenos Aires and Argentine Societies. The trainees study various modules on-line before spending time in Buenos Aires where they are introduced to multimodal techniques in the management of chronic pain. They are able to keep in touch with the pain centre when they return home. The trainees so far have come from Chile, Honduras, Mexico, Ecuador, Colombia and Peru with others due to arrive from Venezuela, Mexico and Guatemala.

WFSA has also funded a research project in postoperative pain by Dr Diana Finkel from Buenos Aires. She will be assessing, via a questionnaire, the effectiveness of postoperative

pain relief in several centres. Then, following an educational intervention with anaesthesiologists, she will re-do the survey in order to assess the effectiveness of the intervention in changing practice.

We also have a one-year Pain Fellowship in Bangkok which is co-sponsored by IASP. We have taught Fellows from Malaysia, Laos and Mongolia with others from Nepal and Vietnam arriving this year. Currently, we are working with IASP to establish a similar programme in South Africa.

Drs Roger Goucke from Australia and Wayne Morriss from New Zealand have developed The Essential Pain Management Course. This is an introduction to basic pain management and is aimed at physicians, nurses and pharmacists. It gives them the tools to understand the nature of pain, why it should be treated and the obstacles to effective treatment. By reviewing the issues in each local environment, it is hoped that a better understanding will be created and pain management planning can become consistent and effective. The course has been supported by the Australia New Zealand College of Anaesthetists (ANZCA) and by the WFSA. It has been trialed successfully in Fiji, Rwanda and Tanzania. Ongoing funding has been committed to this project by the WFSA.

## Teaching

Another very successful effort has been our Teach the Teachers (later named ISIA) project, co-sponsored by the European Society of Anaesthesiologists. It began in Eastern Europe with young anaesthesiologists from Serbia, Moldova, Bulgaria, Slovakia and Poland. The second course included trainees from Romania, Slovenia, Hungary, Greece and Macedonia. Now it is in its third iteration with other European countries (Croatia, Malta, Latvia, Georgia, Turkey and Lithuania), and its first course in Russia, with Belarus, Ukraine and Uzbekistan also participating. The course is dedicated to improving teaching in anaesthesiology. Not everyone is a natural teacher but the skills can be learned and developed. What is most gratifying to see is that young anaesthesiologists' from the early courses are now teaching in the later programmes and also organising modules in their home countries. Altogether, we will

have assisted about 80 young teachers of anaesthesiology to improve their teaching skills.

These courses are much in demand and, thanks to an unrestricted grant from Baxter International Inc and the efforts of the Colombian Society of Anaesthesiologists (SCARE), a course for Latin American anaesthesiologists is now underway. It will be a little bit different from the European courses, making more use of advanced computer modules before the participants come together in Bogota to do the final part of the course. These are very exciting developments and it is our intention to bring them to Asia and Africa as soon as that is feasible.

## Tutorial of the Week

A very popular programme, organised by the Publications Committee, is the Tutorial of the Week. This is a peer reviewed, educational tutorial on a different topic every week which is available on the WFSA website. For colleagues who have difficulty obtaining textbooks, and for trainees who just want to use on-line learning methods, this provides an excellent, in-depth analysis of a particular topic with pre- and post-assessments. It is accessed on-line by people from all over the world.

## WFSA Symposia

One of our most recent developments was the formation of a Scientific Committee. This committee was given several tasks all of which they have accomplished with ease. First of all, WFSA wished to have a higher profile at regional scientific congresses. So the Scientific Committee has organised WFSA Symposia at many meetings such as the ESA and AACA meetings. At others, such as the All African and SAARC meetings, we have organised workshops. All of the content has been topical and the attendance and feedback excellent. The Scientific Committee also reviews educational programmes where WFSA support is requested so that our name and logo are associated only with approved scientific content.

## Research Competition

Perhaps the most major achievement of the Scientific Committee has been the development of a research competition for young anaesthesiologists. We have long believed that we needed to support research

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as the next step in educational development. It can be very difficult for academics in low-income areas to obtain the kind of training they need to be able to develop academic research programmes. With this competition, we have been able to fund three young colleagues from Moldova, China and Russia to study abroad with appropriate experts. They all submitted excellent research projects and will now be able to take them to completion and return home with knowledge and expertise to further develop research in their own departments. WFSA will continue funding this programme in 2012.

### **Obstetric Anaesthesia**

We all know that maternal mortality rates in some parts of the world are forbiddingly high and need to be reduced. Lack of access to safe obstetrical anaesthesia plays a major role in maternal mortality. The Obstetric Committee, together with the Obstetric Anaesthesia Association, the International Journal of Obstetric Anaesthesia and Elsevier, supported by a grant from Baxter International Inc, has produced a two CD ROM set of articles, lectures, refresher courses and information for patients. So far, about 3,000 have been distributed free-of-charge.

In addition, WFSA has funded courses in obstetric anaesthesia where the safe and appropriate management of obstetric patients is taught. This is a new joint venture between the WFSA, AAGBI and the WHO. The first course was piloted in Uganda and was very successful. The next course will be in Bangladesh.

WFSA has signed on to the UN Secretary General's effort to achieve Millennium Development Goals 4 and 5 i.e. to reduce childhood and maternal mortality. We have had discussions with our sister society in Obstetrics i.e. FIGO and we hope to be able to develop some joint projects.

### **Paediatrics**

Thanks to a donation from the American Society of Anaesthesiologists, Professor Rebecca Jacob's book on Paediatric Anaesthesia has been translated into Spanish and distributed free-of-charge in Latin America. The book has also been translated into French and distributed without cost in French-speaking Africa. WFSA would like to thank all of those who volunteered to do the translations.

### **Physician Wellbeing**

While always having the health and welfare of the patient at the forefront, it is also important

to remember that we need to take care of ourselves. Our Working Group on Physician Health has been conducting surveys and publishing research on matters relating to the wellbeing of anaesthesiologists. WFSA sees this as so important that the Working Group will become a permanent committee. We will look forward to further information and follow-up from them in the future.

### **Communication**

If you have been on-line, you will have noticed our much improved website. We are constantly trying to make it more useful and interactive. Obviously, in order to attract the younger anaesthesiologists, we will need to improve our activities on the modern social media like Twitter and Facebook. Just watch us!

Instead of publishing our own Newsletter, we have improved communication via regular newsletters distributed through regional sections and member societies and published in their newsletters and on websites. This has kept our members much more up-to-date with our activities. I must thank all of the editors and webmasters for their cooperation in this effort.

### **WFSA Management**

The WFSA is not the easiest society to organise and manage because of its world-wide scope and the fact that our members live so far from each other. It is difficult to meet face-to-face. We have worked hard to update our procedures. We use conference calls to keep in touch more frequently than face-to-face meetings allow. We have modernised our approach in meetings, utilising small group and plenary sessions, to make them much more productive and useful.

We have introduced project based funding for all of our committees so that those which are active and have good ideas can compete for funding. This has improved and supported the quality of all of our activities. We have made great efforts to collaborate with other groups within and outside of anaesthesia and this has also enabled us to support more projects and to improve the level of our educational efforts. We are immensely grateful to all of those who have worked with us over the past four years.

The Management Team has spent some time going through a strategic review process and we will be working on that with the Executive Committee at the meetings in Buenos Aires. We will come up with a blueprint that will take the Federation through the next four years.

### **Lifebox**

I have left Lifebox until last because there is no doubt that this is the largest project we have ever undertaken and one of the most successful. It grew and developed from the pilot project of the Safety and Quality Committee begun in 2004 in Paris. With the persuasive efforts of Alan Merry, Iain Wilson and others to include pulse oximetry as an essential part of the WHO Surgical Safety Checklist, the die was cast. All anaesthesia providers had to have access to an oximeter. The question then was, how could that be achieved? With the coming together of WHO, Dr Atul Gawande of Harvard, the WFSA, the AAGBI and many, many other people, the dream is slowly becoming a reality. Lifebox, the charity, is the result of massive efforts to produce and distribute a suitable, low cost oximeter to those in need. An educational package has been developed to go with it and, thanks to our many partners and national society members, training and education are being provided where necessary. We have a long way to go before the 80,000 operating rooms in need are equipped with oximeters but the response to the project has been overwhelming. Anaesthesiologists all over the world have taken this to their hearts and are working hard to make easier the lives of their colleagues in low income countries and to improve patient safety wherever anaesthesia is administered.

### **Conclusion**

So, in summary, it has been a busy and productive four years. I believe we have accomplished a great deal. We have become more efficient and effective than ever before. We are partners with many different organisations in education, research and patient safety. I would like to thank all of those who have contributed to our efforts. There are too many to name individually but the list includes not just anaesthesiologists but all of those who work with us, and for us, in any capacity. We are immensely grateful for your efforts. WFSA has been recognised as the organisation which speaks for anaesthesiologists all over the world. The next four years should bring even more challenges but I have absolutely no doubt that the WFSA will be able to rise to all of them.

**Angela Enright**  
Immediate Past President





# Report on the 8<sup>th</sup> Paediatric Anaesthesia-Analgesia Workshop, HSAJB 16<sup>th</sup> - 17<sup>th</sup> December 2011

This workshop was a late addition to the anaesthesia yearly planner. When given the task of organising it in mid-September, I was a little worried that three months wouldn't be enough. Initially, I was faced with a lot of negativity and adversity. It was the end of the year. With the hospital budgets running low in the last month, it would be very difficult to get participants to pay the workshop fees although it did not seem like a big amount.

Lucky for me, the BBraun representatives were ready to help with designing the application leaflet. Now all I had to do was come up with a list of topics!

It took about a month just to confirm the speakers and decide on the lecture topics and content. Drs Sushila, Nik and Hamidah were ready with some ideas and the final list was compared with previous workshops to avoid repetition. It was decided that this year we would concentrate on some airway topics – "Laryngospasm in children", being one of the most terrifying incident a trainee would face during paediatric anaesthesia and handling the "Difficult airway in children". Apart from that, regional anaesthesia in children made up the rest of the major topics. Our target audience was the occasional anaesthetist for paediatric cases.

It took a lot of phone calls and cajoling before I got some confirmation from the various anaesthesia departments around the country that they would send participants. Sometimes, it was difficult to find the time to do this and often days would go by without being able to contact any prospective participants. One major worry was that there would be too few

participants and the workshop would run at a loss!

The surgeons were really helpful in getting cases for me and the final list of patients was settled about a month before the workshop.

So I had the dates booked, the anaesthesiologists, the patients, the seminar room, the OT, the surgeons... but was that enough?

Three weeks before the workshop I felt the urge to bite my nails because only three people had registered! A number of doctors I called reassured me that they were waiting for the LPOs from their respective hospitals. I just prayed that a miracle would happen and we would at least break even.

To my surprise, the numbers for the participants swelled after the deadline on the 9<sup>th</sup> December, 2012. The final list was 42 in number from as far as Sarawak and Ipoh. Instead of being delighted at the great response, I experienced a fresh wave of stress on the morning of the workshop because the seminar room was too small! Luckily, I was blessed with some great assistants who helped me when I needed it the most. Dr Ju and Dr Mai - if I ever venture to do something like this again you can be sure you'll be at the top of my list. We managed to get a bigger hall and moved there after lunch.

The first day of lectures went by smoothly and we had a surprise visitor in the afternoon - Datin Sivasakthi herself. While the participants were a little shy in the beginning and had to be 'volunteered' to answer questions, I found them warming up and becoming very enthusiastic during the clinical case discussions held in



between the lectures.

The second day was the hands-on demonstration in Paediatric Anaesthesia in OT. I found the participants very eager to learn and they even followed the patients' right up to the recovery room to observe. We had a live model (adult male - I couldn't get anyone to volunteer their children) for Dr Nik and Dr Hamidah to show some of the main structures via ultrasound in between cases.

Organising a workshop at the end of the year was a daunting task but the response was impressive! From the feedback we got, I think the participants gained a lot from it. Special thanks to Assoc Prof Datin Dr Norsidah Abdul Manap and College of Anaesthesiologists, Dr Sushila, Dr Nik, Dr Hamidah, to my team in HSAJB and to May Choo, Chern Ling (BBraun), Alan (Sonosite) and Loke (GE Healthcare) for their encouragement and support.

*Malaysia Boleh!*

**Dr Lakshmi Thiyagarajan**  
Paediatric Anaesthesiologist  
Department of Anaesthesia and  
Intensive Care  
HSAJB



## Sarawak General Hospital 1<sup>st</sup> Basic Ultrasound in Emergency & Critical Care Workshop 2012

*Report by Dr Peter Tan*



Dr Mohammad Fadhly sharing his expertise with the participants

Sarawak General Hospital's (SGH) 1<sup>st</sup> Basic Ultrasound in Emergency and Critical Care Workshop 2012 was jointly organised by Department of Anaesthesiology and Intensive Care and Department of Emergency and Trauma on 8<sup>th</sup> January (Sunday) in Dewan Pesona and Intensive Care Unit, SGH. The workshop received an overwhelming response from 25 participants of the aforementioned departments from various hospitals including SGH, Hospital Sibul, Hospital Miri and Hospital Bintulu.

We were honoured to have three facilitators from World Interactive Network Focused on Critical Ultrasound (WINFOCUS) Malaysian group to share their knowledge and skills with us. They were Dr Mohammad Fadhly Bin Yahya (Emergency Physician from Hospital Melaka), Dr Mahathar Abd Wahab (Consultant Emergency Physician from Hospital Kuala Lumpur) and Dr Ahmad Afifi Bin

Arshad (Anaesthesiologist from Hospital Bintulu).

A total of five lectures were delivered covering physics and knobology, ultrasonography of airway and ventilation, focused cardiac ultrasonography, extended focused assessment with sonography for trauma (eFAST), ultrasonography of inferior vena cava and deep vein thrombosis. The theory sessions was followed by three practical skills stations. The day was concluded with another interactive session of case scenario discussion. Generally, the feedback from the participants was very encouraging. We are looking forward to organising a two-day workshop which will cover more extensive topics on ultrasonography in emergency and critical care with a better facilitator-to-participant ratio in the near future.

Another skill station with Dr Ahmad Afifi on eFAST





# REPORT ON FIBREOPTIC INTUBATION WORKSHOP

18<sup>th</sup> January 2012 marked an important event in our calendar as we held our very first fibreoptic intubation workshop in Hospital Kuala Lumpur. It was organised by the Department of Anaesthesia and Intensive Care in collaboration with Malaysian Society of Anaesthesiologists and Endodynamics Sdn Bhd.

The workshop opened up an opportunity for the anaesthesiology master trainees all over Malaysia to have a hands-on experience on fibreoptic intubation. The response to the workshop was overwhelming but total numbers of participants were limited to 40 trainees for better interaction and teaching.

Registration was opened by 7.15 am on that day and the excited participants arrived (some travelled from as far as Miri, Sarawak). The ceremony was officiated by our Head of Department, Datin Dr Sivasakthi, who is also the President of MSA. Our guest speaker and facilitator was Dr Toh Khay Wee, a well-known anaesthetist from Sime Darby Medical Centre with special interest in airway management. He started off the workshop at 7.45 am by giving us a short, up-to-date lecture on fibreoptic intubation and mannequin demonstration.

A short tea break was held which was then followed by the highlight of the workshop, i.e. demonstration on live patients in our main General Operating Theatre. With special thanks to our surgical colleagues from the Department of Oral Surgery, Orthopaedics, Breast and Endocrine and Surgical Department UPM, we managed to recruit four patients with various indications for fibreoptic intubation coming in for elective surgery that day. Participants were divided into four groups and took turns to witness different techniques of fibreoptic intubation, i.e. awake vs. asleep intubation, oral vs. nasal intubation. The remaining three groups of participants watched the event in the OT's AV room via live telecast. Dr Toh covered all aspects of fibreoptic intubation from methods to anaesthetise the airway to tricks and pearls of performing a smooth and non-traumatic fibreoptic intubation on these selected patients. Sister Daiyawathy and her team of GA nurses were of great help in ensuring the smooth transition of patient's transfer from PACU to individual OT.

After the live demonstration, we had a MCQ session relevant to the topic covering anatomy, drugs and troubleshooting during a fibreoptic procedure. A hearty lunch was then followed by a briefing on the fibrescope handling by Mr Eddie Chong, a representative from the Endodynamics company. Mr Eddie shared with us useful information about types and the care of the fibrescopes.

Finally, the much awaited session, i.e. a two hours practical on mannequins by the participants and supervised by specialists. Each participant had a chance to perform intubation on different simulated mannequins.

The workshop ended at 4.00 pm with positive feedback - participants gained priceless exposure, satisfaction with the well-organised workshop and suggestions that it should be held as an annual event. Certificates were given to all participants

Overall, the fibreoptic workshop was a success and on behalf of the organising committee, we thank all the participants, facilitators, medical attendants and nurses for their teamwork.

*Dr Eleanor and Dr Sharifah Nor*  
Anaesthesiologists  
Hospital Kuala Lumpur



Mind opening lecture



The crowd



Dr Toh demo on mannequin



Datin Dr Sivasakthi presenting token to Dr Toh



Preparation before procedure



Dr Toh in action

Fibreoptic intubation trolley





# NEUROANAESTHESIA SYMPOSIUM 2011

By Dr Zarina Abu Kasim, Hospital Kuala Lumpur

'Beyond The New Frontier' was the theme for our first Neuroanaesthesia Symposium. It was held on the 10<sup>th</sup> December, 2011 at the Paediatric Auditorium, Hospital Kuala Lumpur. This was a joint CPD between MSA and Hospital Kuala Lumpur. We had 140 participants out of which there were 20 specialists, 56 medical officers and 62 staff nurses. The participants came from all over Malaysia including East Malaysia. We even had one participant from John Hopkins Hospital, USA. It was a half-day symposium which started at 8 am and finished by noon (after lunch). The participants were divided into two groups after the morning break. The symposium for the staff nurses was held in the Neurology Auditorium.

The event was officiated by the MSA President Datin Dr V Sivasakthi. The Master of Ceremonies for the day was Dr Sheliza Jamil, anaesthetist from Hospital Kuala Lumpur. Our speakers were Dr Azmi Alias, neurosurgeon from Hospital Kuala Lumpur, Dr V Shanti, neurophysician from Hospital Kuala Lumpur, Dr Hari Krishnan, anaesthetist from Sime Darby Medical Centre, Sister Irwati from Neuro ICU, Hospital Kuala Lumpur and Dr Vanitha Sivanaser, Dr Ramanesh, Dr Tan Hung Ling and Dr Zarina Abu Kasim, all anaesthetists from Hospital Kuala Lumpur. We covered a wide range of topics from traumatic brain injury, neurosurgical tumour, neuromedical emergencies, endoscopic surgery, acute pain and nursing care in ICU.

We had five lucky draw winners at the end of the symposium; three staff nurses and two medical officers. The winners won free registration to the Annual Scientific Meeting in Kuantan, Pahang, April 2012.

We had very positive feedback regarding this Neuroanaesthesia Symposium and hopefully it will be a yearly event.





# Obstetric Anaesthesia Symposium

## Hospital Melaka

Obstetric anaesthesia and analgesia is the only area of anaesthetic practice where two patients are being looked after simultaneously. Pregnancy is a physiological rather than pathological state and as such, patients' expectation are high. The majority of workload in this field is in the provision of analgesia in labour and anaesthesia for delivery.

With this in mind, the Obstetric Anaesthesia Symposium was held at the Melaka Manipal Sport Complex, organised by the

Department of Anaesthesiology, Hospital Melaka on Saturday, the 3<sup>rd</sup> December 2011. The chairperson of the symposia was Dr Sukcharanjit Singh. A total of 160 participants attended comprising medical staff from Hospital Melaka and participants from Hospital Kuala Lumpur, Hospital Seremban and Hospital Sungai Buloh.

Participants' registered at 8.00 am.

The opening speech was at 9.00 am by Dr Zainal Abidin Othman, Head of Department of Anaesthesiology, Hospital Melaka, followed by a welcome speech by Datin Dr V Sivasakti as the President of the Malaysian Society of Anaesthesiologists who then officiated the symposia.

This one-day event was filled with lectures by prominent speakers in the

field of Obstetric Anaesthesia; Dr Mohd Rohisham Zainal Abidin, Prof Y K Chan, Prof C Y Lee, Dr Norliza Mohd Nor and Dr Nadia Mohd Noor. The topics for the lectures included introduction, emergency issues in obstetrics, pain management and obstetric analgesia. The symposium ended at 5.50 pm and certificates were provided.

The speakers and the committee members were taken for dinner which they thoroughly enjoyed.

The feedback from the participants were good. Some said that this symposium enlightened them and made them feel better prepared to deal with obstetric anaesthesia and that it should be held more frequently.

*Dr Theng and Dr Sukcharanjit Singh  
Hospital Melaka*



## DENGUE UPDATE

A half-day workshop was held on the 18<sup>th</sup> of February 2012 in the main auditorium in Hospital Kuala Lumpur on management of dengue infection in the intensive care setting. There were 110 participants mainly from the anaesthetic department of Hospital Kuala Lumpur and from other hospitals in Malaysia as far as Sarawak.

The workshop started with a pretest to test the participants on their general knowledge on dengue. It was then followed by a series of lectures by Dr Shanti Rudra Deva, Dr Tai Li Ling and Dr Louisa Chan on pathophysiology, case definition, laboratory test, fluid and blood products management; including intensive care management of dengue. After a sumptuous tea break, the participants were presented with three case discussions that highlighted the variable presentation of dengue infection.

The workshop concluded with a post test session which showed a great increase in the participants understanding of dengue.

*Dr Nahla Ismail  
Anaesthesiologist, Hospital Kuala Lumpur*

### MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS

#### Executive Committee 2012 - 2013

<b>President</b>	Datin Dr V Sivasakthi
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	Dr Maria Lee
	Prof Dr Marzida Mansor
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### COLLEGE OF ANAESTHESIOLOGISTS

#### ACADEMY OF MEDICINE OF MALAYSIA (AMM)

#### Office Bearers 2012 - 2013

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	Dr Mohd Rohisham Zainal Abidin
	Dr Streram Sinnasamy
	Dr Thohiroh Abd Razak



# National Anaesthesia Day 2011

## Hospital Tengku Ampuan Rahimah, Klang

Report by Dr Norhasayani Binti Tahir  
Department of Anaesthesia and Intensive Care



Push harder!!! One of the visitors tried CPR with the help from S/N Hadi, one of our instructors.



Dr Devendran entertaining questions from the visitors.



Dr Hasayani, Event Manager, making sure things were going on smoothly.



The visitors at the poster exhibition.



This is not a kitchen utensil!

World Anaesthesia Day is celebrated every year on the 16<sup>th</sup> of October to commemorate the first successful demonstration of ether anaesthesia by Dr William Thomas Green Morton on the 16<sup>th</sup> of October 1846.

With the theme "Your Safety, Our Priority", for the first time ever, the Department of Anaesthesia and Intensive Care, held the National Anaesthesia Day Celebration outside the hospital. The event was held at Perbadanan Kemajuan Negeri Selangor (PKNS) Complex on Sunday, 16<sup>th</sup> of October 2011 from 10 am-3 pm. The main objective of doing this event outside the hospital was to bring awareness to the public about anaesthesia and the role of the anaesthesiologist. We also hoped to inform the public that the duties of the anaesthesiologist go beyond the operation theatre. We demonstrated the newer and safer methods of delivering anaesthesia as well as sophisticated monitoring equipment for patients to ensure their safety throughout the operation.

Many programmes were arranged for this event. This included slide shows and poster exhibitions. We also displayed various anaesthetic equipment including the anaesthetic machine, monitors and ventilators depicting the scenario in the operation theatre and ICU. For the first time ever, we also included three mini CPR stations where the crowd was given a chance to get their hands on the mannequin. These stations were the top attraction during the event that kept our instructors busy. On top of that, there was a quiz based on the poster presentations.

The response from the crowd was tremendous making the event a great success to the department.



Committee members of Anaesthesia Day Celebrations, Department of Anaesthesia and Intensive Care, Hospital Tengku Ampuan Rahimah, Klang.



# National Anaesthesia Day 2011

## Selayang Hospital

Report by Dr Ahmad Suhaimi Amir

Six years have elapsed since Selayang Hospital last celebrated its **World Anaesthesia Day** which falls on 16<sup>th</sup> October annually. This year, we wanted to prove otherwise and after almost six months of intensive preparation, World Anaesthesia Day was finally launched on the 16<sup>th</sup> October 2011. It was held in the lobby of the main entrance of Selayang Hospital. The primary objective of this event was to educate the public on the importance of anaesthesia and the role of various people behind it as illustrated by the theme **"Your Safety, Our Priority"**



This one-week long event received very warm welcome from the various sectors, and was a hit amongst the general public. The beautifully decorated entrance to the lobby was lined by 33 posters and buntings depicting the

history of Anaesthesia and its timeline since the first public demonstration of Ether in surgery at **Massachusetts General Hospital** on Friday **16<sup>th</sup> October 1846** by **Dr William Thomas Green Morton** using his **"Ether inhaler"**, Hence this date, 16<sup>th</sup> October is now considered as the **World Anaesthesia Day** up until this current era of modern anaesthesia.

In addition to the history of anaesthesia, various other aspects of anaesthesia were also covered including regional, general anaesthesia, display work stations, cardiopulmonary resuscitation and the roles of the anaesthesiologist within and outside the operation theatre complex.



The lobby was equipped with mini intensive care and operation theatre tables and there, our public demonstration on the conduct of anaesthesia was the prime attraction. Towers of balloons, marked with **"Anaesthesia Day 2011"** transformed the lobby into a beautifully decorated alley.

With such an overwhelming response from the crowd, we hope to continue celebrating Anaesthesia Day in the future.



**7<sup>th</sup> Biennial Conference on Cardiopulmonary Bypass**  
**"Theme: New Frontiers and The Extra Mile"**  
 28th June - 1st July 2012  
 Pullman Hotel, Kuching, Sarawak

Organised By: Supported By:

Website: [www.7cpb2012.com](http://www.7cpb2012.com)

Cardiorespiratory Anaesthesiology & Perfusion Unit  
 Sarawak General Hospital Heart Centre

### SCIENTIFIC PROGRAMME

#### • WORKSHOPS

- Day / Date: Thursday, 28<sup>th</sup> June 2012  
 Time: 8.00 am – 5.00 pm  
**Transesophageal Echocardiogram (TEE)**  
 Limited to 40 participants.
- Day / Date: Thursday, 28<sup>th</sup> June 2012  
 Time: 8.00 am – 1.00 pm  
**Hemodynamic Monitoring**  
 Unlimited number of participants.

#### • PLENARIES

#### • SYMPOSIA

### REGISTRATION FEES

Category	16 <sup>th</sup> March - 15 <sup>th</sup> June 2012	On Site
Local Delegates	RM 800	RM 1,000
Pre Congress Workshop	RM 250	RM 400
Foreign Delegates	USD 425	USD 500
Pre Congress Workshop	USD 250	USD 400

For online registration and payments, please log-on to [www.7cpb2012.com](http://www.7cpb2012.com)

The conference Secretariat must be notified in writing of all cancellations. Refund will be made after the Conference. The refund policy is as follows:

- Cancellation on and before 31<sup>st</sup> May 2012 : 50% refund.
- Cancellation after 31<sup>st</sup> May 2012 : Nil.

### INVITED FACULTY

#### Overseas

Ms Chan Tanee (Singapore)  
 Dr Chandrika Roysam (United Kingdom)  
 Prof Davy Cheng (Canada)  
 Dr Florian Nuevo (Philippines)  
 Prof Hwang Nian Chih (Singapore)  
 Prof Jan Poelaert (Belgium)  
 Prof Kim Tae Yop (South Korea)  
 Dr Lim Chong Hee (Singapore)  
 Prof Minoru Nomura (Japan)  
 Assoc Prof Sophia Ang (Singapore)  
 Dr Ti Liah Kah (Singapore)  
 Mr Tim Wilcox (New Zealand)

#### Malaysia

Dr Bahanordin bin Abd Ghapar  
 Dr Haniza binti Zainal Abidin  
 Dr Jamalul Azizi  
 Prof Joanna Ooi Su Min  
 Dr Martin Wong  
 Prof Marzida Mansor  
 Dr Mat Ramlee Md Tahir  
 Dato' Dr Mohd Hamzah Kamarulzaman  
 Dato' Dr Mohd Hassan Arif  
 Dr Mohd Nik Man bin Ahmad  
 Dr Sharifah Ainon binti Ismail Mokhtar  
 Mr Sivakumar Sivalingam  
 Dr Suhaini bin Kadiman

### CONFERENCE SECRETARIAT

#### Edwards Lifesciences World Trade Corporation

Suite 20-14, Level 20, G-Tower, 199, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.

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of Malaysia, hence we move in tandem and are closely linked with the Academy's aspirations. As such, there is a focus on regulatory and credentialing roles such as the National Specialist Register, postgraduate and subspecialty qualification and training, guidelines, liaison with similar bodies and various national issues such as fee scheduling and healthcare financing. As specialist anaesthetists, please seriously consider becoming a member, not merely to get an AM or FAMM attached to your name, or add the AMM membership to your resume, but you will be a part of an important group that is guiding the direction and future of our profession nationally.

### POSTGRADUATE TRAINING AND SUBSPECIALTY EXIT EXAMINATIONS

At the 17<sup>th</sup> Annual General Meeting of our CoA, AMM in Kuantan, Pahang, the Council reported that all the Colleges in the Academy of Medicine of Malaysia have been asked to ensure that their by-laws incorporate their roles in training and certification of the postgraduate and the subspecialty exit examinations. This is in view of the important role we should assume in future.

Unlike in Australia, United Kingdom and elsewhere, where their Colleges conduct the Fellowship examinations, our local postgraduate anaesthesia programmes are run by the Universities (currently in the University Kebangsaan Malaysia, the University of Malaya and the University Sains Malaysia). Since their inception 27 years ago, the universities have slowly unified and from 2008 onwards, they have held conjoint Final examinations. This year however, we create history as Malaysia will at last, have one truly conjoint postgraduate anaesthesia programme. Beginning with this year's June 2012 intake, all three universities will share the same programme with a common structure, syllabus and a conjoint Primary as well as Final examinations. The Conjoint Board (Anaesthesia Specialty) which consists of representatives from the Universities, the Ministry of Health (MOH) and the College of Anaesthesiologists, AMM, oversees the programme and examinations. It is hoped that all future postgraduate anaesthesia programmes will be a part of this to maintain a single programme for the nation.

Unlike the established postgraduate programme, our subspecialty exit examinations namely 'Intensive Care' and 'Pain Medicine' are still new. Thus far, the programme is run by the subspecialty groups in the Ministry of Health for their own specialists. The CoA has supported the subspecialty examinations by way of (minimal) monetary support. The Academy of Medicine of Malaysia has advised all the Colleges to be more aware and involved in their subspecialty programmes and examinations in view of future accreditation requirements. A 'Postgraduate board' is likely to be formed to streamline training, examinations and certification for the subspecialties.

### RESUSCITATION COUNCIL OF MALAYSIA (RCM)

Our CoA representative, Dr Thohiroh Abdul Razak, represents the Academy of Medicine of Malaysia on the RCM. This is a group of

organisations promoting and representing CPR and resuscitation medicine in Malaysia and it hopes to come out with common guidelines for our practice.

### SPECIAL INTEREST GROUPS (SIGs)

Do you know that there are eleven (11) SIGs in our CoA at the moment? Check it out in our website at [www.acadmed.org.my](http://www.acadmed.org.my). It may sound too many but we already have another request. Neuroanaesthesia SIG will be our new one this year. I do not expect every SIG to be hyperactive, organising workshops or conferences every year but this is one way to get a group of interested people in a specialised field of anaesthesia together, promoting, updating and sharing their knowledge. How else can one be in touch with an expert in our growing number of anaesthesiologists in this country? The CoA will also in time, need the input and feedback from the SIGs with regard to the level of core competency expected of their subspecialists.

### NATIONAL SPECIALIST REGISTER (NSR) AND CPD PROGRAMME

We now have 348 specialists registered under 'Anaesthesiology and Critical Care' in the NSR, with 57% from the private sector. I cannot emphasise how important it is for you to register with the NSR if you want to be recognised as a specialist once the Medical Act is passed. The on-line CPD programmes are being fine-tuned or developed to cater for our Annual Practising Certificate as well as NSR renewal. The MOH, the AMM and the MMA will each be responsible for capturing the on-line CPD points for different groups of doctors. As you can see, preparation is being made for the NSR to become mandatory. It is imminent so please do not wait as your application may take some time. Download the forms at [www.nsr.org.my](http://www.nsr.org.my). Do not say you have not been warned.

### 46<sup>TH</sup> MALAYSIA-SINGAPORE CONGRESS OF MEDICINE (MSCM) AND NATIONAL ETHICS SEMINAR

The 46<sup>th</sup> MSCM will be held from 12<sup>th</sup> to 14<sup>th</sup> July 2012 in the Shangri-La Hotel, Kuala Lumpur, with the theme 'Cardio Metabolic Diseases: Are We Up for the Challenge?' The AMM will induct our new AM and FAMM members at a formal ceremony. The National Ethics Seminar organised by the AMM, the MOH and the MMC will be held on 15<sup>th</sup> July 2012, also at the Shangri-La Hotel, Kuala Lumpur. It features the interesting topics 'Stem Cell Research and Therapy' and 'Assisted Reproductive Techniques'. Please attend if you are free and collect your CME points!

Thank you for reading this far, because sometimes I wonder how many will actually read what is written in this column. Thank you also to those who actually responded to my calls. You make me feel like I am talking to someone out there, so feel free to keep in touch!

**Assoc Prof Datin Dr Norsidah Abdul Manap**  
President, College of Anaesthesiologists, AMM  
[nmanap@ppukm.ukm.my](mailto:nmanap@ppukm.ukm.my)





# Message from the President, College of Anaesthesiologists, AMM



I thought I was reasonably good at multi-tasking and getting things done on time. I believed I could get this message written in Buenos Aires or Kuantan, but it was not to be. Sorry editor, for this overdue message, but being late means I can include more of the latest news!

## ANAESTHESIA CONFERENCES

Since the last message, we have had two important anaesthetic meetings. The 15<sup>th</sup> World Congress of Anaesthesiologists (WCA) of the World Federation of Societies of Anaesthesiologists was held from 25<sup>th</sup> to 30<sup>th</sup> March 2012 in Buenos Aires, Argentina. With over 9,000 delegates and at least 17 concurrent sessions and workshops, it was a huge and busy meeting. The Malaysian contingent (namely the Malaysian Society of Anaesthesiologists, the College of Anaesthesiologists, and the Malaysian Association for the Study of Pain) had a booth, with some of our committee members publicising and promoting the upcoming AOSRA-PM 2013. I had a new experience with the digital poster sessions, where every presenter had exactly twelve minutes (before the poster switches to the next one) to present their poster orally and have a short interactive session with the chairpersons and the attendees. Of course, there was the shopping, tango shows and sightseeing such as the awesome Iguazu Falls, El Calafate glaciers, nearby Uruguay and other places of interest. I guess all these made up for the long journey to-and-fro, which we had to endure. The next WCA will be in Hong Kong in 2016, so mark the event in your calendar as you must attempt to experience this gigantic meeting at least once in your anaesthetic career!



The other important meeting was our own CoA's and MSA's **Annual Scientific Meeting and Annual General Meeting** held at The Zenith Hotel in Kuantan, Pahang, from 19<sup>th</sup> to 22<sup>nd</sup> April 2012. It was very successful and well attended with more than 870 delegates. There will be a write-up in the Berita Anesthesiologi to elaborate more on this event. I will, however, focus on our recent AGM later in this message. But firstly, we have hot news from down under.

## WITHDRAWAL OF ANZCA TRAINING PROGRAMME

We received news that the ANZCA training programme will be withdrawn from South-East Asia (Hong Kong, Malaysia and Singapore). This coincides with the implementation of a major change to its curriculum in 2013. The ANZCA also clarified that it originally offered its training programme in South-East Asia in order to support nations without specialist training programmes. Now that world-class training programmes have been developed in Hong Kong, Malaysia and Singapore, the ANZCA's role in South-East Asia has been fulfilled. Those registering as their trainees from 21<sup>st</sup> April 2012 onwards, will not have their training recognised in our region - they need to be trained in Australia / New Zealand for the whole programme. This is rather sudden and will inconvenience many potential trainees. We will have to explore other ways of working together, such as in training attachments and reciprocal recognition with ANZCA and other bodies.

## PRIMARY FELLOWSHIP, COLLEGE OF ANAESTHETISTS OF IRELAND (FCAI) – MCQ EXAMINATION IN MALAYSIA

Just as suddenly, we also received news that the Multiple Choice Questions (MCQ) examination of the Primary Fellowship, CAI, will be held on Wednesday 13<sup>th</sup> June 2012 in Perdana University, RCSI School of Medicine. This is good news and may encourage more candidates to sign up for the Irish examinations. More details about the programme are available at [www.anaesthesia.ie](http://www.anaesthesia.ie). We need to explore the possibility of future collaboration and training recognition with the CAI.

## ROLE OF THE COLLEGE OF ANAESTHESIOLOGISTS (AND A PLEA FOR MEMBERSHIP)

The CoA seems to be a small and privileged group, as our Ordinary Membership stands at 155 members, including 42 Fellows. We are governed by the Constitution of the Academy of Medicine

*continued on page 11*