

BERITA Anesthesiologi

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



**Malaysian Society
of Anaesthesiologists**



**College of Anaesthesiologists,
Academy of Medicine of Malaysia**

EDITORS

*Dr Gunalan Arumugam
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Message from the President of the MSA



It is never too late to wish the anaesthetic community a happy and prosperous 2016. It has been an active 2015 for me, as your President, with attendance at various meetings in the region. I attended a meeting on Total Intravenous Anaesthesia (TIVA) in Shanghai, followed by a meeting in Jaipur, India. The aim for the travels was basically not only to reinforce, but also to form new bonds. During my travels to China, we covered the aspects of doing combined research/studies on the Asian population for the development of anaesthetic practices. A similar conversation was held with our Indian counterparts in Jaipur, India.

We had our 2015 Annual Scientific Congress (ASC), combined with Asian Society of Paediatric Anaesthesiologists (ASPA) meeting in Penang. The meeting was a resounding success with over 1,000 delegates. The scientific programme covered a wide array of topics, covering the

length and breadth of anaesthesiology. It wouldn't be fair to pass an opportunity to comment on ASPA as the Paediatric Anaesthetist were treated to a display of topics and speakers in their field. I wish to thank Dato' Dr Jahizah and her team for a job well-done for the local organisation of the event. Further, I wish to also mark my appreciation to both the Scientific Chairmen, Assoc Prof Dr Raha and Dr Felicia Lim, as well as their team, for coming up with an excellent scientific programme.

The National Anaesthesia Day was celebrated with great pomp and festivity at Menara KL. The event was organised by the Department of Anaesthesia and Intensive Care of Hospital Kuala Lumpur. You can read more about the celebrations done in Kuala Lumpur, as well as various other hospitals in the next few pages.

The Honourable Deputy Minister of Health, Dato' Seri Dr Hilmi Yahaya officiated this event. The 2015 Anaesthesia Year Book was also launched at the event. The 2015 Year Book is now indexed with an ISBN number. I wish to congratulate Assoc Prof Dr Ina and Assoc Prof

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Dr Muhammad Maaya for their achievements in editing the Year Book. Concurrently, we launched “A Patient’s Guide to Anaesthesia and Surgery” which was a guide book for patients, that was edited by Abbvie and released for the benefits of patients.



On a lighter note, the Malaysian Society of Anaesthesiologists, together with the Department of Anaesthesia and Intensive Care of Hospital Sultanah Aminah, Johor Bahru, ended 2015 with an entry into the Malaysian Book of Records for the



feat of the largest number of people engaged in a hand wash relay. There were a total of 816 participants. Kudos to Dato’ Dr Balan and his team for having taken the initiative in organising the event and you can read

more about the event in this edition of the newsletter.

To begin our string of courses and meetings for 2016, members can look forward to an Advance Airway Management Course, which will be held on the 28th and 29th of February at the Department of Anaesthesia, Pusat Perubatan Universiti Malaya.

The Registrar of Society has approved our application to move our Annual General Meeting (AGM) before the 30th of April to the 30th of June each calendar year. As such, this year, our AGM will be held on the 29th of May 2016. At the time of writing this message, the venue for the AGM has not been confirmed as yet. We will update the information on the website and via email to the members.

This year, the ASC will be combined with the Satellite Symposium of the World Congress of Anaesthesiology on Obstetric Anaesthesia. It will be held from the 25th of August to the 27th of August 2016, at Berjaya Times Square, Kuala Lumpur. We look forward to meeting you there.

I end my message by wishing our Chinese members “Gong Xi Fa Cai” and for everyone else, “Happy Holidays”.

Dr Raveenthiran Rasiah



Welcoming the New Anaesthesiologists, MMed Anaesthesiology November 2015

Universiti Kebangsaan Malaysia

- Dr Nor Anilah Binti Mohamad
- Dr Fakhirudin Bin Razali
- Dr Lavitha A/P Vyveganathan
- Dr Shariffah Raguhan Binti Syed Othman
- Dr Afiza Hani Binti Md Pazil
- Dr Haslini Binti Lias

University of Malaya

- Dr Huda Binti Zainal Abidin
- Dr Razita Binti Abdul Razak
- Dr Mohd Nor Azri Bin Ab Wahab
- Dr Nur Fadhlina Binti Arifin
- Dr Fung Eng Ming
- Dr Subashini A/P Mariah
- Dr Farah Fatmawati Binti Che Wil
- Dr Chong Soon Eu
- Dr Mohd Hasyizan Hassan

Universiti Sains Malaysia

- Dr Subhashini A/P Jahanath
- Dr Joyce Tien Siew Ling
- Dr Ramona Maya Paran
- Dr Navina Thiagarajah
- Dr Won Kang Lin
- Dr Lim Sok Hoon
- Dr Ng Sow Mei
- Dr Ng Sze Teck
- Dr Irene Lau Yeo Ling
- Dr Phang Lee Fern

National Anaesthesia Day 2015

Hospital Kuala Lumpur

Report by Dr Padma Priya Bathumana Appan

NATIONAL ANAESTHESIA DAY



2015

What comes to mind when we hear the word anaesthetist? For the person on the street, it may mean nothing more than the person who 'puts you to sleep' for an operation. Even among our medical brethren, the anaesthetist is regarded as somewhat of a mystery. Always busy with complex machines and drugs and frequently hidden behind a mask. However, every

October, this mask is lifted to showcase the immense contribution that anaesthesia and anaesthetists have made to modern medicine. World Anaesthesia Day is universally celebrated on the 16th October to commemorate the first successful administration of anaesthesia on that very day in 1846. Hospital Kuala Lumpur (HKL) is no stranger to these celebrations, having conducted many such campaigns in the past. This year proved to be no difference with a plethora of activities organised for the public, as well as healthcare workers from the 12th October until the 23rd October 2015.

The celebrations kicked off on the 12th October 2015 with an exhibition on anaesthesia and the services offered by HKL's Department of Anaesthesia and Intensive Care. This exhibition ran from the 12th October 2015 until the 16th October 2015 at our SCACC (Specialist Complex and Ambulatory Day Care Centre) building and reflected the theme of Anaesthesia Day this year: 'Safe Anaesthesia is a Basic Human Right'. On the final day of the exhibition, we also organised a live anaesthesia demonstration at the lobby of the SCACC. The public were treated to an exciting simulation of a patient undergoing anaesthesia, right from the pre-operative evaluation to discharge

from recovery. This was accomplished using real equipment and anaesthesia staff with a simulation manikin. A running commentary was given by HKL anaesthetists, Dr Lutfi and Dr Nithia. Public response was enthusiastic and a lively discussion ensued between members of the public and our team.

The National Level Anaesthesia Day celebration was held the very next day. The highlight of this event was a mini Towerthon, held at the iconic KL Tower. The event began as early as 7.45am with a fun Zumba dance session to get the participants in the mood. After a short briefing the Towerthon participants were flagged off at the starting point. While the race was underway, the Honourable Deputy Health Minister, Yang Berhormat Dato' Seri Hilmi Yahya, was taken on a tour of the premises and exhibition ground. The Towerthon ended at 10.00am and everyone adjourned to the on-site auditorium for the opening ceremony of the National Level Anaesthesia Day Celebration. Datin Dr V Sivasakthi, the National Head of Anaesthesia Services, as well as the Head of Department of Anaesthesia and Intensive Care in HKL, gave a short



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speech and accompanied Yang Berhormat Dato' Seri Hilmi Yahya as he officiated the event and launched the Anaesthesia Year Book 2015. This was followed by an energetic dance performance by the staff nurses of HKL's Intensive Care Unit. A press conference was held at the end of the event and lunch was served thereafter. In addition to the Towerthon, we also organised several other activities on the grounds of the KL Tower, namely:

- i) Blood donation drive
- ii) Organ donation campaign
- iii) Demonstration of CPR
- iv) Medical and dental check-up
- v) Physiotherapy activities
- vi) Fun activities for patients and children

Despite the resounding success of the National level celebrations, our organising committee did not rest on their laurels, and focused on the Hospital level celebrations

as well. This was held on the 23rd October at the Main Auditorium of HKL. Anticipation had been building for this event as an exhibition on anaesthesia in HKL had been running since the 19th October at the main lobby of HKL. The event on the 23rd October began at 3.00pm with a short prayer reading, followed by speeches by the Head of HKL's Anaesthesia and Intensive Care Unit, Datin Dr V Sivasakthi and the Deputy Director General of Health Malaysia, Yang Bahagia Datuk Dr Jeyaindran Tan Sri Sinnadurai, respectively. An impressive multimedia presentation of the services offered in HKL was then shown. Next, Dr Vanitha Sivanaser, HKL's Consultant Neuroanaesthetist, gave an intriguing and exciting talk on anaesthesia for awake craniotomy. The audience was then treated to a creative and exuberant sketch cum dance by the staff of HKL's Anaesthesia and Intensive Care Unit. Based on the deafening applause from the audience, this item was a resounding success and proved to be a fitting end to an engaging programme.

In addition to the activities organised above, we were also well-represented in the media with the following items (links, where available, in the box below):

- i) Newspaper articles in The Star 1, 2 and Sin Chew Jit Poh
- ii) Radio interviews with BFM: The Business Station 3, National FM and THR Raaga
- iii) Television interview on Selamat Pagi Malaysia, TV 1

1. <http://www.star2.com/people/2015/10/18/restoring-dignity-in-end-of-life-care/>
2. <http://www.star2.com/health/wellness/2015/10/25/epidural-anaesthesia-is-the-gold-standard-for-labour-pain-relief/>
3. <http://www.bfm.my/datin-dr-v-sivasakthi-importance-of-anaesthesia-to-outcome-of-surgery.html>

Time flies when you're having fun and this was certainly true of HKL's Anaesthesia Day Celebrations. We would like to thank our Organising Committee and staff of our Anaesthesia and Intensive Care Department for all their hard work and dedication in making this event a resounding success. Now that the bar has been set high, we can't wait to see what next year's celebrations will bring! 



National Anaesthesia Day 2015

Hospital Tengku Ampuan Afzan (HTAA), Kuantan, Pahang

Report by Dr Sivaraj Chandran, Anaesthesiologist

On the 16th of October 2015, in conjunction with World Anaesthesia Day, the Department of Anaesthesiology & Critical Care, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, once again, successfully celebrated National Anaesthesia Day 2015.

The Organising Chairperson, Dr Sivaraj Chandran, was very happy with the response from the public and staff. We would like to thank Radio Malaysia PahangFm for giving us a 15-minutes slot to promote this event. This event was organised mainly to create awareness and improve knowledge among public regarding anaesthesiology and the role that we play as anaesthesiologists in resuscitation, critical care and pain management. "Safe Anaesthesia is a Basic Human Right" was the theme for the National Anaesthesia Day 2015, emphasising the utmost importance of patients' safety during anaesthesia. Good training and continuous education for the staff is the key to improve their skills in anaesthetic care for the patients. This event was officiated

by Datin Dr Gowri Sundaram, Deputy-Director of Hospital (Health), and Dato' Dr Hjh Nor Khairiah, Head, Department of Anaesthesiology & Critical Care, Hospital Tengku Ampuan Afzan, Kuantan. They congratulated the Organising Committee for their tremendous effort.

Some companies displayed their products (GA & Regional) and a quiz was designed to raise public awareness regarding the field of anaesthesiology. The GA booth received good response from the public. The public were able to experience themselves performing intubation in mannequin. We provided simple information regarding GA machine, explained regarding monitors and the equipment used for intubation. Various information regarding regional techniques, demonstration of regional techniques, various types of spinal and epidural needle were displayed in the Regional Anaesthesia booth. We also took this opportunity to promote epidural for labor analgesia. Simple quiz regarding anaesthesia with interactive games made this event even more enjoyable. Attractive prizes and hampers were given during the lucky draw. There was also a video demonstration on the various methods of providing anaesthesia in the operation theatre.

In addition, we also raised awareness on organ donation together with the TOP team, and many have pledged as organ donors.

Finally, on behalf of the Organising Committee of National Anaesthesia Day 2015 - HTAA, I would like to extend my gratitude to all my colleagues, medical officers, staff nurses and support staff for making this event a success.



National Anaesthesia Day 2015

Hospital Pulau Pinang

Report by Dr Rupesh Narhari and Dr Azlina Yati

The theme "Safe Anaesthesia is a Basic Human Right" heralded the day of the year this October. It was the day that the Anaesthesiology and Intensive Care Department of Hospital Pulau Pinang got out from our ORs, ICUs and clinics, removed our facemasks and occupied the hospital foyer with posters, mock OTs and health education booths. It was a day set aside specifically for us to engage the public and the rest of the hospital in celebrating the unique role of modern day Anaesthesiology in ensuring safety in medicine and surgery.

Local tradition dictates that the annual event is led by our young and enthusiastic consultants. This year, Dr Azlina Yati Zainal Abidin gallantly took up the challenge. She led a team comprising of consultants, specialists, medial officers, house officers, matrons, sisters, nurses and support staffs. Preparations started as early as a month in advance. Public education materials, decors, presentations tools and the "acara" for opening ceremony were all looked into with great details. Guests' invitations were sent out and the day before the countdown, committee members gathered to set up the scene for National Anaesthesia Day 2015.



True to tradition, National Anaesthesia Day 2015 whistled off with an adrenalin pumping aerobic session led by Dr Azlina herself. We were grateful that we received the blessing of Allah for the event with prayers conducted by our very own specialist, Ustaz Dr Khairul Amri. It was then followed by welcome and opening speeches by Dr Azlina and Dato' Dr Jahizah bt Hj Hassan, our Head of Department. The event was declared opened by our honorary guest, Dato' Dr Sukumar Mahesan, Director of Penang General Hospital. The guests then witnessed the cake cutting ceremony and a short video presentation. The highlight of the opening ceremony was the awards presentation ala "Academy Award", namely the Most Popular Male and Female Medical Officers, Most Popular



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GICU staff, and Most Popular General Anaesthetic Nurse and Most Popular PPK from GICU and GOT.

Dato' Dr Sukumar Mahesan and other honorary guests were then invited to visit the booths display area accompanied by Dato' Dr Jahizah, Dr Azlina and other consultants. Some of the booths that were set up explained the processes of general and regional anaesthesia, Mock Operation Theatre with Cardiopulmonary Bypass Machine, Cardiopulmonary Resuscitation (CPR) with Automated External Defibrillator (AED) demonstration, Blood Donation drive, as well as a Pain Therapies Corner which included demonstrations on Occupational, Relaxation and Physiotherapies in Chronic Pain Management. A medical checkup booth for general health screening (BP/HR/BMI/REFLO) was also made available for the visiting public. Questions by the public were answered with enthusiasm by the doctors, nurses and volunteers at their respective booths.

The aim for National Anaesthesia Day 2015 was to inform patients of their rights to the safe processes of general and regional anaesthesia. We believe, given the very short duration we were able to make direct contact with the public, we have managed to contribute positively in increasing the public's awareness that "Safe Anaesthesia is a Basic Human Right".



Khidmat bius meningkat

Jumlah kes pembedahan bertambah 16,000 setiap tahun

Dr Jahizah Husain

menjadi lebih awal kepada pesakit setelah telah pembedahan untuk memastikan mereka tahu mengenai rawatan yang diberikan," katanya pada sidang media selepas Majlis Sambutan Hari Anestesia 2015 peringkat negeri di HPP, semalam.

Teknik ditingkatkan

Salah berkesan 'Anestesia' terbaru adalah Blok Axiu Maksim 'di daamirkan Pengawal HPP, Dato' Dr Sukumar Mahesan.

Dr Jahizah berkata, seiring dengan keperluan dan kepantasan bius bagi kes pembedahan, setiap hospital di negeri ini sudah memiliki doktor pakar bius iaitu HPP, Hospital Bukit Mertajam, Hospital Seberang Jaya dan klinik di Hospital Kuala Lumpur.

"Malah, kemudahan bius ini juga ditangka diwujudkan di Hospital Bahi Pulau dan Hospital Sungai Takap pada tahun depan," katanya.

semantara itu, Dr Jahizah berkata, apabila sambutan ini adalah untuk memberi kesedaran dan meningkatkan pengetahuan masyarakat mengenai bius anestesia.

Bekas berkata, ia juga bagi memberi maklumat mengenai cabang bius anestesia yang kukuh sebagai berhubung kepada bius tetapi juga meliputi khidmat anestesi rapi dan akupunktur.

Katanya, sejajar perkembangan dalam bidang pembedahan, usaha dan inovasi teknik pembedahan ditingkatkan bagi memberi jaminan keselamatan dan keserasuan pesakit.

"Masyarakat juga perlu tahu bahawa pembedahan dan anestesia yang selamat bukan bermula dari desakan pembedahan tetapi ia dikendalikan oleh sesi pengawal anestesi, monitor dan pengawalan cara hidup hidup," katanya.

National Anaesthesia Day 2015

Sarawak General Hospital, Kuching, Sarawak

Report by Dr Ng Poh Nee and Dr Joanne Lim



Department of
Anaesthesiology and
Intensive Care of SGH
and PJHUS

announcements on Hitz.FM (Kuching), Cats.FM and RTM (Sarawak) not forgetting advertisements and announcements via the Sarawak InfoSains and SGH

official website. A large banner regarding the event was also displayed and multi-colored flyers distributed prior to the day.

The Department of Anaesthesiology and Intensive Care, Sarawak General Hospital (SGH), celebrated World Anaesthesia Day 2015 at the national level on the 24th of October 2015. The theme of this year's celebration was 'Safe Anaesthesia is a Basic Human Right'. In keeping with this year's theme, we aim to educate the public and medical staff regarding the role of anaesthesiologists, as well as highlighting mainly unrecognised responsibilities of an Anaesthetist in a multitude of settings generating in the betterment of patients outcome. Considering October is an Organ Donation Awareness month, the event was also organised in collaboration with Sarawak Hospital Transplant and Organ Procurement team, aiming to promote organ donation during the event.

The task in organising the event was spearheaded by Dr Norizawati Dzulklipli and her zealously dedicated committee members consisting of multi-talented doctors, nurses, assistant medical officers and other support staffs who were all geared up to throw a spectacular event. The exciting event was then held at the main foyer on the Ground Floor of the Islamic Complex Sarawak (Majma' Tuanku Abdul Mu'adzam Shah), Kuching, from 10.00am to 6.00pm. Preceding the event, media promotion was carried out via radio



Cake-cutting Ceremony



Support Staff

The much-anticipated one-day celebration began as early as 6.00am, whereby committee members clad in pre-designed grey uniforms arrived in full force, setting the exciting day events in motion. At 10.00am, a short prayer recitation led by Dr Fakhru Radhi initiated the start of the opening ceremony, subsequently commencing with an introductory and welcoming speech by Dr Norzalina bt Esa, Head of Department and Senior Consultant Cardiothoracic Anaesthesiologist and Perfusionist, Sarawak General Hospital, who is also Advisor to the Organising Committee.

We were also fortunate that our Guest of Honour, YBH Datu Dr Zulkifli bin Jantan, the Director of Sarawak State Health Department, graced our event and officiated it together with Dr Chin Zin Hing, the Director of Sarawak General Hospital, Dr Norzalina bt Esa and Dr Norizawati bt Dzulklipli. This was followed by a self-directed short educational video presentation by our multimedia team on the job scope and flow of anaesthesia services provided by the SGH Anaesthesiology and Intensive Care Department. After the opening ceremony, YBH Datu Dr Zulkifli bin Jantan and the rest of the VIPs were accompanied by our lovely usherers to visit the educational booths and various pre-setup anaesthetic equipment and machines, before adjourning for a short press conference which was covered by RTM(Sarawak) and other local media.



Opening Ceremony of National Anaesthesia Day 2015

The organising committee had prepared a total of five educational booths; each with a different theme exhibiting a special area of anaesthetic expertise provided by the department, namely General Anaesthesia, Pediatric Anaesthesia, Neuroanaesthesia, Cardiothoracic Anaesthesia & Perfusion and Pain Service. The booths began with a series of informative posters outlining areas such as history and significant milestones in the development of modern anaesthesia and how it all began in Sarawak, leading on to following booths emphasising the importance of fasting and informed

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consent, pre-operative assessment of fitness for anaesthesia and labour epidural and also a video presentation on a patient's journey through anaesthesia, i.e. general or regional, as well as other options provided by the pain service team.

Accompanying the posters, we had an operating theatre simulation booth, various intubation equipment and airway adjuncts, and even a heart and lung cardiopulmonary bypass machine on display to better help demonstrate to the public what usually takes place in the operating theatre. The pharmaceutical company, Abbvie, also provided a series of big portrait-style posters displaying the flow of anaesthesia process from the time decision for surgery is made, pre-operative planning of anaesthesia in clinic and postoperatively, until the discharge of the patient. All the posters were an instant hit with the public, as there were gifts offered for answering the associated quiz questions, with the gifts being snapped up within hours.



ALS and CPR Booth



Organ Donation Booth

Furthermore, there was also a Basic Life Support (BLS) booth drawing many curious passerby and medical staff alike to try out or perfect their Cardiopulmonary Resuscitation (CPR) skills. Certified BLS tutors were available to give practical advice and techniques on how to perform CPR and Heimlich maneuvers on the many mannequins available. This booth is aimed to raise awareness that life-saving basic life support can be done not only by healthcare providers but by laypersons as well. With the recent headlines of four cases of organ donation taking place in Sarawak, the Organ Donation Booth also successfully recruited 30 new organ donor pledges.

Also available were free basic health screening counters to educate and create awareness among the public on the importance of health assessment. The medical volunteers were involved in checking height, weight, calculating BMI, blood pressure and blood sugar level together with providing free medical counseling. Participants were also encouraged to discuss any doubt or queries in regards to the services provided.



Health Screening Booth

Not forgetting activities for the children, a coloring contest was organised for kids below the age of eight years, drawing in more than 30 participants. Gifts were given out to the first, second and third winners while all participants walked away with a consolation prize. The smile on the children's face when receiving their prizes made the event even more memorable.



Coloring Contest

In summary, Sarawak General Hospital's National Anaesthesia Day 2015 celebrations was a resounding success, bringing forth awareness binding with educating the public regarding the multi-faceted roles of Anaesthetist and all its associated services. Feedback offered from the committee members were positive with numerous praises coming from non-anaesthesia staff and members of the public. We take this opportunity to thank all the support staff, Organ Donation and Transplant team, the BLS team for the demonstration of life support, Malaysian Society of Anaesthesiologists, the pharmaceutical industry and all our generous sponsors for their continuous support in making this event a lively and resounding success.



Press Conference



Cardiothoracic Anaesthesia and Perfusion Booth



Quiz Contest



National Anaesthesia Day 2015

Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan

Report by Dr Komala Devi

October 16 marks the anniversary of the day in 1846, when ether anaesthesia was first demonstrated in Massachusetts General Hospital, Boston.

As for us from the Department of Anaesthesia and Intensive Care of Hospital Tuanku Ja'afar Seremban (HTJS), the National Anaesthesia Day is one of the most significant hospital events we have been organising yearly on this date. This year, the celebration was organised by Dr Komala Devi with Dato' Dr Jenny Tong May Geok, as the advisor.

The preparation began a few months ago with the forming of the organising committees and allocating appropriate tasks to them. The organising committee comprised of medical officers, medical assistants, sisters and staff nurses from operation theatres and ICU. Having some hidden talents among my team members, that gave me an opportunity to make a multimedia presentation which showed real scenarios in general operation theatre, including the administration of general and regional anaesthesia, highlighting the safety measures taken in operation theatre and during our procedures. This is in conjunction with this year's theme that is "Safe Anaesthesia is a Basic Human Right". Also included in the presentation was a video clip of basic life support administration.

The Anaesthesia day celebration was held at the main foyer of HTJS and began as early as 8.15am. An exhibition was carried out which comprised of several booths including video play, mock operation theatre and ICU, booths displaying the tools used for regional and general anaesthesia. Those who were keen to learn intubation and basic life support crowded the resuscitation booth for hands-on session on the mannequins. This booth had received over-whelming participation from the medical students from International Medical University (IMU).

The organ donation awareness booth by the TOP team had also captured public's attention and a total of 28 volunteers signed in to become pledgers. We had also displayed photographs, posters and buntings which had highlighted the services provided by the Anaesthesia Department, including ambulatory anaesthesia, labour epidural services, anaesthetic clinic, acute pain service and chronic pain service. This drew the public's attention to learn more about anaesthesia and the scope of services provided by the Anaesthesia Department.

To make the day interesting and cheerful, quiz was held based on the displayed posters and items in the exhibition and this received a large participation from the crowd. About 15 gifts were given away to the winners at the end of the day.

Overall, the Anaesthesia Day celebration was successful and turned out to be an enjoyable day. It was a day where we had brought ourselves close to the public, not only to answer their questions and clear their doubts, but also to promote the various services offered by our department and to create awareness to the public regarding our role.

I take this opportunity to thank Dato' Dr Jenny Tong, the Head of Department of Anaesthesia, HTJS, the organising committee, my colleagues, medical officers and house officers for being very supportive and guiding me throughout the event.



National Anaesthesia Day 2015

Hospital Sultan Abdul Halim, Sungai Petani, Kedah

Report by Dr Rosle Mohamad Noor

The National Anaesthesia Day in conjunction with World Anaesthesia Day was celebrated, with an exhibition, by the Department of Anaesthesiology and Intensive Care, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, from the 15th to 18th of November 2015.



The opening ceremony was officiated by Dr Jamaliah binti Abdul Rashid, Deputy Director of Hospital Sultan Abdul Halim.

The four-days exhibition, held at the main foyer of the hospital, had welcomed a total of about 1,500 visitors. The main attraction was the mock operating theatre and Intensive Care Unit. Both were set up under a special tent on loan from the Department of Emergency and Trauma. The latest equipments and monitors were displayed to the visitors. They were free to ask any question related to anaesthesia, surgical operations and intensive care.



The CPR team also took this opportunity to educate the public on proper CPR techniques to be performed outside hospital. The organisers would also like to thank these various teams involved in the exhibition which included the Infection Control Team, Top Team (who managed to get 70 donors who had pledged to become organ donor), the Blood Bank, and the Society of Diabetes. Their active participation had made this event more colorful and very successful.



National Anaesthesia Day 2015

Hospital Tengku Ampuan Rahimah, Klang, Selangor

Report by Dr Kevin Yong Vai Ket, Medical Officer, Department of Anaesthesia and Intensive Care

World Anaesthesia Day is celebrated yearly on the 16th October 2015 throughout the world, in commemoration of the first demonstration of anaesthesia by Dr William T G Morton. He performed the anaesthesia using diethyl ether to sedate a patient and enable an excision of a neck tumor to be done in the grand Ether Dome in Massachusetts General Hospital in Boston. The theme for this year's National level celebration is "Safe Anaesthesia is a Basic Human Right".

We celebrated National Anaesthesia Day of our hospital on the 18th of October 2015, at Setia Alam. Our day started at 7.30am with "Anaesthesia Day 2015 Fun Run" which encompassed a 5.5 kilometer run surrounding the green areas of Setia City Mall, Shah Alam. We managed to secure around 200 participants for the run with half of them from hospital staff and the other half from public participants despite a

limited registration time of only two weeks. The run was flagged off by Dr Ding Lay Ming, Director of Hospital Tengku Ampuan Rahimah Klang. We were extremely grateful to have the Selangor State Health Director, Dr Balachandran a/l Satiamurti to officiate National Anaesthesia Day 2015 with a ribbon cutting and balloon release ceremony.

Prizes were handed out by Dr Balachandran a/l Satiamurti, Dr Ding Lay Ming, Dr Haji Mohd Rohisham bin Zainal Abidin who is the Head of Department of Anaesthesia and Intensive Care, as well as Dr Aizatul Isla binti Abdul Latib as Head of the Organising Committee for National Anaesthesia Day 2015. Medals and trophies were awarded to all top three runners in both male and female categories. We then proceeded with a lucky draw with numerous hampers awarded to the lucky runners.



Flag off by Dr Ding Lay Ming (Director of Hospital Tengku Ampuan Rahimah Klang)



Runners en route to completing 5.5 km run



One of the many water stations within the run



Some of our runners resting after the 5.5 km run with our stand by ambulance in the background



Part of the run surrounding Setia City Mall, Shah Alam



Runners were greeted by Dr Lee Ming Fei (Anaesthetist), with medals given at the finishing line



Medal awarded by Dr Lee Ming Fei (Anaesthetist), to Dr Rohisham (Head of Department of Anaesthesia and Intensive Care), upon completion of the run



Prize giving ceremony officiated by Dr Balachandran (Pegarah Jabatan Kesihatan Negeri Selangor), Dr Ding Lay Ming (Director of Hospital Tengku Ampuan Rahimah Klang), and Dr Rohisham (Head of Department of Anaesthesia and Intensive Care)



Our Official banner released into the air by Dr Balachandran (Pegarah Jabatan Kesihatan Negeri Selangor), Dr Ding Lay Ming (Director of Hospital Tengku Ampuan Rahimah Klang), and Dr Rohisham (Head of Department of Anaesthesia and Intensive Care)

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Multiple medals awarded to both dad and child for completing the run



Trophy awarded by Dr Balachandran to one of the top female runners



Hamper awarded to one of our lucky runners



Hamper awarded by Dr Ding Lay Ming to one of our lucky runners



Hamper awarded by Dr Rohisham to one of our lucky runners

A final picture of some of the runners and organising committee at the end of the running event



The launch of our anaesthesia day exhibition by Dr Balachandran a/l Satiamurti (Pengarah Jabatan Kesihatan Negeri Selangor), Dr Ding Lay Ming (Pengarah Hospital Tengku Ampuan Rahimah), and Dr Haji Mohd Rohisham bin Zainal Abidin (Head of Department of Anaesthesia and Intensive Care, HTAR), with Dr Aizatula Isla binti Abdul Latif (Head of the Organising Committee), and various members of the organising committee.



We continued the celebration with an exhibition in Setia Alam Mall. Located at Lower Ground South Court, the exhibition consisted of CPR teaching sessions, organ donation pledge station, pain services consultation, poster display corner on "Journey to Anaesthesia", ICU and operation table demonstration.

The exhibition was also officiated by Dr Balachandran a/l Satiamurti with a video presentation depicting a patient's journey through anaesthesia. Dr Ding Lay Ming and Dr Haji Mohd Rohisham bin Zainal Abidin then accompanied our state director to visit all the exhibits. We managed to attract a great number of public participation and helped to answer various questions on anaesthesia services. The CPR station and the airway station were most popular, and the ground became a 'mini Kidzania' to the children as they learnt resuscitation skills. We exceeded our target for the number of new organ donor pledge with 23 successful new recruitments for that day. The exhibition ended at 5pm. We hope with the positive interaction between the anaesthesiologists and the public during this Anaesthesia Day, it will create more awareness of the contributions and services by anaesthesiologists towards public health care as 'Safe Anaesthesia is a Basic Human Right'.



The launch of our Department demonstration video ~ Journey to Anaesthesia



Even kids managed to perform CPR!



Medical Officer from our department, Dr Aliah Ali, explaining the use of airway devices during anaesthesia



One of the many leaflets produced by our organising team



The organ donation station received numerous pledges on that day



Dr Murali Perumal, Consultant Anaesthesiologist and Pain Specialist, involved in a tongue twister battle with children



The Organising Committee, after a fruitful day with the Fun Run and Exhibition

National Anaesthesia Day 2015

Hospital Sultanah Nora Ismail, Batu Pahat, Johor

Report by Dr Anne Shalini

It is that time of the year again to commemorate the day which marked the turning point to the practice of anaesthesia worldwide forever. The Department of Anaesthesiology & Intensive Care of Hospital Sultanah Nora Ismail, Batu Pahat, Johor, held the celebration of National Anaesthesia Day in conjunction with World Anaesthesia Day on the 13th October 2015.

With this year's theme being "Safe Anaesthesia is a Basic Human Right", we aim to help and improve the public's understanding of anaesthesia and what the anaesthesiologists do. The day started off with a welcome speech by Dr MD Fakhruddin bin MD Salleh, the Organising Chairperson, followed by a speech by Dr Nazarudin bin Bunasir, Head of Department, and finally, the officiation of the ceremony by Dr Hajjah Izzah Ahmad, the Assistant Director of HSNi.

There were many exhibition booths focused on educating the public in conjunction with this event such as acute pain service, organ donation campaign and exhibition of equipment used in anaesthesia. A short CME was given by Dr Wirza Feldi bin Sawir, Anaesthesiologist from the hospital, regarding organ donation in the hope to create public awareness in becoming an organ pledger with the intention that you can give life even in death. We also had the mock operation theatre and ICU setting which attracted

the public the most. The main aim of this exhibition was to highlight the role of Anaesthesiologist in caring for a patient's life and safety during surgery.

Overall, the Anaesthesia Day celebration was indeed a success as we had good participation from the public and the hospital staff. We wish to thank the MSA and the organising committee for their support in making this event a memorable one.



ICU Nutrition Workshop

Report by Dr Suresh Anselm Rao, Consultant Anaesthesiologist, Gleneagles Kuala Lumpur

I was fortunate to be able to attend the above workshop organised by Nestle Health Science on the weekend of 24th and 25th October 2015, at the Eastern and Oriental Hotel, Penang. There were a total of about 120 participants comprising of anaesthesiologists, surgeons and dietitians from Malaysia and Singapore attending the above meeting.

Among the speakers presenting papers at the meeting were:-

1. Associate Professor Dato' Dr Mohd Basri Mat Nor, Head of Department, Faculty of Anaesthesiology and Intensive Care, Department of Medicine of IIUM.
2. Dr Marianna Sioson, Consultant Physician and Head, Section on Nutrition, Department of Medicine, The Medical City Manila, Philippines.
3. Dr Jonathan Tan Jit Ern, Consultant Anaesthesiologist and Intensivist and Head of the Surgical ICU, Tan Tock Seng Hospital, Singapore.
4. Mr Mohamad Shukri Jahit, Consultant Surgeon and Head of Department of Surgery, Hospital Sungai Buloh.
5. Ms Izabela Kerner, Chief Dietitian of Changi General Hospital, Singapore.

Associate Professor Dr Basri spoke on the role of indirect calorimetry (IC) in predicting resting energy requirements (REE) of critically-ill patients in the



Buffet lunch at Sarkies Corner, E&O



Assoc Prof Dr Basri giving his lecture

ICU. The current practice of using predictive equations such as the Harris-Benedict formula or weight-based equations of 25 to 30 Kcal/kg/day, though widely practiced in ICUs' worldwide, was prone to inaccuracy especially for critically-ill patients.

He then mentioned about the pilot TICAGOS (tight calorie control) trial. This trial compared ICU patients being enterally fed according to weight-based 25cal/kg/day versus them being fed according to REE determined by IC and the findings were a mortality benefit in the IC group. He also mentioned that his university had purchased an indirect calorimetry machine and at present, he is currently in talks to join in a multi-centre trial, which aims to expand on the results of the pilot TICAGOS trial.

Dr Mariana talked about nutritional assessment in critically-ill patients. There are several nutritional screening tools available but all of them have their limitations, especially in critically-ill patients. A recently introduced NUTRIC score developed by Canadian intensivists may be useful in identifying critically-ill ICU patients most likely to benefit from aggressive nutrition therapy. The NUTRIC scoring system is based on age, APACHE II, SOFA, number of co-morbidities, days from hospital to ICU admission and IL-6 levels. She also emphasized that whatever tools used, it should be used as guide and not replace clinical judgment.

Dr Jonathan talked about optimising feeding strategies in the ICU. Among the strategies used in his ICU to reduced periods of fasting were:-

1. For patients who are to be extubated, they are fasted for 30 minutes, their NG tube aspirated, and then they are extubated. Feeds are then restarted four hours after successful extubation.
2. For ICU patients who are ventilated in ICU who are going to the OT, they need not be fasted if the procedures involved do not



Talk by Dr Marianna



Wet sampling activity for Dr Suresh and Dr Imran

involve the chest or abdomen.

3. Regarding gastric residual volumes (GRV), the SCCM and ASPEN actually recommend that GRV need not be monitored during enteral nutrition feeding in the ICU. For ICUs' still monitoring GRV, enteral nutrition need not be withheld if GRV is less than 500 ml.
4. Audits showed that 90% of patients in their ICU could be fed within 48 hours.

Mr Shukri talked about the Enhanced Recovery After Surgery (ERAS) programme. The ERAS Society was formed in Europe in 2010. They have a website and they formulate guidelines and evidenced-based protocols with the aim of enhancing recovery and reducing morbidity after surgery.

Among the strategies suggested by the ERAS team, it includes avoiding long periods of fasting before surgery. The strategies used here included encouraging the use of oral carbohydrate supplements two hours before surgery to induce endogenous insulin release and reduce stress. Others include resuming the feeding of patients within 24 hours after surgery without waiting for the passage of flatus.

Dr Isabela Kerner talked about the role of a critical care dietitian to be part of the multi disciplinary ICU team in improving nutrition assessment and delivery to critically-ill patients in the ICU.

All in all, it was a short but enriching experience getting one updated on the current dos and don'ts in optimising nutritional therapy in the ICU.

“ Stop Sepsis, Save Lives ”

2nd Netherlands International Sepsis Symposium

Report by Dato' Dr Suresh Anselm Rao, Consultant Anaesthesiologist, Gleneagles Kuala Lumpur

I recently attended the above symposium, which was held in Amsterdam on 10th September 2015 in conjunction with World Sepsis Day, which fell on 13th September 2015.

The aim of the symposium with the tag line “ Stop Sepsis, Save Lives ” was to provide the health care provider with the latest scientific information on the management of severe sepsis.

The topics covered ranged from the introduction, detection, pathophysiology and treatment of severe sepsis and its complications. Among the important items of interest I learnt at the conference were as follows:-

New techniques to Detect Blood Stream Infections and Resistant Bacteria

1. The current gold standard for sepsis detection is conventional blood cultures and this can take up to 48 hours or more for a positive result.
2. A new groundbreaking molecular testing method to identify microbes directly from raw blood culture bottles is PCR coupled to ElectroSpray Ionisation Mass Spectrometry (PCR/ESI-MS).
3. The sample is lysed, bacterial, viral or fungal genomes extracted and bound to broad range PCR primers and amplified. These PCR amplicons are run through a mass spectrometer and compared to a database of nearly 1,000 bacteria, fungi, virus and antimicrobial resistance markers
4. Results are obtained within six hours with a three-fold enhanced positivity rate compared to blood cultures.
5. Look up RADICAL study (Rapid Diagnosis of suspected BSI from direct blood testing using PCR/ESI-MS) - in press Critical Care Medicine 2015.

Lactate in Sepsis: Aerobic Glycolysis?

1. Lactate levels are best predictors of outcome
2. Lactate results from aerobic

glycolysis and NOT anaerobic metabolism

3. Aerobic aetiology includes catecholamine induced β -2 adrenergic stimulation, pyruvate dehydrogenase dysfunction, mitochondrial dysfunction, stress hyperglycemia induced hyperlactatemia and reduced clearance of lactate
4. A normal glucose with a high lactate level suggest poor liver function and a poor outcome

How to feed the patient with sepsis

1. Always resuscitate the patient with septic shock before starting enteral nutrition (EN)
2. Feeding can be started once stable vasopressors, stable MAP (> 65 mmHg), and lactate < 2.5 mmol/L or 50% drop in lactate levels
3. Most patients are stable within 6 to 12 hours and EN can be started within 24 hours
4. Target full EN energy (aiming to achieve 80-85% of this) with a daily protein intake of 1.2-2 g/kg/day
5. No benefit in adding arginine, glutamine or fish oil
6. When full EN not achievable, adding supplementary parenteral nutrition within the first week of ICU admission has no advantage/benefit

How to Ventilate a Patient in ARDS

1. In patients with ARDS the proportion of lung available for ventilation is reduced
2. This is reflected by a lower respiratory system compliance (CRS)
3. Thus, functional lung size in ARDS is better quantified by CRS than predicted body weight
4. Normalizing tidal volume (VT) to CRS would give an idea of the functional size of the lungs and this ratio is called the driving pressure $\Delta P = VT / CRS$
5. This driving pressure ΔP is derived, in patients not making any

respiratory effort, from plateau pressure minus PEEP ($\Delta P = P_{plat} - PEEP$)

6. This is a better predictor of outcome in patients with ARDS than VT alone
7. What this means is, in a clinical setting, a protective VT of 4-6ml/kg predicted body weight might still be too high in a patient with severe ARDS who has a very small amount of normal lung available for ventilation
8. In ARDS, reduction in mortality depends on reducing ΔP and not VT or plateau pressure
9. Increasing PEEP only improve survival if it reduces ΔP
10. Plateau pressure is not a predictor of mortality if ΔP is maintained
11. Further reading “Driving Pressure and Survival in ARDS-NEJM 372; 8: 747 2015

I also managed to visit the Rijksmuseum and the Van Gogh Museum to see the famous paintings of Rembrandt and Vincent van Gogh. I also managed to go for a canal ride, visit the Red Light district and also a local coffee shop where the main item on the menu was marijuana (prostitution and marijuana are legal in Amsterdam!)

Another interesting visit was to the Heineken Brewery in Amsterdam. Heineken beer was actually founded in Amsterdam. What I learned from the visit was that beer was made from roasting malted barley with water, then hop is added as a preservative (it also gives it its bitter taste) and finally, a secret yeast ingredient is added for fermentation and the whole process takes 28 days to finish. The layer of foam on top of a beer glass actually has a role. It prevents oxygen from getting into the beer and making it flat!

All in all, it was an interesting trip mixing business with pleasure and getting to update ones professional knowledge while taking in the sights of a new country and culture.

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Microphone in a Foam Box. Thrown to participants on the floor who want to ask questions to the speakers, then thrown back to the speaker

Attending the Sepsis Symposium in Amsterdam



Participant asking questions to the speaker with Catch Box



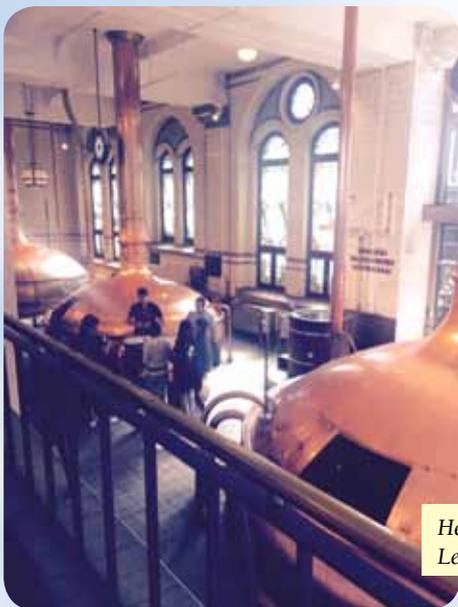
Raw Herring, one of the popular delicacies in Amsterdam



Quaint houses in Amsterdam.



Cheese Store in Amsterdam



Heineken Brewery Tour. Learning how beer is made



Marijuana. Perfectly legal in Amsterdam



Van Gogh Museum

ULTRASOUND GUIDED REGIONAL ANAESTHESIA WORKSHOP 2015, SEBERANG JAYA HOSPITAL

Report by Dr Suharson



Patient is given Femoral Nerve Block for left Total Knee Replacement

Regional anaesthesia has grown to be considered as 'bread and butter' in anaesthesia practice nowadays. Be it an Anaesthetist or an anaesthetic medical officer, knowledge and experience plays a pivotal role in advancement of regional anaesthesia in our daily practice. Gearing towards a "Pain Free Hospital", Seberang Jaya Hospital Anaesthesia Department had organised an ultrasound guided regional anaesthesia workshop which was held on the 3rd to 4th November 2015.



Dr Zolkepli demonstrating techniques of Upper Limb Block with ultrasound guidance

The workshop was carried out successfully with good teamwork of fellow medical officers under the guidance of the chairperson Dr Ambiga Chelliah. The first day begun with the introduction of this workshop, followed by speeches by Dr Ambiga and Dr Malliga who then officiated the workshop. With a total number of 20 participants, the 1st lecture was conducted by Dr Zolkepli Hj Yahya who is an expert in regional anaesthesia



The participants, organising committee and speakers for regional workshop 2015

The lectures continued with further discussions on technique of regional anaesthesia on upper and lower limb by established specialists such as, Dr Ali Shariff and Dr Beh Zhi Yuen.

The afternoon programme had the participants divided into four groups where they experienced hands-on activities appreciating sonoanatomy of upper limbs and lower limbs on volunteers. With each station being allocated 45 minutes, every participants were guided on the proper technique and directed goal in visualising on ultrasound machine.



The second day had hands-on practice on real life patients who are undergoing operations such as mastectomy, total knee replacement and upper limb fractures (these patients were already assessed by fellow committee and consented).

At the end of the second day, a Q&A session was organised for participants to discuss and clear their doubts. A survey form was also given to get their input regarding this workshop and mostly gave positive reviews. The only criticism was the request to have a longer duration of workshop and to have more hands-on practice on patients.

Being a successful project, The Regional Anaesthesia Workshop will be a stepping stone for budding Anaesthesia MOs and Anaesthetist to further indulge themselves in Regional Anaesthesia.



SOUTHERN OBSTETRIC ANAESTHESIA SYMPOSIUM 2015

Report by Dr Azarina binti Zakaria,

Anaesthesiologist, Department of Anaesthesiology & Intensive Care, Hospital Sultan Ismail, Johor Bahru, Johor

An Obstetric Anaesthesia Symposium with the theme, "Optimising Maternal Care: Sharing the Passion", was held on 17th October 2015, in Johor Bahru, Johor. It was a day symposium, conducted by the Department of Anaesthesiology & Intensive Care, Hospital Sultan Ismail Johor Bahru (HSIJB), in collaboration with the Special Interest Group in Obstetric Anaesthesia, Malaysian Society of Anaesthesiologists and College of Anaesthesiologists.

The participant consisted of 144 doctors and paramedics from both government and private hospitals all over the country; majority from anaesthesiology departments and some from obstetrics. The symposium was officiated by our Hospital Director, Dr Hj Arbain bin Lani.

Talks were delivered by the respected speakers of Obstetric Anaesthesia Special Interest Group, Dr Mohd Rohisham bin Zainal Abidin, Dr Mohd Azizan bin Ghazali, Dr Nora

Azura binti Dintan, Dr Azlina Masdar and Dr Mohd Zaini bin Abu Bakar. The highlighted topics include maternal resuscitation, strategies in preventing major obstetric haemorrhage in abnormal placentation, anaesthetic concerns in parturients with heart diseases, updates in general anaesthesia for Caesarean section and management of hypertensive disease in pregnancy. An interactive discussion on labour epidural was also held. We were pleased with the good interactions between speakers and participants.

The symposium ended at 4.30pm.



TIVA/TCI Use In Children And Adult Workshop For The East Coast Region 2015

Report by Dr Wan Azzlan Wan Ismail, Head of Department, Hospital Raja Perempuan Zainab II, Kota Bahru, Kelantan

A TIVA/TCI Use in Children and Adult Workshop for the East Coast Region 2015 was held from the 12th to 13th October 2015, in Kota Bahru, Kelantan. The two-days workshop was held in collaboration with the Malaysian Society of Anaesthesiologists and College of Anaesthesiologists.

There were a total of 18 participants and four faculty members who facilitated the workshop. The workshop was a combination of lectures and demonstrations in the Operating Rooms. Overall, the workshop was well-received by all the participants involved.



Dr Wan Nazaruddin clarifies further the question from the participants.



Dr Kamaruddin (HRPZ 2 Anaesthetist) showed an appreciation to Dr Wan Nazaruddin for a good lecture and successful workshop.

Group photo of organiser, facilitator and participants of TIVA workshop.

Celebrating 50 Years of Academia

Report by Dr Anselm Suresh Rao, Consultant Anaesthesiologist, Gleneagles Kuala Lumpur

Recently, in honour of the 50th anniversary of Professor Datuk Dr Alex Delilkan's tenure as an academician at the University of Malaya, a few of his old students decided to organise an appreciation dinner for him.

The venue was at the Toh Yuen Chinese Restaurant at Petaling Jaya Hilton. There were a total of 20 persons at the dinner with him, which comprised of anaesthesiologists from both the private and public sector.

Among his old students present at the dinner were Professor Dr Marzida Mansor, the current Professor and Head of Department of Anaesthesiology, University of Malaya, Brigadier General (R) Dato' Dr S Jegatheesan from Anson Medical Centre, Perak, and Associate Professor Dato' Dr Mohd Basri Mat Nor the Head of Department of Anaesthesiology of IIUM, Pahang.

Today, at 81 years of age, Professor Datuk Dr Alex Delilkan, Professor Emeritus of Anaesthesiology and Critical Care, still lectures medical undergraduates at five universities – University Technology Mara, International Medical University, Taylor's College, Mahsa University and of course, University of Malaya. He is also Visiting Professor at the Royal Perak College of Medicine in Ipoh, Perak.

Professor Delilkan joined University Malaya as a lecturer on 1st June 1965, making last June, his 50th year as an academician at University of Malaya.

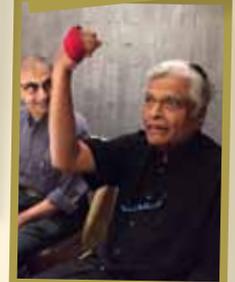
In 1978, Professor Delilkan was instrumental in designing and writing the blueprint for postgraduate training and certification in Anaesthesiology in Malaysia – the Master in Anaesthesiology Programme and Certification.



Students and Teacher. Group Photo Session



Dr Ivan presenting a token of appreciation to Prof Delilkan



Still imparting his words of wisdom!

involved in the first successful separation of conjoint twins in Malaysia in 1981, and the first successful delivery of quintuplets in Malaysia, in 1996.

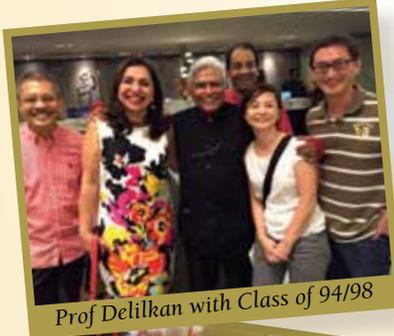
He also introduced the concept of Brain Death in the ICU setting to the country, starting at University Hospital, in 1980. In 1998, he formulated with the Law Faculty (University of Malaya), a revision of the Human Tissues Act 1974, to establish the National Transplantation Programme.

Professor Delilkan is also actively involved in many professional medical bodies. He was the Founder President of Malaysian Association for the Study of Pain (MASP) and Malaysian Chapter, International Association for the Study of Pain (IASP). He was also the President of Medico-Legal Society, Malaysia, from 2001 to 2004.

He is currently an active member of the Preliminary Investigations Committee (PIC) of the Malaysian Medical Council and the Academy of Medicine of Malaysia. He has also been appointed a Steering Committee Member of the Malaysian Chapter Bioethics Centre Asia-Pacific Region of the United Nations Educational, Scientific and Cultural Organisation (UNESCO).

Professor Delilkan was conferred the Fellowship of the Academy of Medicine of Malaysia (FAMM), in 1997, after being admitted as a member since 1969. He was conferred the award of Johan Setia Mahkota (J.S.M.) in 1988, and the Panglima Jasa Negara (PJN) title in 1998, which carries the title Datuk, for his contributions to the country in the field of anaesthesiology and critical care.

On 4th August 2004, he was awarded Emeritus Professorship by University of Malaya, making him the first Professor Emeritus from the Faculty of Medicine, University of Malaya, to be given this honour.



Prof Delilkan with Class of 94/98



Once a teacher always a teacher

He was the leader of the anaesthetic teams



Token of Appreciation to Prof Delilkan

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ACUTE PAIN SERVICE (APS) UPDATE COURSE 2015

Report by Dr Ng Chin Nee



The Department of Anaesthesiology & Critical Care, Hospital Tengku Ampuan Afzan (HTAA), Kuantan, Pahang, proudly organised a first ever Pahang state-level course on Acute Pain Service Update 2015 which was held on the 3rd of September 2015, at the auditorium of Kolej Kejururawatan Kuantan, Pahang.

This is a part of an initiative of the Acute Pain Unit of the Department to make Hospital Tengku Ampuan Afzan, Kuantan, a pain free hospital. "Strengthening the Foundation – Towards Pain Free", was the theme indicating the importance of awareness and knowledge as strong foundation for pain management.

The opening ceremony was graciously attended by Dr Zainal Ariffin bin Omar, Pengarah Jabatan Kesihatan Negeri Pahang. He congratulated the Chairperson, Dr Sivaraj Chandran, and his team for this great effort towards making HTAA a pain free hospital. Delegates who joined this course, consist of staff nurses, medical assistants, medical officers and also specialists from various medical disciplines. This favoured the exquisite agenda that every medical professional should be engaged in the campaign towards pain free hospital.



Lectures were given by eminent speakers such as Associate Professor Dr Abdul Hadi on Pain Physiology, Dr Sivaraj Chandran on Foundation of Pain Free Hospital, Puan Norhazaida on Pain as Fifth Vital Sign, Dr Wan Marzuki on Role of Regional Anaesthesia in Pain Control, Dr Mohd Zaini on Obstetrics Pain Management, Dr Kartina on Cancer Pain Management, Dr Aiza Safrina on Role of Rehabilitation in Pain Management, and finally, Matron Tan Sow Lian on Audit in Pain Service.



We hope that Hospital Tengku Ampuan Afzan, Kuantan, will be the First Pain Free Hospital in the state of Pahang, and its delivery of services especially with regards to Pain Services, will be held in high esteem. Till then!



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Up to now, Professor Delilkan has published 16 books in relation to anaesthesiology and critical care, and has 106 papers published in international journals related to the field of anaesthesiology and critical care, pain, medico-legal ethical issues, as well as brain death.

At the dinner, Dr Abdul Majid, a Consultant Anaesthesiologist from Hospital Pantai Cheras, said a few words, on behalf of his old students, thanking him for all his effort and drive in imparting his knowledge in the field of anaesthesiology and critical care to all his students who went through the postgraduate anaesthesiology course under him.

Professor Delilkan was one of the few anaesthesiologists who never left for private practice despite the lures of an attractive salary there. In fact he always said, "Nothing beats the joy of imparting knowledge and indescribable satisfaction of seeing young undergraduates becoming good caring doctors, particularly in caring for the critically-ill. Today I'm a millionaire with satisfaction. "A small token of appreciation, being a framed-up photo of these words, signed by all his students, was given to Professor Delilkan at the dinner.

All in all, it was a very informal and entertaining dinner we



Happy Faces



Rose among the Thorns



Dr Majid making his speech



Delicious Chinese Cuisine

had with Professor Delilkan, reminiscing about old times in the university and catching with currents events together. 

Life outside the OT: A writer

by Dr Gunalan Palari Arumugam

“Dr, pernah baca buku Diagnosis? Menarik ye jadi Dr Bius.” And that was how my pre-op assessment with a patient started. Little did I realise that one of the writers of the bestselling novel series is one of our very own member of the fraternity, Dr Mafeitzeral Mamat, or Mafeitz, as he is more popularly known who is currently a consultant anaesthesiologist at KPJ Rawang. So I thought, why not write up on Dr Mafeitzeral’s exploits and share with our readers.

Mafeitz began the interview on stating how much he enjoyed writing. “It was a favourite past time. I was a keen bookworm since young – reading mostly books in Bahasa Malaysia more than English. I read everything; from news to facts, to fiction! I reckon I have read all the books in the TTDI children’s public library then! Writing allowed me to share my thoughts and creativity. I wrote my first poetry in BM entitled “Bunga Raya” in Standard Four and my teacher had the whole class to rewrite it in their exercise books! When I was in secondary school, I was the Chief Editor for the school magazine. I started blogging in 2005 to further fulfil this passion. It used to be some sort of “diary” of my daily life as a young trainee anaesthetist. However, due to ethics of disclosure, I have limited the description of what I do at work minimally in my blog. Now, it is more about my own personal life experience and thoughts,” he adds.

He shared with me a secret, “Not many are aware but I used to write a lot on current issues which was published occasionally in magazines and mainstream newspaper, so much

so that, I was in a dilemma before joining the Masters programme as I was offered to be a fulltime speech writer for a Minister

at the same time, which I declined thankfully!”.

I asked him how he was involved in writing a novel. “For the book ‘Diagnosis2’, I was invited by the main author of ‘Diagnosis’, Dr Anwar Fazal to join their team for their second project. ‘Diagnosis’ was a success and sold more than 70,000 copies to date! It won the 2014 Best MPH Non-Fiction book in Malay. I was invited because he himself was my avid blog follower when he was a medical student. Being part of the ‘Diagnosis2’ team was such a big achievement for me as ‘Diagnosis2’ went on to sell more than 50,000 copies, taking the top spot in the Malay section for 15 consecutive weeks in MPH bookstores and was recently nominated for 2015 Best MPH Non-fiction book in Malay”.

“Did it all come naturally or did you need to go for courses?” I asked. “I’ve been to a few short basic writing courses in my teens. I did not have any formal training but I reckon the practice we had for SRP and SPM helped me to improve my grammar. I was always seriously writing during the practice sessions then, and funny enough, it was a pleasure! I would attribute the flow of writing to all the books that I have read in my younger days. The different styles you encounter influences the way you express your creativity”.

“So being involved in an industry that is not related to anaesthesiology, what are some of the interesting things you have learned so far about the writing industry since you started?” I asked.

“Surprisingly, people still buy and read physical books. One would have thought in this digital era i.e., traditional books would be extinct. In fact, the sales of paperback novels are still good worldwide! It is a big industry out there even in our local setting. If one can get the right formula that caters to the readers, one would be surprised to see how good it will sell! It’s a good side



income especially when it is something that you like to do! But always read your contracts well as there are a lot of publishers who would exploit and use you! This was the advice given by authors that I knew. Even though it is a proud moment to see your book published and sold in the bookstores but if it is just for show and you are not rewarded as how you should be, it can be frustrating. The writing process itself can sometimes be a tedious process just like an academic journal write up. You can write 1001 stories but choosing what suits the market can be exhaustive. You can write and publish but you have to ask yourself, would it sell? You have to scrutinize your own story again and again. You have to go over it and edit again and again, so that the final product would be what you would like it to be!”

When asked on who his favourite writer was, Mafeitz replied “Michael Crichton. As a medical doctor, I am sure it gave him the unique ability to combine both scientific facts and creative imagination, for example Jurassic Park and ER. He captured the world with his creativity and I hope to emulate his achievements.”

Knowing Mafeitz as one who would not be resting on his laurels, I asked him “What’s next?” “I have a few book projects with the Publisher (Whitecoat Enterprise) for 2016. We are due for the release of DIAGNOSIS: APOKALIPS in January 2016. It consist of various short stories of healthcare providers’ role during the great Kelantan floods of 2014. We are also currently negotiating with film producers to adapt Diagnosis2 into a movie. It will be something different for our local entertainment industry.” I was left impressed with this young man’s vision and energy.

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But with all this happening, I was sure there were some difficult moments he would have felt. "The inspiration to write is sometimes difficult to be planned. Sometimes you may have the idea but you cannot translate it onto the paper (or computer). As for me, it will always be that eureka moment and then all of a sudden I will continue to write till I finish it! Sometimes, it comes when I have to deal with an ASA 3 patients, that's the time I have the urge to write! Haha. One thing for certain, when I am more relaxed, I will be more excited to write. If I have a lot of things in my mind (work, ill patients, kids being ill, wife nagging++ haha) it is difficult to even face the PC to write.

"So, how do you juggle your passion for writing and OT work?" I asked. "I like to do a lot of things besides work. Prof Dr Alex Delilkan inspired me to be a full time adventurer, part time anaesthetist, haha. The challenge is more of juggling

my writing with my daily life. I have five children and they are the ones who would take most of my time outside work. You just have to balance it all and somehow, hope it clicks. However, not everything that I write is publishable. So, whatever idea I have even while bathing my kids, I will jot it down there and then and follow it up later. I always believe that anything that one enjoys doing, one will always do it no matter when or what. I don't think I will ever give up writing. However, the output will be certainly affected by my responsibilities," he adds.

To end the interview, I asked if he has any advice for budding writers out there. "Why not pursue it if you have the passion to write, just do it. If it can be a source of passive income, why not? It feels really good to do what you love to do. As writers, we write because we want to share. If the one reading benefits from the knowledge and experience that we share, it is a satisfaction by itself. Think of writing in three parts. The beginning, the plot and the twist! And hopefully once you start writing, the story will be interesting enough to your audience.



Pharmacokinetics and Pharmacodynamics (PKPD) Workshop 2015

Report by Dr Loh Pui San

On 15th of September 2015, the Department of Anaesthesiology of University Malaya, organised a one-day workshop focusing on Pharmacokinetics and Pharmacodynamics at the Cube, MERDU, Faculty of Medicine, led by Associate Professor Dr Ina Ismiarti, Professor Dr Lucy Chan and team.

This was a first of its kind workshop offering an overview on the basic concepts in pharmacology based on the Primary Examination Syllabus. It was well-received with more participants than initially planned for, at a total of 73 trainees from the Masters Programme.

Our main objective was aimed at setting the foundation right from the beginning in this subject for our future anaesthetists by stressing

on specific learning outcomes such as:

- I. The concept of drug actions including receptor activity and dose-effect relationships
- II. The concept of pharmacokinetic modeling
- III. Factors influencing the distribution, metabolism and clearance of drugs and their alteration in pathological disturbance
- IV. The clinical application of intravenous and infusion kinetics

Professor Dr Lucy Chan, one of our experienced examiners, started the ball rolling in the early morning with a comprehensive lecture on each topic, followed by lunch. In the afternoon, the learning activity was much more problem-based with small group discussions among different moderators.

Overall, we received very good feedback from the participants that is very encouraging, and we look forward to organising similar workshops in the future at our centre. 



ANAESTHESIOLOGISTS IN PRIVATE PRACTICE: STRESS AND BURNOUT

by Dr Gunalan Palari Arumugam

“Wah, you are in private already. Life will be better, not as stressful as government service.” Haven’t we all heard this statement every now and then, when meeting up with our former colleagues in meetings and conferences. But is it true, really? Is it all smiles and a walk in the park and Private Practice is all comfy and rosy? There are various reasons why we left to private practice which I covered in one of my earlier articles. After almost eight years out in private practice “minting money” as most people think, is it true that the work we do is easy and as such we shouldn’t be complaining as our bank balances are “bigger” now?

During our time in public services, most of us are quite used to the idea of working long hours and seeing never ending patients to anaesthetise. And a large number of them were really sick, belonging in ASA categories III or IV. Fortunately, the Departments that we worked in were big enough with multiple layers of medical officers, registrars, specialists and consultants taking turns in ensuring the best possible outcome for the patients.

In the majority of private hospitals, the number of very ill patients are far less in comparison. However, the job of preparing a relatively ill patient for surgery, ensuring that the patient and family members are counselled and informed of all the risks of procedure and documenting them, and finally to the actual conduct of anaesthetising the patients with the most appropriate technique and ensuring that the patient has the

best perioperative outcome, falls predominantly on your shoulders as the Anaesthesiologist in charge of the patient. There are no registrars to give you a hand, occasionally, you get fellow colleagues to co-manage the patient with you but the primary responsibility is still yours. Often times, we do round the clock reviews and ensure that everything is going on well and nurses are carrying out our orders correctly. At times, one ill patient following an operation may soon develop multi-organ failure requiring interventions and assessment and of course, that will drain you both physically and mentally as well. And the routine work of anaesthetising patients on your surgical lists still has to go on. Just when you think patients are a bit stable and you head home to have a break, something happens which requires you to come back and address urgently. Thankfully, these are not the norm, but the stress nevertheless is significant. Credit goes to our former consultants and lecturers for the extensive training given in both anaesthesia and critical care during our residency years that allows us to perform both roles well.

On top of the sick patients, you will also come across the odd relative or two who equate private healthcare services as zero risk and 100% success rate despite the medical challenges that each patient presents with. With the ever increasing exposure to medical knowledge via the internet, the number of Google Doctors have also increased exponentially over the last few years. The adage a little bit of knowledge is

dangerous can be referenced here. It’s good for patients and relatives to have questions and queries to which we, as responsible clinicians, should take time to address and resolve, however, it can occasionally turn into a double edged sword where the conversation turns into a confrontation, especially when an unexpected poor outcome occurs. Add into the mix, a family member who is a lawyer and you can guess where the conversation will lead to.

Apart from the pressure I mentioned earlier, we also need to deal with hospital management, investors of the hospital, corporate clients, insurance companies and their third party administrators, and of course, our Government Administrators and regulators. The three that we frequently come across are regulators from Ministry of Health, our Tax guys from the Inland Revenue Board and of late, since the implementation of Goods and Services Tax last April, the Royal Customs and Excise Department. I am sure some of you would have heard recently about some issues that we are facing with regards to tax declarations with the Inland Revenue Board. I shall refrain from commenting further on this topic as we are still unclear on what the exact issue is, but without a doubt this has been another issue that is distracting to us in private practice.

The number of patients we see in private practice also depends on the economic climate. As the general public goes through a dull economic situation where some are facing recession and layoffs, the utilisation

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of private healthcare services will be lower and patients flock to public hospitals. For a while, the number of cases in private practice will drop while the public adjusts to the new economic realities. Unfortunately, what slowly happens in this cycle, is that patients then try to not seek treatment early enough or in some cases elective surgeries are postponed because of the burden placed on the public healthcare system. Eventually, what could have been treated at an early stage becomes more complicated and ends up with more interventions than what the initial problem was in the first place. My hope is that the general public has some degree of insurance to protect themselves and their family from the financial burden of any illnesses and of course, on the private hospital's part ensuring that the cost of healthcare does not spiral out of control.

So, what happens with all this stress that I've talked about and unfortunately one day we find ourselves becoming a patient? Do bear in mind, we can't just call in sick like how some workers go to their family physician and request for medical leave. We do not get paid on the days we are sick, and if we are unlucky to be hospitalised, trying to get a locum doctor to cover you throughout the duration of hospitalisation may not be that easy as well. Your colleagues in the same department who may not be that many to begin with, may then need to help out by doing more shifts and calls in your absence. As you can see, there are no safety nets in private practice and we rely on ensuring our financial security by investing in a large enough life insurance policies and MRTA policies for which we need to fork out high premiums. There have been too many examples of

colleagues who become debilitated with life threatening illness at the prime of their career and their families are left stranded to pick up the pieces when the situation that arose was completely unexpected. The threat of lawsuits is very real nowadays and to ensure some level of security to our practice, investment in a medicolegal insurance is important. Unfortunately, the premiums are slowly creeping upwards as well, again, requiring a higher contribution.

So, is stress in our practice, a uniquely Malaysian issue? Not at all. Stress and burnout has become a critical and global issue facing medical practitioners today, and anaesthesiologists are no exception. According to a national survey published in the Archives of Internal Medicine in 2012, it was reported that US physicians suffer more burnout than any other American workers with almost half surveyed experiencing at least one symptom of burnout (loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.) In another survey, when anaesthesiologists were given the same criteria, 42% responded that they were burned out. They were among the highest to experience stress and burnout along with internists, general surgeons, and obstetricians/gynaecologists.

The World Federation of Societies of Anaesthesiologists (WFSA) has addressed this issue by having a committee on Professional Wellbeing and you can read their findings at the link I have attached here [http://www.wfsahq.org/images/Occupational Well-Being in Anesthesiologists-2.pdf](http://www.wfsahq.org/images/Occupational_Well-Being_in_Anesthesiologists-2.pdf)

So, with all the issue of stress and burnout, how do we cope? I personally find that the best times to de-stress are usually at our Annual

Scientific Congresses and other CME meetings that are regularly organised by the MSA. These meetings not only allow us to update ourselves on what's current, but to catch up with good friends and colleagues from both private and public facilities, together with our friends from the biomedical industries. They say laughter is the best medicine and most of us, or at least me, personally look forward to our Scientific Congresses as an avenue to de-stress and just share stories or experiences, and ultimately, have a good laugh. Many others use sports as an avenue and you will see a number of our colleagues taking part in marathons, cycling, Iron Man triathlons, golf and etc... Some save their money and leaves to do that long-postponed trip with the family to an exotic place, and to not think about work for a while.

So, in summary, when you feel that the time is right and an opportunity appears in private practice, do prepare yourself mentally and physically to embrace issues that you would not have heard of or encountered while in public service, and ensure that you have the stomach and the energy to muster these issues and most importantly, avoid stress and burn out. If possible, ensure you have someone whom you can speak with to address your concerns, be it your spouse, colleague or a mentor. At the end of the day, all I can say is, do what you feel is right and may you encounter a happier and satisfying working experience as you grow older and wiser into your twilight years, looking back at the time you started in private practice with fond memories and very few regrets.



HAND WASH RELAY

Report By Dr Chong Hin, Department of Anaesthesiology and Intensive Care, Hospital Sultanah Aminah, Johor Bahru, Johor



On the 3rd of December 2015, the Department of Anaesthesia and Intensive Care from Hospital Sultanah Aminah, Johor Bahru, had organised Hand Wash Relay in conjunction with National Anaesthesia Day 2015. This huge event was held to promote awareness amongst healthcare workers from all layers of hospital community. Doctors, nurses, paramedics, radiographers, and speech therapists were among the many who made the event a success.

The Malaysian Book of Records was also invited to attend the event as this was the largest amount of participants to participate in a hand wash relay in Malaysia. A total of 816 participants from multiple layers of the health care community around Johor Bahru were in attendance.



The event was also attended by Dr Rooshaimi Merican (Director of Hospital Sultanah Aminah), Datin Dr V Sivasakthi (National Head of Anaesthesia), Dr Raveenthiran Rasiah (President of MSA), and Dato' Dr Jahizah Hassan (President-Elect of MSA). It was officiated by YB Dato' Dr Khairi bin Yakub, Johor State Health Director.

After the event, Hospital Sultanah Aminah, Johor Bahru, was proud to be listed in The Malaysia Book of Records for organising the largest number of participants in a hand wash relay with a total of 816 participants.



and monitoring of trainees, and mentoring. The funding and manpower have been brought up during the meetings with the MOH. What I can see is that, we will need to sit down to do a curriculum, standards of training, mentoring and the maintenance of competence, and professionalism.

CPD Activities 2015

The workshops conducted in the later part of the year were the 'Southern Obstetric Anaesthesia Symposium' in Johor Bahru, held on 17th October, and 'TIVA/TCI in Children and Adult Workshop' for the East Coast, held from 12th to 13th October, organised by the Department of Anaesthesia, Hospital Raja Perempuan Zainab II, Kota Bahru. Both were well-received.

What is in the pipeline for 2016?

This year is the Golden Jubilee of the Academy of Medicine of Malaysia. All workshops and meetings organised under CoA will carry the 50th Golden Jubilee logo.

- **Golden Jubilee of the Academy of Medicine of Malaysia**
50th Malaysia-Singapore Congress
3rd AMM-AMS-HKAM Tripartite Congress
1st Emergency Medicine Annual Scientific (EMAS) Meeting
"A Multidisciplinary Approach in Strengthening the Chain of Survival", 19th - 21st August 2016

This is a 2½-day programme from 19th to 21st August 2016. There will be six symposium sessions running concurrently and a total of nine plenaries. The Regional Anaesthesia SIG will be actively involved in this conference. I also note some interesting intensive care symposia. The Gala Dinner will be held on 20th August 2016. So, mark your calendar for an exciting Congress! Come and join us to celebrate the Golden Jubilee of the AMM!!

- **MSA / CoA Annual Scientific Congress 2016 & Satellite Symposium on Obstetric Anaesthesia (WFSA) at Berjaya Times Square, 25th - 27th August 2016**

The Obstetric SIG is fully involved in the scientific content for the Satellite Symposium. You can be rest assured that it will be expansive and dynamic, so make sure you attend this meeting. It is only a week after the Golden Jubilee celebrations of the Academy of Medicine of Malaysia.

- **Malaysian Registry of Regional Anaesthesia (MYRRA)**
This is in the process of going live but I will keep you updated.

- **TIVA/ TCI Handbook for Paediatrics**

This is in the final stage and will be ready for printing soon.

- **ISAPP 2017 – International Symposium on Paediatric Pain, Shangri-La Hotel, Kuala Lumpur, 6th to 9th July 2017**

Another exciting international meeting that has been brought to our shores! Keep yourselves available as it will answer most of your questions to manage pain care in children.

International Networking

On my personal side, I travelled a bit last year. My first was to attend the 49th Singapore-Malaysia Congress of Medicine, held from 31st July to 2nd August, at The Academia @Singhealth, Singapore. I was conferred the Fellowship of the Academy of Medicine, Singapore. On 1st August, there was a joint council meeting between the three Academies, i.e. Singapore, Malaysia and Hong Kong. It was indeed my first, attending such a joint meeting, and it was very interesting.



Next, I was at the 19th ASEAN Congress of Anaesthesiologists in Yogyakarta, from 27th to 29th August, as a Plenary speaker. I also spoke in one of the Symposia. Unfortunately, I could not stay for the Gala Night.

On Christmas Day, I was working in Jaipur, at the 63rd Indian Society of Anaesthesiologists Congress, as a faculty. It also gave us an opportunity to advertise our upcoming meetings. We carried flyers and buntings to the meeting!

I wish to thank Council Members of CoA 2015-2016, for their enthusiasm and hard work. I also thank the Convenors of the Special Interest Groups and their working committees, the Editors of Berita Anaesthesiologi and the Secretariat of Academy of Medicine of Malaysia for their support and efforts.

I personally wish to thank Dr Gunalan Arumugam, the Editor of Berita Anesthesiologi, for giving me strength in 2015. The appreciation is beyond words. I also would like to thank his colleagues at Aircharter Services Hong Kong, and in Pantai Hospital Ipoh for all the care and understanding rendered to me and my family. It was indeed a long journey home for us but we couldn't have been in better hands! Thank you, Guna!

Best wishes!

Dr Sushila Sivasubramaniam



Message from the President of the College of Anaesthesiologists, AMM



Dear Colleagues and Friends,

Wishing you a Happy and Healthy 2016! The start of any year warrants a reflection of what we have achieved in the previous year.

Professional Documents

In 2015, we continued with the development of guidelines. The Guidelines for 'Anaesthesia for the Obese Patient' is near completion and heading to the printers. The guidelines for 'Transfer of the Critically Ill Patient' chaired by Dr Tan Cheng Cheng is also near completion. Members may look forward to these comprehensive guidelines in the coming months.

The list of MOH hospitals that stock Dantrolene, as well as the instructions, are made available on the CoA website.

11th MOH-AMM Scientific Meeting incorporating the 18th NIH Scientific & Annual National Ethics Seminar, 12th - 14th August 2015

The theme of the 11th MOH-AMM Scientific Meeting incorporating the 18th NIH Scientific & Annual National Ethics Seminar was "Major Incident and Disaster Management - Bridging the Gap". It was interesting to attend this meeting as it mainly focused on the psycho-social aspects of major incidents and disaster, the environmental health issues and infectious diseases especially on the recovery aftermath... for those involved, including the medical personnel. Something that I personally do not think about!

The Fellowship conferment and Induction ceremony were graced by the Honorable Minister of Health, YB Datuk Seri Dr S Subramaniam. I am delighted to record three members who were inducted - Dr Norliza Mohd Nor, Dr Vanitha Sivanaser and Dr Hui Mun Tsong. Congratulations!

National Anaesthesia Day, 17th October 2015

The CoA collaborated with the Kuala Lumpur Hospital to celebrate the National Anaesthesia Day on 17th October 2015. It was a KL Towerthon and officiated by the Deputy Minister of Health, YB Dato' Seri Dr Hilmi bin Hj Yahaya. Dr Lim Wee Leong, Deputy President, represented the CoA. The event was a tremendous success! You can read about it in this issue.

Parallel Programme

2015 also saw progress on one of the parallel pathways

for Anaesthesiology. The College of Anaesthesiologists, Ireland (CAI) visited Malaysia from 16th November to 20th November. This was a follow-up visit to their previous visit in 2013. The CAI was represented by their President, Dr Kevin Carson, and the CEO, Mr Fintan Foy. Mr Fintan Foy had visited in 2013. They had in total, four meetings during this visit. They met with the Honorable Minister of Health, Datuk Dr S Subramaniam, Director-General of Health, Datuk Dr Noor Hisham Abdullah, Deputy Director of Medical Development, Datuk Dr Haji Rohaizat Haji Yon, National Head of Anaesthesiology Programme, Datin Dr V Sivasakthi, Council Members of the CoA, President of MSA, Honorary Secretary of MSA, and the trainees. The MOH is keen on the parallel pathway as other disciplines such as, General Surgery, Cardiothoracic Surgery and Paediatrics, have established similar programmes.

The discussions were based on making the examinations more readily available to our trainees and to monitor training, so as to produce safe competent anaesthesiologists with high standards of training similar to the trainees from the local Masters' Programme. Presently, the trainees doing the Fellowship CAI are not effectively monitored.

It was suggested to hold the Primary Part I written in Malaysia, with one centre in Kuala Lumpur and the second centre in Penang, three times a year. If the examination draws many candidates, then, more centres may be opened. For the Part IB, i.e. the OSCE (Objective Structured Clinical Examination), it would be held once a year locally, at the least. That completes the Part IA & B awarding the MCAI.

For the Part II of the FCAI, the written component will be held locally but the final clinical examination and vivas will be continued in Ireland. Both will be held twice a year.

To enable the above to be considered, a MoU (Memorandum of Understanding) has to be signed between the CAI and the Academy of Medicine of Malaysia. The MoU will be for five years. It will be reviewed at the end of the fourth year to consider extension and strengthening as appropriate. The MOH will not be able to sign a MoU with the CAI as the CAI is a professional body.

The discussions are still ongoing. We have received a draft of the MoU from the CAI and this will be discussed by the College Council in consultation with appropriate parties. For the CoA, we will definitely need funding, manpower, the logistics of accreditation of centres for training, curriculum

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