

# PERITA ANESTESIOLOGI

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MALAYSIAN SOCIETY  
OF ANAESTHESIOLOGISTS



COLLEGE OF  
ANAESTHESIOLOGISTS  
AMM



## LIGHTS OUT...LAWS ON

## Message from PRESIDENT OF THE MSA

Dato' Dr Yong Chow Yen



**D**ear Esteemed Colleagues and Members,

Time seems to fly and as this issue of Berita reaches you, we are already well into 2025.

To begin the year, I would like to share a powerful excerpt from the World Federation of Societies of Anaesthesiologists (WFSA) website:

*"In global health terms, we live in turbulent times. The UN estimates there are approximately 120 armed conflicts ongoing around the world. In 2024, 219 extreme weather events occurred. Health modellers predict a 1 in 4 chance of another global pandemic, similar to COVID-19, before 2033.*

*Health emergencies caused by these man-made and natural disasters ruin millions of lives, damage entire communities, and overwhelm health systems across the globe. However, health emergencies are not limited to large-scale events; they are at the very core of everyday healthcare provision. At hospitals and clinics in every corner of the world, patients present with medical, surgical, and obstetric emergencies, including injuries, sepsis, heart attacks, strokes, asthma, and acute complications of pregnancy".*

WFSA further highlights the crucial role of anaesthesiologists in managing health emergencies:

*"Anaesthesiologists are often at the forefront of emergency responses, providing lifesaving treatments in pre-hospital, emergency departments and disaster settings including airway*

*protection and respiratory support, haemodynamic stability and pain management. With their multifaceted skill sets, including but not limited to facilitating tracheal intubation, mechanical ventilation support, shock management using fluids and vasoactive drugs, cardiopulmonary resuscitation, providing sedation/ anaesthesia for emergency procedures and pain management, anaesthesiologists are pivotal in managing health emergencies".*

At no point in my career have these straightforward words resonated more deeply - both in my role as an individual anaesthesiologist and in my work within the Society we lead. This is not only because WFSA has chosen Anaesthesiology in Health Emergencies as the 2025 WFSA annual theme, but also because the article highlights how the critical role of anaesthesiologists in managing health emergencies was never more evident than during the COVID-19 pandemic.

During that time, the effectiveness of a health system's response was often determined by two key factors:

1. Whether the country had enough anaesthesiologists.
2. Whether they had sufficient access to the right equipment.

Until the next global pandemic - and beyond - anaesthesiologists remain at the forefront of responding to health emergencies.

In the context of our role in healthcare emergencies, 2024 shook the very

foundation of our profession with landmark judicial decisions involving anaesthesiology and intensive care professionals during resuscitation in medical emergencies. Like bolts of lightning from the sky, these rulings sent shockwaves through the fraternity, exposing deep, unsettling flaws in the nation's approach to conflict resolution within the healthcare sector. The impact was swift and undeniable - a wake-up call we can no longer ignore.

As we confront pressing national challenges affecting both public and private healthcare institutions - from the severe shortage of doctors in rural areas and fair reimbursement for out-of-hours work to safe working hours, health insurance concerns, and an increasingly adversarial medicolegal landscape - it is imperative that we strengthen anaesthesiology and critical care as essential pillars of emergency response. We are in a lifesaving speciality that is not only crucial in times of crisis but is also fundamental to building resilient health systems capable of withstanding future challenges.

To ensure healthcare systems can effectively manage both current and future crises, WFSA stresses that anaesthesiologists must play an active role in shaping decisions made by governments and healthcare institutions, ensuring that anaesthesia services are prioritised in health emergency strategies. This goes beyond large-scale disasters; it is equally critical at the very core of everyday healthcare provision, where emergencies unfold in operating rooms, ICUs, wards and emergency departments every single day.

Recognising these concerns, we must initiate informed discussions and raise awareness of our vital role in responding to health emergencies. This is why WFSA has turned to its member societies with a crucial question: What are we missing? Which aspects of health emergencies need your attention?

In response, MSA and COA have chosen to focus on perioperative safety - including its role in health emergencies - at our upcoming Annual Scientific Congress, ensuring safe anaesthesia for everyone, every time and everywhere. Meanwhile, in this issue of Berita, we confront the medicolegal challenges shaking our fraternity - a pressing issue that the Society is actively working to address.

Let's take a moment to review some of the updates on the work carried out by the Society since our last communication.

### **MyAnaesthesia 2025, 1<sup>st</sup> to 3<sup>rd</sup> August 2025, Shangri-La Kuala Lumpur. Pre-Congress workshops 31<sup>st</sup> July 2025**

The theme of MyAnaesthesia 2025 is Advancing Perioperative Safety: Everyone, Every Time, Everywhere.

Four pre-congress workshops will be held on 31<sup>st</sup> July 2025:

- The EEG Bootcamp,
- Medicolegal and Regional Anaesthesia workshops will take place at the Medical Academies Malaysia Building, Putrajaya.
- The Awake Tracheal Intubation workshop will be conducted at Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia.

Members are strongly encouraged to participate in these carefully curated workshops designed to provide in-depth upskilling in key areas of practice. Day registration is allowed for these workshops.

The congress website ([www.msa.asm.org.my](http://www.msa.asm.org.my)) has been revamped - visit now to stay updated on the latest announcements.

- Abstract submission deadline: 1<sup>st</sup> June 2025
- Early Bird registration closes: 30<sup>th</sup> April 2025

Mark your calendar and don't miss out!

### **Claiming your MPS Discount**

MSA has signed a Memorandum of Understanding (MOU) with the Medical Protection Society (MPS), which was approved at the 2024 Annual General Meeting. Under this MOU, ordinary and life members of MSA will be eligible for discounts on medical professional indemnity insurance premiums from MPS:

- Ordinary members can receive up to 5% discount.
- Life members can receive up to 15% discount.

These discounts will be available for a four-year period, starting in 2025. To facilitate applications for discounts, the MSA Secretariat has issued over 100 confirmation letters verifying membership status. Members who are unsure of the application procedures are encouraged to contact the Secretariat for assistance.

### **National Anaesthesia Day (NAD) 2025, 12<sup>th</sup> October 2025, Hospital Tengku Ampuan Rahimah (HTAR), Klang, Selangor**

After two years in Sabah and Terengganu, the National Anaesthesia Day (NAD) 2025 celebration is returning to the Klang Valley - exciting news for folks eagerly awaiting its return!

The theme for NAD 2025 is Anaesthesiology in Health Emergencies, aligning with the WFSA 2025 Annual Theme. Our activities will seek to

highlight the realities and indispensable role of anaesthesiologists in health emergencies and critical care settings.

MSA extends its utmost appreciation to Dr Mohd Rohisham bin Zainal Abidin, Head of the Department of Anaesthesiology and Intensive Care, HTAR, and MOH Head of Service, Anaesthesiology and Intensive Care, for graciously accepting the invitation to host this significant event.

### **CPD Activities**

In collaboration with AMBU Malaysia, MSA and CoA hosted a delegation of anaesthesiology leaders from the Chinese Society of Anaesthesiologists in Penang on 11<sup>th</sup> January 2025. This exchange focused on the role of supraglottic airways in airway management within ERAS, fostering valuable discussions and shared expertise.

On 22<sup>nd</sup> February 2024, we successfully conducted a webinar titled Liability Learning Points for Anaesthesiologists as part of our KITES series. Key insights from our esteemed speakers have been summarised in this issue of the Berita for the benefit of our members.

Between January and March 2025, MSA endorsed and supported multiple CME events across Kota Bahru, Kota Kinabalu, Kuala Lumpur, and Penang, with more planned in the coming months.

MSA extends its sincere appreciation to all speakers and moderators.

### **WFSA Save a Life Photo Competition 1<sup>st</sup> Place Winner**

Congratulations to Associate Professor Dr Azarinah Izaham for winning the WFSA Save a Life Photo Competition with a powerful photograph capturing our children performing CPR during the opening ceremony of MyAnaesthesia 2024.



Titled “*Small Hands, Mighty Hearts: Where Courage Meets Compassion*,” the image beautifully embodies the spirit of young heroes - turning tiny fingers into powerful lifelines: “*Children aren’t just future leaders - they’re emergency*

*champions today, proving that age is just a number when saving lives matters*”.

Membership

As of March 2025, our membership stands at 715 life members, 179 ordinary members, and 51 associate members.

Season’s Greetings

I would like to wish our Muslim friends and members Selamat Hari Raya Aidilfitri.

I wish you a happy reading.

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## Message from

# PRESIDENT OF THE COLLEGE OF ANAESTHESIOLOGISTS, AMM

Professor Dr Ina Ismiarti Shariffuddin



## MEDICOLEGAL CHALLENGES: “STANDING TOGETHER AS A FRATERNITY”

**D**ear esteemed Colleagues,

As anaesthesiologists and Intensivists we are often at the heart of critical moments of resuscitating patients on the verge of death. In these life-and-death situations, we embody the essence of an unseen hero, a physician responding in times of crisis. Yet, when outcomes are unfavourable, the weight of accountability frequently falls upon us. Increasingly, medicolegal cases involving our fraternity have surfaced, transforming what should be professional challenges into legal battles.

### Navigating Medicolegal Challenges: Protecting Ourselves and Our Profession

During our recent medicolegal webinar featuring distinguished panellists, from the Medicolegal front, I identified three key principles that should guide our practice:

1. **Practising Good Medicine** - Ensuring that our care meets the accepted standards among our peers.
2. **Informed Consent** - Providing patients and their families with sufficient information to make well-informed decisions.
3. **Meticulous Documentation** - Maintaining clear, accurate, and detailed records to safeguard both our patients and ourselves.

However, despite our best efforts to provide safe and effective care, the reality is that adverse events and medicolegal challenges can arise unexpectedly. In today's evolving medicolegal landscape, securing the right indemnity coverage is not just advisable - it is a professional necessity. Comprehensive medical indemnity cover ensures that we are not left to navigate legal battles alone, providing financial protection, legal representation, and expert guidance when we need it most. This allows us to focus on patient care with confidence, knowing that we have a robust support system in place should the unexpected occur.

### Strengthening Our Fraternity: Seeking Support Before It's Too Late

We deeply empathise with colleagues facing litigation or those who might encounter it. We urge you - please do not face this alone. If you have concerns about potential legal challenges, reach out to us early. Too often, CoA and MSA only learn about these cases when they have already made headlines - by then, it is often too late for us to offer meaningful support. The saying "*Nasi sudah menjadi bubur*" serves as a painful reminder of missed opportunities to stand together. Let us change this. We are here for you, and as a fraternity, we will do our utmost to support and guide you through these difficult times.

Our goal is to ensure that those facing litigation have access to the best legal representation and expert witnesses -

professionals who uphold the collective opinion of our specialty without bias. To this end, we are collaborating with the Academy of Medicine of Malaysia to establish a dedicated list of expert witnesses. Additionally, we are proud to work alongside the Medicolegal Society of Malaysia to provide training for these expert witnesses. We strongly encourage our senior members to step forward and contribute to this crucial initiative - your experience and expertise are invaluable in safeguarding the integrity of our profession.

### A Call to Action: Standing Together for Our Future

Let us stand united in our commitment to patient-centred care, delivering excellence in anaesthetic practice while upholding the highest professional standards. Medicolegal challenges are an undeniable reality, but we do not have to face them alone. As a fraternity, we have the strength, knowledge, and collective resolve to navigate these complexities with confidence. Let us support one another, advocate for fairness, and ensure that our voices are heard. By standing together, we can safeguard our profession, protect our patients, and shape a future where integrity and excellence define our practice.

Apart from working to support the activities on Medicolegal & Anaesthesiologists, CoA is also involved in co-organising educational activities for the fraternity and the parallel pathway programme for Anaesthesia.

**List of CoA Activities (November 2024 - March 2025)**

NO	DATE	ACTIVITIES
1	19 <sup>th</sup> November 2024	The CoA organised a meeting with the Bahagian Perkembangan Perubatan, KKM, to discuss the <b>"Direction and Management of Anaesthesiology and Critical Care Parallel Pathway Training"</b> following the changes in the Medical Act.
2	25 <sup>th</sup> - 26 <sup>th</sup> November 2024	<b>"Viva Assessment of the FCAI Parallel Pathway Training"</b> : Organised by The Parallel Pathway Specialist Training for Anaesthesiology and Critical Care Subcommittee, Ministry of Health Malaysia in collaboration with CoA.
3	7 <sup>th</sup> December 2024	<b>"The Adaptive Support Ventilation Workshop"</b> : Organised by Department of Anaesthesiology and Intensive Care, HUKM in collaboration with Syarikat Star Medik, Syarikat Hamilton Medical, CoA & MSA.
4	7 <sup>th</sup> - 8 <sup>th</sup> December 2024	<b>"Advance Hemodynamic Monitoring Workshop"</b> : Organised by Department of Anaesthesia of Hospital Pulau Pinang in collaboration with the Society of Anaesthesia of Hospital Pulau Pinang. This event was endorsed by CoA & MSA.
5	4 <sup>th</sup> January 2025	<b>'Mastering Bronchoscopy Course 2025'</b> , Organised by Kelab Bius KB Hospital Raja Perempuan Zainab II, endorsed by CoA & MSA. The event was held in Auditorium Hall Kompleks Rawatan Harian Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan.
6	11 <sup>th</sup> January 2025	A seminar on <b>"The Role of SGA in Airway Management within ERAS Practice"</b> organised by Ambu Sales & Services Sdn Bhd and endorsed by CoA & MSA, held at the Eastern and Oriental Hotel in Penang.
7	16 <sup>th</sup> January 2025	The Parallel Pathway Specialist Training for Anaesthesiology and Critical Care Subcommittee, MOH in collaboration with CoA conducted an interview session for prospective candidates for the 2025/2026 intake of the Anaesthesiology Parallel Pathway Training Program.
8	10 <sup>th</sup> February 2025	CoA organised a meeting with the College of Anaesthesiologists of Ireland (CAI) and Bahagian Perkembangan Perubatan, KKM to discuss on future collaboration/MoU between stakeholders.
9	10 <sup>th</sup> -13 <sup>th</sup> February 2025	CoA hosted the MCAI OSCE/SOE and the FCAI SOE Examination, conducted by the College of Anaesthesiologists of Ireland.
10	22 <sup>nd</sup> February 2025	<b>'Mastering Airway Skill, Your Medicolegal Shield, an eFONA Workshop'</b> : Organised by Department of Anaesthesia of Hospital Pulau Pinang in collaboration with the Society of Anaesthesia of Hospital Pulau Pinang and the SIG Airway CoA & MSA.
11	22 <sup>nd</sup> & 23 <sup>rd</sup> February 2025	<b>"Sabah Simulation in Anesthetic Crisis Workshop"</b> : Organised by Anaesthesiology and Intensive Care Department of Hospital Queen Elizabeth (HQE) and Universiti Malaysia Sabah (UMS), in collaboration with SIG Simulation CoA & MSA, jointly organised the
12	27 <sup>th</sup> February 2025	<b>"Webinar on Liability Learning Points for Anaesthesiologists"</b> : Jointly organised by MSA & CoA in collaboration with the Medical Protection Society (MPS).
13	4 <sup>th</sup> March 2025	<b>"Efficient Anesthetic Management &amp; Balancing Environmental Issues"</b> , organised by Baxter Healthcare (M) Sdn Bhd and endorsed by CoA & MSA.

I look forward to meeting all of you at our upcoming events, particularly the 62<sup>nd</sup> MSA & CoA Annual Scientific Congress - *MyAnaesthesia 2025*, which will take place from 1<sup>st</sup> to 3<sup>rd</sup> August 2025 at the Shangri-La Kuala Lumpur, Malaysia.

This year's programme has been carefully curated to include engaging workshops, insightful symposia, and distinguished speakers from both local and international backgrounds,

ensuring a valuable learning experience for all. Please mark your calendar and join us for this important gathering of our Malaysian anaesthesia fraternity. It will be a great opportunity to exchange knowledge, strengthen professional connections, and discuss the future of our specialty. I look forward to seeing you there.

Finally, I would like to take this opportunity to encourage all

anaesthesia specialists to become members of the College of Anaesthesiologists, AMM. Our collective strength lies in our unity - **the greater our numbers, the stronger our voice**. By standing together, we can drive meaningful change, advocate for our profession, and shape the future of anaesthesia in Malaysia. Let us grow as a fraternity, support one another, and make a lasting impact. **YOUR PARTICIPATION MATTERS.**

## Message from the EDITOR-IN-CHIEF

Dr Anand Kamalanathan



**A**s we embrace this joyful season, we send our warmest wishes to all our Muslim readers for a wonderful Selamat Hari Raya Aidilfitri! For everyone else, may your holidays or on-calls be filled with delicious rendang and lemong!

Now, let's dive in.

The Ides of March is a significant date in the ancient Roman calendar that has become synonymous with misfortune and doom. This day is notorious for the assassination of Roman dictator Julius Caesar. While I don't see myself as a dictator among my fellow editors or fear facing character assassination, I am excited - and legally obligated - to present the March edition of Berita Anestesiologi. This issue takes a closer look at a topic of great importance in 2025: the fascinating intersection of medicine and law. We aim to educate you with a handpicked selection of articles, steering clear of dry legal jargon and avoiding disgruntled lawyers. The pen is mightier than the sword.

We kick off with the dilemmas surrounding obstetric anaesthesia,

where legal disputes can sometimes overshadow the joy of childbirth. From consent issues to epidural disagreements, the drama often feels more suited for a Netflix series than a delivery room.

The recent MSA and CoA KITE series online forum witnessed substantial engagement, bringing in legal experts from our partners at the Medical Protection Society. They shared practical experiences and tackled various medicolegal challenges. Due to popular demand, we have prepared a succinct summary of the questions and answers presented.

Next, we turn our focus to airway management, which has recently encountered complex legal hurdles. We closely examine the standards of care and the potential complications tied to airway procedures, emphasising the significance of enhancing your skills and knowledge related to airway equipment.

Reports from the Medical Protection Society highlight that inadequate documentation is a leading cause of

malpractice claims. Their analysis indicates that incomplete records, inconsistent handover documentation, and failures to note critical information can severely undermine a clinician's defence in court. To delve deeper into these issues, we feature an article discussing the documentation processes mandated by our regulators for anaesthesiologist, as well as the challenges we encounter.

Our attention then shifts to paediatric anaesthesia, a specialised field where the unique needs of young patients intersect with complex legal and ethical considerations. This article explores essential discussions concerning consent, our responsibilities during monitoring and medication delivery, and the intricate task of ensuring optimal outcomes for these young patients - keeping them warm, sweet, and pink.

Enjoy the read, and remember: "An ounce of prevention is worth a pound of litigation". After all, while life may not be black and white, the legal paperwork often is!

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2024-2025

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## Introduction

Obstetric anaesthesia is inherently high-risk due to the two lives involved. Quick decision-making is often required, increasing medicolegal challenges. Obstetric anaesthesia ranks among the highest in claims and lawsuits.

### 1. MEDICOLEGAL CHALLENGES IN OBSTETRIC ANAESTHESIA

Common claims include:

1. Inadequate pain relief during labour.
2. Complications arising from neuraxial block.
3. Delays in emergency anaesthesia for Caesarean section.
4. Maternal deaths related to anaesthesia.
5. Consent and ethical issues in obstetric anaesthesia.

#### 1.1 INADEQUATE PAIN RELIEF DURING LABOUR

Modern pain management includes epidurals, spinal anaesthesia, and systemic analgesics, yet dissatisfaction persists. Causes include:

- Failed/partial epidural block.
- Delayed or denied epidural placement.
- Inadequate dose or wrong choice of analgesia.

Claims often cite improper catheter placement, equipment failure, or delays in administration. Hospital policies, staffing shortages, and unrealistic patient expectations contribute. Institutions must ensure proper education and adherence to guidelines for systemic opioids.

#### 1.2 COMPLICATIONS ARISING FROM NEURAXIAL BLOCK

Like flying in an airplane, neuraxial blocks are mostly safe, but complications still arise resulting in maternal injury, disability and even death. Key complications:

- **Post-dural puncture headache (PDPH) and persistent neurological deficits**

Occurs due to accidental dural puncture, causing headaches, nausea and visual disturbances. Legal issues include:

# OBSTETRIC ANAESTHESIA AND MEDICOLEGAL CHALLENGES within The Malaysian Context



## by Shairil Rahayu Ruslan

Universiti Malaya  
Kuala Lumpur, Malaysia

With advice from

Dr Nurazreen Hussain, Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia  
Y.A. Dato' Zabariah Mohd Yusof, Judge of the Federal Court of Malaysia

- i. Failure to recognise and manage PDPH promptly;
- ii. Delayed or improper treatment (e.g. failure to offer an epidural blood patch when indicated);
- iii. Inadequate documentation of dural puncture occurrence.

- **Nerve injuries (transient or permanent)**

Injury to femoral, sciatic or cauda equina nerves can cause sensory or motor deficits. Claims cite:

- i. Failure of the healthcare provider (both anaesthetist and obstetrician) to assess pre-existing neurological conditions;
- ii. Inadequate post-procedure monitoring of sensory and motor function;
- iii. Delayed response to patient complaints of numbness, weakness or pain.

- **High spinal anaesthesia**

This situation occurs when there is excessive local anaesthetic cephalad spread (not necessarily associated with excessive dosing of the local anaesthetic agent), which leads to hypotension, respiratory depression and loss of consciousness. The legal issues raised are:

- i. Failure to recognise and immediately manage high spinal anaesthesia;
- ii. Delays in securing the airway and initiating resuscitation;
- iii. Poor communication between anaesthetists and obstetric teams, leading to adverse outcomes.

- **Epidural haematoma and spinal cord compression**

Spinal cord compression due to undiagnosed coagulopathy or

anticoagulant use can cause permanent paralysis. Claims arise from:

- i. Failure to screen for bleeding disorders;
- ii. Delayed recognition of spinal cord compression symptoms (e.g. progressive weakness, loss of bladder control);
- iii. Lack of urgent neurosurgical investigation or intervention.

- **Epidural abscess and meningitis**

Infections from catheter placement or prolonged use can cause severe damage. Litigation involves:

- i. Breach of aseptic technique during epidural placement;
- ii. Failure to monitor fever, back pain, or neurological deterioration post-procedure;
- iii. Delayed diagnoses or inadequate antibiotic treatment.

#### 1.3 DELAYS IN EMERGENCY ANAESTHESIA IN CAESAREAN SECTIONS

Timely anaesthesia is critical for maternal and foetal safety. Delays result in adverse outcomes and medicolegal claims. Emergency C-sections are indicated for:

- i. Foetal distress
- ii. Placental abruption
- iii. Uterine rupture
- iv. Failed instrumental delivery
- v. Severe pre-eclampsia/eclampsia

The NICE guideline recommends Decision-to-Delivery Intervals (DDI) of 30 minutes for Category 1 and 75 minutes for Category 2 emergencies. Causes of delays:



- i. Anaesthetist unavailability
- ii. Prolonged assessment and consent process
- iii. Airway difficulties in GA
- iv. Challenges in administering neuraxial anaesthesia
- v. Poor coordination among medical teams

#### 1.4 MATERNAL DEATHS RELATED TO ANAESTHESIA

Maternal deaths in anaesthesia stems from:

- i. Airway management failures (aspiration, failed intubation)
- ii. Haemodynamic collapse (haemorrhage, overdosing, anaphylaxis)
- iii. Inadequate resuscitation
- iv. Epidural haematoma or abscess
- v. Local anaesthetic systemic toxicity (arrhythmias, seizures, cardiac arrest).

#### 1.5 CONSENT AND ETHICAL ISSUES IN OBSTETRIC ANAESTHESIA

Anaesthetists have a legal and ethical obligation to provide clear, comprehensive information, ensuring voluntary and informed consent.

Legal standards for Informed Consent:

- i. Bolam Test (UK and Malaysia) - Determines if care met professional standards.
- ii. Montgomery Ruling (UK, influencing Malaysia) - Requires disclosure of significant risks.
- iii. Malaysia's Medical Act 1971 and Patient's Rights Laws - Emphasises patient autonomy.

Ethical dilemmas in obstetric anaesthesia:

- i. Autonomy vs. Beneficence in high risk cases.  
Conflict may arise when the woman refuses anaesthesia or life-saving procedures, placing herself and her baby at risk.
- ii. Consent for unconscious or incapacitated patients.  
The anaesthetist must act in the patient's best interests, ensuring that a next-of-kin consent is obtained as soon as it is feasible, but legal issues may arise if family members dispute the decision.
- iii. Foetal rights vs. Maternal rights.  
Dispute may occur if a woman refuses anaesthesia or surgery, risking foetal distress. Generally, the Malaysian legal landscape prioritises maternal autonomy, but some may argue for foetal rights in life-threatening cases.

## 2. MEDICOLEGAL GROUNDS FOR CLAIMS IN ANAESTHESIA

A patient may initiate legal action only when she believes that her situation was mismanaged due to medical negligence. Common allegations:

MEDICOLEGAL GROUNDS FOR CLAIMS IN OBSTETRIC ANAESTHESIA	
<input type="checkbox"/>	Failure to provide timely pain relief
<input type="checkbox"/>	Improper technique of pain relief leading to failed analgesia
<input type="checkbox"/>	Technical errors leading to complications
<input type="checkbox"/>	Delayed recognition and management of complications
<input type="checkbox"/>	Maternal and/or foetal harm
<input type="checkbox"/>	Failure of provider(s)/hospital to meet standard care guidelines
<input type="checkbox"/>	Inadequate documentation
<input type="checkbox"/>	Lack of proper informed consent or failure to disclose material risks
<input type="checkbox"/>	Coercion or lack of voluntary consent
<input type="checkbox"/>	Psychological distress due to inadequate pain management

The allegations above could ultimately lead to the anaesthetist to be found liable for negligence, compounded further with a poor defense if documentation was substandard to begin with.

## 3. MEDICOLEGAL CASES RELATED TO OBSTETRIC ANAESTHESIA

Notable trends in Malaysia:

- claims for permanent nerve injury and high spinal complications.
- Legal actions for delays in emergency anaesthesia leading to maternal/ foetal harm.
- Cases of airway-related deaths citing failure to assess and manage difficult intubation.

Case examples:

- A. A woman undergoing elective C-section suffered total spinal anaesthesia, leading to respiratory arrest and brain damage. The family sued the anaesthetist and the hospital, alleging that there was:
  1. Excessive spinal anaesthetic dose;
  2. Failure to recognise high spinal anaesthesia in time; and
  3. Delayed intubation and resuscitation.

The anaesthetist and the hospital may be found to be negligent and damages to be paid to the

claimant for maternal death due to anaesthetic management.

Documentation is of utmost importance for a strong defense in this potential case. If found negligent, the anaesthetist and the hospital may be held liable for damages, including compensation for loss of income, medical expenses and pain and suffering.

- B. A woman consents to spinal anaesthesia but develops a high spinal block requiring urgent GA. She later claims she never consented to GA, alleging lack of proper communication. Documentation on the matter was scanty. The court may rule that the anaesthetist is to be held liable for not documenting the shift in the anaesthetic plan.

- C. A woman is delayed to more than 30 minutes to receive anaesthesia for an emergency C-section. The reason of the delay was that the anaesthetist was engaged in another case. By the time the woman was induced and the baby delivered, the newborn had suffered severe hypoxic-ischaemic -encephalopathy (HIE), leading to cerebral palsy.

The parents sued the anaesthetist and the hospital for failure to provide timely anaesthetic care, leading to permanent neurological injury to their child. The court ruled in favour of the plaintiffs, awarding significant damages for medical negligence.

- i. For any cases related to an airway-related death due to failed intubation, the lawsuit against the anaesthetist and the hospital would be for lack of a preoperative airway assessment, failure to have alternative airway devices available, and delayed transition to a supraglottic airway or emergency front-of-neck access. The court may rule the hospital to be liable for failure to follow/ enforce airway management guidelines.
- ii. A woman suffers long-term back pain and nerve injury after an epidural. She claims that she was not warned about the risk of epidural haematoma or nerve compression. The court

may rule that the anaesthetist is to be found negligent for failing to disclose material risks under the patient-centred standard.

- iii. A woman dies under GA for an emergency C-section. Her family claims that she was never told about GA risks and sues for medical negligence. The court may rule that the anaesthetist and hospital failed to prove that adequate consent was obtained, which would result in compensation to the family.

#### 4. RISK REDUCTION STRATEGIES FOR ANAESTHETISTS IN MALAYSIA

The steps that anaesthetists could take to reduce the risk of medicolegal claims are:

- *Optimising preoperative assessment in high risk patients.* Parturients, as a baseline, are considered high risk group of patients to begin with, which emphasises that a thorough preanaesthetic and airway assessment is imperative to identify early which patients may require emergency C-section.
- *Enhancing neuraxial anaesthesia techniques to improve anaesthesia safety.* This is to increase the rates of success as well as to minimise the likelihood of causing complications to occur. Encouraging early epidural placement in high-risk cases would also allow quick conversion to surgical anaesthesia, if needed.
- *Improving access to labour analgesia.* Hospitals play a role in

improving staff numbers and equipment availability to improve labour analgesia service.

- *Ensuring rapid anaesthesia response to emergencies.* This means having a dedicated on-call obstetric anaesthetist in the hospital, or perhaps rostering a secondary oncall obstetric anaesthetist. Immediate perimortem C-section for maternal cardiac arrest must be performed as part of maternal collapse protocols, with simulation training for staff for rapid response as well as stocking up of intralipid for treatment of this.
- *Adhering to safe neuraxial blockade techniques* (inclusive of usage of ultrasound guidance in difficult cases, and ensure correct dosing of anaesthetic agents especially in small or high-risk patients).
- *Strengthening informed consent and patient communication* (by explaining clearly all risks, benefits and potential complications before the procedure; also to obtain written consent and document the discussion in the medical record).
- *Maintaining proper and METICULOUS documentation.* All communications and decisions made must be documented clearly, with the date and time noted on the record. Even negative findings/discussions must be documented which would be important if the need for defense in a medicolegal claim ever comes up. In obstetric anaesthesia specifically, procedural details such as patient

position, needle type and size, drug dosage and administration technique, as well as any complications and their management must always be documented.

- *Streamlining theatre workflow and communication.* A consideration is necessary to have in place an emergency response team for faster patient transfer and clear role assignments. This can happen in tandem with regular obstetric emergency drills to improve coordination and reduce response times.
- *Training anaesthetists in ethical decision-making.* Workshops or courses on ethical challenges in obstetric anaesthesia would be a relevant plan to train anaesthetists to handle high-risk refusals, patient anxiety, and emergency consent dilemmas.

#### CONCLUSION

Obstetric anaesthesia carries significant medicolegal risks, with claims frequently arising from inadequate pain relief, neuraxial block complications, delays in emergency interventions, maternal mortality and consent issues. Adherence to best practices, timely intervention, thorough documentation and clear communication are essential to mitigate legal liabilities and ensuring patient safety. Legal precedents underscore the importance of maintaining high standards of care to prevent adverse outcomes and litigation.

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# LIABILITY LEARNING POINTS for Anaesthesiologists



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The Malaysian Society of Anaesthesiologists (MSA), the College of Anaesthesiologists (COA), and the Medical Protection Society (MPS) jointly hosted an online forum titled "Learning Liabilities for Anaesthesiologists" as part of the KITE (Knowledge, Innovation, Training, and Education) Series. This online forum aimed to raise awareness among anaesthesiologists about medicolegal risks, professional accountability, and best practices for minimising liability in clinical practice. We conducted the session via Zoom on 27<sup>th</sup> February 2025 from 6.00 to 8.00 pm as a response to the valid concerns raised by our members on the apparent litigation crusade against our fraternity in 2024. More than 300 members signed up to attend the session despite their busy schedules in the middle of the week.

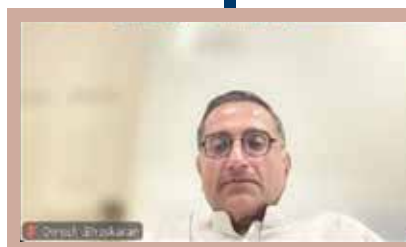
The session, moderated by Dr Gunalan Palari Arumugam and yours truly, featured a panel of distinguished experts. This included an eminent former Court of Appeal Judge, Dato' Darryl Goon, a prolific and witty litigator; Mr Dhinesh Bhaskaran, and a seasoned medicolegal indemnity expert, Dr Mohamed Faruqi Uzair Sidek. Their wealth of experience and knowledge ensured a comprehensive and insightful discussion.

The first hour was a moderator-led discussion on three court cases that had significant implications for our fraternity. These cases, Siow Ching Yee vs Columbia Asia, Datin Nor Rizam bte Abdul Wahab vs Pusat Pakar Tawakkal Sdn Bhd, and Dr Neville Anand Michael Gomis vs Mahkota Medical Centre Sdn Bhd - each presented unique challenges. Essentially, in each case, an anaesthetist was called to attend a code blue situation and rendered care during the crises but, unfortunately, the patient achieved a poor outcome, and the anaesthetist was judged to be liable.

Here is a summary of our questions and answers by our panellists.

## What were the main findings of concern in these cases?

In the case concerning Siow Ching Yee vs Columbia Asia, the law took a significant turn when the Federal Court took the view on a majority of two to one, that private healthcare facilities owe a non-delegable duty of care to patients in such facilities, even if the doctor who was found negligent is an



independent contractor. Previously, the courts ruled that private hospitals were not responsible for a doctor's negligence, as the doctor was deemed an independent contractor, not an employee. The Federal Court, on appeal by the plaintiffs, also increased the damages awarded by the High Court judgement.

The other two cases were based on findings of fact and evidence specifics, which depended on expert witnesses' reports. The judge cannot look for evidence; it is the role of the lawyers to present the evidence to the learned judge.

### **Are liabilities on anaesthetists on the rise? Are we being maliciously targeted?**

There seems to be a perception that anaesthetists are being targeted, but actually, liabilities for all doctors in many specialities are on the rise for various reasons. Anaesthetists have been named as defendants in litigations for many decades, so it is nothing new. In the last few years, the courts have issued many more written judgements on medicolegal cases at the High Court and Federal Court levels. Going back ten to fifteen years ago, you hardly get appellate court decisions with written statements of judgment that are readily available to the press. So, what used to go under the radar is more visible today with E-Judgements for everyone to digest and discuss, which may be why this perception of increasing liabilities exists. Reporters from media that sensationalise headlines as click baits further fuel this perception, and news is easily dispersed via the internet.

### **What should the anaesthetists do to protect themselves from a legal point of view?**

In medicolegal cases, it often boils down to a situation where one doctor is pitted against another. The common law is straightforward and pragmatic; it informs the court that they lack medical expertise and should evaluate whether the actions in question align with what a reasonably competent doctor would do. This assessment can only be made

with the testimony of an expert. Consequently, save for obvious cases (e.g. the erroneous removal of a wrong limb), doctors would not be found negligent without the involvement of another doctor, an expert, providing an opinion that the doctor was negligent; and identifying the specific shortcomings. It is the court's responsibility to evaluate which version of the expert testimonies is more compatible and more substantiated and whether it is based on evidence. Therefore, it is crucial to recognise that while lawyers have a role to play, the role of expert witnesses is far more significant. In all the cases mentioned above, it has been the experts who testified and opined that the practitioners were negligent.

### **During an emergency, what is a legally accepted documentation of the event given that our focus is on the resuscitation and the outcome?**

Let's focus on a fundamental question: what does the medical community expect from itself regarding documentation? The Malaysian Medical Council (MMC) has established clear criteria that outline all practitioners' ethical responsibilities and obligations, emphasising the need for thorough documentation. Since MMC has set these standards, the courts also expect documentation to be detailed, although there have been some exceptions. Documentation may be difficult and time-consuming, but it is something we must do to help ourselves when and if medicolegal issues arise. There has been significant improvement in documentation practices among doctors, although subpar documentation still exists.

During an emergency, you are not expected to take detailed notes. Documentation can be done after the event. It is essential to record what you believe is relevant for future consideration. This includes obtaining proper consent and documenting the risks of events. For anaesthesiologists attending to life-threatening emergencies, there may be situations where obtaining

consent or explaining the risks is not possible due to the urgency of the circumstances. In such cases, the focus shifts to whether the practice of medicine meets the standards of competence as outlined by the Bolam test.

It is essential to document any difficulties you may encounter, such as facing an unexpected difficult intubation. For example, if you are unable to intubate due to reasons A, B, and C, make sure to record this information. Proper documentation of the event is essential; without it, your account may be considered merely a self-serving assertion, leaving you vulnerable in a hearing. Judges typically rely on contemporaneous records from the event, as what is stated during a court hearing later may seem more reflective or wiser in hindsight. The courts are aware that documentation can sometimes be altered after a complaint or lawsuit is filed, indicating that changes may have been made to the original records. Documentation is rarely flawless, and when it is, it tends to raise an eyebrow or two.

### **How much risk should we disclose to our patients, especially when it has remote chances of occurring? Are our risk disclosure forms adequate?**

Based on the assessment of over a hundred litigation cases, it is often the omission of fundamental risks, such as bleeding, infection, or damage to surrounding organs, that becomes the focus during trials. Rare complications are less commonly cited as omissions, and if they are, it is typically the responsibility of the defense lawyers to inform the judges about their frequency. Using standard risk declaration forms that require patient signatures adds value to your defense but does not eliminate the possibility of negligence. If, during multiple visits, you have effectively demonstrated and documented explanations to the patient using pamphlets, videos, and other materials, then the patient cannot later claim that he was ill-informed after signing these forms.



Standard forms may only be suitable for a certain percentage of the population. Any individualised risks need to be explained and documented separately. This approach shows that you have made a concerted effort to consider the material risks to the patient associated with the proposed treatment. Consent is a critical issue that lawyers often scrutinise due to their focus on legal documentation.

Recently, a patient claimed that he was not adequately informed about certain risks detailed in the written risk disclosure forms. However, the High Court judge wisely ruled that the consent was valid because the patient had signed the document. The High Court decision referred to is *Koay Eng Oon v Dr Wong Twee Juat & Anor* [2023] MLJU 1996 - a decision of Justice Anand Ponnudurai in Penang.

*"Finally, on this issue, I find that there is no evidence that the Plaintiff was in a state of unconsciousness or under duress to sign the said consent form. At all material times, the Plaintiff was given the liberty and freedom of choice as to whether he wanted to sign the said consent form. The fact that the Plaintiff signed the said consent form and thereafter underwent surgery/operation supports the fact that he was aware of the risks and had consented to the said surgery. As such, having considered the evidence in totality as well as the submissions by learned counsels, I find ample evidence to support the 1st Defendant's contention that he had discussed with the Plaintiff the procedure as well as informed him of the material risks associated. In my considered view, the Plaintiff has failed to establish on a balance of probabilities that the 1st Defendant has breached his duty of disclosing material or sufficient information on the risk of the laparoscopic surgery/operation."*

The Plaintiff's claim was dismissed.

### Are judges swayed by the swagger and the art of presentation when evaluating expert witnesses?

There are a multitude of factors that determine which expert witness reports the presiding judge prefers. In one of the cases mentioned above, the judge

clearly stated in his written judgement on the inadequacies of the written defence expert witness report which he deemed very short, without proper reasoning or supportive evidence. On the other hand, the plaintiff's report was detailed and well-reasoned, quoting multiple studies with physiological explanations.

When writing an expert witness report, it is essential to put careful thought and consideration into the statements, as they can significantly impact the outcome of the case. Conclusions reached without citing relevant medical literature can weaken the credibility of the report.

Additionally, when an expert witness appears in court, he should be thoroughly prepared to handle cross-examinations from the opposing counsel, who may be hostile.

Experts who can clearly and effectively present their views and evidence leave a stronger impression on the judge. Since everyone involved, except for the doctors, is a layperson, the expert who answers questions thoughtfully and avoids emphasising untenable points stands out even more.

### Are payouts getting more extensive, and are indemnity providers concerned?

As inflation rises, damages will parallel the rise in inflationary costs. Of course, as

hospital fees increase, patients tend to expect superlative outcomes. Therefore, expectations of care are noticeably more pronounced. However, when comparing Malaysia's litigation payouts with those in international markets, such as Hong Kong, the payouts in Malaysia are significantly lower. Therefore, it is unsurprising if the damages awarded keep rising even more sharply.

Another crucial factor is the growing awareness of the high rewards associated with litigation, as highlighted by the media. It may not be the case that there were fewer medical negligence cases ten years ago; instead, it is more likely that increased public awareness and media interest in these cases have led to a greater appreciation of their potential outcomes.

The Medical Protection Society does not evaluate each case solely based on financial considerations, such as whether settling out of court would be cheaper than a prolonged legal battle. The latter approach could encourage frivolous claims from plaintiffs seeking quick monetary gain, which could ultimately harm the reputation of doctors and hospitals.

The session then proceeded to answering questions from the audience for the next hour and ended with a thumbs-up from everyone.



## From Notes to Narratives

# STRENGTHENING MEDICAL RECORDS IN ANAESTHESIA

### 1. Introduction

The objectives of this article are:

- a) to review the evolution of documentation;
- b) to identify challenges, and;
- c) to propose strategies to strengthen records.

According to the *Malaysian Medical Council (MMC) Guideline 2006 on Medical Records and Medical Reports*, these documents are designed to complement and should be read in conjunction with the *Medical Act and Regulations*, the *Code of Professional Conduct of the MMC*, and other guidelines issued by MMC or related organisations. While medical records are not strictly classified as legal documents, they are often considered legally supportive in court hearings. This is because medical practice must operate within broadly understood legal rules, such as those embodied in the common law.

Medical records should be well thought out, clearly written, and provide a detailed picture of the clinical situation. It is important to document all information shared with the patient, both written and verbal, and to record the patient's understanding of the plan of action, including any refusals or disagreements.

#### Good clinical practice and informed consent are inseparable

Physicians must recognise that informed medical choice is an educational process that benefits the doctor-patient relationship. The medical record must reflect this informed decision-making. It

is best to document contemporaneously with events because memories fade, other events may occur, and disputes over the sequence of events may arise later.

A well-documented medical record serves two essential purposes:

1. It **reflects the patient's history and the corresponding care**, ensuring continuity of care.
2. It provides a **defense for a physician facing allegations of malpractice** by detailing adherence to the standard of care.

For example, information given or received by telephone, if not documented, may be forgotten, even though it can be vital to patient care and to preventing allegations of negligence. A common cause of legal action is the improper handling of lab results or diagnostic tests, such as a test not being performed, results not being reported or sent to the wrong location, diagnostic tests not being interpreted, results filed before review, or failure to act upon the results. It is **essential to have a fail-safe system to track, file, and document these tests and the subsequent actions taken**.

### 2. Challenges in Anaesthesia Documentation

- High workloads and time constraints
- Variability in documentation practices
- Technological and system limitations
- Inadequate training and awareness
- Handover and communication issues
- Regulatory and policy gaps

Until the 19<sup>th</sup> century, medical records mainly served educational purposes. Later, they assumed additional roles in insurance and legal procedures. It is surprising that a profession as sophisticated as medicine was once devoid of written documentation, despite the high stakes of patient care and the potential for adverse outcomes.

### 3. Medicolegal Implications

- **Altered records and litigation**  
One commonly cited case involves an anaesthesia provider who made post-hoc changes to the medical record following an adverse event. When these alterations were discovered during litigation, they significantly weakened the provider's defense, demonstrating how **even small modifications can raise serious questions about the record's credibility**.
- **Incomplete Preoperative Documentation**  
Another case involved a failure to document a thorough preoperative assessment. Missing details - such as a patient's allergy or previous adverse reactions - led to unexpected complications during anaesthesia. The incomplete record became a central issue in the malpractice claim, underscoring the **need for comprehensive and accurate documentation**.
- **Inadequate Informed Consent Recording**  
A third case highlighted the consequences of not adequately documenting the informed consent process. Without clear records indicating that the patient was informed of the risks and benefits, the provider faced significant legal challenges when complications arose, emphasising that **robust documentation of consent is critical in defending against medicolegal actions**.



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## 4. The Informed Consent Process and Documentation: An Inseparable Duo

### Informed Consent as a Process

- It is not just a signature, but a dynamic dialogue between the clinician and the patient.
- Essential for patient autonomy, clinical excellence, and legal protection.

### Demonstrating Patient Understanding and Agreement

- **Detailed Discussion**
  - Explain the procedure, its benefits, risks, and alternatives.
  - Document the conversation to show that the patient was fully informed.
- **Patient Questions and Clarifications**
  - Record patient questions and your responses to confirm their understanding.

### Legal Evidence and Risk Management

- **Evidence in Litigation**
  - Detailed consent documentation can serve as key evidence if complications arise.
- **Compliance with Legal Standards**
  - Cases like *Montgomery v Lanarkshire Health Board* show that missing consent details can undermine defense.

### Enhancing Quality of Care

- **Continuity and Communication:**
  - Thorough records support continuity of care, providing clear treatment context for all caregivers.
- **Accountability**
  - Meticulous documentation confirms respect for patient autonomy and clinical responsibility.

### Best Practices for Documenting Informed Consent

- **Timeliness**
  - Record consent details contemporaneously.
- **Clarity and Detail**
  - Use clear language; specify risks, alternatives, and potential complications.

### Supplementary Materials

- Attach or reference educational materials used during the discussion.

### Confirmation of Understanding

- Note steps taken (e.g., teach-back method) to verify that the patient understood the information.

### The Broader Impact

- Detailed informed consent documentation is a vital legal safeguard and quality improvement tool.
- It fosters transparency and trust, ensuring that all providers have access to the patient's treatment decisions and expectations.

### Montgomery v Lanarkshire Health Board

This case is frequently cited as a benchmark for understanding the importance of comprehensive, patient-specific informed consent and meticulous documentation. It illustrates how a failure to disclose key risks, even if unintentional, can lead to significant legal consequences and impact patient outcomes.

Nadine Montgomery, a pregnant woman with diabetes and of short stature, factors that heightened her risk of shoulder dystocia, was not adequately informed about the material risks of vaginal delivery, particularly the possibility of shoulder dystocia. When shoulder dystocia occurred and the baby sustained significant injuries, Mrs Montgomery argued that had she been fully informed, she would have chosen a caesarean section instead.

The UK Supreme Court ruled that doctors must ensure patients are fully informed of all material risks and reasonable alternatives, shifting from a paternalistic model to a patient-centered approach. A risk is deemed material if a reasonable patient would consider it significant, as exemplified by Mrs Montgomery's heightened risk of shoulder dystocia due to her diabetes and short stature. This case underlines the need for every clinician to ensure that the consent process is both comprehensive and well-documented, reflecting the patient-specific risks and alternatives.

**Reports from the Medical Protection Society (MPS) revealed that inadequate documentation is a key factor in malpractice claims.** Their analyses show that incomplete records, inconsistent handover documentation, and lapses in recording critical information significantly undermine a clinician's defense in litigation. **To mitigate these risks, these organisations recommend using standardised templates and checklists, enhancing real-time documentation training for clinicians, and adopting digital systems and electronic medical records (EMRs) to ensure data accuracy and integrity.**

In conclusion, enhancing our anaesthesia documentation practices is crucial for both improving patient care and bolstering our medicolegal defense. Together, these measures foster a culture of accountability, improve communication during handovers, and ultimately lead to safer, more transparent patient care. Moreover, detailed, contemporaneous records of the consent process are indispensable; they affirm that the patient was fully informed, support continuity of care, and provide a robust defense in the face of legal scrutiny. In essence, thorough documentation is a cornerstone of both quality patient care and risk management.

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# The Standard of Care of Anaesthesiologists in Airway Management in Malaysia

## CHALLENGES AND THE ROAD AHEAD

### Introduction

Airway management is a cornerstone of anaesthesia practice, and maintaining high standards is essential to ensure patient safety and optimal outcomes. In Malaysia, the standards of care for anaesthesiologists in airway management have evolved significantly over the years, driven by technological advancements, education, and clinical practice guidelines. This progress instils optimism for the future of airway management in Malaysia.

### International Influence and Local Adaptations

Traditionally, airway management in Malaysia has been widely influenced by international guidelines and practices, particularly those from the United Kingdom and the United States. Adopting these guidelines has been instrumental in shaping the training and practice of Malaysian anaesthesiologists. While these guidelines have been invaluable, it is essential to tailor them to our local context to address unique challenges and resource constraints faced by both public and private healthcare institutions.

### Legal Standards and Challenges

In medical negligence cases, the standard of care has traditionally been guided by the Bolam test, which protects doctors if their practice is supported by a responsible body of similar professionals. Quoting the words from McNair J in **Bolam v Friern Hospital Management Committee (1957)**, "The test is the standard of the ordinary skilled



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man exercising and professing to have that special skill. A man **may not possess the highest expert skill at the risk of being found negligent. It is a well established law that it is sufficient if he exercises the ordinary skill of an ordinary competent man exercising that particular art**". This approach has also evolved with the introduction of the Bolitho addendum, a legal principle that requires that the standard of care must also be justified on a logical basis, considering the risks and benefits of different options.<sup>1</sup>

The real question is, how does the professional body determine the **ordinary** standard if there is a lack of nationwide data, local adaptations of airway management protocols, and non-standardised airway management armamentarium across health institutions nationwide? Comparing an apple to an orange would not be a fair comparison.

### Local Data and Comparisons

According to the 2016 National Audit on Anaesthetic Airway Management

(NAAM), Malaysia reported significant airway complications at a rate of 1,054 per 100,000 anaesthetics. Specific incidences<sup>2</sup> included:

1. Difficult airway: 1,017 per 100,000
2. Unanticipated ICU admission: 44 per 100,000
3. Emergency surgical airway: 20 per 100,000
4. Significant trauma to the airway: 40 per 100,000
5. Significant desaturation: 148 per 100,000

These figures are notably higher than the UK's National Audit Project 4 (NAP4), which reported a major airway complication incidence of 4.6 per 100,000.<sup>3</sup> Differences in study criteria may explain this disparity. In another unpublished pilot study from a local university, about 20% of anaesthesiologists encountered a 'cannot intubate, cannot oxygenate' scenario in their practice, a life-threatening situation where a patient's airway is blocked, and cannot be ventilated. In such cases, emergency



front-of-neck access (eFONA), a procedure to establish airway access from the front of the neck, is often necessary. However, only less than 5% of anaesthesiologists performed eFONA in that pilot study. Another local study among emergency healthcare workers reported that only 15.3% had good knowledge of airway management, while 62.3% had high confidence in managing airways and resuscitation.<sup>4</sup> These alarming reports call for a nationwide study to evaluate the current state of airway management among practitioners, identify the knowledge gap in the performance, and provide recommendations to improve the standard of airway management practice.

### Challenges and Recommendations

Along with the progress in airway management, the medicolegal landscape in Malaysia has evolved in tandem with increasing awareness of patient rights and the importance of maintaining high standards of care. However, several challenges remain in achieving optimal standards of care in airway management in Malaysia.

1. **Resource Limitations:** Access to advanced airway devices and training opportunities can be limited,

particularly in rural and remote areas. Efforts are needed to ensure equitable distribution of resources and training across the country.

2. **Standardisation of Training:** While significant strides have been made in training and education, there is a need for standardised training programmes that are consistently implemented across all healthcare institutions. Large conferences like the Regional Airway Meeting 2024 in Kuching, Sarawak, Malaysia are a good platform for raising awareness, updating knowledge and forming a national network. In contrast, smaller, local workshops such as the eFONA workshop and awake tracheal intubation (ATI) workshop are needed for regular hands-on training.

3. **Research and Data Collection:** Continuous research and updated audits are essential to identify current gaps and measure the impact of interventions.

4. **Interdisciplinary Collaboration:** Collaboration between anaesthesiologists, surgeons, emergency physicians, and other healthcare professionals is crucial for effective airway

management. Multidisciplinary teams can enhance patient outcomes.

### Conclusion

In conclusion, while Malaysia has made significant strides in airway management, ongoing efforts are needed to address resource limitations, standardise training, and foster interdisciplinary collaboration. By staying updated with the latest guidelines and embracing new technologies, we can continue to enhance the quality of airway management and ensure the best outcomes for our patients.

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# Medicolegal Issues in Paediatric Anaesthesia

## CHALLENGES

**M**edical litigation has become a rising trend in our country. Doctors are getting sued all over the place. We, as anaesthetists ourselves, are not getting spared either. So, the best thing we must do is to equip ourselves with good knowledge and awareness.

As all of us know, dealing with paediatric anaesthesia itself is a great challenge and carries long-term consequences. Although there is substantial evidence from the PANDA, MASK, and GAS studies that have proven that short-term anaesthesia and anaesthetic medications are safe in terms of neurodevelopment in children, there is always a fear of the outcome of the child in life-threatening events or perioperative adverse anaesthetic complications. I have published details regarding the safety of anaesthesia in children in TheStar newspaper (<https://www.pressreader.com/1342/20201122/28228673281350>).

A few key medicolegal issues that need to be highlighted in paediatric anaesthesia include:

1. Consent and Capacity
2. Anaesthesia Techniques - Airway, Congenital, Cardiorespiratory
3. Medication Issues
4. Perioperative Monitoring
5. Complications Management
6. Documentation
7. Psychological Issues

### 1. Consent and Capacity

Consent should be obtained from responsible parents or legal guardians of children below 18 years old. They should be informed of the risks and benefits of the procedure and possible complications that can occur, including post-operative care. In life-threatening emergencies, the procedure should not be delayed while awaiting consent, and both surgeons & anaesthetists can proceed with the procedure.

### 2. Anaesthesia Techniques

Managing a paediatric airway can be very complex and challenging. Improper airway management can lead to long-term serious complications. Therefore, ensure it is handled in a centre with all the expertise, equipment and support. Parents should be informed regarding all possible complications and the backup plan if any trouble arises. Most often, we have to deal with children who have multiple congenital anomalies, cardiorespiratory issues and metabolic disorders that have significant anaesthetic considerations. All these details need to be reviewed and optimised before anaesthesia with good postoperative support.

### 3. Medication Issues

All medications are calculated based on the child's weight. One needs to be extra vigilant during medication administration and always have the practice of checking the lines for any extravasation or swelling after giving any medications. **Every dose is a test dose.** Drugs should be labelled clearly with the correct dosage of dilution. Please discard the medication if you are unsure of the medication or dosage as medication errors can lead to serious adverse effects.

### 4. Perioperative Monitoring

Basic saturation, blood pressure, and ECG monitoring are mandatory in every case. It would be good practice to have two oxygen saturation monitors for neonates, infants, and smaller children as sometimes you can get a lot of artefacts and problems with saturation detection. Temperature monitoring is also advisable in all cases, as children are at higher risk of developing

### 5. Complications Management

Sometimes, despite our best efforts, complications can still occur. Any complications need to be addressed immediately and require prompt action. Get help early, and it will be best to have a good support team involving paediatric surgeons, paediatricians, ENT surgeons, interventional radiologists, vascular surgeons and intensivists. Parents need to be aware of the complications and the efforts that have been taken to treat them accordingly. With good communication and compassion, I am sure that parents will understand the situation, and this can prevent any potential legal implications later.

### 6. Documentation

Detailed documentation of all aspects, including preoperative assessments, medications and dosages, monitoring, complications, and post-operative plans, is important as these documents are legal evidence in case of medicolegal issues.

### 7. Psychological Issues

As much as possible, try a child-friendly approach during the induction phase, such as parental presence, getting their favourite pillow and toys, and age-appropriate communication to ensure a pleasant anaesthetic experience. Take extra care of the neurodivergent children and try as much as possible to be comfortable with them and get their trust in you.

hypothermia compared to adults. **Always uphold this mantra - to keep the child WARM, SWEET & PINK.** Avoid hypothermia and hypoglycemia and maintain their perfusion at all times. Since children have smaller blood volumes, ensure adequate fluids and blood are given appropriately if needed.



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## Saving Lives, One Drop at a Time

# THE ANAESTHESIOLOGIST'S ROLE IN PATIENT BLOOD MANAGEMENT

**I**t was a routine Monday morning in our Pre-Anaesthetic Clinic at Universiti Malaya Medical Centre when the case of Mr P, a 61-year-old man scheduled for laparoscopic hemicolectomy for cancer of the colon, came to our attention. His haemoglobin level was 8.9g/dL - a common yet concerning finding in the preoperative setting. With surgery planned in three weeks, the question was clear: Should we proceed and transfuse intraoperatively if needed, or was there a better approach?

Traditionally, a borderline haemoglobin level would have made an allogeneic blood transfusion almost inevitable, particularly if intraoperative blood loss was significant. However, growing evidence highlights the risks of unnecessary transfusions, including transfusion-related acute lung injury (TRALI), infections, immunosuppression, and prolonged ICU stays.

Instead of waiting for complications to arise, we took a proactive approach to managing Mr P's low haemoglobin level, using Patient Blood Management (PBM) - a strategy that anaesthesiologists are uniquely positioned to champion. PBM is not just about avoiding transfusions. It is a philosophy that should govern perioperative care. It is defined as the timely application of evidence-based medical and surgical concepts designed to maintain haemoglobin concentration, optimise haemostasis, and minimise blood loss to improve patient outcomes. This can be illustrated in Figure 1.

As anaesthesiologists, we serve as the silent guardians of blood conservation, ensuring that every drop of blood is optimised, preserved, and used judiciously.

### The Hidden Crisis of Anaemia

Anaemia remains one of the strongest predictors of perioperative complications, yet it is frequently under-diagnosed and undertreated. The World Health



by **Professor Ina Ismiarti Shariffuddin**

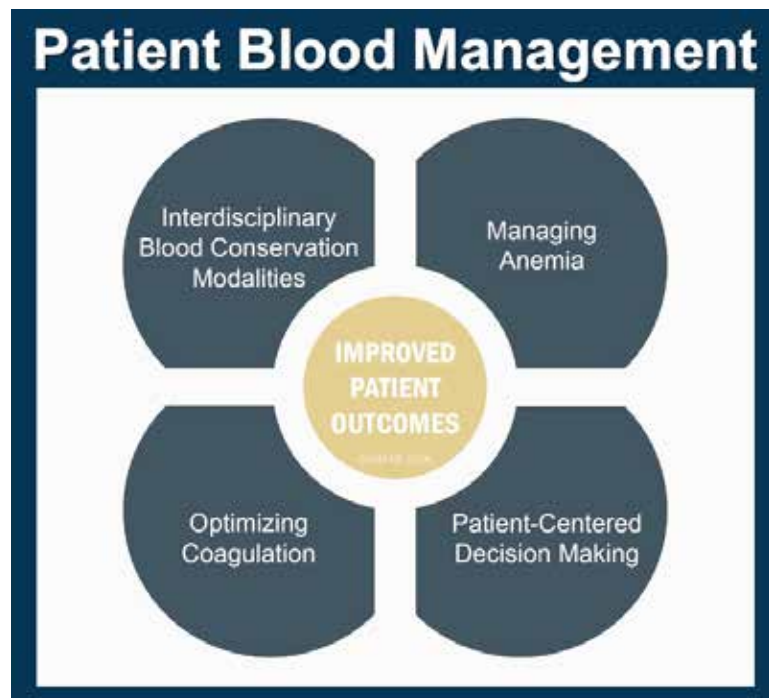
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Organization (WHO) defines anaemia<sup>1</sup> as:

- Hb <13 g/dL in men
- Hb <12 g/dL in non-pregnant women
- Hb <11 g/dL in pregnant women

Globally, over 2 billion people suffer from some form of anaemia.<sup>2</sup> In the surgical setting, the numbers are even more alarming - 30% of patients present with

preoperative anaemia. A study in the British Journal of Anaesthesia revealed that anaemic surgical patients had a 17.8% complication rate and a 0.5% mortality rate.<sup>3</sup> These statistics are not just numbers - they represent actual patients whose outcomes could be improved if anaemia were identified and treated early. The question is: how can we, as anaesthesiologists, turn the tide?



**Figure 1:** Core Components of Patient Blood Management for Enhanced Outcomes

PBM revolves around three key pillars:

### Pillar 1: Preoperative Optimisation - Winning the Battle Before the First Incision

Returning to Mr P, his Hb of 8.9 g/dL raised a red flag, but thanks to PBM, we had a plan. With three weeks before surgery, we took a step back and focused on optimising his haemoglobin levels. Instead of opting for a reactive

transfusion strategy. We administered intravenous (IV) iron therapy - a more effective option than oral iron, which is often poorly absorbed in inflammatory states due to hepcidin elevation.<sup>4</sup> Within two weeks, his Hb rose to 11g/dL - not perfect, but a significant improvement.

This simple yet crucial intervention meant that Mr P was less likely to require a transfusion, reducing his risk of

complications and expediting his recovery.

## Pillar 2: Intraoperative Blood Conservation - The Art of Controlled Bleeding

Surgery is a battlefield, and blood loss is the enemy. However, as anaesthesiologists, we have an arsenal of strategies to minimise bleeding and preserve haemostasis.

### i. The administration of Tranexamic Acid (TXA)

One of the most revolutionary advancements in blood management has been the use of tranexamic acid (TXA).

- The CRASH-2 trial demonstrated that TXA reduces mortality in trauma patients when administered early.<sup>5</sup>
- The CRASH-3 trial found that TXA lowers mortality in traumatic brain injury if given within three hours of injury.<sup>6</sup>

For Mr P, we administered a bolus dose of 1g TXA over 10 minutes, aiming to stabilise clot formation and minimise bleeding.

### ii. Anaesthetic Techniques for Blood Conservation

While TXA was essential, intraoperative anaesthetic techniques played a critical role:

- Maintaining normothermia - even mild hypothermia impairs coagulation and increases bleeding.
- Strict fluid management to avoid haemodilution, which exacerbates anaemia.
- Close haemodynamic monitoring to maintain adequate perfusion without unnecessary fluid shifts.

Other techniques, though not applicable in Mr P's case, could also be employed:

- Regional Anaesthesia: Epidural anaesthesia has been shown to reduce intraoperative blood loss.<sup>7</sup>
- Controlled Hypotension: Reducing mean arterial pressure (MAP) by 20-30% can reduce blood loss.<sup>8</sup>
- Cell Salvage: Recycling a patient's own blood reduces reliance on donor transfusions.<sup>9</sup>

## Pillar 3: Postoperative PBM - It Doesn't Stop in the Operating Theatre

The operation was successful - Mr P's haemoglobin remained stable and never required a transfusion. However, PBM extends beyond the operating theatre.

His postoperative Hb was 10.1g/dL, and we followed a restrictive transfusion strategy, ensuring that transfusions were only given when absolutely necessary. Additionally, we:

- Maintained adequate analgesia to promote early mobilisation and prevent physiological stress.
- Monitored for delayed bleeding or postoperative coagulopathy.

By Day 5, Mr P was discharged home - without a single drop of transfused blood. We continued oral iron therapy to support haemoglobin recovery.

## UMMC's Experience: Making PBM a Reality

PBM at the Universiti Malaya Medical Centre was not built overnight. Years of data collection, multidisciplinary collaboration, and structured protocols for the ProPBM<sup>10</sup> have led to its success. Our study enabled us to streamline preoperative anaemia screening and IV

iron therapy in our preoperative anaesthetic clinic. We have dedicated preoperative anaesthetic nurses to ensure seamless implementation of this protocol. Additionally, in view of our involvement in high-risk surgeries such as liver transplantation and cardiac surgery, we are privileged to have access to viscoelastic testing (ROTEM), which guides transfusion decisions in coagulopathic patients. In cases where massive bleeding is anticipated, we advocate the use of Cell Saver.

## The Road Ahead: Challenges and Future Directions

Despite its benefits, PBM faces barriers to widespread adoption:

- Resistance from healthcare providers accustomed to traditional transfusion practices.
- Lack of patient awareness regarding the risks of transfusions.
- Cost considerations, particularly for IV iron therapy and viscoelastic testing.

However, the evidence is undeniable - PBM saves lives, reduces complications, and lowers healthcare costs.

## The Anaesthesiologists as the Gatekeeper of Blood Conservation

In conclusion, Mr P's case highlights why PBM should be the standard of care. Preoperative anaemia is a modifiable risk factor, and restrictive transfusion strategies improve outcomes.

In an era of limited blood resources, PBM is not just an option but a necessity. As anaesthesiologists, we must lead the charge, ensuring that every drop of blood counts - because in PBM, we are not just saving blood - we are saving lives.

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# *Professional Wellbeing in Anaesthesiology*

## **EXAMINING THE RELATIONSHIP BETWEEN WORKING HOURS, STRESS, AND COPING STRATEGIES**

**I**n the high-stake environment of modern operating rooms, anaesthesiologists serve as vigilant guardians of patient safety, orchestrating complex physiological responses during critical moments of surgical procedures. Their role demands not only exceptional clinical expertise but also unwavering concentration, split-second decision-making capabilities, and remarkable emotional resilience. Yet beneath this professional precision lies a growing concern: the mounting psychological toll on these medical professionals who walk the delicate line between life and death every day.

The profound impact of this responsibility is reflected in recent research findings that paint a concerning picture of professional well-being in anaesthesiology. Studies utilising the Maslach Burnout Inventory have revealed that nearly half of practicing anaesthesiologists experience significant depersonalisation (48.5%) and low work satisfaction (47.7%). More alarming is the 10.4% prevalence of

burnout syndrome, with particularly high rates among male practitioners aged 30 to 50 years (64.2%) and female practitioners with children (57.1%). These statistics not only highlight the personal cost of the profession but also raise crucial questions about the sustainability of current practices in anaesthesiology.

Currently, neither the Ministry of Health nor University hospitals in Malaysia have established formal policies regarding doctors' working hours and call duties. This regulatory gap has led to increasing concerns, particularly among medical practitioners who report unreasonable working conditions. The situation is especially challenging when medical officers face intense time pressure, with long working hours and frequent on-call duty. This constrained timeframe significantly increases the risk of errors in patient assessment, management and documentation. Despite these challenges to provide round-the-clock healthcare services, anaesthesiology departments have emerged as pioneers in implementing post-call rest days for

both medical officers and specialists. However, this progressive approach to patient safety has paradoxically attracted criticism from other medical disciplines.

The importance of this practice requires frequent justification to hospital administrators, emphasising that fatigue-induced errors in anaesthesia can have catastrophic consequences. This understanding has led many anaesthesiology departments abroad to transition from traditional 24-hour shifts to more sustainable scheduling models, including day/night rotations or 16-hour call shifts for trainees.

While physician wellbeing initially drove these changes, mounting evidence suggests a compelling patient safety rationale for reduced shift durations. Research from various industries demonstrates the significant impact of fatigue on human performance and decision-making capabilities. A comprehensive systematic review by Wagstaff and Sigstad Lie (2011)



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revealed that workplace accident risks increase notably after eight hours of continuous work and double after twelve hours. However, this issue remains complex, with some arguing that longer shifts enhance patient care continuity and potentially reduce errors associated with multiple handovers or provider changes.

The transition to shorter working hours in anaesthesiology reflects a growing recognition of the intricate balance between service provision, physician well-being, and patient safety. As healthcare systems evolve, it becomes increasingly crucial to develop evidence-based policies that optimise both healthcare delivery and provider performance while maintaining the highest standards of patient care.

The practice of anaesthesiology demands exceptional mental acuity coupled with the ability to make rapid, critical decisions in high-pressure environments. Anaesthesiologists face unique professional challenges that extend beyond traditional medical practice, as they must maintain constant vigilance over patient safety during surgical procedures while managing complex physiological responses and potential complications.

The demanding nature of the practice of anaesthesiology encompasses multiple operational challenges, including the requirement for continuous mental alertness, rapid decision-making in critical situations, complex patient monitoring, and extensive documentation responsibilities. These demands are further complicated by interprofessional challenges within the operating room environment, where anaesthesiologists must navigate hierarchical structures, manage cross-specialty coordination, and maintain effective communication in

high-pressure situations with strict deadlines.

The impact of chronic stress on anaesthesiologists' physical and mental health is substantial and well-documented. Long-term exposure to professional stressors can lead to various health complications, including cardiovascular issues, compromised immune function, digestive disorders, and musculoskeletal problems. Mental health concerns are equally significant, with practitioners at risk for anxiety, depression, and PTSD. Moreover, chronic stress can impair cognitive performance and decision-making capabilities, potentially affecting patient care quality.

Comparative studies between healthcare professionals have highlighted varying levels of burnout severity and manifestation. Research has shown that 12.06% of anaesthesiologists experienced high burnout levels, with 5.90% reaching critical levels. These findings emphasise the importance of recognising that burnout presents differently among individuals, with some maintaining functional capacity despite high burnout scores while others experience substantial deterioration in both professional performance and personal health. This variability underscores the need for personalised approaches to stress management and professional support within the specialty.

### **Coping Strategies and Organisational Support**

Anaesthesiologists employ various coping mechanisms to manage their professional stress effectively. A crucial element is peer support, where practitioners regularly turn to colleagues, including fellow anaesthesiologists, nurses, and other healthcare professionals, for emotional

support and shared experiences. This professional network proves invaluable for maintaining psychological well-being and fostering team cohesion. Mindfulness and relaxation techniques have emerged as essential tools for stress management. These practices, combined with regular physical exercise and prioritised self-care routines, contribute significantly to mental health maintenance. The importance of maintaining work-life balance cannot be overstated, with activities such as pursuing hobbies, ensuring adequate sleep, and adopting healthy lifestyle practices playing vital roles in stress reduction.

Time management strategies have proven particularly effective, including:

- Setting clear boundaries between professional and personal life
- Prioritising tasks and setting realistic goals
- Scheduling regular breaks and self-care activities
- Implementing structured rest periods, with recommended 30-minute breaks every four to five hours
- Planning strategic naps to enhance alertness and performance

Healthcare organisations play a crucial role in supporting these coping mechanisms through:

- Implementing flexible working conditions and adequate rest periods
- Providing dedicated rest facilities for night-duty anaesthesiologists
- Offering employee assistance programs (EAPs) and counseling services
- Organising regular stress management seminars
- Establishing peer support networks
- Creating policies that promote work-life balance

Research indicates that partial sleep loss significantly impacts both psychological

state and cognitive abilities, directly affecting clinical performance. This understanding has led to recommendations against assigning sleep-deprived anaesthesiologists to procedures and highlighting the importance of proper rest facilities and break schedules.

A key aspect of stress management involves learning to set appropriate boundaries, including the ability to decline unreasonable requests without aggression. Moreover, organisations must recognise their role in creating a supportive environment that prioritises physician well-being alongside patient care. This comprehensive approach to stress management and professional support ultimately enhances both job satisfaction and the quality of patient care.

The success of these coping strategies often depends on their individualisation, as different practitioners may find varying approaches more effective for their specific situations. Professional assistance through counseling or therapy remains a valuable resource for those requiring additional support in stress management and maintaining overall well-being.

### Emerging Trends in Stress Management for Anaesthesiologists

Recent advances in mental health and wellness have introduced several promising approaches for managing professional stress among anaesthesiologists. Mindfulness-based interventions have gained particular prominence, with Mindfulness-Based Stress Reduction (MBSR) programmes and Mindfulness-Based Cognitive Therapy (MBCT) showing significant effectiveness among healthcare professionals. These evidence-based approaches help practitioners develop

greater awareness and resilience in high-stress situations.

Modern resilience training programs have evolved to incorporate comprehensive elements including cognitive-behavioural strategies, structured self-reflection activities, and targeted skill-building exercises. These programs are specifically designed to enhance practitioners' capacity to manage and recover from the unique stressors encountered in anaesthesiology practice.

Emotional intelligence training has emerged as another valuable tool, focusing on four key areas:

- Enhanced self-awareness
- Improved emotional regulation
- Developed empathy
- Strengthened communication skills

The digital revolution has also reached stress management, with technology-enabled tools and mobile applications offering anaesthesiologists convenient access to:

- Guided meditation sessions
- Structured relaxation techniques
- Real-time stress tracking
- Digital cognitive-behavioural therapy interventions

### Conclusion

The challenge of burnout among anaesthesiologists represents a critical concern in modern healthcare, particularly affecting practitioners between 30 to 50 years of age. This heightened risk stems from multiple factors, including demanding work schedules, call-duty responsibilities, intense mental stress, resource limitations, and restricted autonomy in surgical scheduling.

To address these challenges effectively, a multi-faceted approach is essential. At the individual level,

anaesthesiologists must prioritise self-care practices, actively engage with peer support networks, and implement evidence-based stress management techniques. The maintenance of work-life balance, coupled with regular mindfulness and relaxation practices, forms the foundation of sustainable professional practice.

Healthcare organisations play a pivotal role in this ecosystem by:

- Establishing comprehensive wellness programs
- Providing accessible support resources
- Creating policies that actively promote work-life balance
- Implementing emerging stress management solutions

The future of anaesthesiology practice increasingly integrates traditional support systems with modern approaches, including mindfulness-based therapies, structured resilience training, emotional intelligence development, and technology-enabled stress management tools. This evolution in professional support reflects a growing recognition of the vital importance of practitioner wellness in delivering optimal patient care.

This comprehensive approach to addressing burnout and promoting wellness not only benefits individual practitioners but also enhances the quality and safety of patient care, ultimately contributing to a more sustainable and effective healthcare system.







# 101<sup>ST</sup> *KOREANESTHESIA* 2024

*The 101st Annual Scientific Meeting of the Korean Society of Anesthesiologists*



**T**he Korean Society of Anesthesiologists (KSA) held its Annual Scientific Meeting, on 7<sup>th</sup> to 9<sup>th</sup> of November last year at the Inspire Entertainment Resort, Incheon, Soul Korea. The 101<sup>st</sup> edition of this meeting was successfully conducted by an organising committee headed by Professor Dr Jun-Heum Yon, President, and Professor Dr Justin Sangwook Ko, Director of Scientific Affairs of KSA with assistance and support from a total of 71 anaesthesia-related industries as partners and sponsors.

A total of 2639 delegates from 27 countries attended the conference which included 191 registrants from Malaysia. Across the three days, there were 169 speakers worldwide who presented lectures on current relevant topics in anaesthesia across multiple symposium sessions. This conference also included the presentation of 195 papers, including 106 E-posters out of which, 29 were accepted from a total of 37 submitted from Malaysia before the abstract deadline.

The Malaysian delegation was led by the President of the Malaysian Society of Anaesthesiologists (MSA), Dato' Dr Yong Chow Yen, and Professor Dr Ina Ismiarti Shariffuddin as the President of College of Anaesthesiologists, Academy of Medicine of Malaysia. Dato' Dr Jahizah Hassan, Dato' Dr Seah Keh Seng and Dr Mohd Azizan Ghazali were invited as session moderators, while Professor Dr Loh Pui San, Dr Raveenthiran Rasaiah and Dr Azrin Mohd Azidin were invited speakers as academic faculty representation from MSA.



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The first day of the Congress, 7<sup>th</sup> November 2024, started with a special session for the Asian Australasian Regional Section (AARS), which consisted of lectures mainly on Leadership and Research (Section 1) and on Patient Safety (Section 2). There were also symposium sessions on Regional Anaesthesia (Session 1), New Trends in Anaesthesia, Safety and Patients' Well-being, Anaesthetic Pharmacology and Cardiothoracic & Vascular Anaesthesia. There were four Refresher Course sessions conducted in a separate track held simultaneously in the Korean language. The Gala Dinner was held in the evening, at the INSPIRE Entertainment Resort Ballroom and was attended by the organising committee, faculty and invited attendees.

The highlight of the second day, 8<sup>th</sup> November 2024, was the Grand

Opening Ceremony which was followed by a Keynote Lecture titled *Diversity, Equity, Inclusion (DEI): A WFSA perspective*, eloquently delivered by Dr Wayne Morriss as the Immediate Past President of the World Federation of Societies of Anaesthesiologists (WFSA).



This session was moderated by the President and the Director of Scientific Affairs of the KSA. A full day of academic content ensued with scientific lectures on subspecialty anaesthesia areas including but not limited to, Critical Care, Thoracic, Regional Anaesthesia, and Neuro-Anaesthesia as well as in-congress workshops, luncheon lectures and abstract presentation competitions. A special dinner was







kindly arranged by our KSA hosts at The Brasserie Cafe, involving mostly MSA delegates, the Royal College of Anaesthesiologists of Thailand colleagues and a few invited foreign faculty members.

Day 3 of the Congress consisted mainly of lectures focusing on anaesthetic areas related to Pain Medicine, Ambulatory Surgery, Obstetrics, Enhanced Recovery After Surgery (ERAS), Transplant Surgery, Hemodynamic Management, Research and Technology, held simultaneously with multiple in-congress workshops and Luncheon sessions conducted by organising partners. In the evening, the final social event of the Congress was the Presidential Dinner, held at the INSPIRE Entertainment Resort Mountain

Rooms which was attended by the Organising Committee, the Presidents of invited Societies of Anaesthesiologists, faculty and speakers. Within the celebratory atmosphere marking a successful end to another productive meeting, an overwhelming tinge of sadness was perceivable among the attendees from multiple invited societies as *KoreAnesthesia2024* was the last involvement of Professor Dr Jun-Heum Yon and Professor Dr Justin Sangwook Ko in their capacities as President and as the Director of Scientific Affairs of KSA respectively. It was even more poignant that this was the last event organised in Korea for Professor Dr Justin Ko in any capacity, as he would be emigrating to the United States of America in January 2025 to pursue a career there. KSA's loss was felt across all invited societies.

Professor Dr Justin Ko has been largely instrumental in initiating international networking among global anaesthesia societies and establishing MOUs that foster academic relationships through the exchange of knowledge and learning opportunities for mutual benefit. He will be greatly missed.

*KoreAnesthesia* has established itself as one of the major global academic events, attracting faculty and participants from near and far. Kudos to KSA and the organising committee for a job well done, striving to always improve and outdo itself every year.

Thank you, Professor Dr Justin Ko, for your vision and for making MSA a close member of the KSA family.





# AMBU-MSA KEY OPINION LEADERS SEMINAR



**T**he Ambu-MSA Key Opinion Leaders Seminar that was held on 11<sup>th</sup> January 2025 at the G-Hotel in Penang, brought together leading anaesthesiology experts from Malaysia and China for a significant knowledge-sharing event. The seminar, co-organised by Ambu Malaysia and the Malaysian Society of Anaesthesiologists (MSA), focused on "The Role of Supraglottic Airway (SGA) in Airway Management within Enhanced Recovery After Surgery (ERAS) Practice".

The seminar served as an exceptional platform for international collaboration, bringing together 11 anaesthesiology leaders from China, led by Professor Dr Yu Wei Feng of the Chinese Society of

Anesthesiology, alongside 11 Malaysian anaesthesiologists, led by Dato' Dr Yong Chaw Yen. The structured programme facilitated comprehensive discussions on the latest advancements in supraglottic airway device (SGAD) application (particularly within ERAS protocols), by fostering valuable dialogues on best practices and innovative approaches in airway management. The event was further distinguished by the presence of Dato'

Dr Jahizah Hassan, Chairman of MSA, along with anaesthesiologists from the northern region of Malaysia.

The event commenced with opening remarks delivered by Dato' Dr Yong Chaw Yen, President, MSA, and Professor Dr Yu Wei Feng from the Chinese Society of Anesthesiology, establishing a collaborative tone for the proceedings. The main programme featured two comprehensive



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presentations: the first by Chinese expert Professor Dr Yang Liqun, followed by Associate Professor Dr Azarinah Izaham representing Malaysia. Each presentation was enhanced by engaging panel discussions, facilitating in-depth exploration of topics and exchange of professional insights.

The half a day event's schedule was thoughtfully designed to maximise learning and networking opportunities. Following the main presentations and panel discussions, the seminar concluded with closing remarks at 11:50am. The program then transitioned into a networking lunch at the G-Hotel, providing attendees with valuable opportunities for informal discussions and professional relationship building.

This seminar marked a significant milestone in strengthening cross-border professional relationships between Malaysian and Chinese anaesthesiology communities. The collaboration between Ambu Malaysia and MSA demonstrated a committed effort to advance patient care through shared knowledge and expertise. The G-Hotel in Penang provided an elegant and professional setting that facilitated comfortable interaction among participants.

The success of this international knowledge-sharing initiative highlighted the importance of continued collaboration in the field of anaesthesiology. Through events like this, healthcare professionals can stay current with evolving practices and technologies while building valuable professional networks that span national borders. The seminar served not only as a platform for academic exchange but also as a bridge for building lasting professional relationships between the Malaysian and Chinese anaesthesiology fraternity.





# A Report on Training of Trainers for EDUCATIONAL AND CLINICAL SUPERVISORS PARALLEL PATHWAY SPECIALIST TRAINING FOR ANESTHESIOLOGY AND CRITICAL CARE



**by Hasmizy Muhammad**

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Sarawak, Malaysia



*Dr Hasmizy Muhammad spoke on The Overview of the Structure Training Program Parallel Pathway*

**T**he Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia, and the College of Anaesthesiologists, Academy of Medicine of Malaysia, recently organised a one-day training of trainers for educational and clinical supervisors on 22<sup>nd</sup> October 2024, at the Academy of Medicine Building, Putrajaya.

The training program's objectives were to improve educational and clinical supervisors' skills in teaching and monitoring the parallel pathway trainees and to prepare them for the specialist examinations.

The educational supervisor is a specialist assigned as a trainee supervisor for the whole training duration, meanwhile, the clinical supervisor is a specialist assigned

to supervise a trainee during a particular posting or clinical attachment.

The training of trainer's program was attended by 21 trainers from the Ministry of Health training hospitals throughout the country.

Dr Mohd Rohisham Zainal Abidin, Chairman of the Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care,

made the opening remarks, followed by his lecture on Anaesthesiology and Critical Care Postgraduate Training in Malaysia. Dr Hasmizy Muhammad, Head of Training for the Parallel Pathway program, spoke on The Overview of the Structure Training Program Parallel Pathway. The other Parallel Pathway Specialist Training Subcommittee members, such as Dr Mohd Azrin Azidin, discussed The Governance Structure of Parallel Pathway Specialist Training



*The Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia, with the trainers*



*Dr Mohd Azrin Azidin discussed The Governance Structure of Parallel Pathway Specialist Training (Ministry of Health)*

The Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia, and the College of Anaesthesiologists, Academy of Medicine of Malaysia, are inspired to conduct this course as an annual event since the program received overwhelming responses from the trainers.



*Professor Dr Ina Ismiarti Shariffudin spoke about The Roles of the College of Anaesthesiologists in Parallel Pathway*

(Ministry of Health); Dato' Dr Wan Nasrudin spoke on Entry Requirements and Selection Processes; Datin Dr Tan Li Kuan briefly discussed on Supervisor Reports; Dr Aminuddin Ahmad explained Summative and Formal Assessments; Dr Kwok Fan Yin touched on In-training Viva Assessments; Dr Omar Bin Sulaiman mentioned Exit Criteria; and lastly, Professor Dr Ina Ismiarti Shariffudin, President of the College of Anaesthesiologists, talked of The Roles of the College of Anaesthesiologists in Parallel Pathway.

Besides attending the lectures and interactive sessions, the participants had the opportunity to get involved in the skill activities in small groups. These were

namely, Directly Observed Procedural Skills (DOPS), Case-based Discussions (CbD), Multisource Feedback (MSF) & Annual Review Competency Progression (ARCP), and Logbook & Research stations.



*Dr Omar Bin Sulaiman used a video of the Central Line Insertion to train the participants at the Directly Observed Procedural Skills (DOPS) station*



*Dr Kwok Fan Yin explained Multisource Feedback (MSF) & Annual Review Competency Progression (ARCP) during skill activities*



# 2<sup>ND</sup> WORLD DAY OF REGIONAL ANAESTHESIA & PAIN MEDICINE

*in conjunction with ERAS Symposium 2025*



**Dr Kamal Amzan, CEO of Gleneagles Hospital Johor, giving his welcoming speech**



**by Iskandar bin Khalid**

Hospital Canselor Tuanku Muhriz  
Universiti Kebangsaan Malaysia  
Kuala Lumpur, Malaysia

**T**he 1<sup>st</sup> World Day of Regional Anaesthesia & Pain Medicine (RAPM) held a year ago in January 2024, was a groundbreaking initiative by the European Society of Regional Anaesthesia (ESRA) in collaboration with sister societies across six continents including our very own Malaysian Society of Regional Anaesthesia (MySORA). Following the unprecedented success of the 1<sup>st</sup> edition, the 2<sup>nd</sup> World Day of RAPM was held on 25<sup>th</sup> January 2025, with celebrations in 140 cities from 60 countries across the world united by the inspiring theme “Joining Hands for a Pain-free Future Worldwide”.

I had the honour of being an invited speaker, moderator and participant at the 2<sup>nd</sup> World Day of RAPM which was

held at Fraser Place Puteri Harbour in Iskandar Puteri, Johor in conjunction with the Gleneagles Hospital Johor Enhancing Recovery After Surgery (ERAS) Symposium 2025. Themed “ERAS - Shorter Stays, Better Outcomes”, the symposium was a multidisciplinary affair, gathering anaesthesiologists, surgeons, rehabilitation specialists, physiotherapists, dietitians as well as experts in transfusion medicine, making it a unique opportunity to engage in interdisciplinary learning and collaboration.

The event commenced with a warm welcome address by Dr Kamal Amzan, CEO of Gleneagles Hospital Johor and Regional CEO of IHH Malaysia, who immediately set the stage with a collaborative tone. This was followed by

Dr Shahridan Fathil, Scientific Director of the event and Consultant Anaesthesiologist at Gleneagles Hospital Johor, who provided a comprehensive introduction highlighting the symposium's objectives, which are to integrate evidence-based practices across the various disciplines, to revolutionise perioperative care, to encourage collaboration between healthcare institutions for widespread ERAS adoption, and ultimately, to enhance clinical outcomes and facilitate faster patient recovery. The symposium would feature four major scientific sessions, each providing insightful knowledge and unique multidisciplinary perspectives on ERAS.

The 1<sup>st</sup> symposium which focused on the topic of Total Knee Replacement (TKR)



granted me an opportunity to share and speak on my experiences with motor-sparing blocks for TKR, a subject in which I have a keen and special interest. This lecture emphasised the importance of pain management strategies that strike the balance between effective analgesia and minimal motor impairment, thereby facilitating rapid recovery, mobilisation and rehabilitation; key tenets of an effective ERAS program. Dr Shahridan then presented a lecture on "GA vs spinal for TKR", where he shared his

insights and vast experience in establishing ERAS pathways in Gleneagles Hospital Johor. After enlightening lectures by Dr Loi Kai Weng, an orthopaedic surgeon who spoke on the latest advancements in robotic-assisted TKR and Mr Azrin Laily, a physiotherapist who elucidated the finer points of rehabilitation for TKR, a panel discussion and Q&A session was held, offering vibrant interactions between attendees and the speakers. The first symposium was followed by a tea-break which featured an intriguing hands-on adductor canal block workshop by Dr Benjamin Tan, Anaesthesiologist from Colombia Asia Hospital Tebrau.

As moderator of the second symposium, titled "Oncology Surgery", I had the privilege of facilitating discussions that featured expert presentations, including those from Dr Sandip Kumar on ERAS for general and colorectal surgery, Dr Ahmad Shuib Yahaya on the complexities and advantages of ERAS protocols in gynae-oncology, Dr Katijahbe Md Ali on prehabilitation for high-risk surgical patients, as well as Dr Mohd Aizad Mohd Yusof on the growing field of onco-anaesthesiology. A highlight was Dr Syarifah Noor Nazihah's exploration of goal-directed hemodynamic management, offering

compelling evidence supporting ERAS's role in optimising clinical outcomes in major abdominal surgery.

The afternoon sessions further enriched our understanding with symposiums focusing on Gynaecology Surgery, Cardiothoracic Surgery, and Patient Blood Management. Highlights included insightful lectures by Dr Lee Chong En who provided detailed analysis of anaesthetic challenges in robotic surgery, and Dr Mohd Fahmi Zakariah who introduced the innovative use of truncal blocks for cardiothoracic





surgery. The sessions were sandwiched by more focused hands-on ultrasound-guided regional anaesthesia workshops on the abdominal wall and erector spinae plane blocks by Dr Wong Yeow Ken and Dr Muhammad Rahmat Ali Hassan, respectively. The day concluded with an inspirational closing speech by Dr Shahridan who emphasised the need for continuous education and innovation in surgical recovery.

Wearing the hats of both a speaker and participant, attending the ERAS symposium in conjunction with the 2<sup>nd</sup> World Day of RAPM was an invaluable experience. I was grateful for this opportunity to learn directly from experts across disciplines and I left the symposium with a deeper understanding of ERAS and a renewed commitment to applying these principles in my daily practice. Overall, I believe the event successfully achieved its goal of fostering knowledge exchange among professionals from diverse specialities, all driven by a shared commitment to the continued evolution and greater implementation of ERAS protocols across Malaysia, ultimately towards improved patient outcomes.



Ultrasound-guided RA hands-on workshop in progress



# Intensive Course for Fellowship of the College of Anaesthesiologists of Ireland (FCAI) Parallel Pathway Trainees



**T**he Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia, in collaboration with the College of Anaesthesiologists, Academy of Medicine of Malaysia, hosted a two-day intensive course for trainees on the 30<sup>th</sup> September and 1<sup>st</sup> October 2024 at the Academy of Medicine Building, Putrajaya. This is the first intensive course organised for trainees in the FCAI Parallel Pathway Programme. This comprehensive program was designed to enhance the candidates' knowledge and skills in various important areas, focusing on trainees preparing for the final FCAI examinations and the in-training viva assessments.

22 candidates participated in this rigorous and immersive course, benefiting from the expertise and

guidance of distinguished speakers nationwide. The sessions were tailored to equip participants with in-depth theoretical knowledge and practical techniques for viva examinations. The course featured expert-led lectures and practice viva sessions, providing invaluable opportunities for candidates to practice viva answering techniques. These sessions boosted their confidence and refined their approach to the Final FCAI examination.

The event brought together a stellar line-up of faculty members, including:

- a) Dr Hasmizy bin Muhammad (Head of Training, Parallel Pathway FCAI Programme)
- b) Dr Melor bin Mohd Mansor (Hospital Ampang)

- c) Professor Dr Marzida binti Mansor (Universiti Malaya Medical Centre)
- d) Dr Lim Teng Cheow (Hospital Melaka)
- e) Dr Ng Sze Teck (Hospital Kuala Lumpur)
- f) Dr Nik Rowina binti Nik Mohammed (Universiti Putra Malaysia)
- g) Dr Liu Chian Yong (Hospital Universiti Kebangsaan Malaysia)
- h) Professor Madya Dato' Dr Wan Rahiza Wan Mat (Hospital Universiti Kebangsaan Malaysia)
- i) Dr Tai Li Ling (Retired Intensivist)
- j) Dr Hamidah binti Ismail (Retired Paediatric Anaesthetist)



**by Su Wei Ming**

Hospital Kuala Lumpur  
Kuala Lumpur, Malaysia



**by Kwok Fan Yin**

Hospital Kuala Lumpur  
Kuala Lumpur, Malaysia

These esteemed speakers shared their extensive knowledge and practical insights with their experience in specific areas and subspecialties, providing candidates with a strong foundation for their exam preparations. The topics covered included tips and tricks for viva examination, regional anaesthesia, obstetric anaesthesia, neuro-anaesthesia, anaesthesia for spine surgery, monitoring, intensive care unit and anaesthesia for the critically ill patient, paediatric and neonatal anaesthesia, airway management, ethics and professionalism, crises in anaesthesia, pain management, cardiac patient for non-cardiac surgery, non-operating room anaesthesia, thoracic anaesthesia and anaesthesia for vascular surgery.



The course received encouraging and positive feedback from all participants, who expressed gratitude for the opportunity to learn from such an esteemed group of professionals. The comprehensive sessions not only enriched their understanding of key concepts but also instilled confidence in tackling the viva component of the final FCAI examination and in-training viva assessments. This event highlighted the

collaborative spirit and commitment of the Malaysian anaesthesiology fraternity in supporting the professional growth of future specialists. One of the feedbacks from participants mentioned that the duration of the intensive course should be prolonged in the future to include more topics and practical viva sessions. The intensive FCAI preparation course was a resounding success, fostering a platform for knowledge sharing and skill

enhancement. Hopefully, this event will be organised again in the future to benefit the trainees under the FCAI Parallel Pathway Programme.

The event's success would not have been possible without the dedication and efforts of the organising committee and facilitators, including Dr Kwok Fan Yin, Dr Su Wei Ming, Dr Ooi Lian Hong, Dr Ong Lip Kent, and Dr Lim Pei Fern.







by **Hasmizy Muhammad**  
Sarawak Heart Centre  
Sarawak, Malaysia



*The CAI visited Hospital Putrajaya*

## The College of Anaesthesiologists of Ireland Examinations in Malaysia

**T**he College of Anaesthesiologists of Ireland (CAI) in collaboration with the College of Anaesthesiologists, Academy of Medicine of Malaysia, and the Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia, recently held a preparation course and examination for the Membership CAI Objective Structured Clinical Examination (OSCE) and Structured Oral Examination (SOE), as well as the Fellowship CAI Structured Oral Examination (SOE). The courses and exams took place at the Academy of Medicine Building in Putrajaya from 10<sup>th</sup> to 13<sup>th</sup> February 2025.

The CAI delegates comprise of CAI Chief Executive Officer Mr Martin

McCormack, the exam manager Ruth Flaherty, and four examiners: Chairperson of Examinations Committee, Dr Michelle Duggan, Dr Kevin Bailey, Dr Gareth Morrison, and Dr Deirdre McCoy.

Thirteen local examiners were involved in the four day program, namely Dr Hasmizy Muhammad, Dr Aminuddin Ahmad, Dr Lim Teng Chow, Dato' Dr Wan Rahiza Wan Mat, Dr Ray Joshua Ryan, Dr Kwok Fan Yin, Professor Dr Ina Ismiarti Shariffudin, Dr Lim Pei Fern, Dr Nahemah Hasanally, Dr Mohamad

Hanafi Mohd, Dr Mohd Nazri Ali, Dr Nik Rowina Nik Mohammed, and Professor Dr Marzida Mansor. Meanwhile, the invigilators were Dr Muhammad Amir bin Ayub, Dr Prahbodhamuralhi Selvanathan, and Dr Nurtushila binti Abd Malek.

The preparatory course for FCAI SOE kicked off on the 10<sup>th</sup> February 2025, with seven exam candidates attending. It was followed by the MCAI OSCE and SOE preparatory course on the secondary day, with eight exam candidates. The real exams were on the





*The CAI examiners with some of the local examiners and invigilators*

12<sup>th</sup> and 13<sup>th</sup> February 2025, with eight examinees having MCAI OSCE and SOE examinations, while twelve examinees had FCAI SOE on the last day. Besides local Malaysian examinees, there were overseas examinees from Australia, Saudi Arabia, and Dubai. This was the second time FCAI SOE was conducted here in Malaysia, which benefited Malaysian trainees as they did not need to travel to Ireland to sit for the exam.

The CAI, through its CEO Mr Martin McCormack, took this opportunity while visiting Malaysia to meet with the Ministry of Health Malaysia officers, represented by Dr Hirman Ismail, Deputy Director, and Dr Nur Ainina Idris from the Medical Development Division. Dr Hasmizy Muhamad, Head of Training, Parallel Pathway Specialist Training for Anaesthesiology and Critical Care,



*The MCAI OSCE preparatory course*

MOH, and Professor Dr Ina Ismiarti Shariffudin, the President of the College of Anaesthesiologists. They discussed various issues on how to strengthen the parallel pathway programme in Malaysia, including the training of trainers by CAI, access to CAI education material online by Malaysian trainees, and the CAI online platform to monitor the progress of trainees.

Following the conclusion of the MCAI OSCE and SOE examination on the afternoon of 12<sup>th</sup> February 2025, the CAI paid a visit to Hospital Putrajaya. The CAI was hosted and given a tour of the intensive care unit (ICU) and operating room (OR) by Dr Aminuddin Ahmad,

as head of the Department of Anaesthesiology and Critical Care. The CAI delegates were very impressed with the facilities and equipment in the OR and ICU. On the same day, the faculty dinner was hosted by the CoA at Restaurant Rebung Putrajaya.

All three organisations played their roles very well, which contributed to the success of this programme. While the Parallel Pathway Specialist Training Subcommittee for Anaesthesiology and Critical Care, Ministry of Health Malaysia,



*The MCAI OSCE preparatory course*

prepared local examiners and anaesthesia equipment for examination, the CAI brought their examiners and exam questions, and the CoA prepared an excellent exam venue that accommodated the many stations for OSCE and SOE.

Through this programme, the MOH and CoA have gained knowledge from the CAI. The structure of the CAI examination is slightly different from the master's programme. Additionally, we learned how to use technology to evaluate the examinees. For instance, the examiners utilised an iPad to scan the examinee's matrix number, mark the prepared questions, and provide feedback on the examinees throughout the OSCE examination. This will shorten the time needed to compute the grades and aid in the analysis of question difficulty.

The MOH and CoA hope that the CAI will conduct a similar exam in the future since this will benefit not only Malaysian trainees but also trainees in neighbouring countries.



*Faculty dinner at Restaurant Rebung Putrajaya*

## Small Hands, Mighty Hearts

# WHERE COURAGE MEETS COMPASSION!



**by Azarinah Izaham**

Hospital Canselor Tuanku Muhriz  
Universiti Kebangsaan Malaysia  
Kuala Lumpur, Malaysia

**by Farah Hanim Abdullah**

**by Maryam Budiman**

*"Young heroes rise, transforming tiny fingers into powerful lifelines. Children aren't just future leaders - they're emergency champions today, proving that age is just a number when saving lives matters."*



Our extraordinary journey began with the Annual Scientific Meeting (ASC 2024) in Kuala Lumpur on 3<sup>rd</sup> August 2024, where an unforgettable and heartwarming performance titled "Children Save Lives" captivated the audience at the Shangri-La Kuala Lumpur. Graced by the presence of Malaysian Health Minister Datuk Seri Dr Dzulkefly Ahmad, the event showcased an innovative approach to medical education that would soon capture international attention.

The performance was a meticulously crafted narrative featuring children aged 3 to 10 who delivered a creatively animated story designed to entertain and educate. Led by the charismatic Muhammad Muhsin Md Syahrizal Izwan in the role of Muhsin, the young performers embarked on an adventurous journey through a forest, discovering a village of friendly bears. The narrative took a dramatic turn when the bears, after consuming mysterious

blue rambutan fruits, suddenly fell ill, requiring immediate CPR intervention. The animated story was brought to life by the delightful voice of Safeerah Mayra Yussra, weaving a narrative that captivated the hearts of all who listened.

The talented ensemble of young performers included Airis Natrah Mohd Nazir, Amanda Nabila Mohd Nazir, Hafsa Hafizah Md Syahrizal Izwan, Leia Noura Mohamed Izrin Syafiq, Rafeeq Ali Yussra, Reis Sofean Khairil Anuar, Seif Mustafa Khairil Anuar, and Tee Yin Shin. These remarkable children, the offspring of dedicated anaesthesiologists from the Department of Anaesthesiology & Intensive Care at the Faculty of Medicine & Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia (UKM), demonstrated extraordinary dedication. Their rigorous preparation was evident in an outstanding performance that brought the story to life while showcasing life-saving CPR

techniques in an engaging and educational manner. Adding an extra layer of charm to the presentation were the mascots by two final-year medical students from UKM. Their involvement significantly enhanced the overall appeal and effectiveness of the performance.

Under the guidance of Associate Professor Dr Azarinah Izaham as advisor and Dr Maryam Budiman from HCTM as director, the performance beautifully embodied the conference theme "MyAnaesthesia 2024: Where Science Meets Art." The event showcased an innovative approach to medical education that would soon capture international attention.

### WFSA CPR Save a Life Competition

Inspired by the children's extraordinary performance and remarkable skills, we entered the World Federation of Societies of Anaesthesiologists (WFSA) CPR Save a Life competition with our



powerful tagline: "Small Hands, Mighty Hearts: Where Courage Meets Compassion!" Our submission embodied the profound message that *"Young heroes rise, transforming tiny fingers into powerful lifelines. Children aren't just future leaders - they're emergency champions today, proving that age is just a number when saving lives matters."*

The competition, organised in conjunction with the World Restart a Heart (WRAH) initiative, challenged participants to submit original photographs that illustrated the critical importance of cardiopulmonary resuscitation (CPR). Our winning photograph transcended traditional medical documentation, instead focusing on the life-saving potential of bystander intervention and the universal to save lives.

More than just a photographic competition, our submission represented a narrative about early medical education and community empowerment. Our effort was

rewarded with the first prize, earning us a prestigious registration to the 19<sup>th</sup> World Congress of Anaesthesiologists (WCA2026) in Marrakech, Morocco. This recognition celebrates not only our team's innovative approach to medical education but also powerfully highlights the potential of early emergency medical training, proving that compassion and life-saving skills know no age boundaries.

The competition victory represents more than just an award; it's a testament to our belief that children can be active participants in critical medical knowledge, breaking down age barriers and demonstrating that life-saving skills know no age limit. We are proud to have our team's creativity, dedication, and passion recognised on an international stage, bringing hope and inspiration to medical education worldwide.

The WFSA CPR Save a Life competition represents an international recognition for innovative approaches to

emergency medical education and life-saving techniques. Our team's entry stood out among numerous global submissions, highlighting the unique approach of using children as active participants in demonstrating critical life-saving skills. This recognition is more than just an individual achievement; it represents a breakthrough in how we approach medical education, proving that learning life-saving skills can be both accessible and engaging for all ages.

The victory extends beyond the individual performers, serving as a powerful message about the potential of early medical education. It challenges traditional notions of who can learn and communicate critical medical skills, demonstrating that children can be powerful agents of medical knowledge and community health awareness. Moreover, the award puts Malaysia on the global stage, offering an unprecedented opportunity to share our innovative approach with anaesthesia professionals worldwide.

First prize WFSA CPR Save a Life competition:



The children after the performance:





The speakers: (from the left) Dr Fadzwani, Dr Maryam, Dr Nazihah, Dr Omar and Dr Iskandar

PeriClip 2025

## TRANSFORMING MY PERSPECTIVE ON ENHANCED RECOVERY AFTER SURGERY (ERAS)

When I first encountered the flyer for the **Perioperative Clinical Care Principles (PeriClip): Expanding the Roadmap for Optimised Perioperative Recovery with ERAS Protocols** workshop, I vividly recall clicking on the registration link without hesitation. Why? It was all because of the incredible lineup of speakers. It was clear that I couldn't afford to miss out on the insights and wisdom of these mentors, whom I admire for the precision and intricacy of their anaesthetic practices. Little did I know then that my learning experience during the workshop would cause a paradigm shift in my perspective on ERAS for good.

Anaesthesiology has always seemed to me to be like an orchestra of precision.



by Nadhirah Abd Halim

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Universiti Kebangsaan Malaysia  
Institut Jantung Negara  
Kuala Lumpur, Malaysia

Choosing the right ETT size and calculating the appropriate drug doses can be done by many, but to practice anaesthesiology like a master conductor, one must be blessed with a '6th sense' to intuitively interpret and act upon a heartbeat that flickers, tidal volume that subtly changes and perfusion that shifts. As an anaesthesiology trainee, I remain an apprentice in this art which I hope to someday master.

PeriClip 2025, a collaboration between Baxter Healthcare and Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia (UKM), was held at Komune Living & Wellness in the Park, Cheras, a venue which featured a vibrant contemporary atmosphere. As soon as I entered the seminar room, I was greeted by both familiar and new faces, including the event speakers, Drs Omar Sulaiman, Syarifah Noor Nazihah, Fadzwani Basri,





**Dr Omar, challenging us to take up the role as a 'pilot' of ERAS**



**Dr Syarifah Noor Nazihah imparting her insights and techniques managing patients undergoing bariatric surgery**



**Dr Iskandar Khalid, staunchly advocating for the benefits of TIVA in ERAS**

Iskandar Khalid and Maryam Budiman, all ready to impart their knowledge.

The workshop began with a lecture by Dr Omar who provided an update on ERAS Guidelines, detailing recent changes and their implementation at Hospital Sultanah Aminah (HSA) in Johor Bahru for major abdominal surgery. Dr Omar challenged the anaesthesiologists and trainees in attendance to take up the role as 'pilots' of ERAS, stating, "A surgeon is the captain of a sailing ship, but an anaesthesiologist is the captain of a sinking ship", words which resonated with me long after the workshop.

Dr Nazihah then shared the latest ERAS recommendations for bariatric surgery. She highlighted intraoperative strategies which we often neglect in obese patients, including lung protective

ventilation strategies, goal-directed fluid therapy and opioid sparing techniques. Despite often working alongside her at HCTM UKM, where she has been a pioneer of the introduction of ERAS guidelines, I found that there was plenty more I could learn from her. Dr Nazihah often reviews patients personally at the preoperative clinic, and makes tailored recommendations for each patient, including specific preoperative home exercises to improve physiological reserve. As a trainee who had mostly viewed an anaesthesiologist's role from an intraoperative lens, this was a rather novel and eye-opening concept for me.

Next was an insightful session by Dr Fadzwan, who completed a Fellowship in Perioperative Medicine at University College London NHS Hospital. Upon returning to Hospital Kuala Lumpur (HKL), she collaborated with the hospital's orthopaedic surgeons and created an ERAS protocol specifically for total knee replacement surgery. Their comprehensive multidisciplinary team protocol included the use of periarthicular injections of local anaesthetic in addition to an adductor canal or femoral nerve block, enabling patients to ambulate on the evening of surgery and be discharged home the next day.

The highlight of the day was a stimulating forum discussion on Gas vs Total Intravenous Anaesthesia (TIVA) between Dr Omar, who expounded the benefits of inhaled anaesthetics in ERAS, and Dr Iskandar, who shared his vision for a synergistic combination of TIVA and regional anaesthesia, which he coined TIVARA, in facilitating ERAS. The spirited debate which was moderated by Dr Maryam saw an intense high-stakes exchange of opinions with both sides ultimately making strong and captivating arguments.

On the second day, we stepped into the operating theatre (OT) at HCTM UKM to observe the ERAS techniques shared the day prior on real patients. Dr Omar demonstrated his ERAS recipe using Desflurane and intravenous lignocaine for induction and maintenance of anaesthesia on a young patient undergoing an elective ENT procedure. At the end of the procedure, the patient emerged from anaesthesia as though she had just woken up from a profoundly blissful nap - pain-free and serene.

In another OT, Dr Nazihah walked us through her approach of conducting metabolic-flow anaesthesia, where she emphasised its cost-saving as well as environmental benefits. We witnessed





first-hand how reducing the anaesthetic gas flow rate could save over RM 100 per hour - a testament to how refined practices can result in meaningful outcomes not just for the patient, but for the healthcare system as well.

Dr Maryam concluded the event with an insightful lecture and a hands-on demonstration of the TOF 3D neuromuscular monitoring device by MIPM. She delved into the importance

of precision in neuromuscular blockade assessment, highlighting how quantitative monitoring enhances patient safety and optimises recovery. The session reinforced the shift towards objective neuromuscular monitoring over subjective assessment, ensuring more reliable anaesthetic management and improved postoperative outcomes.

I left PeriClip 2025 with a renewed perspective on ERAS. The discussions

and demonstrations didn't just inspire me - they reshaped my approach to anaesthesia, underscoring that every adjustment, every decision, and every lesson learned has the power to transform patient care.

## References

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# 2024 NORTHERN PAIN WORKSHOP & PAIN CLINIC FAMILY DAY



## NORTHERN PAIN WORKSHOP

The 2024 Northern Pain Workshop was held on 25<sup>th</sup> October 2024 at Hotel Seri Malaysia Taiping, organised by Persatuan Rawatan Kesakitan Jabatan Anesthesia (PEKA) Hospital Taiping in cooperation with Malaysian Association for the Study of Pain (MASP). With the theme of "Smart Ways in Handling Pain" this workshop brought together 100 healthcare professionals from northern states to discuss the current practices and latest advancements in pain management. The workshop aimed to provide comprehensive education and practical skills to improve the quality of life for individuals suffering from acute and chronic pain.

## KEYNOTE SPEAKERS

The workshop featured several distinguished keynote speakers, including:

- Dr Mary Suma Cardosa - A renowned pain specialist and President-Elect of International Association for the Study of Pain (IASP) who discussed the challenges in chronic pain management and how to address them.
- Professor Dr Zubaidah Jamil - A leading researcher in pain psychology and the President of Malaysian Association for the Study of Pain (MASP), who presented on cognitive-behavioral approaches to pain management.
- Dr Kerpagam Nadarajan - A senior anaesthesiologist and pain specialist, who talked about enhancing acute pain management and current updates on Enhancing Recovery After Surgery (ERAS).

## WORKSHOPS AND SESSIONS

Participants had the opportunity to attend various hands-on workshops and interactive sessions, such as:

- Role-play focusing on patient-centered care - role-play supervised by pain specialists followed by feedback sessions on how to effectively involve



by **Delima Radzwa Hasan**

Hospital Taiping  
Perak, Malaysia





patients in their own pain management plans.

- Acute pain services - An interactive session on various acute pain techniques such as epidural analgesia, peripheral nerve blocks and patient-controlled intravenous analgesia.
- Pharmacy - An educational session by pharmacists on pharmacotherapy commonly used in pain management followed by quizzes.
- Physiotherapy - Exercise sessions with the physiotherapists.
- Occupational Therapy - An interactive session exploring the role of mindfulness and meditation in pain relief.
- Kahoot! - participants competed in pairs to answer questions based on topics discussed throughout the workshop.

## OUTCOMES

The workshop fostered collaboration between different disciplines and gave valuable insights into pain management. Attendees were empowered with knowledge and practical strategies to better support their patients.

## PAIN CLINIC FAMILY DAY

The Pain Clinic Family Day took place on 26<sup>th</sup> October 2024 at Hospital Seri Malaysia Taiping, offering a supportive environment for patients and their families to learn more about pain management, holistic care approaches and to have fun with their loved ones. The event aimed to foster community, provide education, and offer resources for ongoing support.

## ACTIVITIES AND PROGRAMMES

The Family Day included a variety of activities and programmes designed to engage participants of all ages:

- Educational Seminars - Sessions on "Smart Ways in Handling Pain" and "Challenges in Facing Pain".
- Interactive Session - Stretching and strengthening exercises and relaxation techniques.
- Exciting Performances - Staffs from participating pain clinics put together entertaining performances with active involvement of the audiences.

## FAMILY INVOLVEMENT

Families were encouraged to participate in all activities, fostering a sense of understanding and cooperation. The event featured:

- Table games - Patients, staffs and

their families worked in teams to win the top three prizes.

- Lucky draw - RM1500 worth of prizes were given to the lucky ones.
- Birthday & retirement party - Patients and clinic staffs born in the month of October were celebrated with birthday songs and cakes, as well as the longest serving pain clinic nurse in Hospital Taiping, SN Nor Azuwa was celebrated as she retires from public service.
- Field trip - A fun visit to the famous Kilang Kopi Antong marked the end of the family day

## OUTCOMES

The Family Day successfully created a supportive community atmosphere, offering valuable resources and fostering stronger family bonds.

## CONCLUSION

Both the Northern Pain Management Workshop and Pain Clinic Family Day were highly successful events that provided significant benefits to attendees. They offered comprehensive education, practical skills, and emotional support, contributing to the overall well-being of individuals dealing with chronic pain and their families. The collaboration and connections made during these events are expected to have a lasting positive impact on overall pain management.



## *Regional Anaesthesia Hands-On Training Session* **A COLLABORATIVE SUCCESS AT EMRAS 2024**

**O**n 26<sup>th</sup> September 2024, a groundbreaking hands-on training session in regional anaesthesia was held in Hospital Melaka in collaboration with the Emergency Medicine Regional Anaesthesia Symposium (EMRAS) 2024. Organised by the Anaesthesiology and Critical Care Department of Hospital Melaka, this event marked a significant milestone in the field of anaesthesia education, providing participants with a unique opportunity to perform regional blocks on real patients under expert supervision. Participants were mainly medical officers from the anaesthesia and emergency departments.

### **A Day of Practical Learning**

The training session was meticulously designed to bridge the gap between theoretical knowledge and practical application. Participants, ranging from novice practitioners to experienced providers, were given the chance to enhance their skills in a controlled, yet realistic environment. The hands-on nature of the session allowed attendees to gain invaluable experience, performing various regional blocks on actual patients.



**by Syahrul Maliq bin Abu Bakar**

Hospital Melaka  
Melaka, Malaysia



**by Muhammad Naufal bin Mohamed Noor**

Hospital Melaka  
Melaka, Malaysia





### Expert Guidance and Supervision

The session was led by a team of renowned experts in the field of regional anaesthesia. Among the facilitators invited were Dr Wan Nabilah, regional anaesthetist from Hospital Kuala Lumpur and in-house regional anaesthesia enthusiast; Dr Lim TC, Dr Amir Ayub, and Dr Diana. These mentors provided step-by-step guidance, ensuring that each participant could perform the procedures safely and effectively. The experts also shared their insights and tips, enriching the learning experience with their vast clinical knowledge.

### Real-World Application

One of the standout features of this training session was the use of real patients. This approach not only heightened the realism of the training but also allowed participants to understand the nuances and complexities of performing regional blocks in a clinical setting. The patients were carefully selected and prepared, ensuring their safety and comfort throughout the procedures. Participants



in the course were also able to practise their needling techniques on chickens, providing them with additional hands-on experience in a controlled setting. Utilising a needling station allows practitioners to refine their needling techniques in a controlled environment, ensuring they gain the necessary skills and confidence before performing on real patients.

### Interactive Learning Environment

The interactive nature of the session fostered a collaborative learning environment. Participants were encouraged to ask questions, discuss techniques, and share their experiences. This open dialogue helped to build a supportive community of learners, all striving to improve their proficiency in regional anaesthesia.

### Feedback and Reflection

At the end of the session, participants had the opportunity to receive personalised feedback from the experts. This feedback was crucial in helping them identify areas for improvement



and build confidence in their skills. Additionally, a reflection period allowed participants to consolidate their learning and plan their next steps in their professional development.

### Conclusion

The hands-on training session in regional anaesthesia at EMRAS 2024 was a resounding success. By providing participants with the opportunity to perform regional blocks on real patients, the event set a new standard for practical anaesthesia education. The collaborative effort between EMRAS and the expert mentors ensured that the session was both educational and inspiring, leaving a lasting impact on all who attended. This event not only enhanced the participants' skills but also contributed to the advancement of regional anaesthesia practices. As the field continues to evolve, such hands-on training sessions will play a crucial role in preparing the next generation of emergency physicians to safely perform regional anaesthesia in the emergency department.



# PAEDIATRIC PERIOPERATIVE LIFE SUPPORT (PPLS) WORKSHOP

*at UKM Specialist Children's Hospital Malaysia*



by **Felicia Lim**

PPLS Coordinator Malaysia  
Malaysia

by **Usha Nair**

PPLS Coordinator Malaysia  
Malaysia

**T**he Malaysian Society of Paediatric Anaesthesiologists conducted the Paediatric Perioperative Life support (PPLS) workshop on 30<sup>th</sup> November 2024 at the UKM Specialist Children's Hospital (HPKK) in Kuala Lumpur, with the support of the Anaesthesia Unit HPKK as host.

This workshop was a full day event, had 30 participants and 13 facilitators. Our target participants in this workshop were the Anaesthesia trainees doing their Masters with the various universities in Malaysia. The facilitators were practising paediatric anaesthesiologists from the public as well as private hospitals in the country. We also had Dr Raihanita Zahra from Jakarta, Indonesia joining us as a facilitator.

The aim of this workshop is to promote safety in the management of children

undergoing surgery in the perioperative period. The participants learnt to anticipate, prevent, recognise untoward events and to take proper action so as to reduce morbidity and mortality in the perioperative period. There were talks, interactive case discussions and hands-on skills stations. Topics covered were on effective management of perioperative events like laryngospasm, desaturation in the recovery area, cardiac arrest and effective resuscitation. The participants were enthusiastic and interactive in all sessions.

The participants had to take a pre test a week before the workshop and take the same test at the end of the workshop. Majority of them did very well. The feedback on the workshop was good and we hope knowledge gained from this workshop will be beneficial and

helpful for the participants in their, day-to-day practice.

We would like to thank the efficient local organising committee from the Anaesthesia Unit of HPKK headed by Dr Ujdora Goh and Dr Mohd Arif bin Md Bakri, supported by medical officers from the unit as well as medical assistants and nursing staff from the Operating Theatre HPKK. They worked hard to ensure that the workshop ran smoothly, provided equipment that was needed and made sure facilities and technical support were ideal. The venue was excellent and we extend our thanks to the administration of HPKK UKM for allowing us to use the venue. We would also like to thank all the facilitators especially those in private practice for taking time off to make this event a success!







**by Nor Hidayah Zainool Abidin**

Hospital Raja Perempuan Zainab 2  
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## 1<sup>ST</sup> HRPZ 2 ADVANCE AIRWAY WORKSHOP 2025 5<sup>TH</sup> JANUARY 2025 @ AUDITORIUM ACC, HRPZ 2

**A**naesthesia and airway management are like the butter to a well-made toast. One does not exist independently of the other without expecting to be truly considered competent. Airway management involves doctors and paramedics working in a team and following algorithms and protocols, especially during an airway crisis. Although the practice of anaesthesia professionals and others who manage airways is full of unexpected challenges, perhaps nothing strikes more fear in our hearts than a patient with a difficult airway. Realising that the airway comes first in any situation, the knowledge of detecting and securing a failed airway is of the utmost importance in clinical management. Therefore, up-to-date information on approaches and

techniques to optimise patients for oxygenation and ventilation requires a medium of frequent updates. This addresses the airway management safety strategy and the need to maintain and upskill current airway management techniques to familiarise doctors and paramedics.

We organised a one-day advanced airway management course on the 5<sup>th</sup> of January Sunday, 2025, at the Auditorium and ACC Building, HRPZ2. The timing of the course coincided with the monsoon season which saw some of the participants withdrawing their registration for fear of floods blocking the routes to and back from Kota Bharu. Despite this, the course proceeded and was successfully completed, with 150 participants attending the lectures and 60 participants attending the hands-on workshop. The participants come from different backgrounds - some of them come from Klinik Kesihatan, district hospitals, general practitioners, nurse educators, and lecturers. New updates regarding airway management and devices were given during the morning session by anaesthesiologists Dr Khairul Has, Dr Nor Hidayah, Dr Siti Afifah, Dr Jamaliah and Dr Nurul Asyikin. We were

also glad to have the two dedicated Ear Nose and Throat (ENT) surgeons, Dr (Mr) Ali and Dr (Ms) Hashimah, give their talks on related topics to share their knowledge and experience of challenging ENT cases in both adults and children.

As with any skill, practice is essential. This workshop provided the opportunity to obtain, maintain and enhance difficult airway management skills in a small group learning environment. It also allowed other healthcare personnel from different departments to practice existing skills and be exposed to airway skills that are aligned with the *Difficult Airway Society (DAS)* guidelines. We provided a hands-on and interactive approach to learning a variety of airway management techniques, which enabled the participant to learn and practice core technical and non-technical skills, including:

- Revision of airway guidelines for adult and paediatric patients;
- Usage of flexible bronchoscopy for awake and sleep intubation techniques;
- Theories and practical usage of supraglottic airway devices (SGAD) -



as a rescue airway device and conduit for intubation;

- Learning about awake tracheal intubation (ATI);
- Usage of videolaryngoscopy (VDL) with hybrid techniques and SGAD as a conduit for intubation;
- Learning about emergency surgical front-of-neck access (eFONA).



**HOD testing the New Storz Videoscope**

Each station was led by an in-house team of anaesthesiologists, medical officers, medical assistants and nurses who demonstrated the different airway management techniques to the participants. Indeed, our dedicated airway team in the Anaesthesia Department has translated enthusiasm into practice by showing their commitment during the workshop. We saw that the budding paramedics were very engaged and displayed confidence in reverse-explaining the basic principles and handling of the airway equipment on the mannequins. Participants were shown proper methods of handling mask airway, laryngoscopy, fiberoptic and videolaryngoscopy-assisted intubating devices, SGADs, as well as how to perform surgical cricothyrotomy on mannequins. It was truly a heartwarming feeling to witness a person's true potential being unleashed when we offer the opportunity for them to be independent or demonstrate their own way of explaining something.

The participants were able to learn and sharpen their airway skills, especially on how to manage airway crises within a



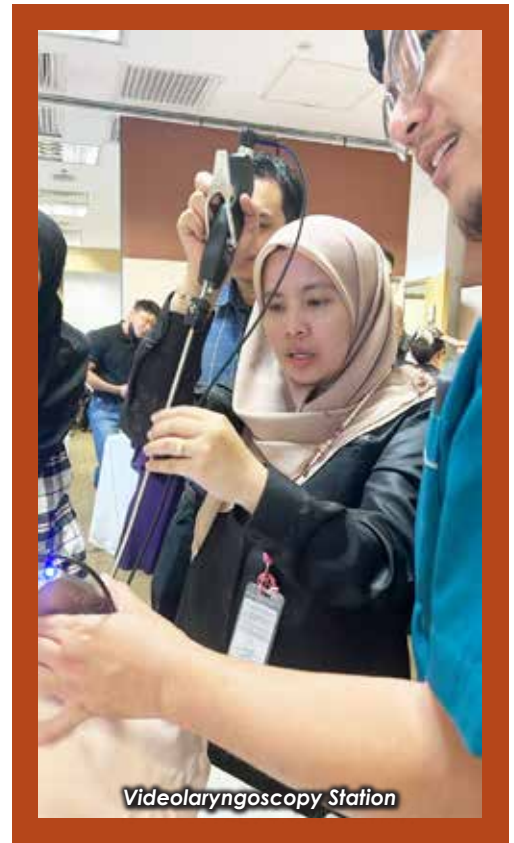
**Organising committee members**

limited time frame, by emphasising the need to learning it right, performing it right and practising it right.

Therefore, knowing each technique and device's strengths and weaknesses is important. This is true especially in knowing the correct SGAD insertion, the SGAD type, and tips and tricks for SGAD insertion during crisis and elective procedures.

Another example is to emphasise the usage of a videolaryngoscope for intubation even in the hands of a novice airway provider. By working their way around the seminar room and auditorium, participants could practise skills to improve their clinical abilities in the airways and be familiar with the devices and techniques needed to manage various challenging clinical airway situations in an organised manner.

All this hard work in organising the course was anchored by our seasoned and experienced Medical Assistant



**Videolaryngoscopy Station**







Flexible Video-assisted Intubating Device Station



Surgical Cricothyrotomy Station



Difficult Airway Trolley Station



Cleaning and Disinfection Station

(MA), Encik Faizol, who is very talented in device management and remote instruction. The good intention and motivation were supported by our head of department (HOD), Dato' Dr Wan Nasaruddin Wan Ismail, who officiated the programme, as well as our deputy HOD, Dr Norhafidhah, who stayed and supported the team until the very end of the programme.

The workshop provided a valuable learning experience that can benefit our out-of-hospital and hospital management personnel, involving trainees and staff from all provider groups who may have a need to be familiar with airway management. There are many opportunities for anaesthetists and other healthcare providers to engage in airway management education. We hope that the apprenticeship model of airway education in a local hospital setting continues to be regarded as the standard for medical teaching. **Secure airway, save lives** is the motto of this airway workshop, as the success of rescue airway interventions reduces the occurrence of adverse outcomes.

The initial stage shall be executed on a small scale to spark interest among our

doctors and paramedics in learning about the airway management devices and techniques. Following that, we shall introduce to our local and national communities the airway management updates to increase awareness by means of frequent updates. Our committee members have certainly benefitted from this experience and in the future, we aspire to conduct regular small-group refresher sessions from time to time as an opportunity for our anesthesiology department to gain hospital-wide exposure and make new professional relationships.

### Acknowledgement

Our team would like to thank the Department of Anaesthesia, HRPZ2, for providing equipment, participating in the workshops, and facilitating the faculty. We were fortunate to have the equipment and facilities to conduct such workshops at our convenience.



Paediatric Airway Station



Supraglottic Airway Device Station



Airway Ultrasound Station



# Next Level Anaesthesia REGIONAL ANAESTHESIA & POCUS COURSE Hospital Kluang



by Laila Syakirah binti 'Ezuddin

Hospital Enche' Besar Hajjah Khalsom, Kluang  
Johor, Malaysia

by Ngazraini binti Abdul Maei

Hospital Enche' Besar Hajjah Khalsom, Kluang  
Johor, Malaysia



Day 1

## EVENT OVERVIEW

On the 22<sup>nd</sup> and 23<sup>rd</sup> February 2025, the Anaesthesiology & Critical Care Department of Hospital Enche' Besar Hajjah Khalsom (HEBHK), Kluang, Johor in collaboration with Aspen, successfully hosted the **Next Level Anaesthesia: Regional Anaesthesia & POCUS (Point-of-Care Ultrasound) Course**. This event brought together medical officers and anaesthetists from HEBHK, along with an anaesthetist from Hospital Pantai Ayer Keroh, Melaka.

The lectures were delivered by highly experienced and esteemed speakers, Dr Shahridan Mohd Fathil and Dr Mohd Aizad bin Mohd Yusof from Gleneagles Hospital Johor. Additionally, Dr Gan Kiat Kee, an Emergency Physician from Hospital Sultanah Aminah, Johor Bahru, provided valuable insights, further enriching the learning experience for all attendees.

The primary objectives of the course were to enhance proficiency in regional anaesthesia techniques, strengthen competency in the application of POCUS for perioperative management, provide hands-on training guided by experts, and discuss the latest innovations and best practices in the field.

## REGIONAL ANAESTHESIA

Regional anaesthesia is a crucial technique in modern anaesthetic practice, allowing for targeted pain relief by blocking nerve conduction in specific body areas. It provides effective pain control while minimising the need for general anaesthesia, reducing systemic side effects, and improving postoperative recovery. This technique encompasses a range of procedures, including upper and lower limb blocks, neuraxial blocks such as spinal and epidural anaesthesia, and truncal blocks for perioperative pain management. By utilising ultrasound guidance, regional anaesthesia has become safer and more precise, enhancing both patient comfort and procedural success rates.

The first day of the Next Level Anaesthesia course focused on regional anaesthesia techniques. The sessions began with an introduction and a Doa recitation, setting a formal and respectful tone for the event. The first lecture covered the Upper Limb Block,



presented by Dr Shahridan Mohd Fathil, who explained the techniques, indications, and benefits of the procedure. This was followed by a hands-on demonstration led by Dr Shahridan and Dr Mohd Aizad, allowing participants to observe and practice ultrasound-guided techniques for upper limb nerve blocks. A live demonstration to a real patient was followed, enabling attendees to gain practical insights and interact with the instructors to refine their skills.

Following a short break, the program resumed with an insightful lecture on Lower Limb Block, delivered by Dr Mohd Aizad bin Mohd Yusof. He provided a comprehensive overview of various techniques, including femoral, sciatic, saphenous (adductor canal), obturator, PENG, and iPACK blocks. His discussion emphasised the anatomical landmarks, clinical indications, and advantages of each approach. Participants then transitioned into a hands-on demonstration session, where they actively applied these techniques under expert supervision, solidifying their understanding through direct practice and interactive guidance.

After the lunch break, the course continued with an in-depth session on Central Neuraxial and Truncal Blocks conducted by Dr Shahridan bin Mohd Fathil. The lecture provided a comprehensive overview of spinal, epidural, and truncal blocks using ultrasound, highlighting their significance in perioperative pain management. The session then transitioned into an interactive demonstration, where attendees gained valuable hands-on experience with a real patient, observed best practices, and received personalised instruction to further develop their skills. The first day's event concluded at 6.00pm.

### POCUS (point of care ultrasound)

Point-of-Care Ultrasound (POCUS) and perioperative echocardiography (ECHO) are essential tools in modern perioperative and critical care management. These imaging techniques allow clinicians to assess cardiac function, hemodynamic stability, and pulmonary status in real time, facilitating timely and informed decision-making. Beyond the operating room, their application in the intensive

care unit (ICU) enables early detection of complications, optimisation of fluid therapy, and targeted intervention for conditions such as shock and respiratory failure. By integrating these modalities into routine clinical practice, healthcare providers can enhance diagnostic accuracy and improve patient outcomes effectively.

The second day of the course focused on perioperative POCUS, providing attendees with in-depth theoretical knowledge and practical exposure to ultrasound-guided techniques. Dr Shahridan initiated the academic discussions with an enlightening lecture on Perioperative POCUS & ECHO, covering the fundamental principles and advanced applications of ultrasound in perioperative care. Following this, a comprehensive hands-on demonstration led by Dr Shahridan and Dr Gan allowed participants to practice echocardiographic assessment techniques, reinforcing the lecture content and ensuring a practical understanding of cardiac ultrasound.

The morning session progressed with a detailed and interactive lecture on Lung & Airways Ultrasound, delivered by Dr Gan Kiat Kee. This session emphasised the importance of ultrasound in respiratory assessments, including the evaluation of lung sliding, detection of pleural effusions, and identification of pneumothorax. Following the lecture, attendees engaged in a hands-on demonstration where they practised

lung ultrasound in ICU patients and scanning techniques under expert supervision. The interactive nature of this session allowed participants to refine their scanning skills, troubleshoot common challenges, and receive real-time instructor feedback. Through structured case-based scenarios, they gained valuable insights into the clinical application of lung ultrasound in perioperative and critical care settings.

The afternoon session focused on advanced critical care ultrasound applications, particularly in ultrasound-guided vascular access and shock protocol management, which are RUSH (Rapid Ultrasound in Shock) & ACES (Abdominal & Cardiac Evaluation in Sonography). Dr Gan Kiat Kee delivered a comprehensive lecture, offering an in-depth exploration of the principles, best practices, and clinical applications of ultrasound in vascular access. His discussion encompassed key topics such as probe selection, vessel identification, and challenges to optimise procedural accuracy and patient safety.

Subsequent hands-on demonstrations by Dr Gan and Dr Shahridan enabled participants to apply these concepts in real-time scenarios, fostering confidence in their scanning and procedural skills. The session also covered shock protocol assessment, equipping attendees with the necessary ultrasound techniques for hemodynamic monitoring and resuscitation strategies.



## *Silent Mentor Ultrasound Guided Regional Anaesthesia Workshop* **PRECISION IN PRACTICE**



**by Madeleine Low**

Universiti Malaya Medical Centre  
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**by Lui Ken-Yi**

Universiti Malaya Medical Centre  
Kuala Lumpur, Malaysia

**I**n an era marked by an aging population and rising comorbidities, the demand for safer, patient-centric anaesthetic techniques has surged. For high-risk patients, traditional general anaesthesia may pose undue risks, making regional anaesthesia an indispensable alternative. This approach not only mitigates systemic complications but also enhances postoperative recovery and pain management. Recognising this imperative, the Department of Anaesthesia at Universiti Malaya Medical Centre (UMMC), in collaboration with the Silent Mentor





Programme, hosted the Ultrasound Guided Regional Anaesthesia Cadaveric Workshop on 14<sup>th</sup> February 2025 - an initiative to equip anaesthesia trainees with hands-on skills in this field.

### Bridging Theory and Practice: A Unique Learning Experience

Under the ethos of the Silent Mentor Programme - "When silence speaks, knowledge is unveiled" - the workshop honoured the selfless contributions of our donors, whose invaluable gift enabled participants to improve their techniques in a realistic learning environment. The event emphasised ultrasound guided nerve blocks, a gold standard for precision and safety in the practice of regional anaesthesia.

### Expert Led Sessions: Mastering Plan A Blocks

The workshop featured an esteemed line-up of local experts in the field of regional anaesthesia, each bringing his wealth of knowledge and experience to the event, namely, Dr Iskandar Khalid from HUKM, Dr Wan Nabilah Nik Nabil from HKL, as well as Dr Ahmad Fariz, Dr Teoh Tsyx Xiang and Dr Lui Ken-Yi from UMMC, who was also the organising chairperson of the workshop.

We had a total of 30 participants, who were divided into 5 groups, allowing for



plenty of hands-on experience. The event kicked off bright and early with an inspiring introduction from the silent mentors, who shared their stories. Their invaluable contribution to medical education was deeply appreciated. After the introduction, the teams gathered around the stations. Following a moment of silence to honour the silent mentors, it was time to dive into nerve scanning and needling techniques.

The participants rotated through five stations, each targeting critical anatomical regions:

1. Upper limb
2. Lower limb
3. Hip
4. Anterior and posterior truncal regions

Essential "Plan A" blocks, as outlined by the Society of Regional Anaesthesia UK (RA-UK), represent foundational techniques in the safe practice of regional anaesthesia in novice practitioners. Facilitators emphasised not only on procedural mastery but also risk mitigation strategies, anatomical variations and troubleshooting common challenges.

### Participant Feedback: A Resounding Endorsement

Towards the end of the day, a post-event discussion reviewed

pre-workshop materials, including a pretest, reinforcing key concepts and addressing nuanced clinical scenarios. As the event concluded, feedback from the participants was positive, with many highlighting the educational value and the positive impact it would have on the management of their patients.

### The Road Ahead: Meeting Healthcare's Evolving Demands

As global demographics shift, regional anaesthesia is poised to play a pivotal role in perioperative care. By prioritising precision, safety and patient safety approaches, workshops like this empower our trainees to tackle the challenges of complex comorbidities and aging physiology. Future initiatives aim to expand training opportunities, fostering a new generation of anaesthetists equipped to deliver exceptional, individualised care.

### Acknowledgments

The organisers extend profound gratitude to the Silent Mentors, whose legacy of generosity continues to advance medical education, and to industry partners (Aspen Medical Products, Mindray Medical Technology and Solutions Supplier, Interscience Sdn Bhd, Commermega Sdn Bhd, B. Braun Medical Industries, Mediwide Sdn Bhd & Lead Med Sdn Bhd) for their instrumental support in bridging innovation and clinical practice.



# MSA-CoA ASC 2024 Pre-Congress Workshop

## MASTERING PRECISION - ULTRASOUND-GUIDED VASCULAR ACCESS

Ultrasound technology has revolutionised clinical practice and patient care in modern healthcare. It provides non-invasive and radiation-free techniques for various diagnostic and therapeutic procedures. Among its many applications, one of the most impactful has been its use in guiding vascular access. By enabling real-time visualisation of blood vessels and nearby structures, ultrasound-guided vascular access helps clinicians identify the best insertion sites, thus reducing the risk of complications such as arterial puncture, haematoma, haemothorax, and pneumothorax. This technique streamlines the procedure, resulting in fewer attempts to successful cannulation, improves procedural efficiency and minimises the risk of catheter-related infections.

During the 2024 Malaysian Society of Anaesthesiologists (MSA) and College of Anaesthesiologists (CoA) Annual Scientific Congress themed *My Anaesthesia 2024: Where Science Meets Art*, the significance of this technology was highlighted through a pre-congress workshop, *Ultrasound-Guided Vascular Access*, held on 1<sup>st</sup> August 2024 at UiTM Sungai Buloh Campus. The workshop, hosted by the Department of Anaesthesiology and Intensive Care, UiTM, was a full-day event comprising a series of lectures and hands-on sessions.

The workshop brought together 27 healthcare professionals across Malaysia and Brunei. It aimed to provide them with a structured and practical approach to utilising ultrasound for vascular access, particularly in challenging cannulations.

The workshop began with a brief welcome from the organising

committee chairmen, Dr Shahridan Fathil and Dr Isqandar Adnan, followed by an opening address by esteemed Professor Dr Karis Misiran. This was followed by a series of comprehensive lectures, beginning with Dr Rusnaini Mustapha Kamar's presentation on the fundamental physics of ultrasound, which included "in-plane" and "out-of-plane" techniques. Dr Haslan Ghazali provided an update on the latest guidelines on ultrasound-guided cannulation, while Dr Lim Teng Cheow covered sonographic anatomy. The lectures continued with Dr Shahridan

discussing ergonomics, sterility, and preparation for ultrasound-guided venous access procedures, followed by Dr Nur Hafizhoh Abd Hamid, who focused on ultrasound-guided cannulation in paediatric patients.

The morning session smoothly transitioned to hands-on training, where participants, divided into smaller groups, rotated through various stations to practise ergonomics, preparation techniques, and real-time cannulation under the guidance of an expert panel of facilitators.



### by Afifah Samsudin

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### by Vimal Varma

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Following a lunch break, the afternoon resumed with Dr Ahmad Afifi Mohd Arshad delivering a lecture on the selection and use of peripheral, central, and arterial cannulas and catheters. Dr Mohamad Hanafi Mohd addressed the critical aspects of post-cannulation care and catheter removal. These lectures were complemented by more hands-on training, focused on the placement of central venous, dialysis, peripheral, and arterial lines, offering participants the chance to refine their skills with real-time feedback. The workshop concluded with an evening tea followed by closing remarks emphasising the important role of ultrasound-guided vascular access in modern medical practice.



The workshop provided the participants with an invaluable learning experience, allowing them to refine their skills in utilising ultrasound for vascular access. Ongoing advancements in artificial intelligence and portable ultrasound devices are expected to refine vascular

access techniques further, making them more precise and safer for patients. Therefore, training through workshops to acquire these skills is essential, especially in the context of evolving medical practice.





# Anaesthesia Unmasked

## INSIGHTS AND INSPIRATIONS FROM OUR FIRST NATIONAL ANAESTHESIA DAY



**O**ur first-ever National Anaesthesia Day celebration occurred on 8<sup>th</sup> October 2024, at Hospital Kemaman in Terengganu. Organised by the Anaesthesia Department, this inaugural event was held at Mesra Mall, Kemasik. The theme for the year, "Finding Calm in Chaos", emphasised the importance of workforce well-being in the healthcare sector.

The event was a collaborative effort of the operating theatre and intensive care teams, comprising programme coordinator Dr Nitthya Sukumar, advisor Dr Nazatul Shahnaz, secretary Dr Noratiqah Norizan, medical officers, medical assistants, nurses, and attendants. Over a span of just over a month, the dedicated team planned and executed the event with great attention to detail. The celebration received exceptional support from various stakeholders, including the management team at Mesra Mall, which kindly provided the venue at no cost. Additionally, Radicare contributed by offering transport for essential assets while the hospital's official photographer documented the event. The dietary department provided complimentary meals for all participants, demonstrating the community spirit and cooperation among the hospital staff.

The venue, approximately half an hour from the hospital, allowed for under two hours of setup time. With meticulous planning, the team successfully arranged several informative booths; including Operating Theatre Booth,



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Hospital Kemaman  
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Intensive Care Booth, Anaesthetic Clinic, Pain Management Services, Basic Life Support, Organ Donation Awareness, Wellness Hub, Smoking Cessation Programs, Dietary Advice for Chronic Illnesses. Collaboration with local health authorities, including the Pejabat Kesihatan Daerah Kemaman, added further value to the event. Local school students were invited to participate, providing an opportunity to learn essential life skills.

The event attracted significant public interest and featured interactive quizzes and giveaways at each booth, enhancing visitor engagement. The celebration was officiated by Dr Amran Japar, the Hospital Director. Following



the speeches, attendees enjoyed a Zumba session led by hospital physiotherapists Mr Muhammad Safwan and Mr Irfan Syafiq, promoting health and community interaction.

The event successfully highlighted various anaesthetic services and aimed to reduce public anxiety by dispelling myths about intubation. It was a

significant success for a first-time event, and the organising team hopes to establish an annual National Anaesthesia Day celebration. This initiative is designed to recognise the hard work of healthcare professionals and to continue raising public awareness about anaesthesia, contributing to a more informed and supportive community.





On 16<sup>th</sup> October 2024, Hospital Sultanah Maliha, Langkawi, proudly celebrated National Anaesthesia Day, coinciding with World Anaesthesia Day. Embracing the theme "Workforce Wellbeing", the celebration focused on promoting mental, physical and emotional wellbeing among healthcare staff, especially those in the demanding field of anaesthesiology.

The event began with the arrival of distinguished guests, hospital staff and the ceremony kicked off with the singing of Negaraku, the Kedah State Anthem and the Kementerian Kesihatan Malaysia (KKM)'s anthem, Kami Sedia Membantu, building a strong sense of unity and pride.

Following an opening prayer, the Head of the Department of Anaesthesiology & Critical Care, Dr Suriana binti Mohd Abu Bakar, delivered a warm welcoming speech. The highlight of the ceremony was the official launch of the National Anaesthesia Day 2024 celebration by the Director of Hospital Sultanah Maliha, Dr Akmal Naziah binti Dato' Hj Ahmad, who emphasised the critical role of anaesthesiologists and the well-being of all healthcare workers. The Director's speech reinforced the importance of mental, emotional, and physical health as key to maintaining the high quality of care expected in modern healthcare.

An engaging video montage showcasing the contributions of the anaesthesiology team was then presented, followed by a gift presentation and photography session.

The Director and other guests then visited various exhibition booths, which featured innovative technologies and

## Wellbeing on the Island

# A MEMORABLE NATIONAL ANAESTHESIA DAY 2024 CELEBRATION AT HOSPITAL SULTANAH MALIHA



important information related to anaesthesia and surgery, providing attendees with a hands-on educational experience.

Some of the booths displayed included:

- Anaesthesia Instruments and Techniques: This display featured instruments and tools for general and regional anaesthesia, along with surgical instruments for procedures like laparoscopic surgery, lower segment Caesarean section (LSCS) and intramedullary nailing (ILN). Visitors also viewed surgical procedure videos, gaining insight into



by Nor Syafawati Osnamila binti Abdullah

Hospital Sultanah Maliha  
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the precision and care involved in these procedures.

- **Cervical Cancer Awareness:** The Obstetrics & Gynaecology Department set up an educational booth focused on cervical cancer prevention, providing information on PAP smears and their importance in early detection, aimed to encourage regular screenings and raise awareness about women's health.
- **Mental Health Awareness:** The Psychiatry Department provided resources and guidance on mental health. This booth highlighted mental health as a key component of overall wellness, aligning with the event's "Workforce Wellbeing" theme.
- **Blood Donation Awareness:** The Transfusion Medicine Department showcased posters and information about the importance of blood donation, encouraging the community to participate in this life-saving practice.
- **Organ Donation Awareness:** The Anaesthesiology Department's booth on organ donation provided information about the organ donation process and answered public queries. Attendees were encouraged to register as organ donors via the MySejahtera app, supporting this noble cause.
- **Pain Free Hospital Programme:** Booth focusing on the "Pain Free Hospital" initiative, providing information on pain management techniques and strategies for enhancing patient comfort during and after surgical procedures.

The morning session concluded with a Coffee Talk on "Workforce Wellbeing", featuring two guest panelists: Dr Miza Hiriyanti binti Zakaria, Consultant Physician & Endocrinologist, and Dr



Fatihah Addawiah binti Mohamed, Psychiatrist. Together, they discussed and shared insights on workforce wellbeing in the healthcare sector. Under the theme "Workforce Wellbeing: Finding Calm in Chaos" the forum explored how healthcare professionals can balance the demanding nature of their work with personal wellbeing. The panelists offered strategies and shared their own experiences in managing workplace stress, highlighting the importance of maintaining both mental and physical health when frequently encountering emergency situations in medical environments.

For the first time, the forum was streamed live on the Hospital Sultanah Maliha (HSM) Facebook page, allowing HSM staff who couldn't attend in person to benefit from the insightful discussion. This live-streaming experience marked a significant step in reaching and engaging a broader audience within the hospital's community.

In the afternoon, participants attended a Relaxation Therapy session led by Ms Alia Atiqah from the Occupational Therapy Unit, offering a hands-on introduction to stress-relief techniques.

The celebration continued on 17<sup>th</sup> October starting with a lively Fun Walk that saw the participation of 100 HSM staff members from various departments. The 3-kilometer route took them around the beautiful surroundings of HSM, creating a vibrant atmosphere



filled with camaraderie and encouragement.

After the walk, the eSports competition began, with teams representing different hospital departments competing in a spirited and friendly gaming showdown. The event fostered teamwork and provided a fun escape from daily routines, strengthening bonds among colleagues.

Eight teams participated in the spirited eSports event, including:

- Super Diva from Nursing Unit
- Gmax 2.0 from Physiotherapy
- Patho Ranger from Pathology
- Uterus Unicorn from Obstetrics & Gynaecology
- Unknown Female and ICS from Operating Theatre
- Baby Face from Administration
- Hang Ok Dak from Psychiatry

With each team showing incredible spirit and enthusiasm, the eSports quickly became a highlight of the day, providing everyone a chance to showcase their gaming skills and enjoy some friendly rivalry. The competitive yet joyful atmosphere energised all participants and was a fantastic way for departments to connect in a fun, unique way.

The day's festivities concluded with a spectacular Gala Dinner themed "Cosplay Fantasy" held at Ombak Villa Langkawi. Staff members embraced the

theme with creative costumes, making it an unforgettable evening filled with laughter, impressive performances, and recognition awards for outstanding staff members. The night included activities like a Best Dress contest, karaoke and a lucky draw, making it a truly memorable celebration for everyone involved.

Special thanks go to all the organisers, volunteers, and participants who dedicated their time and effort to make this celebration a memorable one.

As we reflect on this year's celebration, it is clear that prioritising workforce wellbeing is not just a theme but a vital component of our ongoing commitment to excellence in healthcare. Hospital Sultanah Maliha remains dedicated to fostering a supportive and healthy work environment, ensuring that our staff can continue to provide the highest standard of care to our patients.

We look forward to future celebrations and initiatives that continue to promote

the wellbeing of our invaluable healthcare professionals. Together, we can build a stronger, healthier, and more resilient community both within and beyond our hospital walls.

### Happy National Anaesthesia Day 2024!



*Guided relaxation and massage therapy for stress relief, comfort and mental wellness*



*FunWalk participants and crew gather for a photo and well-deserved rest at the finish line*



*Staff performing together "Mulanya Di Sini" song at the end of dinner*



# National Anaesthesia Day Celebration 2024

## PRIORITIZING WORKFORCE WELLBEING FOR ENHANCED PATIENT SAFETY

by Maslina binti Ahmad Marzuki

Hospital Sultan Abdul Halim  
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**T**he National Anesthesia Day celebration 2024 was successfully held on 23<sup>rd</sup> October at the hospital level. The celebration took place with the Opening Ceremony in the Auditorium of Hospital Sultan Abdul Halim. It continued with a booth exhibition in the hospital lobby from 8:00 am until 3:00 pm. It was a cheerful day with numerous fun activities conducted and prizes given to the hospital staff and the public. We aimed to achieve our programme's objectives of promoting workforce well-being among the hospital staff and the department staff specifically. The Anaesthesia Day celebration also became a platform for the public to learn more about safe anaesthesia.

This special day was officiated by the Hospital Director, Dr Mithali binti Abdullah, and attended by the Deputy Director of the Medical Development Unit from the Kedah State Health Department, Dr Muhammad Shufi bin Shamsuddin. About 24 medical students from the Islamic University Sultan Abdul Halim Muadzam Shah (UNISHAM), along with their escort, Professor Dr Zolkepli, and 10 medical students from AIMST University, accompanied by their escorts Dr Shivale and Dr Praba, also attended the programme. All guests received goody bags as souvenirs.

During the Opening Ceremony, Dr Rosman bin Noor Ali, head of the Department of Anaesthesia and Intensive Care, delivered a very meaningful message about workforce wellbeing. He highlighted a few activities running in the department to enhance social support among the staff, including the establishment of the Anaesthesia Club or *Kelab Bius Sungai*



*Petani*. The ceremony was enlivened by a video show and touching performances by various categories of staff in the department, showing their hidden talent.

We opened 18 booths featuring OT instruments and a mock ventilated patient display in the ICU, Pain Free Hospital, hand hygiene, organ donation, Basic Life Support for CPR demonstrations and infant choking management. In addition, there was a booth by the psychiatry team for mental health screening. There were booths for food and drink sales and promotion of preloved items. Healthcare companies such as B-Braun, Globalmed, and Tanjung Healthcare Products also participated, showcasing their medical instruments.

Various fun activities took place in the exhibition area, such as a mass quiz, live busking, a photo booth, an "Approximate the Number of Dynastat Ampules in a Glass Bowl Competition", an inter-department treasure hunt game, and a lucky draw. The top winner of the treasure hunt was the team from

the Psychiatric Department. At the end of the programme, we held a prize-giving session for a special Department Award given to department staff. The award was given to the winners selected through a voting mechanism held one month before the Anaesthesia Day celebration. There were four types of awards: 'the gorgeous', 'the fussy', 'the sporting', and 'the popular'.

We recorded more than 300 visitors on that day. Some expressed satisfaction and joy with all the activities and tokens they received. The success of this programme was largely due to the good teamwork from all levels of staff in the department, both directly and indirectly. They deserved deep appreciation for their invaluable efforts and sacrifices, not just in manpower and ideas but also financially. Notably, the support from our hospital director, Dr Mithali, made our day a significant occasion for all of us. In conjunction with this celebration, we also organised a Department Family Day, which was held on 15<sup>th</sup> November 2024, as a high tea event at the Park Avenue Hotel, Sungai Petani.

