



NEWSLETTER

PAKISTAN SOCIETY OF ANAESTHESIOLOGISTS KARACHI - CHAPTER

Issue 01, Sep2007
Quarterly

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Anaesthesiologists
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UPCOMING MEETINGS

**Annual Scientific Meeting in
Anaesthesiology 2007** –November

17-18, 2007, Hong Kong

www.hkca.edu.hk/asm2007.thm

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Global Anaesthesia Day

October 16th 1846, when the first successful demonstration of anaesthesia was carried out, is one of the most glorious days in history of mankind as it got rid of the pains of surgical treatment, the greatest gift ever for suffering humanity. It can be marked as beginning of civilization in medical history. Now, humans could get surgical treatment without fear of pain being inflicted to them. Now, surgeons could easily transform the science of surgery into an art by performing refined work with complete peace of mind. History is witness to the fact that most of improvements in surgery came after the discovery of anaesthesia.

On this memorable day, a Boston dentist, William Thomas Green Morton, publicly demonstrated inhalation anaesthesia to a patient named Edward Gilbert Abbott for painless removal of a jaw tumor by Dr. John Collins Warren at top floor of Massachusetts General Hospital, Boston. Ether was used in this operation. Before this demonstration, Morton first tried ether inhalation on himself, anaesthetized a goldfish, a hen and his pet spaniel and a patient (Sep 30th, 1846).

Discovery of anaesthesia was commemorated by a red marble monument erected at public garden of Boston in 1868. An "Ether Dome" at MGH also reminds us of this remarkable event of history. Robert Hinkley, an artist, made a painting of the event in 1893 that was completed in eleven years.

Magnificence of this one of the most cherishable occasions of history was marred, however, by the controversy, as four gentlemen claimed for the title of "Discoverer of Anaesthesia". These include Crawford Williamson Long, Horace Wells, William T. G. Morton and Charles Jackson. Crawford Long claimed that he was giving ether silently to his patients for minor surgical procedures since 1841(5). Horace Wells attempted a failed demonstration of nitrous oxide analgesia in Jan 1845. Charles Jackson, declared that he was the first discoverer of ether.

It seems strange that such an extraordinary event of medical history is not celebrated with the zeal and fervor it deserves. The reason for this indifference could be the controversy about the discoverer. In my opinion, as the event is undisputed, it can be celebrated without fear of debate about discoverer. We should observe "October 16th" as "Birthday of Anaesthesia" or "Global Anaesthesia Day". Pakistan Society of Anaesthesiologists, Islamabad Chapter is planning to celebrate it this year and plans to continue it in future.

Brig. Shahab Naqvi

AFIC/NIHD, Rawalpindi



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2nd Congress of the Association of Southeast Asian Pain Societies – December 5-8, 2007, Kuala Lumpur, Malaysia 2ndasecaps@masp.org.my

ISSPCON 2008 – January 31-February 2, 2008, Vellore Tamilnadu-India www.isspcon2008.com
The 14th World Congress of Anesthesiologists – March 2-7, 2008, Cape Town www.WCA2008.com

CME Calendar

PSA Karachi – Chapter

- 1 .August 12, 2007 at Dow University Health Sciences
- 2 .October 28, 2007 at Aga Khan University Hospital
- 3 .November 4, 2007 at Liaquat National Medical College and Hospital
- 4 .December 9, 2007 at Abbasi Shaheed Hospital
- 5 .January 13, 2008 at Jinnah Postgraduate Medical Institute

1st CME, PSA Karachi - Safe anaesthesia practice:

A CME meeting was organized by Department of Anesthesiology, Surgical Intensive Care & Pain Management in collaboration with Pakistan Society of Anesthesiologists Karachi on 12th Aug'07 at hotel Marriott Karachi between 10:00am – 1:00pm.

It was attended by about 100 practicing anaesthetists including senior & junior consultants as well as postgraduate trainees. The theme of the meeting was “safe anaesthesia practice”.

Prof. S. Tipu Sultan delivered a lecture on “Lessons to Learn – Presentation of Actual Cases – How could these tragedies be prevented?”

Prof. Saeeda Haider's topic was “Neonates & Children–Keep it simple, keep it safe” and Dr. Gauhar Afshan delivered her talk on “Learning Local Blocks & Safe Regional Anaesthesia, ensures a safer outcome”

There was a very enthusiastic questions & answers session at the end of the meeting.

Dr. Safia Zafar Siddiqui
Assis. Prof. DUHS

The Expanding Role of Anaesthesiologists – SAARC 2009

It is my privilege to announce that the imminent 8th Congress of SAARC Association of Anaesthesiologists (formerly known as South Asian Confederation of Anaesthesiologists) will be held in, Karachi, Pakistan, from 5th - 8th February 2009.

Host of the 3rd SACA Congress - 1997, Pakistan, is pleased to have this honour once more in 2009. This congress is held every two years rotating in different South Asian countries and it is my pleasure to invite you to this mega event.

SAARCAA was founded on the principle of endorsing scientific and cultural diversity and similarities between its member countries, and to promote an atmosphere where clinicians could learn from each other's experiences in the field of anaesthesiology.

The upcoming congress's theme, “**The Expanding Role of Anaesthesiologists**”, exemplifies this premise. In the present realm of anaesthesiology, which has widened to include critical care, pain management, trauma, resuscitation and the redefined role of anaesthesiologists as perioperative physicians, the range of services being provided by this specialty is ever increasing.

Undoubtedly, a congregation of this magnitude will be an invaluable opportunity for the eminent names in this field to share their experiences with their younger, upcoming colleagues, and vice versa. Global trends and recent advancements will hence be propagated among fellow anaesthesiologists via this avenue.

Undoubtedly, Pakistan's second opportunity to host the SAARCAA Congress, 12 years after its first, will ensure that it is even more enriching and educational than before. We look forward to its success.

Dr. Akhtar Aziz Khan
President & Chairperson
8th SAARCAA Congress

Global year against pain 2006-2007: pain in older persons

International Association for the Study of Pain (IASP), the leading professional forum in the field of pain, was founded in 1973. It was in 2004, October 11 when IASP issued the declaration: **The relief of pain should be a human right:** on the occasion of 1st global day & year against pain. It focused attention on the worldwide under treatment of acute & chronic pain and management of pain was recognized as a major public health issue.

The IASP global day and year is a new programme which lately has drawn much attention worldwide.

The association identifies theme every year to raise awareness of a different aspect of pain each year. The theme for this year, 2006-2007, is “Pain in the older persons”. The aim of this year theme is to highlight the different aspects of pain problems in the old age group including treatment modalities available to improve their life style or day to day routine activities.



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BEHIND CLOSED DOORS

Behind closed doors
And in the gloom
Under the yellow lights
Of the operating room
They come and go
The young and old
The meek and bold
Some are dull
And some are bright
They cut & sew, day & night

Some are quick
And some are slick
Some are keen
And some are mean
With heads bent
And minds intent
They saw the bones
And take out stones
Some are dull and
Some are bright
They cut & sew, day & night

Some are bores
And some are unsure
Some are friends
Others, I don't even know them
They wash the gut
And put in drains
They stick tubes in the chest
And open the brains
Oh what a show
Their faces glow
The tumour comes in sight
And the adrenaline flows
Some are dull and

It is evident from current data that percentage of population over 65 years will rise from 17.5%-36.3% by 2050. We also know older adults have the highest incidence of painful degenerative diseases, causing back and knee pains etc and the highest rate of surgical procedure (e.g. surgery for fracture or cancer). As world's population is aging, there is a clear need for pain management in adults of advanced age. Considering limited economic resources in Pakistan, we are facing a special challenge to provide pain relief in older persons. We, from forum of society for treatment & study of Pain & Pakistan society of anesthesiologist, Karachi chapter invite you to participate in this global day by alerting & educating health care professionals and the community about the importance of relieving pain in older persons.

Dr. Gauhar Afshan
President, PSA-Karachi

Postgraduate Training in Pakistan Opportunities and Challenges

Qualified and trained anaesthetists must possess certain character skills of honesty and integrity and have adequate and in depth knowledge, as well as sound judgment and good clinical skills.

In Pakistan, for a population of nearly 170 million, there are less than 40 Teaching Institutions where adequate training in anaesthesia is given. Objective of anaesthesia training programmes in Pakistan should be aimed at providing safe and cost effective anaesthesia for the whole country, and also to promote the generation of new knowledge relevant to the needs of Pakistan.

Anaesthesia was a lack luster speciality, did not attract trainees of a high caliber. A lot of progress was made in the 1980's with the start of anaesthesia residency programmes resulting in an increase in the number of trainees passing the fellowship examinations in anaesthesia. The College of Physicians and Surgeons Pakistan (CSPS) has played a central role in uplifting and unifying the standard of training in Pakistan. They have setup an examination system which has international recognition and has been adopted by other SAARC countries.

Challenges in Anaesthesia Teaching and Training are many. We must ensure that anaesthesia is made more attractive for students seeking postgraduate careers by developing training institutions which are committed to quality both in training and teaching, encourage the generation of new knowledge relevant to the needs and conditions of Pakistan, promote research which improves patient care and is cost effective; also be aware of all the current research and progress in anaesthesia happening around the world. We must ensure that well paid jobs are available for the residents who finish their training. Support of Continuous Medical Education and professional development in anaesthesia, critical care medicine and pain management, is necessary for the teachers and trainees.

In conclusion I feel that the progress made in the field of training in anaesthesia in the past 20 years has been remarkable considering the myriads of problems and obstacles that the pioneering teachers faced.

We must ensure that the hard work of improving and standardizing programmes across Pakistan continuous to improve.

Prof Rehana Kamal
Dean, Faculty of Anaesthesia – College of Physicians and Surgeons Pakistan



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Some are bright
They cut & sew, day & night

The blood pressure falls
The patient is cold
The rate goes up
The blood is on the hold
Pump more fluids
And raise the legs
Hurry on I beg and beg
The patient bleeds
But they pay no heed
The night has gone
It is now dawn
The surgery was a success
But the patient has gone
Some are dull and some are bright
They cut & sew, day & night

Prof. Fauzia Khan
Chairperson, Dept. of
Anaesthesia, AKU

Case Report – Battle for Life

Rahima, 38 years of age, a mother of eleven children came to the Emergency Room of Civil Hospital Karachi with labour pains at 11:00pm on the 24th of July. Five hours later at 4:00am in the morning the obstetric unit decided on a caesarean section due to non progress of labor which was done under Intrathecal anaesthesia. A beautiful baby was born after an uneventful surgery and the lady was shifted back to the ward. Two hours later, she presented with signs and symptoms of haemorrhagic shock & another call was given to the anaesthetist for surgical exploration. She was resuscitated & anaesthetized. Surgical finding were a relaxed uterus and a cervical tear managed by a hysterectomy & cervical repair.

However bleeding continued & general surgeons were called for help who decided to ligate the internal iliac vessels. Surgery continued for seven hours during which she was transfused 10 units of whole blood (cross & uncross matched) 12 units of FFP, 1500ml of gelafundin & 5 litres of crystalloid. Surgeons decided to pack for 48 hours & shifted the patient to SICU where she was given various systemic supports. Attached to the ventilator, she was constantly being transfused blood & blood components, crystalloids & colloids & was haemodynamically supported by noradrenaline & adrenaline. Her INR was grossly deranged & she kept oozing & we kept resuscitating.

Next morning the obstetrician & the surgeons lost hope & abandoned the patient, the husband refused to arrange any more blood & we, the intensivists had a dilemma of having a patient whose primary physicians had abandoned, the monitors were alarming with a BP reading of 60/40 & a sinus tachycardia of 180/min and Rahima who was a mother of twelve now pleading by her eyes "I want to live". A decision was taken to arrange rFVIIa (Recombinant Factor VIIa) again with a dilemma of how to afford it and make it available (cost – approx Rs. One hundred and fifty thousand). It was arranged!! and transfused. The wonder drug did wonders. The bleeding stopped with in five minutes, haemodynamics stabilized, patient was extubated and discharged from the Surgical ICU a day later.

Lessons to learn, 1-rFVIIa was the saviour, Rahima is now back home looking after her children 2- Where there is a will there is a way !! 3-rFVIIa is a costly drug, however has definite indications and contra indications and if used judiciously can be a saviour. Read more about it in the next issue!!

Prof. Saeeda Haider
Chairperson, Dept. of Anaesthesia, DUHS