



NEWSLETTER

PAKISTAN SOCIETY OF ANAESTHESIOLOGISTS

KARACHI - CHAPTER

Volume 3 :
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Pakistan Society of Anaesthesiologists Karachi 2008-2009

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UPCOMING MEETINGS

8th Congress SAARC Association of
Anaesthesiologists, February 5-8,
2009, Karachi Pakistan
www.saarcaa.com , DON'T MISS
early bird registration August 15,
2008

Inside this Issue:

- Conference Report : 28th Annual Conference of the PSA - Karachi
- Euthanasia: mercy killing or letting die?
- Statins : An Update
- The FEEA CME Course
- Twin Academic Activity
- Upcoming meetings
- Report of CME Programme 2008
- Poem

Conference report 2008 : 28th Annual Conference of the Pakistan Society of Anaesthesiologists Karachi

The 28th Annual Conference of the Pakistan Society of Anaesthesiologists, Karachi was held from 24th to 27th January 2008 at Hotel Pearl Continental. The theme of this year's conference was 'Evidence Based Peri-operative Medicine: A New Horizon in Anaesthesia'. The meeting was attended by a large number of anaesthetists, both juniors and seniors, from all over the country.

The pre-congress refresher course was replaced by workshops on areas of current interest. These included workshops on Non-invasive ventilation held at Surgical ICU CHK, Continuous renal replacement therapy held at the Patel Hospital, Critical appraisal of a research paper and Scientific paper writing, both held at the Aga Khan University.

The Scientific Program began with the inaugural session starting with Tilawat-e-Quran followed by address by the President of PSA, Karachi, Dr. Gauhar Afshan and General Secretary's report by Dr. Safia Zafar. The Chief Guest was Dr. Huma Qureshi, Executive Director Pakistan Medical Research Council and the guest of Honor was Dr. Fatema Jawad, Editor Journal of Pakistan Medical Association.

Introduction to the scientific program by Dr. Aliya Ahmed was followed by State of the Art Lectures delivered by Dr. Gregory Pappas and Dr. Nadeem Zuberi on 'Evidence Based Medicine. After inauguration of an interesting scientific exhibition, five very informative lectures were delivered by Dr. Arshad taqi, Prof. Tipu Sultan, Dr. Fahim Jaffery, Dr. Javed Hussain, and Dr. S.M. Nadeem in the session 'Recent Trends in Anaesthesia Practice'.

The second scientific session in the afternoon was the 'Focus session' during which talks were delivered by Col. Naveed Masoor, Dr. Gauhar Afshan, Prof. Saeeda Haider, Dr. Najma Amjad, Prof. Rehana Kamal, and Dr. Aliya Ahmed on topics of current focus and interest. Each session was followed by interactive question and answer sessions. The delegates and speakers enjoyed a wonderful social event on Saturday evening.

Sunday, January 27, 2008 was the last day of the conference. The morning session consisted of the 'Current controversies in peri-operative medicine'. The speakers in this session included Dr. Sadqa Aftab, Dr. Roohina Baloch, Prof. Khalid Bashir, Dr. Farouk Atiq, Dr. Hameedullah, and Col. Asif Kayani. This was followed by scientific poster presentation and free paper competition. The judges were Col. Naveed Masood, and Prof. Khalid Bashir. Lunch was followed by a very interesting interactive session of 'Problem based case discussion', coordinated by Dr. Mohammad Ali. The Panelists included prominent practicing anaesthetists Prof. Saeeda Haider, Prof. Salman Waris, Dr. Nighat Abbas, Dr. Nadeem Muneer, Dr. Noorul Haque, and Dr. Mansoor Ahmed Khan.

This concluded the very informative and memorable annual conference of the Pakistan Society of Anaesthesiologists, Karachi.

DR ALIYA AHMED, Assistant Professor, Aga Khan University Hospital



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Canadian Anesthesiologists' Society 64th Annual Meeting June 13-17, 2008, Halifax, Nova Scotia, Canada
www.cas.ca/annual_meeting/glance

World Institute of Pain's (WIP) 13th Annual Advanced Interventional Pain Conference, Practical Workshop and FIPPE Examination September 8-11, 2008, Budapest, Hungary
www.kenes.com/wip08

Annual Conference of the Chinese Society of Anesthesiology (2008) September 11-14, 2008, Shannxi Province, China
www.csaol.cn

The Association of Anaesthetists of Great Britain & Ireland
Annual Congress 2008 September 17-19, 2008, Torquay, England
www.aagbi.org/events/congress.htm

XXVII Annual Congress of the European Society of Regional Anaesthesia & Pain Therapy (ESRA), September 24-27, 2008, Genoa, Italy, www.esraeurope.org

Australian Society of Anaesthetists & New Zealand Society of Anaesthetists Combined Scientific Meeting, October 11-14, 2008, Wellington, New Zealand, <http://asanza2008.org.nz/>

American Society of Anesthesiologists
Annual Meeting, October 18-22, 2008, Orlando, FL,
www.asahq.org/web/index.asp

FNCOA 2008, 1st National Conference & 1st international Pre-conference workshop on obstetric anaesthesia, September 5-7, 2008, Chennai, India,
www.fncoa2008chennai.com

CME Calendar - 2008 PSA Karachi Chapter

1. July 27, 2008 at Aga Khan University Hospital

2. November 2008 at Liaquat National Hospital

Euthanasia: mercy killing or letting die?

The term euthanasia is derived from the Greek word "eu" (good)-"thanatos" (death) and is based on the ancient Greek belief that passage from life to death should be serene and dignified. The term mercy killing has its roots in injured soldiers in the battlefield requesting death as an act of mercy to relieve pain and suffering. Euthanasia is therefore commonly understood to mean mercy killing or assisted death.

Physicians are under oath to protect life. This makes euthanasia in medical practice a controversial issue. Any injudicious, unjustified decision or action taken by a physician which ends life will violate the trust society places in them as healers.

This ethical dilemma in current medical practice has surfaced because new questions of judgment and decision making arise as unavoidable sequelae of advancement in science and technology. With increasingly sophisticated therapeutic interventions for saving, prolonging and sustaining life health care professionals are faced with the question of utility of treatment if it fails to provide any hope of meaningful existence, causes profound loss of control and un-relievable pain and suffering. Another very sensitive aspect of this controversy lies in just distribution of finite health care resources as the cost of a number of therapeutic interventions is difficult to sustain.

Hence the need for debate and deliberation on the moral, legal, religious and cultural aspects of euthanasia in medicine.

It must be qualified at the outset that in the context of medical practice the distinction between active and passive euthanasia is crucial. Either of these may be voluntary or involuntary. Active euthanasia, which is a direct intervention by a physician to kill a patient has been legalized in a few countries which subscribe to the patients right to live and right to die philosophy. But by and large the medical and legal systems of the rest of the world do not subscribe to active euthanasia.

Passive euthanasia is a deliberate intervention, under specified circumstances, to hasten end of life, in the best interest of the patient.

The interventions considered as passive euthanasia are

- Withdrawal of life support or therapeutic interventions
- Withholding of life support or therapeutic interventions
- Intensified medication to relieve pain with the knowledge that the medication can ultimately be life threatening

These have been endorsed by the

- Islamic code of medical ethics
- Islamic association of UK & USA
- American medical associations Council of ethical and judicial affairs
- European Association of palliative care

It is also considered ethical for a physician to offer, but not force therapy on an unwilling patient. The end of life decision has to be taken by consensus of the patient, if mentally competent, the patient's relatives, and the physicians involved.

Needless to say there are many grey areas which present line drawing problems for medicine and society. It is not only for ethical implementation of appropriate end of life decisions but also to provide adequate safeguards through legislation, regulation, and due process to prevent malpractice that this issue must be addressed urgently.

DR FAUZIA MINAI, Assistant Professor, Aga Khan University Hospital



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CME Report - 2008

PSA Karachi - Anaesthesia for today, tomorrow and next day”

Department of Anaesthesiology and Surgical Intensive Care Unit, Jinnah Postgraduate Medical Centre Karachi, organized a CME on “Update on Anaesthesia” in collaboration with Pakistan Society of Anesthesiologist on 30th March, 2008 at Hotel Marriot, Karachi. The theme of this CME was ”Anaesthesia for today, tomorrow and next day”

The Programme begun with brief introduction of event by Secretary, followed by welcome address of Chairperson organizing committee, Prof. Nasir Khan Jakhrani. The coordinator scientific committee, Dr. Roohina Baloch, introduced the theme of symposium & briefly outlines the scientific programme to catch the theme. Prof. Akhtar Waheed Khan was the Chairperson and Dr. Jameela Aman was Co-Chairperson of the scientific sessions held.

The following lectures were delivered as follows:

- Anaesthetic Management of Cardiac Surgery by Prof. Akhtar Waheed Khan (SIUT)
- High risk obstetrics by Prof. Nasir Khan Jakhrani (JPMC)
- Deaths following Anaesthesia by Prof. Fauzia Anees Khan (AKUH)
- Anaesthesia for Geriatrics by Prof. Younis Khatri (Ziauddin University)
- 'Inter -Hospital transfers' by Prof. Fazal Hameed Khan (AKUH)
- Patients with recent stents for Non-Cardiac Surgery by Prof. Najma Amjad (NICVD)

The speakers enlightened all with the current updates on their respective subjects. It was a well attended session by consultant Anaesthesiologists and postgraduate trainees from various institutions. The attendees found session very informative & interactive.

The session ended with vote of thanks by Dr. Fauzia Ali, consultant anesthesiologist, JPMC.

Dr Roohina N Baloch, Associate Professor JPMC

Statins: An Update

The etiology of peri-operative Cardiac morbidity and mortality is multi factorial. It is highly unlikely that one single intervention will successfully improve cardiac outcome following non cardiac surgery. Emphasis is on combination of selective non-invasive testing and aggressive pharmacological peri-operative therapy. With increasing frequency, anaesthesiologists are being presented with patients on chronic statin therapy.

Statin therapy is widely used for primary and secondary prevention of cardiovascular complications of atherosclerosis. Recent studies provide relatively strong evidence that statins cost-effectively reduce the incidence of myocardial infarction after both non-cardiac and cardiac surgery.

Statins have numerous 'Pleiotropic' effects that are entirely independent of their lipid lowering activity. Statins exert anti inflammatory, anti thrombotic and anti-arrhythmic activity. They decrease platelet aggregation, reverse endothelial dysfunction, stabilize atheromatous plaque, reverse atherosclerosis and limit infarct size by stimulating ischaemic preconditioning. The ischaemic preconditioning effect may be related to the activation of several pro-survival kinase pathways within minutes of administration, and to the activation of both endothelial nitric oxide (NO) synthase (eNOS) and inducible NoS(iNOS).

The guide lines of the American College of Cardiology/American Heart Association/European Society of Cardiology suggest a possibly protective role of statin therapy against ventricular arrhythmias and atrial fibrillation.

Peri-operative statin therapy is associated with improved cardiac outcome during non cardiac surgery, endovascular interventions, cardiac surgery and provides protection against arrhythmias. Withdrawal of statins after major vascular surgery was associated with an increased risk for postoperative myocardial cell injury, whereas early resumption of statin therapy provides cardiac protection.

Hindler and Colleagues suggested that statin therapy was associated with 38% and 59% reduction in cardiac mortality after cardiac and vascular surgery respectively. Myocardial infarction caused by plaque rupture can occur at any time postoperatively.

Recently revised guidelines for perioperative cardiac care for non-cardiac surgery by ACCA/AHA recommend that:-

1. Patients currently taking statins and scheduled for non cardiac surgery should be continued on statins
2. Statins use is reasonable in patients undergoing vascular surgery with or without clinical risk factors
3. Statins may be considered in patients with atleast one clinical risk factor who are undergoing intermediate risk procedures

On the basis of increasing knowledge of the nature of atherosclerotic coronary artery disease, perioperative plaque stabilization by pharmacological means (Statins, -blockers, aspirin) may be as important in the prevention of perioperative myocardial infarction as is an increase in myocardial oxygen supply (by coronary revascularization) or a reduction in myocardial oxygen demand (-blockers or 2-agonists). Aggressive perioperative medical therapy may well be one of the most important, if not *the* most important, cardio protective intervention.

DR NIGHAT ABBAS, Head of the Department, Liaquat National Hospital

The FEEA CME Course

Medical knowledge is rapidly and regularly being updated and the Department of Anaesthesia at the Aga Khan University has a tradition of promoting Continuing Medical Education (CME) on various aspects of Anaesthesia and Intensive Care. In continuation with this effort, we have collaborated with the Foundation for European



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کرسٹمہ امرجنسی (Emergency)

اک دن ER میں اک بچہ آ گیا

ٹرک سے ٹکرا کے تھابے ہوش ہو گیا

میں نے کہا کہ جلدی سے ٹیوب دو مجھے

اور ٹیوب ڈالنے کو Succinyl دو مجھے

اس پروہاں کی نرس نے یہ بر ملا کہا

لکھ کر اس Slip پر فارمیسی سے منگا

اتنے میں وہ بچے سدھ ہو گیا

لال سے وہ نیلا پھر بیلا ہو گیا

اس نے کہا کہ جلدی سے ٹیوب مجھ کو دہ

تا کہ without sux ہی یہ Intubate ہو

ٹیوب جو مجھ کو دی عجیب و غریب تھی

لمبی سی چوڑی سی Without cuff کے تھی

کوشش کے باوجود Trachea میں نہ گھسی

پر خوش قسمتی سے کھانے کی نالی میں گھس گئی

اس سے تمام Reflux باہر آ گیا

یوں بچہ ہمارا Aspiration سے بچ گیا

Bag mask سے سانس اسکو دی

تھوڑے سے CPR سے جان بچ گئی

بعد از تحقیق عقدہ یہ کھلا

بازو میں تھا اک Distended Abdomen پڑا ہوا

اور Bowl evacuation میں سرجن لگا ہوا

جو نرس ON تھی وہ OFF ہو گئی

جاتے جاتے عجیب یہ کام کر گئی

سرجن کو جو دے گئی Tracheal Tube تھی

جو مجھ کو تھما گئی وہ Rectal Tube تھی

قدرت کے اس کرسٹمہ پر سب حیران رہ گئے

جو Serious مریض تھے دونوں ہی بچ گئے

Education in Anaesthesiology (F.E.E.A). The organization of FEEA is based on a network of regional countries managed by a Course Director & is associated with the European Society of Anaesthesiology (E.S.A.) and the world Federation of Societies of Anaesthesiologists (W.F.S.A.)

The organization provides continuing Medical Education courses worldwide in 90 regional centers to more than 6,000 anaesthesiologists every year. Initially, FEEA aimed at providing continuing medical education (CME) in Anaesthesia for the European Community but over the years FEEA has extended to countries beyond Europe. We are very proud that Aga Khan University, Karachi is the first regional center in Pakistan to get the opportunity for FEEA CME to organize.

The CME program is based upon a cycle of six courses which comprehensively covers the various aspects of anaesthesia, intensive care, emergency medicine and pain management. On the basis of one course per year an anaesthesiologist should be able to complete a full cycle of six courses over six years. These courses are designed for the busy clinicians, both in the academic and non-academic institutions.

The first of the six courses was conducted at the Aga Khan University on "Anaesthesia according to patients, type of surgery and modes of organization". The 3-day course consisted of a series of lectures followed by Multiple Choice Questions (MCQs) based on the lectures, panel discussions and workshops. The participants also had the opportunity of discussions with their colleagues and the teachers in a friendly atmosphere. There were two panel discussions on "Total Intravenous Anaesthesia (TIVA)" and "Anaesthesia consultation". The course also incorporated two workshops on "Fiberoptic Bronchoscopy" and "Difficult Airway Management".

The faculty was both local and national and we also had the privilege of having a FEEA representative, Professor Neil Secher as a faculty to the course. The response of the participants was above our expectations as the seats for registered participants were increased from sixty to seventy to accommodate the interested Anaesthesiologists from all over the country. This shows the desire of anaesthetic community in our country to keep up-to-date in their specialty.

PROF. M QAMAR UL HODA, Aga Khan University Hospital

Twin Academic Activity

This time the Department of Anaesthesiology, Surgical Intensive Care & Pain Management, Dow Medical College and Civil Hospital Karachi, Dow University of Health Sciences organized a twin programme of academic activity by amalgamating 2 separate courses. It was our routine to conduct two separate Post Graduates Courses one for MCPS, FCPS, IMM and one for FCPS Part-I for the last many many years.

Since the College of Physicians & Surgeons Pakistan reschedule the examination dates that is 2nd Jan. and 25th June for all exams in future, we decided to merge the Post Graduate Course for all four exams that is FCPS Part-I, II, Intermediate module and MCPS. Thus 46th Post Graduate Course for FCPS, MCPS, IMM & 5th Post Graduate Course for FCPS Part-I were being conducted jointly.

64 registrations were done which included students from different hospitals of Karachi, Hyderabad & Quetta. We even had a registration from Kingdom of Saudi Arabia.

It was a 15 day course inclusive of Sundays from 14-29th of May 2008. 14 one hour lectures, 3 workshops, (Obstetric Haemorrhage, CPR and Respiratory Support) , 5 sessions dedicated to specific topics and 2 problem based learning discussion were held.

Teachers both from Karachi and out side Karachi that is Lahore, Rawalpindi and Islamabad share, their knowledge and experience with the students.

A certificate distribution ceremony was held at the conclusion of the course and certificates were distributed by Prof. Fauzia Anees Khan, AKU to all the participants.

DR. SAFIA SIDDIQUI, Assistant Professor, Dow University of Health Sciences

Dr. Abdul Monem
Assistant Professor
Department of Anaesthesia
Aga Khan University