



NEWSLETTER

PAKISTAN SOCIETY OF ANAESTHESIOLOGISTS

KARACHI - CHAPTER

Volume 5 :
Issue 01, Feb. 2009

Pakistan Society of Anaesthesiologists
Karachi 2008-2009

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EDITOR'S NOTE

This Newsletter has been published by Pakistan Society of anaesthesiologists, Karachi chapter, on the occasion of 8th congress of SAARC association of anaesthesiologists 2009. This special volume provides a highly focused historical account regarding SAARCAA. We have tried to cover, within limited space, how it started & what developments, successes, & challenges were faced during its journey to this point. I sincerely thank all the authors for their valuable contribution. I am also thankful to all members of news letter committee for their outstanding assistance.

I am confident that most readers will find history & progress of SAARC interesting & appropriate through this forum.

DR GAUHAR AFSHAN
EDITOR, PSA NEWSLETTER

FIRST SACA BOARD - 1993



Left to Right: Tipu Sultan (Pak), Sam Choudhury (Bang), Kester Brown, M. Fujimori (WFSA Education Committee - Japan), Kaul (India), Battacharya (India), Tulachar (Nepal), Front row: R. Kamal (Pak), V. Divekar (India), Deepthi Attygalle (Sri Lanka) and Nalini Rodrigo (Sri Lanka).



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MESSAGE FROM DR KESTER BROWN PAST - PRESIDENT , WFSA

Dr Kester Brown, in his e-mail, wrote about the wonderful time that he remembered having at the SACA conference in Karachi and subsequently in Lahore and Islamabad to run workshops and then travelling on for a trip to the Swat Valley. He also sent a photo of the first SACA board.

He asked us to convey his very best wishes to all those attending, especially those who remember him and remind them that these congresses are great opportunities to bring people of different nations together on friendly terms - something that is needed so much in these difficult times.
Best wishes

HISTORY OF SOUTH ASIAN CONFEDERATION OF ANAESTHETISTS

I, Prof. S. N. Samad Choudhury (Bangladesh) met Prof. V. M. Divekar of India in the 5th ASEAN Congress at Singapore in September, 1987. There we discussed the necessity of a forum of Societies of Anaesthesiologists of South Asian Countries. We decided to meet the Societies of the South Asian regions on this matter.

Accordingly we met again in 1988 in Washington DC, USA during the 9th World Congress of World Federation of Societies of Anaesthesiologists. We discussed the matter with good number of Anaesthesiologists from Bangladesh, India & Pakistan. Unanimously it was agreed to form an Association of Anaesthesiologists of the region which may be named as "South East Asian Regional Co-operation in Anaesthesia (SEARCA)". The countries which may join the forum were Afghanistan, Bangladesh, Bhutan, India, Myanmar, Maldives, Nepal, Pakistan and Sri Lanka.

Subsequently the representatives from Bangladesh, India, Nepal, Pakistan and Sri Lanka met in Seoul, DPR Korea, in 1990 during the 8th AACA Congress and discussed the matter with a positive outlook. The meeting attended by Dr. Saywan Lim, Secretary, WFSA, Dr. T. C. K. Brown, Chairman, Education Committee, WFSA & Dr. R. M. Hare, Secretary, AARC.

Ultimately, on 1st December, 1991 during the International Congress of Anaesthesiology at New Delhi at AIIMS (All India Institute of Medical Sciences) the representatives from Bangladesh, Bhutan, India, Nepal, Pakistan & Sri Lanka decided to form an association named as "South Asian Confederation of Anaesthesiologists (SACA) in place of "South East Asian Regional Co-operation of Anaesthesia (SEARCA)".

An ad hoc committee was formed with the followings:

1. Prof. V. M. Divekar ----- President (India).
2. Prof. S. N. Samad Choudhury ----- President Elect. (Bangladesh).
3. Prof. Abhijit Bhattacharya ----- Secretary (India).
4. Dr. R. Madan ----- Asst. Secretary (India).
5. Dr. T. S. Jayalaxmi ----- Treasurer (India).
6. Vice-Presidents ----- One from each member countries.
7. Members ----- One from each member countries.

Secretary of the ad hoc committee was given the responsibility to draft a constitution of SACA and to distribute to the member countries. Bangladesh was offered to host the first congress of SACA in October 1993.

The proposed constitution of SACA was prepared and circulated to the member countries prior to 10th world congress at The Hague, Netherlands on June 12 - 19, 1992.

First extended meeting of EC of SACA was held on the 17th June, 1992 at The Hague, Netherlands. I was given responsibility to organize the first SACA congress to be held at Dhaka, 1993 and was selected the congress President of the first SACA congress. The congress was held on 27 - 29 October, 1993 and was inaugurated by the Prime Minister of Bangladesh.



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First extended meeting of EC of SACA was held on the 17th June, 1992 at The Hague, Netherlands. Prof S. N. Samad Choudhury was given responsibility to organize the first SACA congress to be held at Dhaka, 1993 and was selected the congress President of the first SACA congress. The congress was held on 27-29 October, 1993 and was inaugurated by the Prime Minister of Bangladesh.

So far seven congress of SACA have been held. On the 7th congress at Katmandu, Nepal the name of "South Asian Confederation of Anaesthesiologists (SACA)" was changed to "South Asian Association of Regional Co-operation Association of Anaesthesia (SAARC AA)". It was also decided to publish a journal.

The SAARC journal of Anaesthesia was published on the 16th October 2007 with Prof P. F. Katur as its editor.

The 8th congress of SAARC AA is going to hold in Karachi, Pakistan in February 2009. **PROF. SAMAD CHAUDHARY (BANGLADESH)**
PAST - PRESIDENT, SACA (1993-1995)

The South Asian Confederation of Anaesthetists (SACA) currently renamed as SAARC Association of Anaesthetists' came into official existence on November 1st 1991 with formal representation from Pakistan, India, Bangladesh, Sri Lanka, Nepal and Bhutan. The need for such a forum in South Asia had been felt for sometimes where anaesthetists' from the region could get together identify common problems and exchange views about provision of anaesthetic services, teaching and research. The initial conceptual idea was developed between Professor Vasumathi Divekar from Bombay, India and Professor S. N. Samad Chaudhary from Dhaka, Bangladesh. These two individuals were instrumental in getting together a group of anaesthetists' from South Asian countries who were sympathetic to the idea. A preliminary informal meeting was then organized during the 9th World Congress of Anaesthesia held in Washington DC in 1988. I and several other members of the anaesthesia community from Pakistan were present at that meeting. It was during the 8th Asean & Australian Congress of Anaesthesiologists held in Seoul Korea in September 1990 that a formal meeting was organized between representatives of South Asian Anaesthetists' and members of World Federation of Anaesthesia (WFA). This meeting was attended by Professors V Divekar, H L Kaul and Bhattacharya (India), Samad Chaudhary (Bangladesh), Rehana Kamal & Fauzia Khan (Pakistan), R Amatya (Nepal), & Deepthi Attygalle (Sri Lanka). Also present were Dr. TCK Brown who at that time was Chairman of the education committee of WFA, Dr. Hare, Secretary, Asian Australian Regional Section (SARS) and Dr. Say Wan Lim Secretary WFA.

SACA was formally launched at a meeting held at All India Institute (AIMS) in New Delhi in 1991. Dr. Divekar was appointed as the first SACA president. The following were nominated Vice Presidents from the member countries. Dr. M. Khalil ur Rehman from Bangladesh, Professor A. Bhattacharya from India, Professor Rehana Kamal from Pakistan, Dr. Nalini Rodrigo from Sri Lanka, and Dr. TM Tuladhar from Nepal. A constitution was drafted and approved at the 10th World Congress of Anaesthesia held at Hague in June 1992. The constitution addressed the logo, aims and objectives, composition, contribution by member societies, holding of congress, amendments to the constitution, executive committee membership, the secretariat, language and dissolution. The By-Laws addressed the functions of national societies, executive committee, duties of office bearers, terms of office, quorum, agenda and notice of motions.

The first SACA meeting was Society of Anaesthetists in Subsequent meetings were Pakistan 1997, India 1999, 2005 and Nepal 2007.

Following have been SACA Chaudhary (1993-1995), Dr. 1997), Professor Tipu Sultan Balakrishnan (1999-2003), (2003-2005), Dr. Swinitha Professor Bajracharia (2007 -

At 7th SACA meeting in Nepal change the name of the SAARC Association of approved. The 8th SAARC Karachi, Pakistan in February



PAKISTAN DELEGATE IN BANGLADESH 1993

hosted by the Bangladesh October 1993 in Dhaka. held in Sri Lanka 1995, Bangladesh 2003, Sri Lanka

presidents Professor Samad Deepthi Attygalle (1995- (1997-1999), Dr. K. Professor Khalil-ur-Rehman Ranasinghe (2005-2007), to date).

a proposal was put forward to association from SACA to Anaesthesiologists which was meeting is being held in 2009.



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JOURNEY FROM SACA TO SAARC

South Asian Confederation of Anaesthesiologists was formed in the year 1991, being the brain child of Prof. Kester Brown, the then Secretary of the World Federation of Anaesthesiologists. He suggested to the attending delegates of the South Asian Region at Seoul, South Korea during the Asian Australasian Congress, to form a confederation like that of AASIAN countries and conduct periodic meetings. The first President of the SACA namely Prof. Vasumathi Divekar of Mumbai was elected to lead the members of the South Asian Region namely Bangladesh, Pakistan, India, Sri Lanka, Nepal, Maldives and Bhutan.

The decision to hold the first SACA meet was decided and it was allotted to Bangladesh. The first SACA was successfully conducted at Dakha in 1993 under the leadership of Prof. Samad Choudry the father figure of Bangladesh anaesthesia society.

The first SACA flag was designed after consulting the other SACA member countries, which showed the International boundaries of all the SAARC countries. The aims and objectives of formation of SACA are:

- A. To promote closer ties among the South Asian National Societies
- B. To organize regular meeting with SAARC country Anaesthesiologists to exchange views, information and experiences
- C. To help to elevate the standards of training and practice of Anaesthesiology and critical care in South Asian countries.
- D. To set standards of safety in both training and equipment.
- E. To encourage exchange of expertise.
- F. For exchange of technical know-how and to get the industries to exhibit their products in neighbouring countries.

These type of congregations are always a great inspiration to our junior colleagues and contribute enormously to the uplift of anaesthesia speciality. SACA congress is being organized once in two years in rotation.

SACA gives a sense of belonging and participation to the Anaesthesiologists of our region. Exchange of global trends and recent advancements are propagated this way, which helps us in our strife to provide better care to our patients.

The 2nd SACA congress was conducted in a grand manner at Colombo in Sri Lanka in 1995 under the leadership of Prof. Deepthi Attygalle. The 3rd SACA was conducted with all the enthusiasm by Prof. Tipu Sultan at Karachi in Pakistan. That gave an opportunity for the Indian delegate anaesthetists to visit Pakistan and enjoy the hospitality of Pakistani friends.

The next in rotation to conduct the 4th SACA congress was for Nepal. Since the Nepal society expressed their inability to organize the SACA it was then India was given the responsibility to hold the 4th SACA congress and Dr K. Balakrishnan was chosen as the President Elect to organize 4th SACA conference.

The Indian Society of Anaesthesiology members at their annual general body meeting objected to the SACA flag showing KASHMIR as part of Pakistan. This matter was amicably settled after the elected SACA President contacted and got the approval of acceptance from all member countries to change the flag. Again Prof. Kester Brown then the President of WFSA came forward and suggested to have regional boundary instead of international boundaries which was being objected in the SACA flag. This was accepted by all including the members of ISA.

Chennai was chosen for the 4th SACA congress and large number of anaesthetists from all countries numbering about 2000 attended the meeting. As accepted all the post graduate trainees from SAARC countries were treated as guest delegates, free of registration, accommodation charges and other hospitalities. In the executive committee of the SACA again Nepal was asked to conduct the 5th SACA congress and Dr Prabu Joshi was the President Elect to organize the same.

Even after two years there was no proper response from the Nepal Society of Anaesthetists and Dr K. Balakrishnan was asked to continue the President of SACA post for one more term. After consulting the SACA Committee members of other countries, again Bangladesh was requested to organize the 5th SACA congress to avoid too much interval between the events. The 5th SACA congress was again conducted at Dakha in 2003 and large number of delegates attended the meeting. The President Elect this time was Prof. Khalilur Rehman, one of the very well respected member of the SAARC countries. They also organized a Satellite meeting at Katmandu, Nepal with the help of Nepal Society.



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Prof. Swinithi Ranasinghe was the President Elect who organized the 6th SACA by the Sri Lankan Anaesthesia Society in the year 2005 at Colombo with lots of scientific programmes and Culturals and a satellite meeting at Kandy. Since SACA Presidents did not have any President's Medal worth mentioning, the 4th SACA congress organizers presented a "GOLD MEDAL" with chain during the meeting. This time the Nepal Society of Anaesthetists were ready with all the preparations to conduct the 7th SACA at Nepal in 2007.

Prof. Goutham Bajracharya was the President Elect to organize the congress 2007. The Nepal Society of Anaesthesiologists organized very good scientific and other programmes and post congress meet after the regular congress.

The following decisions were taken and being followed in all the SACA conferences which have been conducted so far,

1. The host country should not only charge local registration fee but also help SACA delegates with visa and accommodation facilities.
2. Each country hosting the congress should borrow the seed money from the host society which would be paid back subsequently.
3. Any profits made after conducting the congress should be deposited in the bank in the name of SACA and used for educational purposes and it was suggested that each country should give a report of their educational activities in the SACA meeting.
4. It was also decided that the host country since it is bidding for the congress would have to bear the loss if it happens after conducting the congress.
5. Since the word SACA is not very familiar with all the officials, to facilitate a better recognition, visa formalities and aid from the respective governments, the SACA in future will be called as SAARC society of anaesthesiologists

The 8th SAARC anaesthesiologists meeting will be in Karachi, followed by India in 2011 and again the rotation will start.

I wish the SACA in future will promote closer ties among the South Asian national anaesthesia societies!

"There is no medicine like hope, no invention so great and no tonic so powerful as expectation of something tomorrow."

DR. K. BALAKRISNAN (INDIA)
PAST PRESIDENT SACA 1999-2003



PLANNING & ORGANIZING THE 3RD SACA CONFERENCE 1997



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MEMORIES

DOWN THE MEMORY LANE - SACA TO SAARC

Attending a world congress of WFSA is a memorable experience itself.

1988 congress at Washington was historical because I remember a few of us, like Prof Samad Chaudry of Bangladesh, Prof Deviker and Prof Das Gupta of India and few others, decided to hold a meeting of delegates from South Asia to discuss the formation of a South Asian Federation of Anaesthesiologists.

We used to collect a group of South Asian anaesthetists by reading their name tags and floated the idea of the federation. We had a few meetings every day at some place in the Washington Convention Centre. It was quite difficult to assemble delegates from South Asia out of about 10,000 delegates at the centre.

New like-minded friends were found and the seed of SACA was sown. This was followed by few meetings in India and Bangladesh and the SAARC country anaesthetist held their first full fledged meeting in Dacca in 1993, and in Pakistan in 1997.

It has now come back to Pakistan after a round in 2009. It was a great honour and experience to organize the 1997 moot. The team of 2009 is again a very experienced group of organizers who have been organizing Pakistan Society of Anaesthesiologists (PSA) annual national and international events. The seed of SAARC is a big tree now, growing bigger every day.

PROF TIPU SULTAN, CONSULTANT ANESTHETIST,
PAST-PRESIDENT, SACA (1997-1999)

GHULAM NABI AND THE APPLES

3rd SACA at Karachi was a very memorable event for us. A total of 40 delegates participated from Bangladesh (this time it is only 25). For most of us this was the first visit. The excitement of seeing Pakistan was also an attraction for all of us. The conference was a mega event in all respects particularly food wise.

What made our stay most enjoyable was due to one GHULAM NABI MEMON, a FCPS-II student. He was placed to take care of us. And he indeed took care. All our needs were fulfilled by him including shopping. His presence was always guaranteed. Actually he was staying in our hotel just to look after us.

At the end of daily schedule we all assembled in one room to sing songs. We had 3-4 amateurs (including me) to try singing. While singing we used to eat APPLES. Apples were so delicious and cheap, we planned to live on apples.

I started buying apples 2Kg on the first day. As the sessions became popular I ended buying 10Kg on the last night.

Poor Ghulam Nabi was always with us (I am sure he did not enjoy most of our shouting) but he stayed, even appreciated.

At the end of conference while coming, all of us felt the service of Ghulam Nabi. On return we all missed his company.

Ghulam Nabi did visit us in Bangladesh in 5th SACA. I am sure by that time we forgot about him and he remained unattended.

But memories of him and the apples are still with us.

We hope not to have a Ghulam Nabi this time but we are looking forward to cheap and delicious Apples.

DR M KHALILUR RAHMAN, BANGLADESH
PAST-PRESIDENT, SACA (2003-2005)



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MY MEMORIES OF SACA

My memories of SACA (SouthAsian Confederation of Anesthetists, the original name of the organization) we know as SAARC today, dates back to 1987, when during the World Congress of Anesthesiologists in Washington D.C Dr Kester Brown had suggested that like other associations i.e. ASEAN, North American etc SAARC Countries should also form an association. He organized a meeting and invited representatives from India, Sri-lanka, Pakistan, Nepal and Bangladesh. We all sat and discussed the idea for over two hours; unfortunately the major problem was the size and numbers of members of the societies in the SAARC countries, countries with large societies wanted a larger share in the organization of the Association, while smaller societies did not want to be dominated by the larger societies. Thus no consensus could be obtained and the meeting was adjourned. Thanks to the perseverance of Kester Brown (Australia) and Deepthi Attygale, (Srilanka) who did not let the idea die; subsequently at every international meeting, they tried to rekindle the idea of the association and meetings were held with no success. Finally in Delhi India, during an international conference, Professor Kaul then the Professor and Chairperson of the department of Anesthesia at AIIMS called a meeting and invited the representatives of SAARC countries. Dr Kester Brown however was not present. Representatives from Bangladesh, Sri-lanka, India, Pakistan and Nepal were present.

After heated discussions and arguments for over two hours, by the grace of God all the differences were resolved and finally SACA was established. I am very proud to have witnessed this historic event.

All the members unanimously decided to hold the first meeting in Bangladesh, followed every 2 years by meetings in Pakistan, Sri-lanka, Nepal and India respectively.

DR REHANA S KAMAL,
PROFESSOR, AGA KHAN UNIVERSITY

WHAT I REMEMBER

First SACA conference took place in Bangladesh in 1993. The subsequent conferences were at Srilanka in 1995, Pakistan 1997, India 1999, Bangladesh 2003, Srilanka 2005 and Nepal 2007.

I opened my diary which I have been writing regularly since 1962 immediately after my graduation. I opened the pages of the diary 1993 when I went to Bangladesh with my wife to attend 1st SACA Conference. We reached Dhaka by Emirates airline EK 610 which landed at 2pm. We had other delegates from Pakistan. As soon as we landed two people in uniform escorted me & my wife. They were from Bangladesh Army. My other colleagues were scared that I have been arrested (at that time I was serving Brigadier). They took me in special army jeep to army headquarter and arrange a VIP suite & later they dropped me to Hotel Sonargoan where my other colleagues were staying. But I was guarded by two army Majors through out during this period. I was also given a chance to go to Chittagong Medical College from where I was graduated. Lot of reception and dinners were arranged at Dhaka & Chittagong. This protocol was arranged by Maj. Gen. Siraj Jinnat and DGFIMaj Gen. Naseem.

SACA is now known as SAARCAA which is an expanding domain of anaesthesiologists. It is a great source of exchange of the global trends and recent advancement is propagated in this way which helps us in our strive to provide better care to our patients.

I am sure this 8th congress of the SAARC Association of Anaesthesiologists will be a great success like the previous ones.

BRIG M SALEEM,
PATRON, STSP

MY MEMORIES

Conferences/congress are simply a group of people coming together for the discussion and learning of specific techniques or topics. Usually there are several keynote speakers and these speakers are usually experts in their own fields or topics. In SACA / SAARC congress it is a group of countries coming together, giving a regional touch, in addition to global participation.

It has a sense of "CAMARADERIE" where individuals can meet others with the same interests, problems and concerns that they may have in their chosen fields. I really appreciate all those whose vision started SACA. I have everlasting memories from every SACA congress I attended, starting from DHAKA to KARACHI. It, not only added to my knowledge but also had a great impact on my mind.

PROF MEHDI HASAN MUMTAZ
CONSULTANT INTENSIVIST / ANAESTHETIST, UK



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The concept of the SAARC countries forming an association and holding congresses was born at the 9th world congress of anaesthesiologists held by the WFSA at Hague, Holland in 1992. The pioneer was

- 1- Samad Choudhary & others from Bangladesh
- 2- Tipu Sultan, Attiya Sakhi, Rehana Kamal, Fauzia Khan from Pakistan
- 3- Hira Lal Kaul and K Balakrishnan and others from India
- 4- Deepti Attygalle from Sri Lanka
- 4- Reshmi Amytia from Nepal

The meeting was held at Hague just after the 9th world congress and it was decided that 1st SACA conference will be held at Dacca with Dr Samad Choudhary would be the first President of SAARC from 1993 to 1995.

DR ATTIYA SAKHI
CONSULTANT ANAESTHETIST

FROM THE MEMORY LANE OF THE 3RD SACA CONGRESS

When one is involved in the organization of an event, as deeply as I was, the memories can only be fond & good. There are memories of high moments and heartaches. From moments when everything seemed to be working out well to moments of despair.

I have memories of the wonders of team work. Motivation, dedication & sheer hard work can achieve the impossible. 3rd SACA Congress left imprints on the minds of anaesthesiologists of SAARC nations who attended it.

With the wish to make it the best SACA, I just have memories of hard work & then feeling happy & contented when the dream of the 3rd SACA being the best came true!!

PROF. SAEEDA HAIDER
CHAIRPERSON, SCIENTIFIC COMMITTEE SAARCA, 2009

MESSAGE FROM DR S. U. KAUL

More than 10 years have passed since the last conference of SAARC anaesthesiologists was held in Pakistan. We have witnessed significant growth in anaesthesiology during this period. The number of qualified personnel has increased significantly; quality and range of care has undergone transformation. This is manifested by their greater involvement in perioperative care of the surgical patients. They are also called upon to help in the management of acute and chronic pain outside the operating rooms, take care of the critically ill patients in the intensive care unit and undertake administrative responsibilities particularly in the area of quality assurance. It is extremely satisfying to know the leaders of the profession are meeting to share their knowledge and experiences with each other and with the next generation to whom the mantle of responsibilities will be passed. It would also be an opportunity to discuss solutions to the new challenges the speciality faces with its ever expanding role.

It is indeed a tribute to the untiring efforts of the organizers that a large number of experts of the field from all over the world are scheduled to grace this auspicious occasion. I am sure their presence would be a source of knowledge and inspiration for the large number of young anaesthesiologists from all over the country. I pray for the success of this 8th congress and hope that the organisation continues with its efforts for the progress of the speciality.

PROF. SAJID USMAN KAUL
CONSULTANT ANAESTHETIST
ANAESTHESIA ASSOCIATES LAHORE

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